Introduction to the Interview and New Book

Welcome to Mold, Mycotoxins, and chronic illness judgment. I'm your host Dr. Ann Shippy. And today I had the pleasure of getting to interview Dr. Neil Nathan.

He's board certified in family practice, Pain management and the integrative holistic medicine Board. He's a very important author in this field. One of his books, Toxic.

He also has written an energetic diagnosis book, and he's got an upcoming book this fall and Winter called The Sensitive Patients Healing Guide. So I'm so excited for us to find out more about this book and what it's going to have in it.

Thank you so much for joining us. Thanks for having me on. All right. Well, you've really been a pioneer in this field and really getting such important information out.

So I'm excited to hear what's coming up. But got you interested in and writing this book. Well, my new book, which I'm very excited about, should be coming out soon.

And as you said, it's called The Sensitive Patients Healing Guide. What got me interested in it was the fact that all of my colleagues kept referring to me, their most sensitive patients, that they were having difficulty getting well.

And so it forces. You a lot. But it forced me to learn more and more about about that process. So, I mean, when I first started practice and I've been in practice for over 50 years, I don't know that I saw very many sensitive patients, nor do I think I knew how to deal with it at all.

I just knew I didn't understand it. And then it kind of grew that as I began to work with chronic fatigue and fibromyalgia, I began to see more and more sensitive patients.

How Sensitive Patients and Mold Led to the Book

That eventually led me to understand that Lyme disease and Co-infections was a major player in that and eventually led me to understand that mold toxicity was perhaps an even bigger player in that process.

So it was a growing body of knowledge of how to help some of our sickest patients where they would be seeing other physicians, even going to university centers and just being told it's in your head or we have no idea what to do with you and realizing, Oh, we actually do know a lot and we actually can help.

A lot of you with what we know. And so in that setting, I began to realize that mold toxicity and Lyme particularly triggered sensitivity in the vast majority of the people that I was seeing who had gotten so sensitive.

So that was the start of it. And then I became. The curiosity of how to help these patients that weren't getting answers anyplace else. You know, there's a sickness that I hate, which is I don't know how to help you go away.

I know that should never be spoken. I don't know how to say that. All I know is I can see your suffering. And if you don't, if you won't give up on me, I will move heaven and earth to figure it out.

And come to some understanding about what's going on here. So my patients really taught me almost everything. So over time and working with sensitive patients, my first few tools were LDA, a low dose antigen therapy which worked but really slowly.

So for people with chemical sensitivity, maybe 50% would get better within three years of giving them this

treatment, and 80 helped some of those patients.

And so I knew I needed more tools. Until I stumbled across Annie Harper's dynamic neural retraining program. And that was like, wow, okay, now I'm beginning to get it.

This is a limbic system issue. And so with that tool, I was able to help a lot more people. I'm just a veteran. I cannot explain what that is a little bit more because we really haven't been there.

And I think it's an important thing, an important tool for people to understand. Yeah. So but then I realized there were more pieces to this puzzle. And so the more you learn, the more you know how little you know.

Of course, that is how it works in this world. So then I came across Stephen Porges work on the vagus nerve importance, and then by combining Steven's work and rebooting the vagal system and then Annie's work, and then later Ashok Gupta's work and rebooting the limbic system, I help more people then now we're talking 2016.

I came across Larry Ephron's book, Never Bet Against his book on message activation, which was just absolutely opened my eyes to, Oh my goodness, there's another big player, if you will, another elephant in the room.

So as my learning increased exponentially, we began to have more and more tools to understand what made our patients sensitive and how to treat it. So now we understood some of the physiology behind it, and we have tools for working on that.

And we also understood the triggers. Biggest one in my experience is muscle toxicity, followed closely behind by Lyme and Bartonella and not far behind that increasing is EMF sensitivity.

So those are the biggies and there are others. So this is a long winded way of describing a little bit of how I got to be where I am and I just felt that there were so many patients out there who are sensitive.

It's estimated that there might be as many as 35 million Americans who have some degree of chemical sensitivity, sensitivity to light sound, touch, food, EMF, to varying degrees.

And many of them have no idea that there's help. And that's why I wrote the book.

Understanding EMF Sensitivity and Brainwave Effects

Many of them are being told, Oh, you're just to sensitive or they'll like a mold patient will smell mold. What other people don't. And that's very real.

I've known that for a long time, but they're being told, Oh, no, you're imagining it. This is in your head. And so my concern has been for those patients who have been marginalized, criticized, not believed that, okay, what you have is real.

We know what causes it and we know how to treat it. So that's my excitement about what we put together here. It is really exciting. I don't think there's anything out there like it.

