Introduction to Dr. Neil Nathan

Everyone. Dr. Tom Moorcroft, back here with you for this episode of The Healing from Lyme Disease Summit. And today you're in for a great treat as we get a chance to talk to a beloved friend of mine, a dear mentor to so many of us, and really one of the forefathers of and I think earlier when we were talking, I said one of the OGs of the integrative and functional medicine field, a true leader.

I'm not only in functional medicine, but specifically in Lyme disease. Bartonella Treatment and mold toxicity treatment. Dr. Neil Nathan and many of you, you may know him for his book Toxic, which is sort of a Bible for many of us in learning how to overcome chronic, complex illnesses, especially in the sensitivities we see in patients.

He his I'm looking at his bio here and this is so many amazing things. There's several books that you should definitely know about. Toxic is one of them, Mold and Mycotoxins that was published in 2016, talking about current evaluation and treatment, but also, just so you're all aware, if you have followed Dr.

Nathan and all of his work, he is coming out with a book called Why Am I So Sensitive and What to Do About It that should be published towards the end of 2023.

And if you're not familiar with Dr. Nathan's work after our conversation today, I'm sure you're going to love him as much as I do. And so many others in our community for both the love he shares and the just the pure medical genius of how to work with a patient who is so sensitive that almost no one else knows how to do so.

Dr. Nathan, thanks so much for making the time to be here and for all you've done and for all you continue to do for all of us in this field. Thanks, Tom. No pressure. Thanks.

Yeah. So just so you know, this has to be the best interview you've ever done after that. Now, again, guys. Dr. Nathan, it's just been I just remember one of the first times we sat down at the Forum for Integrative Medicine and we started talking, and you're like.

And I was like, I'm a little congested, and you're like, Would you would you like an osteopathic treatment? I'm like, What does this M. D. do? And talking to me about osteopathy.

Turns out that Dr. Nathan was studying with some of the greatest physicians in osteopathic manipulation history when I was just a toddler. And I don't mean to put the age thing in there, but I just mean you have every time I talk to you, there's a spot where you're always learning and you're grabbing on to the next person and the next thing and coalescing it all into something that can be used for the masses.

And I think that that's one of the gifts that you really have, is that you're so open. But then you put it through scientific rigor and then work with the patient in front of you.

So today we were we're talking about talking about the relevance of mold toxicity and its sequelae in patients with Lyme and other Tickborne infections.

So one of the things, how do you how do you get on an interview and have someone not even be able to stop talking about all the amazing things you've done?

Like what drives you? Neil to get to this place where all of us are, just like Dr. Nathan can we spend just another few minutes with them to learn. As your keep going?

I'm actually going to get embarrassed, but, Tom, you've known me for a while, so what drives me, which is always driven me, is, I don't know. Ever since I was a little kid, I wanted to be a healer.

I didn't really want to be a doctor. Although I thought when I went to medical school that they were going to help me to be a healer. I was kind of disappointed in medical school because they weren't teaching me to be a healer.

They were teaching me to be a medical technician. So I spent the rest of my life 50 plus years of medical practice, just trying to understand what healing means so that I could bring that to, if possible, every single person who ever walked into my office.

Healing, Purpose, and the Patient Journey

Now, I didn't succeed at that, but it's been a lot of fun learning as much as I possibly could to bring all the tools that I had acquired to that visit so that I could literally sit back with the patient and just listen to them and just let it wash over me, which is, okay, what is this being need for me?

What can I give them today that will really help them move forward in the direction of healing? That's always been my focus. So that's been my passion, my joy, my hobby.

You know, when people said, What are you going to do when you retire? No one ever thinks I'm going to retire because this is what I do for fun. You know, it's so interesting.

It's like so many of the people who are so great at what we do, it is really just a part of their fabric and it is the way we live our lives. So many of my patients.

How would you actually do that? Well. Well, yeah, actually, I do. And the reason I'm telling you about that, that it works is because I do it and it's worked for so many other people and it's like the osteopathic stuff.

I've learned so much about myself by receiving treatments and giving treatments and I just think it's it's so important to to really, you know, to live our passion.

And that's what I want for all of my patients. I think about what is my mission. I never really set out to be a Lyme doctor. And like you, I went to school for the same reason, but I saw people who are suffering and who were not reaching.

They weren't living their passion because they thought they had to focus every moment of their day on their illness. And I'm like, No, no, no, that's not true.

So when you see people like I mean, I think our summit this time around for Lyme, you know, I've done one before where we talk a lot about the nuts and bolts and so many of the interviews we use the words like passion and love and doing what you really want to do.

So we're what what if you were to if we were to do this backwards and we start with the ending, what do you what is your goal for your patients? What are you trying to help them accomplish?

