Introduction and Guest Background

Welcome to The Parkinson's Solutions Summit 2.0. I'm your host, Dr. Kenneth Sharlin. And today I have a special guest, Dr. Neil Nathan He's going to tell you a little bit about his background, but I will tell you that I have known Dr. Nathan for probably about, oh, 20 years at least.

He, he did, have a, busy practice in the southwest Missouri area for many years and did some really groundbreaking things, here in my home town, but, then moved to the West Coast, where his his reputation and his ability to share his wisdom has grown exponentially.

And he's he's kind of become a world famous doctor. So I'm honored to say I know Dr. Neil Nathan Welcome, Dr. Nathan. thanks again. you can truly say you knew me when, but, and, gosh, this is going to be a little hard to live up to, but I'll give it a shot and, well.

You know, it has been a little bit of a journey, but I know that even while you are here, there are aspects of what you do now that you were still doing.

You know, in our small town in southwest Missouri as, one of the pioneers of holistic medicine and, you know, we, we had in our presence as well, Dr. Norm Shealy.

And so, you know, all of that kind of vibe, that influence, that energy was all around. But tell me kind of what your journey has been. Well, yeah, I really went to medical school to learn how to become a healer.

That was my childhood dream. And I was really disappointed that that's not what I learned in medical school. I learned a lot. I learned how to be a medical technician, but I didn't really learn what I was hoping to. So, leaving medical school is what I really learned, what I wanted to know, and I've studied almost every kind of healing that I could get my hands on to expand my understanding of what healing really meant.

so I'm still on that journey. I'm still learning. But because of my interest, I was always interested in those patients that my colleagues didn't quite know what to do with.

the people we now call outliers, where somehow their symptoms didn't fit. And, that was my passion.

Defining Healing and Patient Goals

And with every new thing I learned over the years, it kind of filled up my toolbox with new ways of approaching things so that, I really began to be able to help a lot of people that weren't being helped in conventional medicine.

And that journey just continued in been over 50 years of medical practice. And I, I still like to help people, shockingly. So what what what what has healing meant to you all, all of these years?

And has your has your thought about what healing actually means evolved? It has. I think that these weren't words when I went to medical school because I'm kind of old, but the word holistic wasn't a word back then.

The words functional or integrative medicine, the words back then. So what my my professors were always on me because I kept saying, there's got to be more to this than what you're teaching me.

And they would they would be very really. And what would that be? Young Dr. Nathan and I would go, I don't know, I'm just in medical school. I don't even know enough to know what I don't know.

But what I would now say is that what I was learning did not include the spiritual, energetic, psychological

integration and the physical medicine that I consider healing.

So for me, the healing is defined by each patient separately. For some patients, all they want to do is get better enough that they can keep burning the midnight oil and keep cranking it and keep pushing their bodies.

For some people, they want the whole package deal. They want the whole spiritual journey where you're really discover your purpose and meaning in life and you can, do what you think you're here on this planet to do.

I mean, and what I like is that whatever someone wants for me, I will try to give them. It's not my job to impose what I think you ought to do on them.

That's for me. And appropriate. But to spend enough time with someone to understand. Okay. What do you want out of life? And and with this illness that you're bringing to me, whatever we label it, whatever we call it.

What? How do you want to interface with it to enjoy your life? Ultimately. And so that's kind of what healing means to me. You've touched on so many things already that I.

So I want to go in all kinds of directions. My ADHD, I guess. But, I want to just touch on a couple of them. One is that point that we hear so often, I think, is I just want to get back to the way it was at the way I was, and I'd love to hear what your thoughts are on that in a more expansive way.

And then specifically, as we dialed in with Parkinson's and of course, there are there's more to Parkinson's than the motor symptoms, but that's what we see.

And energetically, I think that is a really critical part of what Parkinson's is as well. Meaning the sort of being stuck, being frozen, being, you know, having difficulty moving, not just physically, but even in our in, in, in, in thoughts and feelings and that higher level of energy and how we can apply the principles of, of your healing to, to those folks with Parkinson's.

but can we start with the first question, maybe. And that is just, you know, really wanting to get back to the way we were or maybe something different.

