How To Overcome Lyme, Mold and Co-Infections

Guest: Dr. Neil Nathan

Alex Howard: Welcome everyone to this session, where I am super excited to be talking with Dr. Neil Nathan. Firstly, Dr. Nathan, thank you for joining me.

Dr. Neil Nathan: Thank you for having me.

Alex Howard: I very much enjoyed the interview that Dr. Nathan gave last year as part of the Fatigue Super Conference. I think it was one of the best and most important interviews of the conference, so I'm really looking forward to getting into this.

We're going to be talking about infectious agents, things like mold, Lyme, co-infections. How they can be a source of their own trauma to the body and they can often cause a number of the trauma symptoms people are experiencing. And no matter how much psycho emotional or trauma, traditional trauma work someone might do. If they're actually caused in this way, you have to deal with them at this level and I think this is a really important conversation we're going to get into.

Just to give people, Dr. Nathan's a bit of his background. Dr. Neil Nathan has been practicing medicine for 48 years and specializes in the diagnosis and treatment of those unfortunate individuals who have fallen through the medical cracks.

He's the author of the book *Toxic Heal Your Body from Mold Toxicity, Lyme Disease, Multiple Chemical Sensitivities and Environmentally Acquired Illnesses.* I have to say, this is an excellent book and it's one that is technical, but I think also it's written in a way that is accessible to people and it pulls together a lot of pieces we're touching in different places in this conference.

Dr. Neil Nathan also lectures internationally and I'm really excited to be getting into this.

So Dr. Nathan I think probably a good starting point is just to touch on, you were saying to me before we started recording, that indeed these infectious agents and environmental toxins people are exposed to, they're their own source of trauma to the body.

Can you say a little bit about that?

Dr. Neil Nathan: Sure. So I like the fact that this conference is defining trauma in a very broad way, because it is. Because very disparate stimuli can produce a similar effect in the brain and in the body, both neurologically and emotionally.

So the better we understand all of the different ways in which the body can be influenced in order to create a traumatic state, the better we understand how we can treat it. Because if we only treat a piece of the puzzle, we often will only make a little bit of progress, if we want to really help people get well, the more of the things that are causing them to be ill, the better we're gonna do with really healing them at a deeper level.

Alex Howard: And as we'll get into a little bit I'm sure in this interview, it can be quite a complex puzzle for people of figuring out the different pieces that are influencing in different ways. And sometimes one of things that struck my mind when we spoke last year is also the sequencing of interventions, of how one deals with different pieces at different times.

Should we just take a moment, just for those that may not be so familiar with some of these pieces we're talking about, just to define and say little bit about, I guess there's three main areas we're going to look at here. Mold, Lyme and also co-infections. Just what we're actually talking about when we're exploring those areas.

Dr. Neil Nathan: Sure. So mold toxicity very simply is being exposed to mold and being affected by the toxins that mold makes, and already this is complicated. Now for many years we only understood mold as being allergic. So people who had mold issues went to allergists and they took things for their allergies. But about 20 years ago, we began to understand that molds actually produce toxins and those toxins produced far more, far reaching symptoms than the allergy itself.

Unfortunately, you can have both, but more common than the allergy in some ways and very unrecognized is mold toxicity. In which, if you are living in a moldy environment, working in a moldy environment could be your car, your office, your home. And by moldy, we really mean water damaged buildings, buildings in which for some reason water has crept in, a leak from the outside, a water heater that's exploded, a bathroom tub that's overflowing or whatever. And once mold gets into the cracks and seams of the building, it starts to produce growth inside walls, underneath tiles, the backsplash of the kitchen. And that growth produces mold spores, which produce mold toxins that can affect people profoundly.

Now, there's a genetic component to that, meaning you can have several people in the same building, some of whom won't have any symptoms at all, some of them will be really sick. So it's very important to understand that we are all biochemically and genetically unique, and that some of us are gonna get sick under some circumstances and some people won't. So it's very common for people in a moldy environment to be sick and have everyone around them going, 'I don't know what's wrong with you, I'm fine'. And the implication is that it's in your head, which is absolutely wrong. It's a true toxicity.

