Introduction and Doctor Nathanu2019s Background

Welcome to the reverse Alzheimer's Summit. I'm your host, doctor Heather Sanderson, and I am just thrilled to have Doctor Neil Nathan with me here today.

Doctor Nathan has been a board certified family physician and is also a founding diplomat of the American Board of Holistic Medicine, now called the American Board of Integrative and Holistic Medicine.

For many years, he was certified in pain management by the American Academy of Pain Management as well from from the time that he began medical school at the University of Chicago's Pritzker School of Medicine.

It has always been his passion to help as many of his patients as possible. He was never satisfied with sending patients home with the cliche, sorry, we just don't have answers for you.

For Doctor Nathan and for his patients. Conventional medicine held many answers, but sometimes they just weren't enough. Starting his 49 year medical career as a family physician, he delivered babies, did minor surgery, and worked in the emergency room, providing the most comprehensive care that he could.

Over the years, he found that other disciplines, some of which were already included in the scope of conventional medical medical practice and some of which were considered tangential, held the promise of providing useful answers for those patients who did not respond adequately to conventional medical care.

His practice evolved into something entirely new that did not really have a name, and so he called it complex medical problem solving. Over time, he found himself working mostly with those unfortunate patients who had not received a clear diagnosis from conventional medicine and were suffering with persistent and debilitating illnesses.

These included fibromyalgia, chronic fatigue syndrome, chronic Lyme disease with its co-infections, autism, and all varieties of chronic pain, amongst many others.

Despite his many years of clinical practice, he is still optimistic that he can help every single patient who comes through his door. And he aims to do so.

He works hard to do so, and to help other providers like myself in doing that. For the patients who walk through our doors. In that experience, he was motivated to write toxic heal your body.

And healing is possible. There are unfortunately millions suffering who have not been able to clearly be diagnosed or helped by conventional medicine, and who are not aware that help is indeed possible.

Doctor Nathan, thank you for joining me there. Thanks for having me. I appreciate the opportunity to share what I know. Thank you. You are such a gift.

So I am a formal mentee of Doctor Nathans and have worked with him to collaborate on cases that are extremely challenging. And his wisdom, his experience has been so valuable.

And I hope that you will get the impact of just his degree of information, of of the depth of his integrity and just how much he brings to the table in terms of these really complex and challenging cases like dementia.

So, Doctor Nathan, I want to start by just talking about a very, very common complaint that our patients come with, which is brain fog and how that's different from dementia.

Oh, that's actually a good question because it can get tricky to distinguish at a time. Brain fog is a very vague

medical term.

Brain Fog vs Dementia

Foggy term, if you will, if you don't mind the pun. It just means people are, like in a fog. They're just not thinking clearly. And they know they're not thinking clearly, which actually is scary.

Brain fog is. This adds anxiety to a system that is often anxious for other reasons. Because when a human being realizes they're not thinking clearly, oh my God, I left the stove on and I forgot to turn it off.

Or did I leave the stove on? Did I turn it off or. It's actually one of the more frightening things we have. So brain fog is simply a generic description of I'm not thinking clearly.

And if we then want to add other psychometric components to it, like difficulties with memory, focus, concentration, and we begin to define dementia as specific, measurable, aspects of our brain function that can be quantitative.

You know, remember these three? I'm going to say three words fish red ball. And if I come back in 20 minutes see if you can remember those three words.

We can measure that. We can look at that. So dementia is a state in which people often increasingly are unable to, mobilize their brain function. So it does differ from brain fog, which is a lot more generic.

And we do see it in our chronically ill patients, comes with the territory. These things are basically caused by or they're manifestations of inflammation and anything that causes inflammation can begin to cause those symptoms depending on an individual's biochemistry and their genetics.

So, I remember once having a viral illness many years ago, and stunned by the fact that I couldn't remember whether or not I had told my wife some piece of information.

And I have a mind. I have a photographic memory and a mind like a skill track. When it's operating. I was appalled, frightened by the fact that I couldn't remember what I had just told my wife a few minutes ago.

That was from a viral infection. Form of inflammation didn't last long, but when you have something that takes over your life, as dementia does, then we begin to deal with something just so serious.

Not just for the person who has it, but for all of their loved ones and friends and community to watch a human being, high functioning. Go to someone who may or may not remember who you are, and you've been close friends for 20 years.

Very frightening. And it's a very, very it's one of the most insidious illnesses of our time because it takes away the essence of who you are. And so that's we're here to talk about that.

Exactly. So Doctor Bateson asked you to teach on his recode course. So many, many doctors are learning from you about how and why especially toxicity can lead to dementia.

So can you. Can you connect? Help us connect the dots there? Sure. One of Doctor Burgess's brilliant. Works have been to understand that he began to. He began with his recode program, which originally identified 36 specific biochemical imbalances that, if addressed and treated, would actually reverse Alzheimer's disease.