Because I think that I would assume that just getting better from Lyme disease or mold is probably not the the bottom line. It is for some people. For some people, that's all they want from me.

So I won't answer your question by saying I spend quite a lot of time with my patients trying to understand the meaning and purpose of their life from their perspective, because it doesn't really matter what I think.

Honestly, it doesn't. My job as a human being is to understand my own meaning and purpose and follow that. So as a someone who wanted to be a healer, I bring the same thing to each patient.

And it's interesting that when I ask patients what gives their life meaning and purpose, a lot of them say, I have no idea. And what I know at that moment is, Oh boy, we have a long journey here because this is not just about fixing whatever physical thing is going on, but giving you the opportunity and the openness to explore your life.

Like, why are you here? What? What will you discover that will make you want to get up in the morning and really enjoy your day every single day, you know? So what I'm interested in is more than fixing Lyme or mold, although that is for some people exactly what they want me to do.

And interestingly enough, for many, many people, and I'm sure you know this will become the Lyme or mold journey that is eventually where they have to go and whether they discover that their illness was an opportunity to wake them up, to shift and change them in a way that they would not have otherwise.

And, you know, you were to tell someone, well, there's meaning and purpose in this illness. Many people will go, not that I can see from here, but it looks like to me, is I miserable?

My pain, I'm suffering. I can't think straight. I'm anxious, I'm depressed. I'm not even sure I want to wake up tomorrow and and I go, I that's horrible.

But how can I help you today to make feel a little bit better in whatever way that I'm capable of interfacing with you? And often at some point in the journey, it's really sitting down with them and going, Okay, what gives your life meaning and purpose?

Why, why? What would get you to get up in the morning? Because as you already pointed out, living a life of illness is not living a life. You're not really alive.

You're just getting through. You're just putting one foot in front of the other. That's no way to live. So although an illness can take over your life, it's super important that you're not allow the patient to become unaware that that's happened.

Mm. I love it and I think it's so important because ultimately I think that's what I learned from Lyme disease in heavy metals was about my purpose and I still reevaluate all the time.

And I think that if you have that purpose, that kind of I'm always like, get in touch with that man, feel that joy in that passion, because that's going to give your immune system a little bit of a boost or maybe a lot of a boost. So one of the things that comes up with with all this, I mean, what do we have to sort of start thinking about?

You know, because I mean, we do I guess we're supposed to talk a little bit about actually what we need to do with patients in addition to helping them find their greater purpose, because that will ignite healing with with mold, though.

I mean, I feel like when I started with Lyme disease, we were talking about Lyme and a few co-infections and then this mold thing kind of came on to the scene and it really has become of an important piece.

So what is what is so unique about mold? How does it kind of impact the body? And why do we really need to care about mold toxicity in a patient who has Lyme and potentially co-infections?

It questions. So first of all, we need to care because it's not rare. Some people are under the impression that, well, that's a rare thing. It's probably not involving me, but it's currently estimated that there are 10 million Americans currently suffering with mold toxicity to some extent, and it does interface with Lyme disease.

Now, a lot of the buildings and homes in this country have mold. It's not a rare thing. It's estimated that up to one thirds of all of the buildings in America are have some degree of water damage, which is the seeding place for mold.

So what mold does is it causes an inflammatory process, very similar to Lyme and the co-infections, so similar that the symptoms can be close to identical.

So if you're looking at someone who's presenting with what looks like Lyme disease, you should always think at least that it's possible that they also have mold or they don't even have Lyme and that they only have mold.

It's not rare. The inflammation, which is the underlying component of both mold, toxicity and Lyme disease and Bartonella and the PCR that all of the other co-infections is the key.

Why Mold Matters in Lyme and Co-Infections

So if you have lying and your immune system is weakened, you'll be much more prone to getting mold toxicity. If you're exposed. If you have mold toxicity, you'll have a weakened immune system and you'll have a much more greater propensity for getting Lyme if you're exposed.

So it is very common for people to have both. Now, I came into this field through the Lyme door, as almost everybody did. So when someone comes to me with a huge list of symptoms that could certainly be Lyme or Bartonella or this year, guess what I dealt with?

But what I learned about mold toxicity, I realized that for many of the patients who had not been responding to my lyme treatment the way I wanted them to, they had mold in.

For example, Rich Horowitz, who is one of my friends and mentors, has discovered that 70% of his patients who are not getting better from his treatment from Lyme have mold.

And so if he's not treating them for mold, they're not going to get well. And I would say the same thing, so that if you have Lyme, if you're a patient with it or if you're a physician and you're treating longer and your patient isn't responding in a way that you would anticipate and having seen countless people respond, always think mold.

If you're missing it, you're missing a phenomenal opportunity to help your patient, and you're also missing the chance to really allow them to move forward in their journey.