So now in addition to mold, which is one of the commonest and easiest toxins to actually measure and treat. We have 80,000 chemicals in our environment which cause toxicity. The vast majority of which we've never looked at in terms of how safe they are for us to take. This has exploded in the last 50 years in terms of the number of chemicals were exposed to now.

We have EMF toxicity. Again, a controversial subject in which the 5G, which is highly touted as the most wonderful thing to hit the planet. There's also, as some people are pointing out, has been associated with this Covid epidemic, that the places that are the hardest hit by Covid are the ones that instituted 5G first. Is that real? Is that a true connection? We don't know yet, but it is something we really need to begin looking at. Because we're allowing these electromagnetic frequencies into our lives without really paying attention to what it is doing to us physiologically. We've never been exposed to this much electromagnetic frequency ever in the history of humankind.

We have heavy metal toxicities and then we have the infections that you alluded to, the commonist ones that are missed right now are Lyme disease, and what we call co-infections.

Co-infection are simply other microbial infections that come along with the Lyme. And what do I mean by that? When a lyme tick bites a human the first thing it does is it sucks out a small bit of blood into its stomach. And then sometime later injects that back into the body along with whatever contents are in its stomach. It sounds kind of disgusting, but that's what it does.

And Dr. Joe Burrascano, a leader in Lyme disease, has long called this nature's dirty needle. So that not just Lyme bacteria are injected into the body, but Bartonella, Babesia, which is a type of protozoa, Ehrlichia, and a host of other potential bacterial microbial species are injected.

So when we talk about Lyme disease, we're generally talking not just Lyme itself caused by the bacteria Borrelia, but by Lyme and its friends, all of which have been injected into us. And in case people think, well, I've never had a tick bite in my life, unfortunately, ticks are not the only vector that can spread Lyme. It can be spread by other biting insects such as flies, mosquitoes, fleas.

Some people think, well, there's no ticks where I live, I can't possibly have Lyme disease and you can, and part of the problem there is it can be dormant for a while, your immune system may hold it at bay, but once the body is under a particular type of stress, could be a physical stress, like a viral illness, like surgical procedure, or it could be an emotional stress; however it is, stress weakens the immune system and it allows these microbes to go from being dormant to being active and we're off to the races.

Now, the key point in putting this together, Alex, is that both these infectious agents and mold, mold toxicity stimulate the immune system in the same way. So although one is a toxin and one is an infection and you'll go, well, how can I get the same symptoms from both of those? Well, the answer is they stimulate our immune system in an almost identical way, to release what we call inflammatory cytokines that inflame our bodies globally. And in terms of this conference, they particularly inflamed the brain and they particularly inflamed certain parts of the brain so that it looks like an emotional breakdown.

So all of these things characteristically cause intense anxiety, intense depression, OCD, even bipolar behaviors, hallucinations, cognitive impairment, difficulty with focus, memory, concentration, brain fog, word finding.

So if listeners are thinking what would Lyme disease and mold have to do with me? The answer is it could be profoundly relevant here.

Alex Howard: And I think one of the challenges can be that people will go down the traditional medical paths, of going and seeing their general practitioner and saying, I have these symptoms. And unless that practitioner is incredibly astute and has had particular experience or training in these areas, they're highly likely to send them down the path of either a psychiatric path, because they think that's actually what's going on.

Or, they think that the way the person is just responding to it is that they've got heightened anxiety, they're kind of perpetuating the whole thing. And that can be a real problem because people can become incredibly frustrated. I think often after a while I am very distrusting of the medical part, because they feel like they know something real is going on, but no one's seeing what's happening.

Dr. Neil Nathan: Right. And it's more common than people realize. However, despite how common it is, for example, in our country, in the United States, it's estimated there are over 10 million people who have some degree of mold toxicity. It is known by our CDC that there are 400,000 new cases of Lyme disease every year. These are epidemics far in excess of anything that HIV ever was and yet many medical practitioners in our country, and it's worse in Europe, by the way, sorry about that, but the awareness of mold and Lyme in Europe is even less. So that there are very, very few practitioners in Europe who will be able to look at this constellation of symptoms and go, 'Ahh I think I know what you have and I know how to treat it.' That's not the case. And as you are alluding to, there's a great deal of what I will call iatrogenic PTSD.