Very, very important metaphysical question on some level, because I appreciate that. I mean, having been ill seriously a couple of times in my life, I have had to wrestle with.

Okay, well, what if I couldn't get better? What if I'm stuck the way I am right now? And honestly, by my own, way of looking at is unacceptable. But, yeah, it's like, no, I won't accept that.

I need to do whatever it takes to get better. And with the various illnesses I've had, the hardest part was finding a physician who I thought could really diagnose me properly.

I had a couple of fairly rare illnesses, and I just even despite the fact that we are physicians, we have colleagues. We'd I my colleagues were wonderfully supportive of me, but they weren't giving me a diagnosis.

And so the number one thing that I've always known I needed to provide for people I needed for myself was a diagnosis. Once I had an understanding of what I call it a label, but it was an understanding of, okay, this is what's going on in my body.

What do I know about, how do I fix it? And who could I consult with from those more than me about this to help me with that? And happily, I was able to find those people in my journey and I was able to be very proactive and get well. But, I can really appreciate the concept of, gosh, is this all it is?

Do I have to stay here and really appreciate wanting to get back to where you were?

Reframing Illness and Neuroplasticity

I don't think you ever get back to where you were, because my illness has changed me in a variety of ways, honestly, spiritually, to the good meaning.

If you can find a pearl in the illness to focus on, often it your illness is your body's way of trying to teach you something about yourself that maybe you don't want to know.

So most of my serious illness has led to eventually, a much deeper experience of joy, of really appreciation of what I have and had just an appreciation of, of life so that I think the people who know me would say I'm more joyous, not in a wild, crazy, drunken kind of way that alcohol would do, but in a I'm sitting here talking to you right now and right in front of me, I'm in southern Oregon.

Is this beautiful, wild park. And to my left side over here, I can actually see the ocean. And it's taking the time now in my life to really appreciate that and savor it on a much more constant basis, rather than get caught up in life with the nitty gritty details of why I got to do this, and I've got to do that, I've got to do that, and then the days are over and I haven't taken a deep breath and I haven't appreciated the beauty and gifts that life has given me.

So that's something that I think illness can do. If you can wrap your head around thinking about your life and your health differently. Yes, yes, one of the most fun and informative interviews we did in last year's Parkinson's Solutions Summit was with a gentleman.

named Alex Kirton, out of Israel. And he had written a book called Goodbye Parkinson's, Hello Life. And I think it's just it's a great title. folks haven't seen that interview.

Go back and check out the Parkinson's, summit 1.0. but, Alex Kirton does some great stuff, and it really connects, I think, with what you're saying. There is reminds me that there's a chapter in one of the books by Mark Norman Doidge, was written a great deal about neuroplasticity and how the brain can heal itself.

I think that's the name of his first book, The Brain That Can Heal Itself. And he devoted a whole chapter to a fellow who, I think first from South Africa, who had discovered that if he could move with more mindfulness, he could walk or run his whole neurology was able to be much more functional than it had been before.

So instead of, as you said, moving stiffly and carefully and wide gait, and he was able to move normally with almost no tremor by for at least a period of time every day, either walking or running mindfully.

And I think that's a very powerful message to if we don't get stuck and being stuck, then, there are ways out of this again, to function and live at a much more comfortable level than just having this label.

And I'm stuck with Parkinson's. I mean, I what am I going to do and how am I going to live my life? I think we have options and I think we have choices.

Yeah. You know, sometimes things and probably most of the time things are discovered kind of, empirically. And then science comes along, goes, oh, you know what?

There's really a scientific basis for that. And it's good to know that, you know, what we've observed all these years, everything from the, you know, the benefits of of periods of fasting.

And we're moving mindfully. And those videos, by the way, are, available on YouTube that, Norman, that you referenced in Norman Deutsch, they're wonderful to see.

And, there is a program that I encourage everyone with Parkinson's to participate in called Lee Silberman Voice Technique, or LSV. They have the big voice and big step.

So the big step is about mindful movements, essentially, that compensate for the, sort of hardwired tendency to do things and then unmindful or unconscious way.

So there is a scientific basis for this. And that in part has to do with the fact that the basal ganglia region of the brain that is affected in Parkinson's sort of contains our unconscious motor program.