And a surprisingly large section of the population. One of them was mold, another that was Lyme, by the way, because he discovered that anything that triggers inflammation, which is the essence of this, will do that.

And so when we're dealing with mold toxicity, which is something that a lot of people's not really heard about any toxin, but mold toxin is one of the most common and one of the easiest one to diagnose and to treat.

Triggers in the body a persistent inflammation, which is what triggers Alzheimer's or Alzheimer like symptoms. And, those of us who work in this field are very gratified.

We seen people who've been told by several neurologists, you have Alzheimer's. Sorry. And after treating mold or Lyme or both, and the other 36 things that Doctor Bateson originally identified, there are more now.

But that was the original game plan. So by identifying those things, and I think Doctor Bateson has shared with me that an unusually high percentage of his workups show mold in a lot of his patients, and I'm not surprised by that.

We believe that there are 10 million Americans who currently have some degree of mold toxicity. It's an epidemic greater than HIV by far. And Lyme disease, which is an infection and not a and not a toxicity, but also triggers an inflammatory response that is persistent.

The CDC identifies 400,000 new cases of Lyme disease every year. And yet most physicians go, oh, we don't have Lyme in this community. There isn't a community on this planet that doesn't have Lyme disease.

And yet. If you don't recognize it, it's not there.

Toxicity, Mold, and Lyme as Root Causes

And mold is the same way because, many of these patients get misdiagnosed because they have so many symptoms. They have not just cognitive issues, you know, brain fog, difficulty with focus, memory, concentration, word finding.

But in addition to that, many of them have anxiety and depression, which is again triggered by inflammation of the parts of the brain that monitor and control that.

And they also have joint pain. They also have respiratory difficulties. They have shortness of breath. They have rashes of every sort conceivable. Their sinuses are stuffed up.

They have GI symptoms of every type constipation, diarrhea, and the litany, if fatigued, they get exhausted when they do even the slightest task. So when someone walks into the doctor's office and says, doc, I've got all this stuff.

If the doctor is unaware of the existence of mold, I'll go. Nobody has all this stuff. This is psychological. You've got anxiety or depression. I'm going to put you on an antidepressant.

And the vast majority of my patients, that's how they've been treated. They've been treated as if I don't know what's causing it. But I don't think anything I know could possibly cause this.

And that's really where the problem is. And for me and those of us, you, Heather, who work in this field, who are doing this work, we're trying to educate our colleagues of this is common.

If you see this, this is a diagnosable, treatable illness. So I've digressed a little bit. But, the in Doctor Burgess's work, mold and Lyme are two major components which are treatable, and they need to be aware of it.

I'll give you an example. I had a very lovely patient who I've worked with for a number of years, and, she and her husband came to see me, and, she was diagnosed as having early onset this disease.

But it was was going downhill quickly. So that, to me, is a tipoff that normally Alzheimer's progresses slowly, but someone is moving quickly. It's it makes you think what is triggering this inflammatory process to make it move that quickly.

This is not a normal a normal process. And so we worked her up and lo and behold, she had both Lyme disease and mold toxicity. And we treated her and she got much better.

Didn't get completely well, but got to the point that she was high functioning. Could do everything she needed to do. Recognize the people in her life.

And was and at some point I moved practices. And so they lived in San Francisco and they thought it was a little bit too far to go to go up and come see me.

So they saw one of my colleagues nearby who decided they didn't need to be treated for mold and Lyme anymore. She went backwards quickly. She got to the point she couldn't count to three.

Oh, no. And and they decided, well, maybe they could make the trip up to see me. And so we went back and went back on her program and again, again, she didn't go back to being completely well from from a mental status point of view, but high functioning and stayed that way for many years.

As long as we treated her mold and Lyme and, I mean, she's just an example of many. I've had dozens of patients over the years who were told the ten year old timers we treated the mold.

No evidence of it, and I mean none. And you know that. And Doctor Peterson continues to publish a number of case studies, 101, study 100, and another study in which patient after patient gets tremendously better, finding the imbalances that are triggering this inflammatory response and treating it properly.

This is exciting. It changes the whole paradigm of of I'm sorry, you're just going to die slowly and dwindle away and we won't recognize you, which is a tragedy of epic proportions.

But I'm sorry, I can't do anything about it. My drugs might work for six months, maybe a little, to going to. Oh, we might actually be helping to recover.

I can't promise complete functioning, but we could get you to function a whole lot better. And that is a gift to families, communities and the individual themselves.

And and I think that's what we're trying to popularize here is to make it known this is possible. That speaks volumes. And I would just echo that. We've seen very similar things, both at Marama, the residential care facility, and in my clinical practice that people who are, you know, have very low mochas, who are nonverbal, regain the ability to speak.