We really haven't touched much on the EMF aspect and how that fits together with with mold. Would you like to spend a few minutes on that? Yeah, sure.

So again, EMF sensitivity started a few cases and now there is millions. So it's gotten worse and worse as the EMF pollution of our world has increased.

The shift from 4G to 5G. It's not just the number of one. It's an exponential increase in the amount of electromagnetic exposure that our patients have.

And again, people go, Oh, I'm in the same room as you, and I have the same exposure, and I'm not experiencing

that. It's not appreciating that we're all biochemically and genetically unique and that for some people, a little bit of exposure will absolutely throw them under the bus and other people can handle that.

But it doesn't mean that those people who are experiencing it are psychogenic. It's this is a real sensitivity. So the the EMF issue is a huge, increasing one.

I first started to see it in the mid nineties. I was working at that time with Dr. Norm Shealy in his clinic in Missouri, was a pain clinic and Norm had come across people who were just were beginning to see that describe this EMF sensitivity.

When they were around EMF, their brain shut off, couldn't think, became fatigued, sometimes had some odd neurological symptoms, pseudo seizures, dyskinesias, just things that just weren't seen before.

And Norm actually wrote a paper back then called Electromagnetic Dysthymia. And what he would do in our clinic and he would document it. He was doing brain mapping, which is a method in which we literally took a little band around the head or some clips on the ears, and we can measure the brainwaves in 21 different areas of the brain.

So we have, for example, beta waves, which are the the waves in which we think clearly, and we can function and really get through the world. We have alpha waves, which are waves of relaxation.

We have theta waves, which are the waves of creativity. And then we have Delta waves, which is kind of the lights are on, but nobody's home. And what Norm would share with these sensitive patients was very real.

He would have them getting ongoing brain waves, mapping and then slowly bring an electrical clock slowly down towards their head and before it even got to their head.

MF, produced by an electrical clock, would shift that patient's brainwaves from beta or alpha into Delta, and they would just literally shut down. So it was very real.

And this was the beginning of of proving the reality of this particular event. Wow. Well, so the main things when you start to think amps, a lot of times the patient already realizes that they're sensitive because they feel a difference in how their brain is working.

And it's way more common than people realize. When someone says to me, If I sit in front of a computer for more than 2 hours, I just my brain gets foggy.

I can't think I become unusually fatigued. That's the MF sensitivity. There was a huge increase in EMF sensitivity when smart meters came into effect.

At the time I was practicing in California and the local power companies were insisting that unless you chose to opt out, they were going to install these smart meters, which is a way that they didn't have to bring meter readers out to each home so that they'd get a reading from a central location.

That's great. But the way they worked was that every 10 seconds these meters put out a pulse of electricity, which is really quite powerful. Within a couple of weeks of installing smart meters, I had a bunch of patients come into the clinic who had been professional, talented, bright people who could now not think their way out of a paper bag.

They completely shut down. They were baffled by it, didn't it, and understand it at all until we traced it back to the smart meters.

Predisposing Factors: Trauma, Limbic and Vagal Dysregulation

And some of those people had to actually move to rural environments and live in the woods if they were within a half a mile of another person in the woods that had Bluetooth or some type of wireless going on, it would shut them down.

So this is very real. What do you think predisposes these patients to being so affected by the story? And could you speak up just Oh, yeah. What do you. Think? That's better.

Where do you find the predisposing factors, why some patients are so much more susceptible to the Imps? Well, the big surprise rolled the vast majority of my patients who developed the MF sensitivity.

When you test their urine, they have no toxicity. But I have seen it from Bartonella. I've seen as from some other issues and some people it just gets triggered in them.

Marty Paul, who wrote a chapter in my book, has researched the biochemistry of EMFs, and it turns out that it's related to calcium related voltage gates, so that it's an actual physiological process in which those become sensitized.

And I would use the word by inflammation of some kind so that anything can trigger it. COVID, for example, created a huge sea of inflammation. And in our patients, it's a big trigger for all of these various things.

I'm seeing the same thing that, yeah, COVID is definitely when for for people and the vaccine for people that are in toxic mold, that the effects of COVID, the lasting effects of COVID are so much more profound or the side effects from the vaccine are so much stronger.

Yeah, I mean, the way I explain it is that it adds another layer of inflammation to an already inflamed system, which for some people is additive. But for some people it's exponential.

So let's talk about more of the predisposing factors. Like, what are the things that you think you know are part of why one person might be fine and one spouse might be totally fine or not noticing anything significant and the other spouse is barely hanging on?