Meaning PTSD caused by bad interactions with physicians and health care providers. Because they'll look at the patient and go, 'you're a sick puppy, and this is in your head'. And that message is conveyed to the patient's family and friends. So then the family goes, 'what's wrong with you?' And the poor patient knows they're sick, they know there's something really wrong with them, nobody's helping them put a finger on it. And that adds another level of PTSD to an already very difficult charged situation.

Alex Howard: And I think that the problem is often then that's the thing that gets responded to medically as opposed to the actual underlying issues that are going on here.

I think also something you said I think is important to really highlight here as well, but rarely is it one single thing we're talking about. Normally it's the phrase that comes to mind is, is the final straw that breaks the camel's back, as a cumulative load of burden on the immune system, that there's a tipping point, that sometimes is what happens.
And again, people can get very fixated on the thing that caused a tipping point, without looking at the underlying picture of what's been going on.

Dr. Neil Nathan: Good point. I agree completely. I know that Dr. Porges is doing a session with you as well and I think one of his messages is that our lives are an accumulation of events which affect our perception of our own safety.

So for those unfortunate people who have had a more difficult childhood than others. In all fairness, I think that no childhood is perfect, I used to joke that our job on reaching adulthood is to take care of our needs that didn't get met when we were children. It was a joke back then, I think it's not so funny anymore. Having said that, all of us have multiple experiences, some emotional, some physical; injuries, infections, interactions with people that aren't great and depending on our genetics, depending on our chemistry, it affects us to different degrees.

That sets the table in which these toxins and infectious agents can have a greater or lesser effect on us, depending on our resilience, depending on how, sometimes it depends on how lucky we were. Some people are just more fortunate than others and have a better shot at not getting these infections or illnesses because their immune system is stronger.

Alex Howard: Yeah, and I think that sometimes a bit of a hard thing for people, a bitter pill to swallow, sometimes to understand that it is sometimes as simple as that. But one of the mechanisms that you talk about, which I think is a really important piece of this jigsaw is the limbic dysfunction, the impact upon the limbic system of having these loads and these burdens in the system.

So can you explain that a bit, because I think it's a helpful way for people to understand how the load on the immune system is actually having a multi-system impact.

Dr. Neil Nathan: Sure. The limbic system is the part of the brain that deals primarily with emotion and how we process it and how we experience it. Sensitivity, I'll get back to that in a moment. Meaning how sensitive we are to the stimuli in our environment. And cognition, how well our brain is working, energy and pain. So for patients who have a complex illness, which includes fatigue, cognitive impairment, pain and sensitivities, the limbic system is key.

Because both mold toxin and these infectious agents, particularly Bartonella, which is a co-infection of Lyme, stimulate the limbic system in such a way that it is essentially, if you will, inflamed and dysfunctional.

So key symptoms that help us to understand that that's happening are emotional upheaval, some of my patients call it physical anxiety. And what they mean by that is, this is not the anxiety of having a tax audit or meeting your in-laws. It's the anxiety of 'I'm fine, my day is going well, all of a sudden the world caves in, and I just cannot understand what has happened to me. I am really anxious now'. So we have intense anxiety sometimes to the point of panic attacks. We have intense depression, sometimes to the point of despair or hopelessness. We have OCD type behaviors. And all of those are psychological manifestations, emotional manifestations of a limbic system that is no longer keeping you in balance.

Now, from a sensitivity point of view, people who become sensitive to smell, multiple chemical sensitivities, light, sound, EMF exposure, food, touch. Any aspect of this or all of it in some combination reflects a limbic system that is again out of balance, it is now over responding to the stimuli that would be normal for us under other circumstances. And then we add cognition and pain and energy and we're off to the races.

But the two pieces that point us in the limbic direction are an increase in sensitivities and an increase in or a change in our emotional makeup. If you have those, that says, ah, our limbic system is messed up, we really ought to deal with it.

Alex Howard: One of the mechanisms of how that then is manifested in the body is mast cell activation. This is something that is just in relatively recent years, there started to be more understanding and more dialog around this.

Maybe you could say a bit about what mast activation is and the mechanism of how that's playing out?

Dr. Neil Nathan: Sure. And although mast cell activation is closely connected to limbic dysfunction, they're not exactly the same, they're slightly different. So you can have a patient who has limbic dysfunction without mast cell activation and vice versa. However, there is a very, as you are saying, there's a very strong overlap here.