And what I see a lot is a lot of Lyme specialists will see the symptoms that the patient has and assume that you're not getting better on my treatment.

So I have to hit you harder. And that assumption is this is very important. That assumption is incorrect for many patients that they may have already adequately treated their Lyme and Bartonella, but they may not have looked at mold.

And that's what's causing the same symptoms. So my my biggest takeaway message is if you are struggling with Lyme and you are not responding the way your doctor or you think you should, if you haven't looked at mold, please do so.

Major take home message. I think such a key message, Neil, to because I learned I kind of came at mold, like you said, through the Lyman co-infection room.

And I was always wondering, like, we're treating you and you've you've felt a little better than you plateaued. Your labs are maybe a little different, maybe a little of the same.

But then, like, the assumption is just like, hey, you're you're not getting any better, so I should just hammer you with more of the same thing. And it's like I kind of and they're like, but it's a different name.

It's like I went from azithromycin to clarithromycin and somehow this magically was going to be something different than Einstein's definition of insanity, doing that same thing over and over again.

And I find it challenging, to be honest, people come in and they have this expectation that we're supposed to do more drugs and we we have these publications that are saying, hey, I got to, you know, quadruple this and double this or try this anti, you know, alcohol abuse drug and all of these are valuable.

But I guess the question really is how can we reframe patients thinking or what can you share with them so that it's not because I feel like they come in and they just want more of what they've already had and they're a little less

open to maybe this or if I do the mold thing, can I also do like I've antibiotics and like etc., you know, I mean, I'm, I'm sure you've seen the same folks I do or similar people.

I'm sure I have. In fact, sometimes we have seen the same people occasionally. On the same phone. Call. So the correct I mean, it's a very profound question.

Here is the essence of the art of medicine, which is to take a human being who has all of these symptoms and is suffering in myriad ways and to take it apart and figure out what's going on and what I talk about always with my patients is root cause, which is what is the major thing that is triggering these symptoms.

And what I usually will tell them when they give me their long list of doing, we spend a lot of time going over it in detail at the end of the discussion.

What I'm usually saying is I can think of several things that can cause all of what you're experiencing right now. Mold toxicity is one of them. Lyme, bartonella, whatever it is, the symptom presentation is whatever.

I need that label I want to put on it both or all of those things are the likeliest root cause. How you respond to my treatment will answer that question with more accuracy so that if I am treating you for mold and you are not getting better, then I'm in the wrong place.

However, what I can say is my tests for mold toxicity are quite a bit more accurate and consistent that our tests what we currently have for mold and bartonella and co-infections so that I can know with more certainty from mold exactly where you are in your treatment.

And it's a very simple urine test where we can see what is in your urine. And if mycotoxins are still in your urine to an appreciable extent, yes, you still have it.

And no, I haven't gotten it out of your body with you yet. So that's basically, again, a mistake that I see from a lot of the patients that are referred to me is that a lot of practitioners get hung up on what I think of as downstream effects of both mold and Lyme disease.

And those include things like mitochondrial dysfunction, methylation dysfunction, viral infection, and there's a whole bunch of biochemical and labels that people get and they often get attached to labels, which is very unfortunate because then they go, Oh, no, no, I've been told I can't move forward until I get my Epstein-Barr under control or until my intestinal dysbiosis or SIBO gets better.

And what I've learned how to do, I hope, is to explain to them clearly enough that they really get it, that basic rule, number one, a functional medicine is fix the gut.

Yes, that's true. There is an exception to that and the exception of that is if you have mold or Candida in your gut, all of the things that you try to do to fix it will not work until you get the mold and the data out of there.

So, yes, you've been working with your doctor for two years, but fixing your SIBO and it's not working. There's a reason for that. There's a blockage, there's an impediment and we have to fight that and treat that.

And I do find that patients respond to that. What I offer, I'll just say, look, look at what you've been doing. Is it working? No. Well, then we have to go back to the drawing board and rethink it out from step one.

What is what is the major illness that is keeping your body stuck? And I find that people respond to that quite well, which is I mean, you can't fault the logic.

And to me, that is the heart of what we're really trying to do here, to get at the heart of what's making them sick. And once we get that ball rolling, invariably people start to feel better, even if they haven't for years, then they'll go, okay, maybe I can trust you.

Because that's the other piece. Many of the people who've seen me have seen 15, 20 other physicians, many of them excellent. And and they come to me, understandably.

I have no reason to trust you. Why would I believe that? And I don't make promises for them. I know you have no reason to trust me. I'll tell them that flat out.

Root Cause Thinking and Treatment Resistance

Unless I get you on the right road and you start feeling better, then we can work together as a team to make this happen. But at this point, it's a leap of faith on your part and all I can tell you on my part is I'm going to do my best to figure this out with you.