And although they're not getting full cognitive function, we wouldn't want them driving or going back to work, maybe. But just that ability to tell someone my arm hurts or I'm thirsty, just that ability to communicate a little bit more changes their entire existence right now if they are not suffering needlessly in pain.

You also brought up another really great point, which was the totality of the symptoms, right? That often the patients that you or I are seeing, it's not just that they have memory loss.

That's it. They're in pain, that they have anxiety or depression. And most dementia patients have a lot of that as well. But we call them comorbidities.

And one of the scary things is that often what's you mentioned SSRI is or an antidepressant but anxiolytic. So the benzodiazepines actually contribute to dementia.

So we run into this inner phase of with conventional medicine. You know we're asking often the the the typical kind of conversation is I have this ailment.

It's high blood pressure anxiety or I can't get to sleep. And then you get a pill for that. And that pill may have side effects that then contribute to further worsening of the inflammation or whatever the processes that got us to dementia in the first place.

Your approach is incredible because what it does is it go back. It goes back to the root causes. We really want to

get to the underlying disease, unravel all of this complexity.

You're not afraid to dive in deep with patients and say, well, it's really driving the cellular process. Even if it is, some of it is coming from your head.

How can we rewire that in these really profound ways, so that you get back control of your life and that is what is so inspiring about working with you, and why I've been so drawn to your work, and why I'm so excited to have you sharing how to work through this process with everyone who's listening.

So this can feel really overwhelming, particularly when you've been to a doctor and they've sent you to psychiatry and then to orthopedics and then to gastro, and then to all of the different specialties.

But no one's putting you back together the way that Doctor Nathan does. So I want to understand I want our attendees to understand how do we start looking for Lyme disease and toxicity?

This can be a little complicated. Where do we start? It is complicated, you know, but. Just to deal with basics, how can you not look for conflict? Right.

I mean, that's the question that baffles me, which is how can you be satisfied giving a pill for depression when you might be able to find the cause of that depression and treat it and eradicate it?

You may know the depression and the anxiety, and you may know doctors who have to work in their constraints of 15 minutes and insurance based practices.

And that's another summit. You may not find the cause, but you gotta look, if it was me, what's causing this? Why am I sick? Let's get to the cause, and then I can trust the human body has phenomenal recuperative powers.

If you nudge in the right direction. And if you just cover it over with Band-Aids. You know, a little SSRI here and anxiolytic here. You can't cure. Well, you can maybe feel better, but as you're saying, these things have side effects and are known to make this worse in the long haul.

So I want to emphasize, how could you not look for cause? To me that is the central component of medicine practice. Anybody don't care what you do or what field you're in, look for cause.

So, you know, when I sit down with my patients who are complicated because over the years, my interest in complicated has. Driven my colleagues to send me all of the people they don't know what to do with. And, as you know, I'm a very odd duck, and that, I like that.

To me, that's fascinating. Not. Oh, my God, another tough patient. It's not that because I don't look at them that way. I look at can we figure out what is making you ill so you can get better?

I mean, this is a togetherness thing. We're going to figure this out. We're going to dig into this and we're going to delve into this. We're going to spend time and and over the years, you learn patterns.

When you work with enough complicated patients, you begin to go as they start talking and telling their story, describing things, you know, this is going to be modeled.

And I can tell that by the symptoms that they're giving me. And we're not going to be surprised when I ask them, have you ever lived in a moldy environment?

You know, and sometimes people don't remember that by the way they'll go. Yeah, I'm pretty sure my place is fine. I don't think I've ever done that. But it plants a seed, and I can't tell you how often people would come back at a second visit and said, you know, I told you I didn't have any mold exposure.

But, you know, we lived in a home three years ago, moved out of this apartment, and they had this black stuff in the

basement, and the windowsills were covered and there was leakages.

It was a water heater. And okay, now we're talking. So you alluded to the fact that this is complicated work. It is.

Testing for Mold and Lyme

But if you come to the table with curiosity and just keep asking questions and you have a practice where you have the time to ask those questions, you can't do it in an HMO system where you have seven minutes to go over something with a patient, and you're back in terms of the patient, you're not even looking at them and you're typing into a computer.

Can't do it. So, in our practices, we spend more time with people because we have to we have to give them time to tell their story and time for their story to percolate in us as we digest.

That's interesting that this is a typical like this fits the pattern. This doesn't fit the pattern. So what's going on here? Do not make it fit the pattern.

And then we now have increasingly more and more tests that we can do to help clarify that. So I keep alluding to mold and line because in my world, those are the two biggest things that people miss, that are treatable, that will make a phenomenal difference in people's lives if we treated properly.

There are other infections. There are other, viral infections. There's many species. There's, mycoplasma species. I mean, it's it's not confined to that.

And in terms of mold, it's only one of thousands of environmental pollutants that we are exposed to in complicated ways. But it's one of the most common and it's easiest to measure.