So what are mast cells? Very simply, they're an immune cell that interacts with our environment to balance our nervous system and our immune system, they're our balancing cells. Now because of that although they are located in every tissue of the body, they are located in greatest amounts in the tissues that interface with the outside world, our mouth, our sinuses, our gut, vaginal area, all of those which connect to the outside world are places in which the body has placed larger amounts of these cells and their job is to monitor that environment and let us know if something is coming in that we ought to be worried about.

Now, normally they do their job. We need these mast cells and we usually don't need a lot of them. They just kind of do their thing and they protect us. But these toxins and these infections have a unique capacity to irritate, annoy, the word we use clinically is activate these mast cells and they become like the limbic system, hyper vigilant. They become over reactive, they become overprotective.

So that when anything comes down the GI tract, swallow something, it comes down in your gut. If those mast cells are activated at that moment, you're going to react to it. And those mast cells are going to release mostly histamine, but 200 other inflammatory chemical mediators as well. A very complicated dance of chemicals that they will release and those will cause us symptoms. And to make this complicated, those symptoms are very similar to the ones we talked about from mold and Lyme and co-infections. Because the inflammatory release of histamine affects all body's systems like these other toxins do and so this way you can get such a complicated clinical picture. This can affect the brain, we've been talking about emotional upheaval and cognitive impairment and depression, and all of those can be triggered when the mast cells get released.

Now, keep in mind, this can look like allergy because here it is, I eat this food and all of a sudden I my pulse starts to race, I become anxious, I sweat, my gut begins to hurt, I have diarrhea, I start to have post nasal drip or itching or hives. All of these are a release of histamine and it's quick. What distinguishes a little bit from allergy is that these reactions happen almost immediately on eating. So within a few moments of eating, you get these symptoms and people usually go, oh, that's allergy, I've got to think about what I just ate and actually, it's not.

And that's what's confusing, because tomorrow you could eat the same exact thing and not react at all. And you go, well, that's crazy. Why did I react yesterday and today I feel awful? Because it has to do with how activated the mast cells are and not what you're putting in your body and eating.

Alex Howard: And what might be the difference on those two days, which is causing the mast cells to be more activated? Are we talking about a limbic overload and irritation that's triggering it or not?

Dr. Neil Nathan: You could call it that, but I think of it usually as a fluctuating level of toxin or inflammation from infection. So the body does not process mold toxins in a linear way. It isn't that we keep the same level of toxin going constantly, it just fluctuates and if you're having a particular day, or let's say you're not even taking your treatment consistently, you took it yesterday and now you're reacting and today, it didn't take it, and today you're not going to react. Because those binders are going to mobilize toxins for some people and shift the level of toxins, so it's a constantly shifting level in the body.

And our patients usually say that they don't understand that their symptoms fluctuate enormously. Some days they actually feel okay and some days they feel horrible, and it's very real and it's not psychological.

Alex Howard: Yes. I am thinking at this point for someone who's watching this. I think there may be many people that are resonating, going, oh, my God, that makes sense, that makes sense, that makes sense. But at this point, they might be feeling a little overwhelmed and I imagine some practitioners as well that can get overwhelmed thinking 'Well, where does one start?'

If someone has got this symptom picture and has got this sort of history where there may have been some Lyme and co-infection exposure, perhaps has been some mold, perhaps have been some other environmental toxins. They can see they've got this limbic over activation and they can see the mast cell piece.

Where does one start? Where does one start to tease apart these different pieces and figure out what to do?

Dr. Neil Nathan: Excellent question, and very difficult.

Alex Howard: Easy to ask, hard to answer.

Dr. Neil Nathan: I have an answer. I do not know if it's the answer, and I have to frame that in a more complicated way. Which is, first of all, your starting point depends a great deal on what I call the constitutional strength of the patient. Many of the people that I see are very sensitive, very reactive and very toxic, often referred by other physicians. And these people aren't able to jump into the primary treatment first. Other patients whose constitution is stronger, you can start with where you're supposed to start with the cause.

So the ideal answer to your question is you start by treating the main cause of those symptoms. If it's mold, it's mold. If it's Lyme or co-infection, it's Lyme or co-infections.