And I find that works. I think it's brilliant. I mean, I think that the relation that's the part of being a healer that I always love so much is that relationship of trust.

And I, I like you said, like, I'm going to do my best, you know, working with you to help you get better. And I think that's the other part of working.

There's there's also it's not just me helping with your health. It's you helping with your own health and taking, you know, that as much responsibility as you can in the moment, depending upon where you're sitting at it that day.

Yeah. And, and just so we cover some of the nitty gritty here. We're getting into the wider areas of healing. But to bring it down into the practical, I want to be sure we cover a couple of other very important points.

Malta Toxicity and Bartonella, particularly Lyme candles. But bartonella and mold toxicity are remarkably similar and some of the things they do to the body from an inflammatory perspective and they do three may if if they're not treated for a long period of time adequately, they will trigger three main conditions that will create an unusually sensitive patient and a patient who's not responding to what we're trying to do.

And those three conditions are limbic dysfunction, vagal nerve dysfunction and. Ms.. So activation and I just want to be sure that we communicate to all of you that if you are in any way stuck in your healing or you've become over time less and less responsive to your medication and the things that you used to be able to take in decent doses, now you can only take a fraction of that dose.

Now you're reacting to foods in a in a way that you've never reacted before. You're down to eating 15 foods. And if you try to do anything else, you just can't do it.

If you have become more sensitive or sensitive to light and sound and chemicals and EMF, this is the sensitization process that's triggered by limbic vehicle and mass.

So activity which are all very, very closely interrelated. So for those of you who are not making progress, you want to be sure that you're looking at those three areas first, because if you're if those systems are not functioning properly, your body does not feel safe.

It basically it feels threatened. This is not psychological. This is neurological and cellular. So if your nervous system doesn't think you're safe, it's not going to allow you to do the treatments that would otherwise help you think if that's happening, we have to quiet them down.

So another take home message for me. We can treat the limbic system, we can treat the vagal system, and we can treat muscle activation. We can quiet that down and then you will be able to respond to what we're trying to do to get you well.

And again, from my experience and I spend most of my time working with unusually sensitive people referred to by my colleagues, those are the areas of stuckness that you want to be looking at.

I, I think it's brilliant, Neil. And I'm, that's why I'm so glad we're having this conversation, because I love what you just said. Like, first you should address these.

Do most people need to start here or is it just kind of like this sensitive person or not necessarily? If you haven't been sensitized, there's no point wasting time, energy and money on doing it.

Part of it depends on how long you've been ill. So for example, if you have just gotten mold toxicity, you probably have not gotten your mast cells activated.

Your limbic system may be perfectly intact, and all you need to do is take binders, maybe some antifungals, and you will get well, I don't see those patients.

Me neither. I used I used to when I started this journey. So I would be able to help those people relatively quickly. But now they're basically a referral process like you have.

The people I have have been sick for a long time and most of them have not been diagnosed correctly. So they've been sitting with mold toxicity for two, five, ten, 15 years or more, and the mold has now colonized in their body and has had plenty of time to inflame their nervous system.

So now the Olympic system is not functioning properly, their vagal system is not broken, and their muscles are now totally activated and ready to fire up at a moment.

So it takes time. So not everyone needs to deal with those things, but if you've gotten sensitized, you will not get well if you don't. So I want to dove into those a bit more because I think it's one of the most important things.

I want to highlight one thing and have a quick question. One is just to remind everyone, we are talking about like a tool in our tool belt for as Dr. Nathan just summarized, a person who's been sensitized, potentially sick for a long period of time or may be more acute, but someone who has been sensitized through some other mechanism, potentially other toxins in your life, you know, that could have been an infectious could be traumatic or whatever.

But not everyone needs everything we're talking about in the summit. But I think Dr. Nathan did a nice job of really summarizing who that person is. And so, Neil, there's there's before we dove a little deeper into those, one of the things I hear because I heard you say like one, two, four or five years, a lot of my folks are confused or they're like, hey, I got out of the mold like three years ago.

Can I still have mold in my body now? If the assumption that my newly created home is truly mold free, which is another whole conversation. But if you are actually out of mold, say, for two or three years, can you still have mold toxicity?

Absolutely. And often do so. But a lot of people don't fully understand is that once exposed, the mold may have colonized in your body, especially in the gut and sinus areas.

And once colonized, you have mold living in you, making toxins ongoing. So it doesn't matter where your move, you're tearing it with you. We we actually learned that back in 2013 when Joe Brewer wrote a the first of his wonderful papers in which he took 122 patients with chronic fatigue and fibromyalgia, and he measured mold toxin in their urine.

And it turned out that 92% of them had mold toxin in their urine, and most of them got cured when treated for mold. And so there's these conditions which we call chronic fatigue and fibromyalgia.