So I always say to my patients, if I ask you to walk across the room, you're not going to say, well, let me think about this. I'll have to engage my, you know, right hip flexor and put this much strength into this muscle and swing my leg.

Exactly. This distance and then put my foot down. You just do it. But we have preserved in Parkinson's the frontal lobe. voluntary motor area. The part that says, hey, Doctor Neil, if I ask you, raise your right arm, you can think, okay, raising my right arm, right.

and if if we move, take that energy, thoughtful, mindful movement and shift it more toward the frontal lobe. We're essentially taking a detour and bypassing the roadblock of of the, striatum of the heart, the basal ganglia and so forth.

So it's very interesting and very well founded. Yeah. So I can't for me, that's a metaphor for you can move differently if you literally think about moving differently.

Okay. again, to me, without the scientific terminology, this is neuroplasticity at its best, where we can bypass or get around certain neural circuits by, by consciously doing that.

Doctor Nathan, your area of expertise, you become very well known for us in the arena and for environmental medicine. And we think of the environment.

The impact of the environment on Parkinson's disease is really being central to why people get Parkinson's. I wonder if you could talk a little bit about your methodology, how you would approach someone who who comes to you about their Parkinson's.

Sure. and we do know you've probably talked about it in other, other broadcasts that, for example, one of the ways people get Parkinson's is by exposure to certain environmental toxins, particularly the organophosphates. But, I mean, it's been well known for decades that those can produce a Parkinson like, or Parkinson, illness.

So we know that there are toxins in our environment that can trigger it. And unfortunately, we know nowhere near as much as we need to to be able to really harness that and work on it.

More specifically, to, to be more specific about that, there are now known to be 350,000 new chemicals that are environment that didn't exist 50, 70 years ago didn't exist.

And the ones we have studied for safety is about 500. So there are tens of thousands of chemicals in the environment today. We're in around 50 to 70 years ago and we can't measure them.

don't know about their safety. and so it's really imperative that we go back, not add any more things to our environment.

Parkinson's, Mindful Movement, and LSVT

We've already done enough, but to go back and study them, you know, what are the exciting things for me is there's a new science which is just fledgling called Exposome X, which is literally going to be a way of measuring hundreds of these chemicals in our bodies in an accurate way that we never had before.

The technology is a combination of simply taking a blood specimen and using, a flow cytometry and mass spec to be able to tease this apart. my colleague, doctor Bob Nevo is done a lot of this, and I think we're only a couple of years from having commercially available exposome omics for us.

I think that will begin to add a profound chunk of information to what we don't have that will go, oh, okay, you were exposed to this, and that's what we have to get out of your body. So.

To talk about that just a little bit further, since we believe the toxins are a major component of what's causing or worsening, Parkinson's disease and any neurodegenerative death type process, it behooves us to also think about detoxification as an important part of it.

We might not know at this moment what we're detoxing, but the concept that we want to get some things, we work there in our body, out, I think is a really important one in this particular field.

Now, one toxin that we can talk about more accurately is mold toxicity, meaning mold toxin is something we can measure, have been able to measure accurately for some time.

And here's the good news we can get it out of your body. We've learned how to bind the mold toxins to pull them out of the body. And we've learned that for some people, if they're exposed to mold for a long time, that the mold actually colonizes in their body, and taking antifungals will help get rid of the mold in them so that it will be no longer.

And in my experience, looking for and treating mold toxicity is one component of people who have Parkinson's that can help them to stabilize and keep them from progressing, because it will remove a huge chunk of inflammation from what's going on inside their body.

Are there estimates, as to how many people out there and stay in the United States where their illness may be in large part due to mold toxicity? Yeah.

It's estimated that 10 million Americans are currently wrestling with mold toxicity in some form. This is not rare. This is not a or a little. We called in in medicine zebra diagnoses where only a handful of people have it. And many physicians have never heard of it, and therefore they don't look for it or make a diagnosis of it.

So the key thing is to again, put it into consciousness, that mold toxicity is a very real condition. And again, the good news we can treat it. There's there's a point that I kind of want to make here, which I hope will be very important for the listening audience, which is many of the patients that I have seen have been diagnosed by neurologists, by specialists, as having a typical Parkinson's.