Well, some of it's genetic, some of it is the whole life experience that someone has up to this moment in time. So, for example, we talked about I call it the trifecta, limbic vagal mass.

So are the things that are creating this sensitization process in the limbic and vagal area. That's neurological, not psychological and in the mass. So it's an immune cellular process.

So several different processes create the sensitivity to in the first place. So anything that affects the limbic and the vehicle systems makes them more vulnerable or prone to this happening.

So as an example, none of us have had perfect lives. Perfect. I don't know anybody. Yeah, maybe. Maybe there are some I don't know. But they don't need medical care, so they don't come into my office. But.

So depending on how your life starts out. All right, maybe you were even a baby born in a difficult childbirth that might have started in childbirth, might have even started in utero.

But then if you had recurrent ear infections or throat infections and you needed to go on antibiotics or you needed a number of surgeries for any number of conditions, or if you grew up in a household in which you didn't get your needs met perfectly and worst cases, abuse of sometime physical, sexual, emotional abuse, or it could be from no attention at all from parents who worked two jobs and were busy and you just didn't get any attention.

But that sets the thermostat of the limbic system for not feeling safe, both the vehicle and the limbic systems. Key element here is safety. Their job neurologically is to protect you by monitoring the stimuli in your environment, both internal and external, for safety.

And if they don't think you're safe, they will get your attention by giving you symptoms. Now, those symptoms may be unpleasant and you might get mad at your limbic system for, you know, why you're shutting me down this way.

It's not trying to hurt you. It's trying to warn you. I don't think you're in a safe place. Please get out of here. You're

getting is a chemical or a food or something you're getting exposed to.

And neurologically you are not safe. So please do something about it. That's a job. But what happens is, through whatever number of repeated traumas or stressors you have been through, through your whole entire life, the limbic system becomes increasingly more hypervigilant.

And we have a terrible team with the vagal system, which does the same thing. So both of those neurological symptoms are out there scrutinizing stimuli for safety, but deciding, I don't think you're safe, so I need to shut you down or teach you what the problem is.

So in that milieu, with that background and we all have different components that we've all dealt with it differently, there are some people who compartmentalize that, put it in a box that it would go away and it almost always will come back and bite your finger.

But if you do it that way for other people who perhaps dealt with it, maybe they learned relaxation skills or meditation or something, they chipped away at it.

They quieted that system so they were less vulnerable. But regardless of how it went, depending on the extent of those stimuli, the the limbic and vagal systems were predisposed so that if you had a trigger exposure tomorrow, infection with any number of things could be a virus, could be Lyme or Bartonella, chlamydia, pneumonia, it could be mycoplasma infections.

Treating the Trifecta: Limbic, Vagus, and Mast Cells

I mean, it's a variety of infectious and toxic agents and when we talk about mold, it's just perhaps the most obvious and easy to measure of the environmental toxins, because there are hundreds, thousands of chemicals in the environment that didn't exist 50 years ago.

So and I know it's shocking for public to hear this, but 500 of them have been tested for their safety in human beings. So we have a boatload of toxins in our environment which the straw that breaks the camel's back.

So then we're going to spiral into increasing sensitization of our neurological symptoms. And it's there's a neurological term for what we call kindling in which once you start to get sensitive to something light or sound or chemicals, it gets worse and worse if you don't treat what's causing it.

And so that's the vicious spiral we're dealing with here. This is great. So obviously you're really finding that you've got to do the testing to get to the root cause, to find out what is stimulating the the overload, and then also address the limbic in the poly vagal.

So where are you finding the most effective things to address the limbic? And then you can do the poly vehicle and then we can do the, you know, some of the other causes like the mental.

So if I'm putting this together in a vaguely logical way, the first thing is we have to quiet those systems that are dysfunctional. And so again, I call it the trifecta, limbic vagal.

So and so we need to treat all three systems and the good news is we can so we have a number of really good methods that we can use to quiet the limbic system.

The ones I've used the most are the Annie Hopper D. A. R. E. program and the Ashok Gupta Amygdala retraining program. But there's some newer ones that I also like a lot.

Kathleen King has Primal Trust, and David Hanscom is a pain specialist who worked on the limbic and vagal system. More from the pain perspective. And he's got a program called D. O. C.

Direct Your Own Care, which so when I have a sensitive patients who are really limited by excruciating pain, they

can barely get through their day. That might be one I lean towards in patients where pain is not the primary, then Annie Helper or Ashok or my go to for treating it.