There are other causes, but a very common cause which is missed is mold toxicity. Now, Jerry took that a little bit further. Joe is an infectious disease specialist in Kansas City, was really quite brilliant.

He he started to question them about the mold in their current living environment and began to analyze it. And he found that many of them were living in a mold free environment when measured in the best way we possibly can.

Sensitization: Limbic, Vagal, and Mast Cell Dysfunction

But when questioned, they went, Well, I'm living in a fairly new home now, but I was living in a moldy environment three, five, ten, 20 years ago. And so he recognized fairly early on that simply living now in a mold free environment was not sufficient.

You can certainly be and as you probably experienced on what I ask patients at their first visit, have you been exposed to mold? They'll almost immediately say, no, no, no, no, it's not happening on their next visit.

When they come back, almost invariably they say, You know, I'm thinking about that question you asked me. And, you know, as a kid, I lived in a moldy basement.

And then we had a lake house that was pretty moldy. And then I lived in these dorms in college, which were pretty mold. And we're going on. And so the same person said, no, I don't think I'm exposed was so unfortunately people's assumption that, no, no, no, I'm in a safe place.

The other part of that assumption is no one wants to deal with the fact that they might have mold in their place, because we're looking at a potentially very expensive remediation process in order to get well.

And so there's quite a bit of understandable human denial that I don't want there to be mold in my environment. I don't. Why not me? Right. Well, I do.

And I think it's like, yeah, and it would be like, what are you saying about where I live and how I live too, you know? I mean, there's definitely there.

Do we have to if you are somewhere with mold on this and you do live in a home that has some mold, I mean, do you have to like live in zero mold or. Zero mold is possible.

Zero mold is not possible. But so, first of all, there are a lot of mold species. Most of them are not toxic to human beings. So you could have some mold in your home.

You could even see it on the windowsill or whatever. That may not be a toxic mold. So so the assumption that all mold is toxic is absolutely incorrect.

There are only ten species that are we know to be the common toxic mold species. However, if they're there, you cannot get well from mold illness. So if you do have to look at at your home, at work place and get it analyzed carefully because you will not respond properly to treatment, you can get a little better with treatment.

You cannot get well. And that is a statement that virtually everyone in this field would tell you that as no getting around it. It may be expensive, it may be difficult, it may be impossible from a financial or social method, but you can't get well if you're still exposed.

Yeah, I think it's I think it's challenging, but it's also really to me, I feel good knowing that there's a specific number of mold that we really need to look at.

And the other ones, I don't always just have to freak out if I see something which just goes to kind of the safety piece, because I think a lot of what goes on in Chronic Illness Ville or world or whatever in the Lyme, literate, mold, literate, whatever we want to call it, it's a lot of stuff that's really not substantiated.

That kind of becomes rumor. And then patients don't have that clear understanding of some of the things that we've highlighted. And so, I mean, that's a challenge, I think, to us as clinicians because the Facebook groups and the other group, whatever are, are unchecked and people can say whatever.

But when we talk about the limbic system and the Vegas symptom and safety, because I find that like I want to help promote safety so that people can get better, but then a lot of people are exposed to stuff that makes them feel

unsafe because it may or may not be true.

Or it could be true. Can we kind of come back to these two systems and and what they are maybe what's similar? What's different is the vagus nerve is something that a lot of people talk a lot about.

And I think we talk a lot about it, aside from knowing a lot about it. And I could think of no one better to really tell us about the limbic system and the Vegas system.

And I want to clear the air with that one. You bet. So the limbic system is the part of your brain that regulate which monitors and controls the stimuli that are coming into your body for safety, internal stimuli, external stimuli.

That means whatever you're eating, touching, smelling around your nervous system in the form of your limbic system is got its antenna out there going, is that safe?

Is that safe? Is that safe? It's that safe. Now you're exposed to hundreds of stimuli that you don't even acknowledge. It's just but your nervous system is filtering it all.

So that's a strong now over time from childhood, the limbic system often becomes sensitized so that if you live in a an abusive childhood and abusive emotionally, sexually, physically, if you went through surgeries as a child, if you've had a variety of illnesses and had a lot of medical care, you could list all of the various trauma that you exposed to with each successive trauma, that limbic system becomes a bit more hyper vigilant, so it begins even in childhood to go.

I'm not sure that's safe. If you then I'm lucky enough to get exposed to mold or to get bitten by a tick and get Lyme and bartonella. Then you have a system already sensitized that now goes off the rails in which that limbic system now goes.

I don't think anything is safe for you and I'm not going to let you do it now. The vagus nerve, which is a cranial nerve, is anatomically a very different part of the brain.

But physiologically, the limbic system and the Vegas system work very, very closely together to do this same monitoring process of safety and the Vegas system has other physiological responsibilities than the limbic system.