And when I hear the word atypical, and it's not unusual to hear it given by a specialist, that immediately makes me think of mold toxicity or Lyme disease as two conditions that can trigger a neurological condition that looks like Lyme may not be, or it may be someone who has Parkinson's, but has the inflammation of mold and Lyme added to it, which can be treated.

And so just to folks out there, if specialists have looked at your condition and said, well, you know, there are features that are Parkinsonian, but there are some features there are it just doesn't fit my understanding of what this illness is.

Think, mold, think Lyme because they're treatable. Maybe you've had a dad scan or a skin punch biopsy and you don't have some of the, you know, you essentially your dad skin is normal or your skin punch biopsy doesn't show alpha synuclein, but you have that rigidity, that slowness of movement.

The brain fog, the change in gait. we need to be looking elsewhere and not just throwing up our hands and say, I don't know what you have, but you kind of look like you have Parkinson's.

But your point is, well, you know, we do think of these diseases even when you have them, when you have that alpha synuclein, misfolding and accumulation that ultimately, leads to the deterioration of nerve cells in the brain.

That's substantia nigra as being due to a variety of other inputs. And what you're saying, too, is that this can be a major driver of inflammation. And other factors that lead to a state that we ultimately recognize in some people as Parkinson's disease.

Yeah, exactly. It's only recently been recognized that inflammation is a component of almost every chronic

condition out there, and doesn't even matter what you call it or what you name it.

There's an inflammatory piece to it. Sometimes it's primary, causative, and for some people it simply exacerbates the underlying condition.

Environmental Toxins, Mold, and Lyme

So I think that actually helps us understanding ways to go, okay, I could do this much for the Parkinson's per se, but maybe I can be really helpful in reducing inflammation globally so that, many of the associated symptoms or maybe the progression can be, halted or stabilized by looking in that direction.

So I think that's a really important thing that we're bringing forth right now. So how are we gonna start that process? What do you what do you recommend to folks who think that mold might be a major factor in their illness?

So when I'm dealing with someone who comes to me with Parkinson's, I'm going to look at three major pieces that I think make a difference. I mentioned two of them, mold and Lyme disease.

And I also want to mention heavy metal toxicity, particularly mercury. because mercury is stored in brain tissue and nerve tissue. So those are three things I want to be sure I'm looking at, because the three things I can do something about, and of at a very deep level.

But to answer your question, more specifically, I mean, none of us knew much about mold toxicity 20 years ago. It's a fairly new concept. And so I never asked people years ago, did you ever have water damage to your home?

Do you have a leakage? Did you ever have something and it wasn't cleaned up quickly because it's water damaged buildings that grow mold that is toxic to us.

And if it wasn't in your home, maybe at work. I know working in Springfield, with no disrespect meant the Missouri State University had a number of buildings which really got moldy.

I had a number of professors and teachers at the university, and students in the dorms who developed mold toxicity because of their exposure, school systems publics school systems don't have a lot large budget.

And if they get a leak in the roof or water comes in, they often can't fix it appropriately. So kids are often being exposed to mold in ways that that we don't recognize.

So one big question is have you ever, ever lived in a place where, you know, you were exposed to mold, saw it, smelled it? Because many people will go, well, I'm living in a brand new house right now.

Can't possibly be mold there. A there could be because you don't know about how the construction was done. For example, living here in very rainy Oregon.

I'm watching a number of buildings this winter going up in my neighborhood, and the building is only half done. There's no roof on. There's the wood and the plywood, and the building supplies are out in the rain day in and day out.

And I'm looking at this and going, what are you doing? It's like you're almost building a how long before that person even moves in. My gosh. it's, I mean, we built our home here.

I had a very, heart to heart talk with my builder. And when we're not even starting until the end of June, we're not. And we're going to lay the foundation and structure and get it up.

Not in the rainy season. but but but in the summer, when it's pretty much dry around here so that it's already set, it can render its heart's content.

But the roof and the walls and everything, you're going to be up before we have to get to the inside of the house. That was a big deal for me, but I've just seen so many people struggle here.