But so that's. Great. I didn't know about him. That's really good to know that. And there's some more coming out as well. I mean, Annie and Ashok pioneered it, but as with all pioneers, people start to tweak it or have their own little way of doing it a little bit differently and everyone's got their own preferences.

And I think different things resonate with different people. So I think for our listeners, maybe going in and looking at the different programs and seeing which one resonates with you the most, right?

That's what I ask people to do. I tell them to look at Annie and our short videos. They have some free videos which talk about their program to get a feel for their the sound of their voice, their energies.

Which of them do you resonate to better? And then they're both excellent programs. The key is, and I kind of have to do it. You have to do it. And you have to keep doing it until the mold is gone, because the mold or an infectious component will keep inflaming those brain areas until it's out of the system.

Now, once those things are gone, those treatments are unnecessary. They literally go away. It's great. So, yeah, to expand on that, that's the Vegas piece for the vehicle piece.

I'll give a smorgasbord of things that I particularly like to treat that with. I like to start with some exercises that were developed by a fellow named Stanley Rosenberg that were written about in his book, Accessing the Healing Power of the Vagus Nerve.

And so those exercises, which would take 5 minutes a day, are a good start. The fellow who wrote that book was a Danish cranial psychotherapist, and he intended those exercises to accompany cranial work.

So I'm a huge fan of osteopathic cranial work, so it's very gentle, super helpful. And I encourage people to find someone in the area doing that as a part of their treatment.

I grew up a huge fan of that too, and I really even see the difference for myself when I go out the treatments. I'm really glad you brought that up. I think it's a really important tool.

Well, although I'm an M. D., like you, I started studying osteopathic cranial work, gosh, 40 plus years ago. So the osteopath took pity on my having so little, took me seriously.

And so it's become a huge tool that I love to do. It's a way of using your hands to communicate, love, caring in a way that words can't. Write to the nurse.

So many. So many people who come to us have seen many practitioners before they get to us. They don't really trust doctors anymore because they've been dismissed, denigrated, told it's in their head, and they know that that's not true.

And so just giving words to patients doesn't always do it. If I can use my hands to do a treatment, even on a first visit, my hands can communicate something above and beyond.

My words can and even if people aren't verbal about it on a deep level, they can feel it. So it's one of my more favorite things that I've learned to do in this kind of long career.

That's really wonderful. So other things to mention, I love frequency specific Microcurrent. It's a terrific device with multiple things it can do for the body and a healing and a healing mode.

But it's got a great program for the vagus nerve for another, which is called concussion. And they have a program for PTSD, which is kind of the underlying problem with the limbic and vagal systems, these series of events that sensitize us to being hypervigilant in our environment.

And so so let me add that since both the Vegas and the limbic system are hyper vigilant, if you only quiet the limbic system and you don't work on the Vegas going to stay hyper vigilant or vice versa.

So you have to do both bingo and limbic treatments concurrently in order to quiet the system down. That's just kind of an important concept to have. Lots of really good, really good tip.

To be. There are other vagal strategies. I like the brain tap and I especially I'm liking increasingly what we call vagal nerve stimulators. These directly stimulate the vagus nerve.

My favorite, it's a little expensive. Is the gamma core, but but an inexpensive one. It's not quite as powerful is Apollo Neuro. It's a band that you can wear on your wrist.

My problem with all of those. Yeah, my problem with all of those is that the company will tell you to use it for longer than anybody should, especially if you're sensitive.

So, for example, Apollo Neuro, the company will say wear this for 5 to 8 hours a day. If you're sensitive, please do not do that. I've had one or two patients capable of doing that.

I tell my sensitive patients, Just wear it 3 to 5 minutes once a day and slowly work up to 5 to 10 minutes once, maybe twice a day. That's it. As with everything in the world, if some is good, more isn't necessarily.

Better. So our patients have to learn that the hard way. But I'm going to start with very, very gentle use of a vehicle stimulator. The gamma core is a device that you rub over the vagus nerve in your neck for 3 to 4 minutes, once or twice a day.

That might not sound like much. It's powerful treatment. So that's the Vegas piece. And the third of the trifecta is mass cell activation, which is intimate, highly connected to limbic and vagal.

So when we're talking about it for discussion purposes, I talk about each one separately, but in reality in the body, they are totally interwoven and interconnected.

So you have to treat the limbic vagus and meso to quiet somebody down. And what do you like to do for myself? As much as they will tolerate it? So missiles are complicated.

As you know, missiles release hundreds of biochemical mediators into the body, many of which are inflammatory in nature. So again, we're adding an inflammatory piece to an already inflamed system, and it just makes everything worse.