So for the limbic system, the key components are sensitivity and emotion. So if you have an increase in anxiety or depression or OCD behaviors or mood swings or an increase and an increase in sensitivity to light, touch, smell, taste, food, chemicals EMF, that's the limbic with the Vegas system.

While those things are also true, the Vegas controls largely are autonomic nervous system, so that controls things like your heart. You can get things like tachycardia, you can get respiratory issues from it.

Most important, the controls intestinal motility. So the various symptoms that you can get constipation, diarrhea, gas, bloating, Las Vegas. So if you get parts, if you get irregularities and temperature dysregulation or blood pressure issues, that's again, autonomic dysfunction.

So although the different systems have different responsibilities, they work together. So you have to quiet both the limbic and the Vagos system together in a sensitive patient or they're not going anywhere.

Now, to make that a little more complicated, the mast cells, which is a cellular component, has a direct connection to the vagus nerve so that the mast cells are also intimately related to this whole complex safety thing.

So as Tom points out very accurately, this is about safety. If a body doesn't feel safe, it's not going to let you take the things you need to take. And then we're really stuck.

So when we a couple of things come to mind and I'm so enamored with these systems, has asked the pair. They grew up learning how to work with them. And the safety is interesting, though, because one of the things that I

hear, Neil is that, you know, people are like, but but I know I am safe.

I'm in a safe home. I feel safe in my environment. I know that if I take these drugs and I get the timer and then I get over it, I will be better. And so my higher brain tells me and safe.

But is that still the same safety we're talking about, or. It would be, except I have a very different experience, which is what I tell my patients, that you're not safe.

They go, You bet I'm not. I'm not safe. And I know it. So I, I very, very rarely have anybody telling me that I'm safe. I almost, almost always have people go, you're describing me.

I mean, how could you know this? The answer is because I've only treated 40,000 people just like you. So this is not my first rodeo. The reason I know it is because the symptoms you have tell me that you have Lyme or bought or bartonella or mold or all of the above, and you've had it for so long that it has to have triggered these things.

I mean, I a people think I'm a good guesser. I'm not I'm just I know the physiology and I know that at this point, that's what we triggered. So sorry, Tom.

I'm I don't get patients to tell me they think they're safe. Well, I kind of am thinking about it more from the the conversation that goes in your head on in your head, where people beat themselves up for not doing a better job, not getting better.

And the way I think about and talk to people is it's very similar. They're like, wow, how do you know all these things? And I just think about like the difference between that part of your brain is, I guess what I'm getting at.

Sometimes I feel like a lot of us think our bodies have betrayed us or it's not doing a great job. And I'm like, No, actually, this safety mechanism is doing the best it can right now.

Now, you may not like the result of because like the definition of safety is, is probably different for your limbic system than it is for your prefrontal cortex, I guess is the kind of the thing that I think about and I'm very interested in because I just don't I'm trying to figure out ways to help people not accidentally sabotage the progress.

Right. And I agree with you completely as I'm describing this. I'm always telling patients now they're not doing this to hurt you. They're doing this to protect you.

They've always done this to protect you. And they've done that that for most of your life they have protected you, but they've now become overprotective.

And so what we need to do is to literally convince your Olympic and vagal system that you are safer than they think you are. And the only we can do that is literally by rebooting it.

We can't just say, okay, Olympic and Bengals system, you're safe now, now cool it. Right, cool, cool. Your jets stop overreacting. That's not going to happen because you have to convince them by literally rebooting those systems.

Mold Exposure, Colonization, and Hidden Sources

And we have multiple ways of quieting the limbic system and multiple ways of treating the Vegas system that are that work. So that's that's your first job as a patient is you've got to make that happen.

This is not going to happen magically. This is actually going to take effort on your part. Yeah, I totally agree. I mean, I think it's so important to just know that your body is there doing its thing for you and that you can I and a lot of times I look at when I look at safety and poly vagal theory and just the areas of the limbic system that are impacted by Lyme disease.

As an example, those areas of the brain that allow us to process safety are negatively impacted by Lyme. And it

can and I would assume that the more research we do will find mold does the same thing in Bartonella.

Yeah, we already know that. So yes, they directly impact those parts of the brain by directly inflaming them. And so so are our keys here. Like are you having people start with the stuff to calm that down because even though mold is triggering it, that you have a greater control over that?

Again, depends on the patient. Of course, if I get somebody early on, I may not need to do it, but if I get someone who's sensitive their d telling me that I am sensitive to light and sound, I can't be around chemicals, I can only attend foods.

I'm very anxious. I get panic attacks. That person is going to need to to quiet the limbic and vagal system first, or they'll probably not be able to take the binders and anti-fog tools that we need to treat mold.

Now, they may again, I have kind of like in my mind, two categories of patients. The ones I call sensitive and the ones I call constitutionally strong.