And then we get going on that. The treatment for mold. Well, by definition, also pull other toxins out of the body. So maybe when I treat mold successfully I go, okay, you have this test that shows me red mold and then we treat you and that test is negative.

So I go, great. That's what cured you. But maybe it was other toxins that we pulled out of the body at the same time that we can't even measure here. And so the field that we're working in is in its infancy, but we have all the tools we need to successfully treat a lot of people and we see it.

I wanted to echo what you mentioned about doctor medicine as well. We're doing a clinical trial in my office right now. I'm on an approach very similar to his, modeled after his and not I have yet to see a dementia patient, you know, not just in the clinical trial, but in the hundreds of dementia patients I've seen over the past handful of years.

I have yet to see a single one where we look for toxicity and it isn't there. And this makes sense because typically a dementia patient is a bit older, and so they've had time to accumulate that.

They've lived in different houses. They've lived in a house where there's been a leak that they didn't realize was there. There's been some sort of water damage, or they've worked in a place that, where they had some exposure.

And so not just small talks and I would say probably with more toxicity. The vast majority of them have it. But when you start looking at the chemical toxins like glyphosate or petrochemicals, other pollutants like parabens, PCBs, phthalates, you see some of that.

And then also heavy metals, of course, which I know you are very well versed. And so when you look at the totality of what we can measure, knowing there's a whole lot else that we can't, we see that toxicity always shows up, at least in my clinical experience.

And so addressing it is becomes a very, very important part of this approach. So Doctor Nathan, I want to understand how you look at measuring this. What tests do you like to run? Okay.

Well, as you know, Heather, I've been playing around in this field for a while. What I have found currently the most useful tests are simply urine tests that measure mole toxins, which we call mycotoxins.

It's a very simple test. You just collect your urine, and then we send that to one of several different laboratories. There are two labs. There are several labs doing these tests, the two that do most of the testing that have been, I will call it better standardized, if you will, for great claims and real time.

And they use completely different technologies and give us completely different numbers. So I typically will try to get a urine sent to both labs. So I have a complete picture of what the toxicity looks like.

And it's against I'm saying it's simple. It helps if you're collecting the urine. If before you collect the urine, your patient can do something to make them sweat like they're a sauna or a hot bath or a hot tub, because if they can sweat, that tends to mobilize toxins and give us a more accurate answer.

And in some of the labs will use glutathione to stimulate the body to remove the toxins. So we get a more accurate answer. But the basic thing is you can collect a urine specimen and look at it.

It's not harm. Anybody can do it for people have Medicare, it's free if you use real time lab. Not so with great clients. But so it's a simple test for especially for older people who are struggling with dementia.

They usually have a free test that we can get to let them know if they have mold toxicity. All they have to do is collect some urine. That complicated.

There are other tests that are available. Great Plains has some interesting tests that suggest the possibility that the mold may have actually colonize in the body, where it's been present so long that it is now in the GI tract, in the sinuses, and is producing toxin ongoing.

And that actually is very important for people to understand, because you may be listening to this and going, well, that's very interesting, but I have a brand new house.

It's state of the art can possibly be anything in my home right now. But if you were in a building before or where you work and you had been exposed to it, you can have, enough exposure that that mold then colonized and you are now carrying it with you.

So it is making toxin ongoing. And I think that is a big factor that people don't really understand in your house. Me you now live in may be pristine, fabulous, but your previous exposure may allow you to be mold toxic without you realizing it.

So again, sorry for that digression, but I think that's important because many people go. I don't smell it. I don't see it, I can't possibly have it. And, then we run a urine test and they are loaded with toxin that will go well.

Can't possibly has to be revisited in this context. You have it. Let's get rid of it. Let's take care of it. So answer your question. Urine micro toxin testing is important.

Again, Great Plains have some other tests which can shed some light on it, which we find useful. And there's a number of blood tests which have some usefulness but are not as specific for mold as the urine testing.

There's a whole bunch of named alphabet soup testing, such as C4 and teaching F beta one and VIP and MMP nine, all of which suggest an inflammatory condition.

But they don't tell us what that inflammatory condition is. So we now have tests put us in our direction. We can measure some of the environmental toxins, but only a fraction of the ones that people are being exposed to because we can't measure them all.

Okay. So so we talk about Lyme. Let's talk about Lyme. Yeah. So same context for Lyme. We've struggled with

having tests be accurate for a variety of reasons.

One of them is it's only really recently that it's been recognized that the original tests for Lyme were against one Lyme species, Borrelia burgdorferi.

And we now know that there are dozens of Lyme species which weren't measured. So many people got tested for Lyme. And so now you don't have line. And yet, for those of us who work in the long field, we often have to treat empirically, which is I know your test is negative, but you really don't look like you have Lyme.