The other point I wanted to make is if you've ever lived in a moldy environment, the mold could have colonized in you, particularly in your gut and sinus areas.

So that you could move to a pristine place. And mold toxin is still building up in your body. Also, if you carried with you your belongings and possessions which were exposed to mold, you could have brought them into your moldy environment, into your pristine environment, and now you're at risk.

So the number one question is for many patients, have you ever been in environment in which you smelled some mold, had water damage? And it's really interesting.

At the first visit, patients will usually say, no, no, no, no, I have no exposure. So I can't count the number of people who come back at the second visit said, you know, that question began to eat away at me.

And I, you know, when I was a kid, I lived in a moldy basement. When I was in college, I lived in a moldy dorm. I did live in an apartment in the city where?

And and then they come in with a litany so that very few human beings have not been exposed to mold that withered. Go ahead. Oh, well, I just want to for a clarification.

I don't want to just share a very brief anecdote that back in the 90s, when I was a student or intern, I was at Emory University and rotated on what was called the bone marrow transplant unit.

And these were basically, treatment refractory cancer patients, breast cancer, lymphoma, type diseases, leukemia. And it wasn't a stem cell transplant.

Just to be clear, in the in the sense that we might use that term today, it was high dose chemotherapy, so toxic that it destroyed your bone marrow. And of course, then you would have no immune system at all.

I mean, it was talking about profound immune system destruction. And so the bone marrow transplant were really a rescue of sorts to reconstitute the immune system.

But of course, there was a window, right? There was a window doctor Nathan, between having an intact immune system, killing the immune system and then reconstituting the immune system, and during that period of time, a vulnerability.

Not everyone made it. In fact, there was a high mortality rate. And these individuals would have multi, micro organism infections, including systemic mold infection.

Right. And they were treated with a drug that you and I probably in our day, being more traditional, doctors called Anfo terrible. Right. So what if I'm hearing what you're saying correctly, this is a very different entity in the sense that, let's say for the most part, these are individuals who have intact immune systems.

They may not be functioning optimally. That often is a part of why we get sick, but they are not the folks who are in that bone marrow transplant unit.

Right. And what you're saying, if I understand you correctly, is that there's a dimension in which the organism colonizes. But perhaps what actually makes us sick is the toxins that the mold produces.

Not exactly directly the mold itself. Yeah, that's exactly right. Can, I think of mold issues in three main categories. One, you're talking about as a direct mold infection, which is a life threatening infection, requires intravenous and is rare.

That's not what we're talking about. Then we have mold allergy, which has been known about for ever. And but what's different is mold toxicity. A variety of molds, not all molds, not even most molds, but a variety of molds make toxins, which we call mycotoxins.

And that's what's making us sick. The mycotoxins are triggering an inflammatory reaction in the body. And so the goal is to get these mycotoxins out of our body.

Now, the good news is we can measure these pretty easily. You can measure it in a single urine specimen, collect your urine in the morning, send it off to a lab, and they'll tell you are there mycotoxins in your urine?

If there are, it's coming from somewhere. It's coming from your body. So that means it's in you and we can treat it. So we've learned over the years that there are very specific things we call binders that can pull the toxin out of the body.

There are some of them are pretty simple things like, bentonite clay activated charcoal, Chlorella, Saccharomyces berardi. There's a variety of materials that very specifically bind very specific toxins and can pull it out of our body.

So so I just want to keep this on a positive note that, yes, we can diagnose this relatively easily and we can treat it excellent. I've been confused about the variety of so-called binders and the rather complex protocols that some of which, you know, are out there.

And I mean, how do how if I were a patient and you were my doctor, how do I navigate that? I mean, do you do I take your call? Do I do the clay? Do I do the Coley star? I mean, the well call?

Do I have to spray stuff up my nose? why does some practitioners use one? And, you know, some practitioners use another, and, I mean, this seems very murky to me, to be honest.

It's a new field. So I think Merck comes along with a good with a new field. It's just how it is. We're still working at figuring out optimum treatments.

I approach it and I think in a fairly simplistic way, which is the urine market, toxin tests tell me with precision which toxins are present in each patient and not all the same.

It's not just like one toxin that everybody has. There's it's very different patterns. And we've learned by looking at medical research and working with patients for years that very specific binders will bind very specific toxins.