And for the sensitive patients, yes, you're going to have to do that first for the constitutionally strong patients, you're still going to have to do that.

But you could also start treating the mast cells now. You could start taking binders. Now you can get going because your body will let you do that. So again, individuality is key, but as a percentage of the people that I see will not make any progress unless they start with my my triumvirate of limbic vagal mass.

So that's that's key. And so are there parts. I'm you know as we talk about the limbic and the vacancies are parts of the mast cell system that we haven't you know touched on the main points that people need to know about.

Yeah, well, one of the main ways is not the only way, but one of the main ways that you can know that mast. So activation is an issue is if it's you have symptoms immediately after eating and those symptoms usually reflect a release of histamine.

So it's palpitations shortness of breath, sweating, anxiety, fatigue, abdominal cramps, abdominal pain, diarrhea. If you get that immediately after eating, then you can be pretty sure you've got a massive activation part as well.

Other symptoms after eating can be triggered by food allergy and those come on later. But if something if symptoms come on within 15 or 20 minutes, I really think most of you can even get massive activation from drinking water.

And when that happens, if a physician is not aware of that, they'll say that's impossible this. Now I know this is in your head that and you know, they just don't know that.

Yes, water can trigger massive activation if they're particularly activated. So for me, when I hear someone gets a reaction to drinking water. Excellent.

Now I know I know you have that and I know I can treat it now. It's not. This is in your head message. Oh, no, no, no. This is in your body. Yeah. I mean, I think it's like a lot of it's just us being open to learning what's out there and not claiming, like, all what I learned in medical school is is it so.

Unfortunately, I get that a lot from other physicians, which is patients who will tell their doctor, Well, I've seen Dr. Nathan and he tells me I have mold, toxicity and that fits.

And their doctor will go to see what is this mold toxicity nonsense. I wasn't taught in a medical school. Well, here's here's here's the newsflash. Neither was I.

I went to I went to medical school over 50 years ago, and none of this was taught in medical school. I mean, I learned it because I had all kinds of patients who are not getting well with conventional medicine.

And so I had, like you, Tom, I had to dig deeper. I had to learn about Lyme disease because I discovered that many of my patients who were really sick and that's what they had and then I discovered mold toxicity and I discovered, oh, that's what they had.

And I'm sure that they're going to be many, many other conditions that we learn about as we go here. To think that I already know everything I ever need to know and practice of medicine is is ridiculous.

I, you know, when we start medical school, every medical student has the same thing. The dean gets up and gives a lecture and says, 50% of what we're teaching you today will be wrong in 20 years.

The problem is we don't know which 50%. So you're going to have to learn everything we're teaching you and then learn along the way. Now, a lot of my medical student colleagues took that differently than I did.

Understanding the Limbic and Vagus Systems

My way of hearing it was, I've got to be up on what the 50% is changing so that I can get it right, that I can know which 50% I could discard some of my medical school colleagues.

Well, I hope I can retire before that 50% becomes important to me. And people take that differently. I really hear from doctors sometimes if what you're talking about was true, they would have already taught it to me.

They being some amorphous medical system. And the answer is that's ridiculous. You know, you have to study for the rest of your earthly life. And we were taught that in medical school.

If we're listening. Well, I think it's so important to point out it's because I was taught the same thing. It's going to be changing. And I find that as an amazing it's a bit of a challenge but it's also what how refreshing I get to continue to learn it helps stave off dementia.

I get to help more people. The other thing as they're talking about this and this is one of the things I've learned and I always thought of myself as a good listener.

But every time we've had a conversation, including in this chat, I learn how to be a better listener from some little tip or trick that I get from you, or even just taking a deep breath and try to emulate you a little bit more.

You know, I'm working on the beard part, but also calming down because one of the other things that I learned in medical school that I use every day is I was taught that if I were to sit down and listen to a patient uninterrupted for 5 minutes, 95% of the time, they would tell me not only what was wrong with them, but how to treat them.

And that's absolutely true. There are studies that show that when doctors get into a room with a patient, it takes 7 seconds before the physician will interrupt the patient and move on.

I mean, there are these are published studies. So you're absolutely right. Listening is key. But I was actually going to give you an example of from the other day, one of my gastro andrology colleagues sent me a paper and I love learning, by the way, to me, my greatest joy is learning a new piece of information that I can integrate into this complicated puzzle that we do.

And I go, Oh, this is great. I can help more people with this new piece of information. And this new piece of information for me the other day was a new study that was done on the vagus nerve, which is what we're talking about here.

It was a pilot project treating patients with ulcerative colitis, with vagal stimulation alone and getting remissions in more than half of them in in four months of daily short of 10 minutes a day, vagal nerve stimulation.