You had a tick bite. You may not remember it, but for many people that had a tick bite never been well since. And the symptoms are so characteristic that I think you have Lyme disease and responded to treatment.

So our testing is better. Now the standard testing. I'm going to warn physicians if you use LabCorp quest, those tests are highly inaccurate. If you're going to use that as a test, you may have it covered by insurance, but having a bad test covered by insurance is not a recipe for a good, successful diagnosis.

The best test in this country that I'm aware of is Ajax, and they have recently improved their testing.

Treating Mold Toxicity

So you can get what's called an eye genic immuno block, which is increasingly accurate for Lyme disease and increasingly accurate for Bartonella, which was hard to diagnose in the past.

There's now an immuno block for Bartonella coupled with a fish, a fluorescent antibody test that we we can now make these diagnosis with more accuracy than have not complete accuracy.

Another factor with Lyme disease, which doesn't really occurring mold because we're looking at the toxins in urine and mouth and Lyme disease. We're measuring the body's ability to make antibodies to a portion of the spirit.

So if you tease apart the Sparky, the bacteria, the brilliance of Lyme disease, it's all kinds of proteins in there, and we make antibodies to those proteins.

And our testing has always been based on is our immune system making antibodies to proteins that are unique to the Lyme bacteria that again, the problem with that is Lyme disease weakens the immune system so thoroughly that we often can't make those antibodies.

And so a significant portion of people with Lyme disease will have a negative test, even though they really have life. So again, when we treat them empirically with antibiotics and herbs and supplements and, nutraceuticals, you name it, I've got a whole complex way of doing that.

4 to 6 months later, when they're getting better and their immune system is recovering, we can repeat that Lyme test. Now. It's positive so it can be difficult.

You need a high index of suspicion. So what's imperative is that physicians all physicians because I don't care where you work, whether same emergency room or your cardiologist or whatever it is, all physicians need to know about Lyme and mold because it is ubiquitous, and all the symptoms that they cause can be due to those things.

And you need to be looking for a. I can't tell you how often I've had a patient come in and say, I was reading Doctor Nathan's the Toxic, and it's the first time I felt like a doctor understood what was going on with me.

The way that you lay out in that book, you know, the the constellation of symptoms and the myriad of things that can be going on that can be so confusing not only to doctors, but also to the patient themselves and their family members.

The way you lay that out is so compassionate. I think it's the word I'm looking for, but it's so compassionate and it

allows people to feel finally like there's hope because someone at least gets what's going on.

So that's step one is understanding what might be going on. Step two is what to do about it. So talk us through how to get rid of some of these complex, chronic contributors to complex chronic disease.

Wonderful question. So I first have to say we're still learning about it. We know a lot more today than we did 25 years ago. We're much better now than 25 years ago.

But because the governmental agencies like the CDC have not really paid much attention to Lyme or mold, we have not had the research needed. 10 million people in this country with mold toxicity, and virtually nobody's doing any research.

Lyme was identified sooner than mold by about 15 years. And so more research is happening. But the CDC is not involved. So billions of dollars in government research is going to rare, unusual illnesses when we have epidemics that really need our attention here.

And we're not we're not getting it. Having said that, we still know a fair amount about how to treat these things. So with mold is basically a three, four, three part treatment program.

Number one, you've got to be certain that the patient is not currently living in a moldy environment. That means testing their home, work or car. Sometimes thinking about a relative.

I go to my mom's house every Sunday for dinner, or my cousins or this or that, just being aware of where could I get this exposure so that I can be out of that exposure?

You cannot get well from mold if you continue to be exposed. There's nothing I can say more important than that, and nothing that prevents treatment more common than that, because this is difficult.

People go, I have no place to move to. I can't get out of my house. I don't have much money. I'm not sure I can remediated or fix it or what am I supposed to do?

Very real issue. Very real problem. But I'm going to come back. You're never going to get well if you don't get out of that environment that is, working with you and seeing patients saying exactly that is a big inspiration for why I created Marama is because it is so challenging.

And sometimes that's the endpoint is that people are so overwhelmed, they're practically paralyzed. They're feeling so sick and overwhelmed and just unable to make decisions.

They don't know where to go. They're not ready to part with their things. They're not ready to part with their home. And yet they're they're not going to get well until they do.

And if there can be a place where they can go to rehabilitate, where we are looking aggressively for mold. Right. And a lot of lot. I don't know if you've seen this, but it's kind of like that friend you have that's always getting in accidents.

A lot of people who have mold toxicity, they seem to jump from one place that has toxic mold to the next, and it also becomes a red flag to potential landlords.

The the complexity of this part, it can feel so overwhelming. And what I, tell many of my younger patients, certainly it's just go camping, get a spot in the desert.

I'm in Southern California, so it's relatively easy for me to say, go, just get outside. Go to a place where you don't have to worry about water damage in the bathroom or the kitchen.