So I like to start with an H1 and an H2 receptor blocker. What that means is histamine is one of the more important materials that mass cells release and H1 and H2 blockers are simply receptors or cells that respond to histamine.

If we block it, then we're going to mute quiet the effect of histamine on the body. So I'm sure the listening audience has tried H1 blockers. They're very common with things like Claritin, Zyrtec, Allegra Cytosol and H2 Blocker would be Pepcid.

Mold Colonization, Testing, and Treatment Strategy

And so I ask my patients to start with late doses of those and then if they can work up to taking them twice a day, I like to add what are called methyl stabilizers.

These are things like natural things like Quercetin Pyrimidine, which is an extract of perilla seed, or it could be medications like crumble and sodium or cutout, often depending on whether a patient prefers natural things or pharmaceuticals.

It isn't even preference that for some patients they respond better to pharmaceuticals and sometimes they respond

better to natural things. Many of my patients are prone to wanting the natural.

That's fine, but if it's not doing what they need, then we need to go to what works better. That's just kind of common sense. Then I like to use Dow materials.

There was an enzyme, diamond oxide, which the body naturally makes to break down excess histamine. So I like to add that as well. I like to use a trip trace inhibitor called All clear.

And and there's more, but that's kind of my basic starting point, starting with light doses and slowly working up to comfort. If anybody is taking something and it's making them worse, that's too much.

They have to be very careful with sensitive patients to start at very low doses and then is into it, you know, as an example of that, quercetin is very important.

About 20% of patients can't take it. So you've got to be careful with it, especially those who are genetically have a CMT slip are not likely to be able to take quercetin.

And so with the sensitive patients, I might start them on an unusually low dose, which you can find in a product called Neuroprotection LP, which was actually designed for children, meaning so dosage wise, it's neuroprotective LP has only 40 milligrams of quercetin, whereas most quercetin preparations is 500 milligrams.

So it it starts so much more gently. I'd think about it as getting under the limbic radar. If you come in under the limbic radar, the limbic system goes, Oh yeah, that's just a little bit.

I can handle that. We're good, we're good. And if you can do that, the limbic system is less scrutinizing of that substance as not yet up. That's kind of a key way to approach it.

That's great. Great, great information. I did not know about that product. That's easier than emptying out, emptying out capsules or getting a powder.

So that's awesome. And sometimes you have to tamp down capsules. And for some people, they're not reacting to the substance, but to the filler. So with things like H1 and H2 blockers, some patients need to have them made by compounding pharmacies.

So they're in much purer form. Again, this is a huge subject to do a whole article. So there were 11 on this alone. There are there are whole summits on this.

Yeah. But important. I just want to be sure we're including it in the dialog. It's so important. Yeah. So where do you go next? Well, once we acquire the system, so once a patient feels safer, then they're able to take the substances they need to fix the trigger.

For most of my patients, mold is the big. For some of them it's lime or bartonella or earmuffs or but I generally experience that within six weeks of doing limbic and vagal retraining.

The vast majority of my patients tell me there's so much better. And then if we add the mass, so within a couple of weeks of that, much better. And so as they share, oh, I'm so much better, I can do things I couldn't do before.

I'm not as sensitive as I was. Now they're ready to treat them all. And for many of them, they've tried to treat the mold they took. They followed the directions on the bottle, and they took a couple of capsules of charcoal.

Horrible. They felt terrible for weeks. They took a couple of capsules of clay and felt terrible corella. All of the above. Maybe they started with Cauley Stein or well Call, which hit him even harder.

Yeah. So they already know at this point that they're sensitive. If we take a good history, they've already told us I tried then, boy, I don't want to do that again.

That was terrible. So, okay, they announced I'm really sensitive and I have to do this preparatory work first, but they're going to get well. We got to get mold out or fix the infection.

And again, I don't want to be overstating it, but mold is the biggest of the issues I that I have seen. And so if we can get the mold out, all of this goes away.

The message activation, the vehicle sensitization goes away, but you have to get them able to take the blinders first. And if they can take the binders, then we get into antifungals, which for many of them become an important part of treatment as well.

So that's the next step. Yeah. And this whole in the practitioner world, those of us treating patients that are being affected by mold, this is a controversial topic about the how to treat the infection.

So I'd love to spend a few minutes on your thoughts and on the infection. It's not controversial in my world. My neighbor said of people with alternate views.

There are people with alternate views and who stated strongly the way I will stated strongly that it is. But I think that for whatever reason, they have not kept up with the research.

I agree that their position was stated ten or 15 years ago. They hold that position and I know many of those people personally and they just haven't kept up with the research, which is anyone who's followed what's going on has realized that getting a urine mycotoxins test is essential information not only for diagnosis but for treatment.