So for example, if someone wanted to know more about this, I lay all this out in my previous book I wrote, which is simply called toxic, where we talk about mold toxicity and detail.

And we have for every mica toxin on the test, we can literally lay out, okay, you have or toxin. The best binders for okay toxin are the prescription medications cause they're women or well, coal or to a lesser extent activated charcoal.

Okay. You have cut the cottonseed. The best binders for that are bentonite clay, charcoal and chlorella and so on. So I can bring a little bit of precision medicine to understanding which binders I'm going to use, in which patient to pull the toxins out, and I can follow it.

I can get a follow up mycotoxins test 3 or 4 months after we start and go, okay, are these numbers down or am I, am I working on that?

Testing and Treating Mold Toxicity

For some patients, if they have more toxicity, it's just the toxin they haven't colonized. And so taking binders alone will cure them. That'll literally pull the toxins out.

So all we have to do. But for a lot of patients they have colonized them. That means that if I don't give them antifungals, I'm going to be repeating the test and they're going to be treading water.

they're doing all the right things. They may have gotten significantly better, but they're still not well. And so these folks will need antifungals of some sort.

And there's a wide variety of protocols. The ones that I use typically utilize things like nystatin and deflection for the candida part of it and typically use either a spore inox or amphotericin B orally, where it is much less toxic.

That's what I do. I teach, I have a mentorship program for over 200 physicians now that I teach with a fabulous naturopath. Joe Krista, who wrote an excellent book called Break the Mold.

And she has, herbal botanical protocols that can accomplish the same thing. So combine that information based depending on what a patient chooses to do or how they approach it.

although I use a lot of botanical remedies, I am trained as a physician, so I'm more inclined to use the materia alls I can get by prescription. Yeah.

And I honestly, I have a little biased that over the years that I've been practicing, the mold and Candida has gotten consistently more resistant to the more gentle botanical materials.

And then they often need heavier, heavier hitting materials to get it out of the body. But that's just my bias. Doctor Nathan, I know, it's such a wealth of knowledge.

And we've talked to you, touched briefly on Lyme disease, touched on heavy metals, and probably you're not going to have the time to really delve into all of those.

But you reference Doctor Navajo, and I think that, his, his discoveries are very important to helping folks understand ultimately how these exposures affect them.

Because when I think of what's called the cell danger response, although we're talking perhaps at the single cellular level, the tissue level multiple cells, I also think of the whole person with Parkinson's.

And in some ways, maybe just by analogy, you know, the person kind of looks like they're in cell danger response. I wonder if it's been just a minute or two just highlighting that, because this is really what happens to my mind when we're exposed to all these things.

Well, I'll give you the CliffsNotes version because it's actually rather complicated. The So Dangerous Bugs is a. A way of looking at how the body responds to threat so that the major threats to bodies are toxins, infections, and stress.

And the way the body perceives threat is, is by our mitochondria, which are the organelles in our body that make energy. They also have another very important role, which is they perceive threat on a cellular level by by experiencing toxins, infections or stress.

They literally create a voltage drop inside the cell. And the cell goes into a, enter into danger mode. And then the body goes through this orchestrated ancient biochemical pathway shift to limit the danger.

And so no matter what condition, you have any chronic condition that has already triggered the cell danger response. And that means by understanding these biochemical changes that the body goes through, we can often begin to to improve that.

But before the body can go into a healing mode, it has to deal with the specific threat. So if you try to give a cell something that it might need when it's on survival mode, it basically goes, that's very nice, but I can't use that right now.

I'm dealing with this threat that's right in front of me. So whatever it is you do, get rid of the toxin, get rid of the infection, help me deal with the stress, and then I can respond infinitely better to whatever you're struggling to give me.

So I think on a very deep level, the concept of cell danger response really helps us to understand what our job is as a physician to do in what order, because if we come to it in the wrong order, for example, many people who have chronic illness have been told that they have mitochondrial dysfunction and forget.

Forgive me, but, by this concept, the mitochondria are involved from the beginning. Everyone with a chronic illness has some degree of mitochondrial dysfunction, not a helpful diagnosis.