Get to a place where, you just can kind of set that aside, do a little bit of healing, and then go back and make some

of those decisions about a complex thing, like a move.

Okay, so I agree completely. I don't want to add to that. Some people, when they move out of their moldy environment, notice immediate improvement. That really helps wake them up to what's going on in the future.

They then may make the kinds of decisions they need to, but because it's internal in so many patients, quite a few people will move to a non moldy environment and I don't feel any better.

So I couldn't be where I'm living and they would be unfortunately wrong about that. And that's particularly a problem in our elderly. You get someone and I am being I am elderly so I can talk about this.

I'm not being a just being just descriptive. The older you get, the harder it is to move or think about moving or changing your environment. And I can't count the number of elderly people who said there may be mold in this part, but I can't move with we're here, we're not going anywhere.

And it's like, how do I work around that? Very, very difficult. So in terms of treatment, the first step of treatment, which is quite difficult, is getting patients into an environment where and sometimes I have to hang out with people for a year or more or 2 or 3 until I go, okay, we've been treating you for 2 or 3 years here a little bit better, but you could really be well if you could get out of that.

So the other part of it is if you treat them, they may get better enough that they can recognize that and go, you're right, I'm going to die. If I stay in this environment.

So it's a hard one. The second form of treatment is taking materials that are we call binders that are specifically bind the toxin and pull it out of the body.

And there's a bunch of them. But we have learned a lot over the years. So the, the reason that these urine micro toxin tests are so helpful to us is that I can actually see which toxins my patients have, and I can use the binders that are specific for it.

So I could use, streaming or, well, call, which are prescription items. Or I can use charcoal clay or Chlorella or Saccharomyces, depending on what the toxin is.

I will use a binder that I know works on that. And then I could pull it out of their body and we can see that happening. We can remeasure the toxins, for so for some people, if we catch it early, using binders alone is sufficient to cure them all toxin they haven't.

I keep using this word colonized, which means that the mold hasn't started growing in them yet. And if it's only toxin in them, the binders can pull it out and a number of people will respond quickly and well and completely to just taking binders pretty easy.

I don't see that kind of patient much anymore. I did in the beginning and it was very gratifying. I now get the patients that have been referred to me by other doctors have already tried that. So the third arm of treatment is recognizing that there is colonization.

We need to give our patients anti-fungal medications in either nasal spray form for the sinuses or for the GI tract orally. And we typically use an antifungal medication which can be, pharmaceutical, can be herbal, and we use a biofilm dissolving agent.

Another big discovery in the last 20 years is that mold and candida, which often comes along with mold, makes lots of biofilm and hides there inside the body.

So we've got to dissolve that biofilm so that our antifungal agents can get at it. So with a combination of avoiding mold exposure. Antifungal medication and the appropriate binders, we're able to cure the vast majority of people that we're looking at.

And I've probably treated 3 or 4000 patients with mold successfully at this point. And got to admit, not everybody I've treated has gotten well, and those are the ones that keep pushing us because I told you I like complications and I like challenges.

Treating Lyme and Co-Infections

So it raises that question of, okay, what am I missing here? What am I not doing for my patient to help them get well? The most common issue is finding mold in an unexpected place in their environment that they didn't realize they're exposed to.

That comes up a lot. That's one of the biggest stumbling blocks of our treatment. And if the treatment of mold toxicity is in its infancy, the environmental analysis is even more of its infancy.

It's we're just barely learning how environmental engineers can go into a home and evaluated properly for mold. It can hide inside walls, under tiles, inside grout, under splash boards, in the kitchen.

It can hide out there. It's microscopic. It can go through the little holes in the floorboard and percolate into the environment without us being able to detect it or find it.

So we have a long way to go in that, but my message is a hopeful message. You can diagnose it. And in the vast majority of cases, we can treat it successfully.

And the faster we get at it, the more confidence certainly I have. So the earlier we start, the sooner you notice that you're having brain fog or cognitive decline, or you're noticing these symptoms, and the quicker you can get help, the more complete the reversal can be, the less expensive is it is to treat it though, the less effort it takes and the more full your life can be.

On the other end it does take. I want to echo that, Heather. That's such an important part. If you catch it early, I believe it's curable. If you catch it late.

To a certain extent, that inflammatory process may not be completely reversible. And so there's no question in my mind that the earlier you catch these illnesses, the far more successful you will be absolutely and completely reversing it.

So the next one to chat about is how we get at Lyme disease. Another, another lots of, discussion in the professional community about how to best do that.

But certainly you have had some great success in in an area of medicine where there isn't a lot of that, one of the other distinctions or layers I want to add on to this is that chronic Lyme like colonize mold can and the co-infections of Lyme can create its own toxicity.

So the overlapping symptoms here and I think the reason that you, address both of them is because it's the same sort of person that shows up in your office this myriad of symptoms.