And it turns out that there is and I have never heard of it before, despite all of my reading that there is a concept called the vagal inflammation pathway in which I've lectured on this to doctors for years now, and I have slides that

show the vagus nerve and what it's connected to.

Although I knew about it on that slide, there is no demonstration of the fact that vagus nerve connects to the spleen, connects to the thymus, and connects to the Galt.

The goals associated lymph tissue, all key components of inflammation in the body that by so that the vagus nerve has a feedback loop so it directly controls inflammation.

So if we can get that vagus quieted down, we can directly treat inflammation. Now I know how effective vagus retraining has been. I've been doing it for years, but this new piece of information with a little bit of increasing clarity of, oh yeah, a part of me, it knew that, but I didn't realize that there was a whole field of vagal information or treatment out there that I have.

I have not dealt with God knows what else is out there that I haven't stumbled upon in our in my reading. So anyway, to me, this was an exciting new piece that is immediately applicable to everything we do.

Yeah, I totally agree. And it is so exciting that people are looking at it. I'm like, I want them to branch out and understand how powerful what they just shared is, you know?

And I'm just so thankful. Neil, like of all the time that you're always willing to dedicate and share this amazing knowledge with people and sharing hope as we kind of wrap things together.

Are there any sort of other pieces like or. I always like to ask people if you if you want to share some hope for healing with people with Lyme and mold like and send them off with some really lots of love and some motivation for going for what?

What would you say to folks? Absolutely. This is easy. Every single thing we've talked about today is treatable so that if you are a patient and you have been struggling in any way, every single thing we're talking about is treatable.

We've learned a great deal of new things to treat Lyme. We've learned, we learn. We know a about treating mold toxicity. We've learned that it how to realize that we're stuck because of the big alembic and miso issues all which are treatable.

So if my my take home message is, yes, we know how to do this and for those of you who are not getting better, look for a different doctor. You know, if you brought your car in and three times for the same issue and it wasn't getting fixed, you wouldn't think twice about taking it to a different mechanic.

Now, that's true, even if you're seeing me. So if I'm not the right person to help identify what you need, find someone else. Because there are many, many ways of doing it.

We don't all do it the same way we've all learned different tricks. And if I if I'm not the person to help you, someone else will be.

Hope, Resources, and Closing Remarks

So keep your hopes up because there is help out there, these conditions and they are treatable. So amazing. Dr. Neil Nathan I mean, such so much gratitude and such an honor to have an opportunity to, chat with you and hear all your words of inspiration, all this deep knowledge of medical research in this caring, compassionate, human side of healing.

So for if folks are interested in learning more about what you're doing as particularly patients or practitioners as you do work with both, where can where can they reach out to you to find out more?

My website is a good place. Simply email Nathan M. D. dot com. I have. I am available for consultations with patients and physicians for complicated issues that you want my help in sorting that through.

I have a mentorship program for physicians. We have about 150 physicians in the program in which Jill Crista, who is a fabulous naturopath and I share both the naturopathic and medical approach to all of these conditions so that we can help people to expand their toolbox and repertoire.

But I have to say, one of the brightest things that I've ever done was decide to teach with Joe, because combining the natural ethic and the medical approach really opens avenues that the medical field is great, the naturopathic field is great.

I'm a great fan of combining them, so that is available to people. We're happy to invite more people into our mentorship program. I have a bunch of books, The Mold and Mycotoxins book.

Tom has been updated. I republished their last year, 2022, so it's updated. The book Toxic is available. And as Tom mentioned, I'm real excited that by the end of this year this should be a really good book out on the whole sensitization process written not only by me, but by the top names in the field that have been doing this research for the last 20 years.

So I'm really excited that that information will get out there for you as well. So. So awesome. And I will make sure that we have links to all the stuff you talked about in our Summit Resource page.

It's nice and easy and clickable and just a plug for the mentorship program and the work with Jill Crista, if anyone is interested in Dr., she's also participating in the summit with us very graciously.

And you can see the synergy that you would get with Dr. Nathan and Dr. Crista and this both like huge hearts and big minds in here to really bring this down and yeah, this, this bringing it together.

I have there's many physicians in our lyme practitioner training program who concurrently are training with you, Neil. And I mean, their knowledge of mold, both from a natural path and a medical perspective is exceptional.

And everyone keeps me on my toes. So I'm like, I can vouch for how amazing the program is. So if anyone's interested, go check out Neilnathanmd.com as well as we'll make sure we link you to each of those specific things.

Neil Just mention too in our resource page. So Dr. Neil Nathan, thank you so much for being here. I appreciate all the time and your your friendship and your mentorship over the years.

And everyone, I'd like to say thank you for joining Dr. Nathan and I for this episode of The Healing from Lyme Disease Summit. And I look forward to seeing you in our next episode. So thank you, Tom.

It's always a pleasure hanging out with you.