Those two are the most common. Sometimes other infections, viral infections, other bacterial infections can trigger it as well.

But by far, mold and Lyme are the most common ones we see, and here's the but… But many people can't start there because their body is so overactive and over sensitive that they can't do that. So if they were going to treat mold, they would start taking the binders that were appropriate to mold. If they were going to treat Lyme or co-infections, they would start taking the antibiotics and herbal supplements that are appropriate for that. That's the starting point, if you can.

Many of our patients can't, and so those people we have to back up. Those people we need to treat their limbic system, we need to treat the polyvagal dysfunction and we need to treat mast cell activation first, often for three to six months so that we can quiet down their nervous system and allow them to feel safer. Then they can proceed with the cause.

Alex Howard: I think one of the reasons why I appreciate your work so much, is that it resonates a lot with my own experiences. One of the things that we've said for many years is, for the body to heal it has to be in a healing state, that you have to calm the system enough to then be able to come in with those things.

How do you decide whether you're going to do that calming piece or you're going to jump in? Is it mainly that you're seeing these people have already got a history of reacting to many of the interventions that have been tried? Therefore, we're not going to bother jumping in with intervention or at least directly looking at the root, we're going to work on calming it. Or are there other particular signs and symptoms that would give you clues with that?

Dr. Neil Nathan: I think you're exactly right. We start with a good history. We start by really talking to our patient. In my own world, my first interview with a patient is two hours. And it takes me that because I'm working with very complicated people to really, not just listen to their history, but to the details of that history.

If they took a little bit of corella or charcoal, it threw them under the bus, they were horrible for weeks. If they took a little bit of a homeopathic preparation, they were horrible for a period of time. If they tried this medication, that backfired, that didn't go well. They're literally telling me, you can't start with where we need to go eventually. They're saying, I've got to get calm down first. Now, many of them are frustrated by that because they come to me and go, 'well, you're supposed to be the expert and so get going, buddy'. My usual response to that is "no pressure. Thank you."

But it takes me a while to help convey to them that if they don't get their system calmed, they're not going anywhere. Though many of them have already had enough bad experiences that they believe me and they'll embrace that wholeheartedly, and we can get to work. Others have to reinvent that wheel, meaning they're going to go, 'yeah, yeah, yeah'. But they'll take my steps and jump ahead, do ahead of time what I asked them not to do and then come back sheepishly going, 'I might not have followed your directions exactly'. And my response to that is "fine, what are we going to learn from that." I'm not the kind of physician who beats anyone up for doing that, I kind of expect them to.

Which is, you're human, you're eager to get well but in your eagerness, you don't understand you can't do that yet. And you'll keep doing this until it finally dawns on you, 'Okay, I'll do it your way. My body won't let me.'

Alex Howard: Yes. I think one of the mechanisms that often happens is that, when people have been recipients of traumatic events or they've had things that have happened to them that have been traumatic, they've often learned a harsh relationship with their own body.

They've learnt to push and to be hardened, so they're applying that same energy or dynamic that perhaps they grew up with or they were used to, to their own healing path and that becomes its own problem.

Dr. Neil Nathan: Some do and some have to hit their head against that wall a few more times to finally… We live in a society in which we value the mind more than we value the body. And as a general rule, our body perceptions are actually spot on and correct, and we really need to be listening.

But we live in a society in which we can be swayed by a video or the printed word or what someone said or a post or a blog or something. And we'll go, 'Oh, that sounds so wonderful, I'll try that', forgetting that the last 16 things that I did this way didn't work out very well.

Part of this learning is to come back, if you will, to our senses, to come back to appreciating that our body is not trying to hurt us, it's trying to guide us and teach us and if we don't pay attention to it, that's at our own risk and that's why many, many patients are trying new things with the excitement of the person who wrote the article, who wasn't writing about them.

Alex Howard: It's funny, I laugh because what pops into my mind is the sort of egocentric narcissism of children when parents are fighting. It must be about me and it's like we meet the world that everything's about us. That's why I laugh.

In terms of once that calming of the system has happened and that's something that's been spoken about in quite a few different places in this conference, I hope people feel they have some directions and some insight and perspective around that.