And, every system in the body, is affected and the, the complexity, and people who are getting shifted to all of the specialties but not getting put back together.

So mold and Lyme overlap a lot in terms of symptoms, but their treatments are very different. And so that's why it's important to test for these things and understand what it is that we're dealing with.

Both of them trigger inflammation in the brain. And if you're able we for certainly the development of those beta amyloid plaques a lot quicker than maybe your neighbor who doesn't have that and that, ApoE e4 genetics.

So understanding what's going on can help us be more targeted and help us get better outcomes. And you've described how we would address mold. I'd love for you to tell us how you, as a provider, we're to support someone

through addressing Lyme in the co-infections.

At least I have a simplistic model for mold. I don't for Lyme. So first of all, when we talk about Lyme disease, we're usually not just talking about Lyme, the bacteria, but all the other co-infections that get transmitted into the body at the same time.

So people can have Lyme disease and Bartonella and PCR and or Loukia. And, you know, there's a lot more hands in that, teasing that apart, making it takes years of clinical experience to get the hang of that, because we don't use the same antibiotics for each of those different infections, the better you can identify the specific infection that is primary in a particular patient, the better you're going to be.

What are the odd things about the immune system is it doesn't seem to be able to fight more than one infection at a time. And so it prioritizes that. I call it public enemy number one.

The body decides that. I'll decide that. You don't decide that the body decides that. So if the body decides that it's Lyme, the symptoms will be more like me.

If it's Bartonella, it'll be more Bartonella. And you very nicely pointed out that mold symptoms are very, very similar to Lyme and Bartonella and other co-infection symptoms.

So it takes a lot of clinical study and work to be able to figure that out because you have to in the same way that we try to be precise about mold, which is you've got this micro toxin, I'm going to give you this specific treatment.

We also have water, which is okay, you have Lyme. Now Lyme is more complicated because the Lyme bacteria can change morph into different shapes and forms if it feels threatened.

So it starts out as a barricade, kind of a spiral shaped bacteria. But if it feels threatened by certain back certain antibiotics, it will change it to what's called a cell wall deficient form, which does not respond to the same antibiotics.

And if it doesn't like that, if you're giving a different antibiotic, that will change it to what we call a system. So in the Lyme world, you have to address simultaneously all three forms with antibiotics and herbals and botanicals, because you've got to hit it in all three forms or you're not going to eradicate it now and again, this is there's no simple way for me to talk about it.

This is a ten hour lecture. But the other big thing we learned about wine, which we also learned about mold. It's just that you can kill the bacteria and that's great.

But that leaves a reservoir of toxin in the body, and you've got to detoxify the body. Now that's intrinsic to treating mold. But it took us a long time to learn and Lyme that we had to work on the body's detoxification systems so that we would help it get rid of the toxins we were creating by killing these bacteria the way we were going about it.

So we learned that, no, it's more complicated than that. And we learned that this the infirmary process that mold and Lyme created, messed with the pituitary is ability to regulate our hormones.

And so we have imbalances in thyroid, sex hormones, adrenal. And those need to be balanced. So, as important as this work is and there are so few of us doing it, it is not for the faint of heart.

If it requires, as I said before, a curiosity so that you're constantly asking, okay, my patient isn't responding to what I'm doing. What am I missing?

What do they have that I didn't figure out? Is there a heavy metal component or they methylated or their mitochondria not working, and we can go on and on and on with that.

But I want to come back to where we started, which is many of the words that I just tossed out, like methylation and

mitochondrial dysfunction and things of that nature are downstream.

They can't later. What's causing all of this is either Lyme or mold or other infections or other toxins, what have you. And that's where our focus needs to be to identify that once you get the toxins and the infections taken care of, the immune system bounces back.

It does what it's intended to do, which is to take all of those little viral flares that have occurred and go, no, no, no, I'm fine now. I'm going to keep you all under control.

I've been doing that for many my entire life, and I'm going to keep doing it for you. The body will heal itself once you get the biggies taken care of.

So that's kind of been my message. Other I so appreciate that. There's another piece that is personal to you, that is helpful for our brains. You, have some furry friends that I think help you certainly find joy and peace.

And and just delight in your life. Do you mind sharing a little bit about Sasha? Oh, about my furry friend. About your furry friends. My furry friends.

Okay, well. I have to say that I am incredibly blessed with, first of all, a wife who is so loving, so caring. She. She's a radiant being. Well. And, Puppies.

So we've always had dogs. My wife absolutely loves dogs. And so when Covid started, we got what we call a pandemic puppy called Sasha, who we both fell in love with instantly.

Got her from a rescue center. And, literally on site. Fell in love with her. Both of us. This is a now a 40 pound. I don't know what she is. Maybe a McNabb and the most loving being in the world.