It gives us a blueprint of what binders I need to get my patient to get these toxins out of their body. Now, for some people, they don't they don't need antifungals.

If it's just toxin in their body, they will get well, just with binders. In my world, they are few and far between. I can tell you. When I started, I saw a few of them as our colleagues referred their more difficult patients to me.

I don't know. I haven't seen it in a very long time. So almost all patients have colonized. We have methods of documenting that with an old test. It's not a perfect test, but when patients aren't improving with just binders, when their urine mycotoxins tests are going up and not coming down, that's pretty clear evidence that they have colonized, usually in the sinus or gut areas or both.

And for example, we recently had a chance to talk with Donald Dennis, who is a leading EMT surgeon in the country, who works with scientists, and he just chuckles.

If you tell them that mold doesn't colonize, he just looks at it like I can see it when I do my endoscopy. Every time I look into it, I can see it. It tells me it doesn't exist.

I can culture it. So for those people who say that mold doesn't colonize, I just think they're mistaken and they're missing an important component of treatment.

A really important part of treatment is hard to get. Well, if you got a a, I would call it a not just calling a station and faction that then then is producing mycotoxins in the body, not just an external exposure to it.

It's really challenging to get the body to recover. And it even makes sense when when Joe Brewer, who did some of the original work on this 2013 with his first 100 patients, which was published in the medical journal, by the way, that was a groundbreaking paper.

He took 122 people, hundred and 12 people with chronic fatigue and fibromyalgia, and he just measured urine mycotoxins 92% had it in their urine and the vast majority of them got cured by treating them all.

And for me, that was a landmark paper of trying to convince the world that what we're calling chronic fatigue or five my fibromyalgia may be something else which has a specific cure.

If we look for it in that same paper. And Joe and I were friends at the time, we were sharing our experiences and trying to put these protocols together.

But he found that if he asked patients, Is there any mold in your current environment, they would say no. And often they were wrong, by the way, because they didn't look hard enough.

But for many people it would be No, but I was living in a moldy house three years ago, five years ago, ten years ago, 20 years ago now. Joe realized that the only explanation for that was that they had colonized in their exposure.

It makes sense. It helps people to understand why if they leave a known moldy environment, a few will get better, most won't. It's like, well, if this is mold toxicity, I'm leaving the environment.

Why don't plan on being better? Because it's in you and it's making the talks ongoing so it makes sense. It's a logical or science behind it. So again, I suspect this is what you kind of wanted me to address.

In my world, There is absolutely no question that mold colonizers and that treating it as a very important, integral part of the treatment process. What are the most effective ways that you're saying to treat it?

Well, I think of treating mold as three main things. First, be sure that you've evaluated the environment. What are the things that all of us agree on is you cannot get well if you stay in a moldy environment.

So unfortunate because it's a very difficult thing to work around, but absolutely essential. You can better to some extent. So that doesn't mean we don't treat if you're in a moldy environment, but it's super important to urge people to evaluate their environment and either remediate it or move because not just for themselves but for their family.

It's just so important. That's step one. Number two, use the binders that work on the toxins we find in the urine test. So in my world, urine mycotoxins testing is the most accurate and useful measure.

If you want my bias. Having worked with all of the different labs that do those measurements, I find real time the most consistent and accurate other labs do okay.

But when I do samples sent to all of the labs, I get my best information from real time. And by the way, I have no working relationship with real time.

I am not on their payroll. I'm not a anything for them. That's just my opposite clinical experience. That's very helpful. Thank you. And all of you too.

So I wrote. I have a mentorship program for physicians and we have almost 200 physicians in it and we share our experiences. And these are all people working on the front lines here.

What I'm saying would be consensus for the group specific ones like other tests also. But I think that this would be a consensus statement from the group.

And just for physicians out there, if you're interested, I do this mentorship program with Joe Krista, who is a fabulous naturopathic physician and Jill and I teach both the I'll call it allopathic, although nobody who knows me thinks I'm an ally of the other path and I'm the naturopath thicc approaches.

And it's not just mold, it's environmental toxins, it's Lyme co-infections. We're basically teaching physicians how to get comfortable working in some of the most complicated areas where we have ongoing mentorship programs, where we the group presents case studies.

Then we have a listserv where we communicate to each other questions, etc. So if anyone's interested, I would invite you to join it. If you go to my website, which is simply NeilNathanMD.com, there's an invitation there if people want to join it.