Where do you then go? Because there's so many... Well, perhaps actually the first question I should ask you here is. If there's mold and if there's a Lyme, where do you start?
What decides the sequencing at that stage?

Dr. Neil Nathan: My answer almost always starts with mold, a very easy question. There are reasons for that.Unfortunately, I'm going to digress for a moment. Most people who come into this field of medicine come in from the Lyme world. I know I did. Lyme was the first of these issues that we recognized and it was only slowly that we realized, it wasn't just a bacteria which causes Lyme, it was another infectious disease. We then learned about Babesia, we then learned about Bartonella.

This knowledge came on slowly over about 25 years. It didn't just occur and treating Lyme is so complicated itself that many Lyme physicians are so inundated with that, that they haven't yet embraced the mold world.

So I'm going to make a message to any of your Lyme patients who are treading water and not getting better, please look for mold. Because the mold symptoms look, as I said before, very, very similar to Lyme and Babesia, and Bartonella. So if you have symptoms that are no longer responding to antibiotics, let's think differently.

So I'm going to come back to my statement. Almost always, we treat mold first. Number one, especially with sensitive patients it's easier, it's less difficult on the body.

Second, if you treat the mold successfully and all the symptoms go away, it was just mold and there was no Lyme, which it looked like from the beginning.

So you can save yourself taking a whole long course of antibiotics for years. You might not need them, it may just be mold. So because it's easier and straightforward. And the last reason is if you don't treat the mold first, the inflammation that mold triggers will make it very, very difficult to eradicate the Lyme, it's just difficult.

So, answer, treat the mold first. To those practitioners out there who are under the impression that we need to get the gut stabilized first before we go anywhere in functional medicine, everyone is taught, start with the gut and fix that first before you do anything else.

Second, people are taught methylation is an issue, you've got to get methylation fixed. People are taught, we have mitochondrial dysfunction that is affecting energy. Those are true statements, but they're downstream from mold and from Lyme. And if you work on those first, you're not going to go anywhere. You're going to get very frustrated and the patient may spend several years spinning their wheels because you're not dealing with what I'm going to call the primary cause.

Because mold toxicity and Lyme will trigger mitochondrial dysfunction, will mess up methylation, will allow the immune system to not handle viruses and other infections very well. But those other things aren't the cause.

So my plea is look for mold early on, if you've got it, that's the first thing you want to treat.

Alex Howard: One of the things that comes to my mind, I think can be very tricky for people affected by complex chronic health issues. And I think it can also sometimes be a challenge for practitioners is there are certain protocols or programs that one has to go through which take time.

You have to build up slowly, they take time to show benefit and there is a certain amount of requirement for patience and resilience to stay through a program. But, there are also many cases of people staying on programs, sometimes for years, feeling terrible on the program, not really improving and as you said, they just sort of spit spinning the wheels.

When you're working with people, how do you assess when something's not working and it's time to move on versus you just need to move through a certain stage that is challenging?

Dr. Neil Nathan: A couple of answers to that question and it's an excellent point. I think as physicians, most of us really are caring human beings, we really want to help. And so when our patient's not getting better, we just keep digging in to try more to help them.

If I've learned anything and I'm not perfect at this at all, it's that if my patient is not progressing, I need to go back to the drawing board and think it out again, that's critical. And I don't think we all do that enough or we get caught up and I'm just doing what I know how to do and maybe I've got to think out of this box more.

This is a whole new evolving field and I am absolutely certain, we have a ton more to learn to get good at it. But we're okay at it right now, we know a bit about how to do that.

Now, in the mold world, one of the ways of knowing and your point is very well taken. It can take a year or two or three or longer to get mold toxicity out of a body. So when I start with a patient my phrase that I give them is, "it's going to take you a year or more to get over this, and you just didn't hear me say or more."

And in that context, with mold, unlike Lyme, we do have a test to tell us how we're doing. So if my patient's mold toxin levels in their urine are dropping bit by bit, then I know I'm still on the right path, they're coming along. They may not start to get well until those toxin levels are almost out of the system.

If you think about it, if you have a ton of mold in the body and you reduce that by a half, there's still a half a ton of mold in your body and the body's not going to generally feel a lot better that way. So it is very important that they understand from the beginning that they've got to be patient. But we can measure that.