And if you try to give patients the supplements that help mitochondria to function better, they generally won't work. If they're struggling with an infection with a toxin or with a stress that's in the overwhelming category.

So that means we have those supplements. If you have mitochondrial dysfunction, we can give you l-carnitine, the ribose, malic acid, CoQ10. They work great when someone is able to respond to them.

But many people are being given these supplements for mitochondrial dysfunction prematurely. Their body is not ready for it. So they'll take them and nothing will happen.

And they'll go, what's wrong? I not responding, it's because we haven't begun to treat this in the right order. And the so dangerous parts reminds us that there is an order, and that's what we have to do in that.

In that way. That's brilliant. You know, because if if it was as simple as, you know, get enough sleep, eat right, exercise right, work on your stress.

Well, folks would be just a whole lot healthier than unfortunately they are. You know, they're not right. They're not so. So we do need this mentorship.

We do need this guidance. You know, it dovetails into coaching. And, you know, how do you how do you take a person in one state of being and incrementally nurture them and guide them to a place of healing?

Yes, we do need to have that sleep. Yes, we do need to have that nutrient dense diet.

Cell Danger Response and Recovery Order

But not everybody is going to be able to just adopt those types of changes right away until we address what's going on right. So a lot of my patients have been told, oh, if you just exercise more, you'd be better.

Well, they can't exercise more because their mitochondria are not working properly and they can't. It's not that they don't want to. They can't they can't sleep better because their nervous system is too wired up trying to protect them.

And so the simple things we know work when people are a little bit sick and that that's great. But the folks we're working with are much more complicated.

And we need to look for them at the bigger picture. But for example, many patients who are struggling with any chronic illness, Parkinson's being an example, will at some point begin to be either anxious or depressed about what's going on in their body.

Now, some of that anxiety and depression may be coming not just from having the condition, but by some conditions that they have along with them, for example.

And again, don't want to be the drum here, but mold toxicity and Lyme disease will actually cause inflammation of parts of the brain, namely the limbic system and the vagal nerve system that are the parts of our brain that are

devoted to helping us be safe.

Our perception of safety comes from those those brain areas. And for many of our people who are chronically ill, those areas become affected. And many people don't know we can reboot them if those become dysfunctional.

So limbic retraining and vagal retraining, for example, are things that many people with chronic illness can do that will profoundly improve their their state of health.

That they don't know about because they're thinking of it as, okay, Parkinson's is a basal ganglia issue. Yes, but it's like all of medicine and all of life and bodies are way more complicated than that because they're dominoes here.

They're dominoes. This affects this. And then biochemically this happens and then this happens. So we always need to want to look at the bigger picture because it's in that concept.

It goes back to my first comment of I always wanted to be a healer. Right. So I just always want to be looking at the bigger picture because you have to if you're looking at a teeny piece over here, you may be able to help that person.

It's way more likely you'll help them if you've got the bigger picture in mind. Absolutely. Well, I want to congratulate you on your brand new book. you've become quite prolific since moving to the West Coast.

Maybe. Maybe that's what I need to do. If you want to write a book, Move To The West Coast. That is called The Sensitive Patient’s Healing Guide. And I understand it's it's just available this month.

That's right. Just keep it just came out. it's written for people who their illness has triggered in them, an increase in sensitivity. And by that I mean an increased sensitivity to light, sound, touch, EMF, chemicals, food supplements.

So if if patients have realized that they have become much more sensitive. This is and we just touched on it, this is almost always a combination of limbic vehicle and mast cell.

This function, which we can treat. And so the book was written to help those folks understand that, we now understand why people become sensitive and we now know how to treat it by treating what's triggering it in the first place. Excellent.

Now, Dr. Nathan, you have a website if folks want to connect with you, I do. It's simply neilnathanmd.com And that's Neil Often misspelled by well-meaning people.

But that's okay. We get used to it. I'm Dr. Neil Nathan, it is such a wonderful, experience to reconnect with you, to see you. I wish you were here in person in southwest Missouri.

We need. We need more of you. but thank you for doing everything that you do. And thank you for being such a good friend for many years. Okay. It's great to see you again, Ken and I hope this discussion is helpful for your listeners.

Thank you.