I didn't know you're doing that. That is great because we are definitely not taught that in medical school. No, you weren't. You were. And it's evolved into a really, really wonderful support group for all of the physicians there.

I love the energy of the group. It's it's it's so nice that people have colleagues that I'm struggling with this are where do I get this substance or how do you order that It's it's just kind of a how to that makes things more doable for all of us who are trying to be on the front lines and figure all of this out.

That's great. So we got them out of the environment. We found the binders. Okay, now antifungals, I usually start treating the area of the body that is most symptomatic.

So if someone has particularly symptomatic sinuses, I start there. If their symptoms are more GI related, gas, bloating, distention, diarrhea, constipation, heartburn.

Then I start on the gut. And I would like to add for those of you out there that in functional medicine we always teach, start with the gut. Get it working before you do anything else.

In this particular case, doesn't apply. You have to get the mold and candida out first for the patient to be able to respond to all your other wonderful treatments for GI issues.

So It's just what I. I can't count that. I've seen endless patients who've spent three years working on their gut not getting anywhere because they never were.

They were not addressing mold and Candida.

Energetic Diagnosis, Intuition, and Clinical Collaboration

So I just want both patients and physicians out there to share my experience of that. But having said that, if I were going to treat the sinuses, I would typically use a colloidal silver preparation.

I like our agent and 23 and then I like to use an antifungal based. It's a nasal spray based on the patient sensitivity. So if they have a strong constitution, I'll use an amphotericin B nasal spray, a medium constitutional.

I'll use a 1% itraconazole or a 2% ketoconazole. And if they're really sensitive, I'll use a nice nasal spray by humidification of process with an inhaler.

But it depends on my my perception of the patient's compliance, which is I like the squeeze nasal sprays for people who are going to balk at doing something more than that.

And for people who will do anything, I ask that I will go to more elaborate ways of administering it. It just depends on the patient. And then I will add.

So I was speaking about the like the nasal rinses or the nebulizer. Nebulizer. Okay. Nebulizer or atomizer is another. I said it was that was a name that wasn't coming to the tip of my tongue.

And I will add to that a biofilm dissolving agent. And I particularly like B spray. But there's others the is the B is for bacitracin. The farmers pharmacist will call it in your person and the E is EDTA, which is the biofilm dissolving agent.

A lot of people were using B g spray. I took the G out many years ago. It's gentamicin because I was having too many side effects from the gentamicin and I thought it was creating antibiotic resistance to the extent that I didn't want to see.

So that's the comment. So that's for the sinuses, for the gut. I will typically start if they have Candida and most of my patients to I'll typically start with my and maybe add some different can a biofilm dissolving agent like either interphase plus or B on balance, M. S.

BioFilm one, those are my my two favorites. And then for now, an antifungal either spore or Knox, which is Itraconazole or Amphotericin B. I really like Amphotericin B, It scares some people to death if they don't understand that Amphotericin B taken orally, has no side effects because it's not absorbed.

You can get a die off from that if you use it in too strong a dose, that's basically it. So if you get the package insert on Amphotericin B and you read it, please don't do that patients it'll scarier.

Yeah. And irresponsibly because those are the side effects of intravenous amphotericin B, not oral oral. It's actually safe safer. But I also do like spore Inox, especially if I think there's any involvement in the lung or any other issues.

If I want a systemic effect, then spore docs will be my go to. So that's that's pretty much how I approach it very comprehensively. But very comprehensively.

I know this is great. This is I love the way you laid all this out and it's so logical with with the order that you're adding in. And it totally makes to me.

Yeah. So how long. I like I like to think I'm methodical and logical, but I know I've been accused of other things throughout my career. And how long do you find that people need to be treated with the antifungals?

Usually a year or more, and that shocks a lot of people. They go, Oh my goodness, that's what it takes. And when I say a year or more to have patients in my office, I will then say, And you didn't hear the or more.

So please don't come to me in a year and say, you promised I'd get your well in a year because am not promising that it can take longer. I've had people take two, three, four or even five years to get well depending on the load that they were exposed to.

Usually when it takes longer, it's because there's some exposure going on that they are not aware of. So but that's a reality. So when I tell patients it's going to be a year or more, I basically say, hang in there, stay disciplined.

You will get better slowly and surely even I know you're on the right path. This will not be as fast as you want to get. Well, but this is what it takes.

So hang in there. This is great. And I so appreciate you spending the time with us. I I'm just also so interested in so you've got this hard core science side to you that you're now you're reading the literature, you're putting these puzzle pieces together, really plowing new ground with helping these patients get well and such a collaborator like I love how you've collaborated with people to really understand these puzzle pieces, but then you have a little bit of a woo side to you, and I test it.