Not so much with Lyme, our Lyme tests are not as robust in any way, so that's partly how I know. Now if I've got someone who is not getting better and they're mold toxin levels and not going down, then I've got to go back and look at it, ‘okay, what's going on here? What am I missing?’

Alex Howard: I think one of the other things that can be quite challenging here is that often, perhaps some of the time at least, perhaps often a bit of a strong, strong way of putting it. We're dealing with co-morbidities where you haven't just got these physical loads on the system. You may also have PTSD trauma or you may actually have an ongoing anxiety issue, for example.

And sometimes navigating and steering in terms of, and teasing apart those different pieces can also, I think, be quite challenging. And I was also finding myself wondering, how do you hold that bigger picture in a sense, and make clinical judgment of what path forward, when it can all present as aspects of the same thing?

Dr. Neil Nathan: Again, I'll give you a couple of answers.

First of all, I would not have given you this answer years ago, so I wasn't ready to talk about it. I believe that a lot of therapists, clinicians, physicians over the years refine our intuition. As we work with people, certain energies radiate from those people, from their body, from their language, from their posture, from the pauses that they don't speak, and so we learn to read what's going on.

So literally, to some extent, I can feel what somebody has when I sit down with them for the first time. There are certain ways people talk that tell me that's Bartonella, or oh, that's mold. And I can identify other layers of an underlying anxiety disorder that they've had since childhood, it feels different. Now I know it's not correct, necessarily to talk about this and I never would have in the past. But as I get older, I don't care what it sounds like anymore.

Alex Howard: I think it's a good answer for what it's worth.

Dr. Neil Nathan: I think that's a real effect. In fact Alex, that's my next book, which I'm currently working on. Which is the refining of intuition and how it serves us and helps to make diagnosis and inform us about how to go about treatment. So that's one answer.

A second answer, which is unique to me, I have a very strong psychiatric background, although I'm a family physician. So I learned emotional discharge techniques and hypnosis early in my career. I taught the psychiatry component in a family practice residency program for many years to family physicians.

So I don't expect that other people have my background, that for people who don't have that comfort zone with emotional issues and how it interfaces and interweaves with the physical plane, you'll need to work with a professional who can handle that with you as well. If that's not your comfort zone, if that's not something that you personally can tease apart the way you want. Then we need to add other people into your world so you can do this as a team.

Alex Howard: And then not dialog between those people becomes super important, right? And often detailed and patient dialog, lengthy dialog, not just I do my bit, you do your bit and we'll try and see how it fits together.

Dr. Neil Nathan: Great. Which doesn't happen much in this world. As medicine has gotten, forgive me, worse in our country with the HMO advent, 20, 25 years ago.

And many patients are now seen by physicians with their back to them, typing into a computer for seven minutes and then we go on to another visit. You can't do this work that way, you can't and you don't even have the time to really talk to your patient. You certainly can't make the time to talk to another professional to really coordinate care. And so medical care is getting worse as we go along here.

Because aside from some people who are in private practice who do take the time to do it, a lot of patients don't have an option to get the kind of care they need to do this kind of complicated work.

Alex Howard: Yeah, and that's very true and I'm looking forward to your next book. For people that want to find out more about you and your work, I mentioned at the start, Dr. Nathan:, your book, *Heal Your Body from Mold Toxicity, Lyme Disease, Multiple Chemical Sensitivities and Chronic Environment Illness.* I really recommend that, but if you could just mention perhaps your website and other ways that people can find out more about what you're up to.

Dr. Neil Nathan: Sure. I have a newsletter that people can sign up for. If you have a physician who can work with you no matter where you are in the world, I do a lot of consultations with people literally all over the world where I'm not the primary treating physician. But the physician and the patient get on the line with me at the same time, and we go over their case in detail and I try to guide them as to what might be missing, or how you should approach that, or how you can handle that a little bit better. And more and more of my work, although I do have a practice, still, more and more of my work is in that form.

So again, patients can reach me, but my website is simply neilnathanmd.com

Alex Howard: Fantastic. Dr. Nathan Thank you so much for your time today. I really, really appreciate it.

Dr. Neil Nathan: Thanks again. Thanks for having me.