She's just a sweetheart. Absolute sweetheart. And we picked up another one. I don't know if you know that. Heather back in, New Year's Eve. One of my workers at the clinic had a dog they couldn't take care of.

So we picked up a patient, and, who Sasha loves, and, they're great friends and is another phenomenal being. You know, we add these. Yeah. I'd never had a pet before I married Cheryl, which is over 30 years ago.

I never had a pet, and, not really. And certainly not a dog and had no idea, how dogs provide us with unconditional love. It's just astonishing here. They just are.

They just do that.

Hope, Pets, and Finding the Right Practitioners

So, having a couple of having been quite ill recently, but having a love of my wife and my puppies curl up in bed and look me in the morning and snuggle up with me, and I don't have to do anything.

It's just be with them quite, quite lovely that I know you. I know you've had similar experiences. Yeah. And we've, we've seen at, at Brahma as well just the healing ability of the connection with an animal.

It's, it's, it's so calming. And, I mean, the spectrum of what we've seen in terms of the animal interactions with humans is really inspiring. And you have shared, certainly with me, just the joy that you guys get that you had showed up from the dogs is infectious.

I love the pictures and the updates about what's going on at your house and the views, getting to enjoy the views or a ball game or something with the dogs cuddled up around you and just imagining how healing that is.

And to encourage. I certainly encourage my patients to create those connections, those relationships. And sometimes it can feel like the human relationships are a bit fraught, but those animal relationships can can really

provide so much beneficial healing and and engagement and love and purpose.

And they get you up and walking and, and, exercising, which could also be another added benefit there. Absolutely. You know. We need to find love wherever we can.

Human beings are complicated. We get so caught up in ideas of what should be or this or that or our relationships, which is, you did this to me 20 years ago, and I can't forgive you for that.

And and I, you know, you look at that perspective and go, it can't be important. What's important is how we connect to each other and treat each other and respect each other. And, that feeds us again.

And as I alluded to, I was really quite sick for several months, and I'm beginning to get to get much better now. And, the amount of outpouring of love and caring that got my family and friends and, you know.

It's a it's a phenomenal blessing. It's a phenomenal gift. And we create that by our openness to that. So I would also say that whatever it is you are wrestling with of an illness or whatever it is, look for meaning and joy in your life.

Look for healing the relationships because that will heal you. At the same time. And look for my increasingly awareness of gratitude for what you have, not what you don't have, but that the gifts that you have to really appreciate it and savor it.

And and I think that's where healing comes from. Well, Doctor Nathan, you certainly are a gift. It's such a pleasure and a real privilege to be able to work with you, to be of service, to patients and, and to all of our attendees here.

I'm so grateful for your presence and for sharing your insights and wisdom. It's always, always a pleasure if people want to learn more, and particularly those who maybe are looking for a doctor who is trained by you, I know the book Toxic Heal Your Body by Doctor Neil Nathan is available on Amazon, or wherever you get your books.

And then, Doctor Nathan, where can people find doctors trained by you? So if you're interested in knowing more, I will encourage you to read my book. It's called toxic.

I find it on Amazon. It's got a long subtitle. So heal yourself from mold toxicity, Lyme disease, multiple chemical sensitivities, blah blah blah blah.

I really would encourage that. If you go to my website, I have a long series of newsletters there is in the blog section, if you want to read some of the things that I've written on other subjects and other titles, on my website, which is very simply w WW dot Neil Nathan md.com.

I have a list of practitioners that I've trained, Heather being one of them that, do this kind of work that I can personally attest. They know what they're doing and they know how to go about doing that.

And I'm currently training, I've been training 60 or 70 physicians in a mentorship program, which meets regularly with a group of physicians. And I've just expanded that to another mentorship program, for, physicians.

Then I'm going to be doing with Jill. Krista, Jill and I recently did a, a program together. And I think that the informational meshing of my approach, which is largely, conventional, it's not really conventional medicine.

People wouldn't call me a conventional doc, but using pharmaceuticals with Jill's naturopathic training and her, use of supplements and herbs. Wonderful combination.

And Jill and I are going to be doing programs on a regular basis for a larger group of physicians, in which we'll go over case presentations and topics.

And to me, that's a very big thing. Got to train more people to do this. And, I know how hard it is to find, physicians who actually know how to approach this in a cohesive, methodical manner that a lot of people do it and little pieces,

sometimes that works, and sometimes it makes people worse.

So I'm hoping we can teach people to do it in a more cohesive way. And for any of those, people who are especially interested in this topic, Doctor Cho, Krista does have another interview on this summit, so head over there.

Listen to that one. There's going to be lots of complimentary information there that supports that doctor Nathan is doing and helps you to get even more out of the summit and get the healing that you deserve.

Doctor Nathan, thank you again. Always a pleasure and a privilege for me to thank you, Heather, for giving me the opportunity to share what I what I know.