I just love it. If you take a few minutes and talk about one of your other books, the energy diagnosis, energetic diagnosis, back. To the I wouldn't call it a war side.

Me either, but you know, I. Would call it a a recognition that intuition is a super important component of what we do in medicine. You having been doing this for over 50 years, not just in myself, but I've taught countless medical students and residents over the years and when I watched them operate, when I watched their actual process, you can see that they're taking information in and then coming up with a solution not completely based on the information they've taken in, which is what intuition is about.

It's about taking your life experiences with people, listening in detail carefully to their stories and getting a feel for what it is they have is this and this may sound odd, but having treated three or 4000 people with mold, three or 4000 people with Lyme, there's a kind of a feel you have when someone sits in front of you in your office and they're describing their symptoms, there's a feel for, Oh, I know what that is. I've heard that before.

This is this is a mold story. This is a Lyme story. This is a bartonella story or this or conversely, you could call it those things, but this doesn't sound like mold or Lyme or Bartonella. Something else is going on here.

Is this not fitting with with what I've felt over the years? So my book energetic Diagnosis was really about intuition, how to tune into it, how to use it, but mostly how to honor it.

Because I often find that not just physicians, but patients have a strong sense of what's right for them, but they get talked out of it. And invariably, in my experience, that sense is correct.

So again, on my part, I've learned to trust my patients intuition that if they have a strong sense that this is something they want to look into, that we're going to look into that and to to to take the other stance, which as well I know better than you, because I'm a physician and I've studied this, so I know you're you don't know these things.

So I'm going to do what I want to do. I found that that strategy doesn't work very well, that I mean I mean, I'm just meeting my patient for the first time.

Why would my intuition be better than theirs? They've lived with their body their whole life. So that that's part of what energetic diagnosis is about.

It's also about various devices or methods for measuring energies in the body and working with it to both make a diagnosis and then work on treatment.

So it's very different from the book Toxic tone, style. But for those of you who think that might be interesting, I have a go. Yeah, I really appreciate this aspect of of your approach because it really is like sometimes that intuition about a patient just comes in so strong and it's such a gift to really, really help to bind the path for the patient.

And then if you take that with a patient's intuition about, you know, what's the next best thing for them, and you marry that together, it's just such a beautiful collaboration.

So I love that that you're really honoring intuition. Thank you. If you want to, if you want, I'll give you a quick example of that. Yes. That'd be great.

Couple of weeks ago, one of my mentor is, who I know very well, was in Arizona and developed a high fever and got really sick. And for whatever reason she thought she might have Lyme disease.

And she wrote to me asking about what test should I should do and how should she go about looking at that? And and I'm I'm just taking in this information and going, that doesn't sound like Lyme disease.

But she tells me she's in Arizona. And whether it's intuition or not, I just said, what about Valley fever? I mean, you were in you're in a hotbed for developing fever there.

Finding Dr. Nathan and Final Takeaways

Whether that's left brain logical or intuitive, Honestly, it was intuitive because I've never treated a case of valley fever in my life. So where did I come up with that?

In point of fact, she got tested for a fever. Had it was treated successfully for it. Oh gosh. So where does that come from? It's it's I trust this brain that I've trained so long to come up with information if I just relax and let information come in and it will spit out ideas and I've learned to listen to those ideas and right.

Most of the time. So and I would submit to I believe that almost all physicians do that, but are not comfortable calling it that. And so I partly wrote this book to start the dialog so that we can bring that into our teaching of medical students and residents so they could start to honor that sooner on and not shut it off in a little box and go, Well, I can't talk about that because that's not science.

It's human. And we're starting to get more and more ways to measure these things and understand them with with measurement. So it is a an exciting time to be in this world that have quantum physics and and in consciousness where we're really starting to understand you know, we really are more than these physical bodies.

We are. Yeah. So I'm so grateful for you taking your time today. And, you know, you're on quite a mission and really impacting so many people and I'd like to let people know how to find you.

Well, the easy way is my website, which is just neilnathanmd.com and there's my upcoming lectures books. That's that's on the website. There's a whole bunch of old blogs that gone on for years that are on the website as well.

So I invite people to learn more and I hope that this has been helpful for. Everybody out there. Thank you so much. And I think it does give hope, which is really the bottom line.

Like even even I heard you're sick. Patients have hope for total recovery and maybe even better than when they started feeling ill. They're very much my bottom line take home message is always every single thing we talked about today is treatable.

Well, thank you so much. And I hope our paths cross soon. Good. Thank you for having me. I appreciate it.