Mold & Lyme Disease - Real, Raw & Uncut with Dr. Neil Nathan

Detox, Lyme and Health podcast with Dr. Jay Davidson

Intro: [00:00:00] Welcome to the Detox, Lyme and Health podcast. And now, the man that simplifies the complex, your host, Dr. Jay Davidson.

Dr. Jay Davidson: [00:00:13] This is Dr. Jay Davidson and I'm with Dr. Neil Nathan, M.D. He has been practicing medicine for 47 years. He's been board certified in Family Practice and Pain Management and is a founding diplomat of the American Board of Integrative Holistic Medicine and a board member of the International Society for Environmentally Acquired Illness. It's acronym as I S E A I. For many years he has worked primarily with patients who have not received a diagnosis from conventional medical sources and especially with patients whose illnesses has made them unusually sensitive and toxic, hence difficult to treat. Nathan has lectured to medical audiences both nationally and internationally. He has written several books including his newest book which I highly recommend to go pick up it's called Toxic and the subtitle is Heal your Body from Mold Toxicity, Lyme Disease, Multiple Chemical Sensitivities, and Chronic Environmental Illness. He has hosted an internationally syndicated radio program podcast on Voice America called The Cutting Edge of Health and Wellness Today. He's also a researcher and has published several papers the most important being Metabolic Features of Chronic Fatigue Syndrome with Dr. Robert Nivo. Dr. Nathan's medical practice is the Redwood Valley Clinic in northern California. Neil, or Dr. Nathan, welcome to the podcast.

Dr. Neil Nathan: [00:01:42] Thank you Jay. Thank you for having me.

Dr. Jay Davidson: [00:01:44] Well I'm excited to pick your brain today. You've got your brand new book that was recently released here in October called Toxic. What number book is this in total?

Dr. Neil Nathan: [00:01:56] My fifth. If you include my children's coloring book.

Dr. Jay Davidson: [00:02:01] OK number five. So kudos because it's a thick one. I'm about three fourths of the way through it. I was like I'm going to you know plow through this. Get ready for the interview. This is a little thicker than I was anticipating, so kudos for taking time and really putting it all together. What's the inspiration in spending so much time in writing?

Dr. Neil Nathan: [00:02:24] Well a couple of answers to that question. First of all my practice over the years has evolved to be a referral practice to practitioners who don't know what to do with their most sensitive and toxic patients. These are patients who are a tiny dose of homeopathic or a tiny dose of a supplement or a medication will literally throw them under the bus. They will be sick for days if not weeks with minuscule doses. I've been searching for answers for those patients for the past 20 years now. This population has increased as we've gone along. I only saw a few of them back in the 90s and then now it makes up virtually my whole practice partly from referral but I also think that a lot of it is the toxicity of the world that we live in. And that we're going to be seeing more of it. So my inspiration was really to help both those patients understand what they have and why they have it and also to help practitioners to understand what should you be looking for to approach these patients and how can you help them to move forward.

Dr. Jay Davidson: [00:03:45] I love it. Forty seven years of experience. We all need to learn from those that have a lot of experience. So reading your book Toxic, you were talking about sources and figuring out the source of that individual's health problems. You mentioned toxins and infection. Can you elaborate on really what do you feel are--I don't say all the sources but what do you feel

like are the main sources that are holding people back in the health side and making them super sensitive and reactive like you see?

Dr. Neil Nathan: [00:04:17] Right. For the very sensitive patients, the big two are mold toxicity and infection, particularly within a co-infection of Lyme disease called Bartonella. Now other infections can do it. A wide variety of infections which include Lyme disease, mycoplasma infections, chlamydia infections, and a wide variety of toxins can do this as well. But the single most important two are Mold Toxicity and Bartonella. I wanted practitioners to be on the alert to be looking for those.

Dr. Jay Davidson: [00:04:54] You mentioned in your area which is northern California that Bartonella is extremely prevalent like Lyme. Do you see that across the United States being the same, or is it very specific region like Northern California?

Dr. Neil Nathan: [00:05:10] No I think it's global. I think it's much more common than we realize. If you look at the history of how we approach Lyme disease, it's an evolution. So we began thinking about Lyme 25 years ago as oh it's a bacterial infection. So we will treat with antibiotics and intravenous antibiotics and then we'll knock it out, and we helped a lot of people that way. But there are quite a few people we didn't help. Aong the way we realized that there was a number of big things we were missing. One is back in the late 90s we realized that the Babesia was a co-infection of Lyme and it needed to be treated. Later we began to recognize Bartonella as an important infection and I think that because it came in later it isn't thought of by many people who've been in the Lyme world for a while. It's not completely but somewhat of an afterthought. And I think it's way more important than most people appreciate.

Dr. Jay Davidson: [00:06:14] Yeah I noticed there was a lot of information about Bartonella and the importance of dealing with that as a co-infection. How often are you seeing viruses associated with the bacterial side like Lyme and the co-infection Bartonella ? How often are you seeing like retroviruses or parasites being part of the chronic infection side?

Dr. Neil Nathan: [00:06:38] Very interesting questions. I see activation of viral illness in most of my patients. So commonly you'll get Epstein Barr and HHV6 maybe Cytomegalovirus or parvovirus common. Almost universal but I wouldn't go that far. I don't know to what extent retroviruses played a role. I know that Dietrich Klinghardt has recently felt that this is a missed piece of the puzzle and he's been emphasizing retroviruses as a treatment. I don't know to what extent that plays a role. Personally we took a very hard look at that about 10 years ago when Judy Mikovits discovered the XMRV which we later found was a laboratory contaminant but a number of practitioners utilized very aggressive retroviral therapies and it made virtually no difference to anyone. So I'm not convinced that that's the missing piece but I have great respect for Dr. Klinghardt and we'll have to see how that evolves. The second part of that question which is parasites again I don't know to what extent that plays a role. I don't personally find it playing much of a role. I've treated them extensively but I rarely find it makes much difference. On the other hand some of my friends who are superb practitioners think that it is a major player which should not be overlooked. So it may be practice specific it may be that patients with parasites gravitate towards one practice. They haven't really gravitated towards mine.

Dr. Jay Davidson: [00:08:29] Okay. So the worms haven't come your way yet>.

Dr. Neil Nathan: [00:08:33] The worm march in and the worms march out.

Dr. Jay Davidson: [00:08:42] It's an interesting subject because I got some roundworms out of me and then piles the little ones and that just started me down this whole hunt of wow if I have these,

who else does? And more recently we've been doing some testing on some retroviral powder and carbon powder and there's only two times where I've pulled critters out of my rear end. Like they get stuck on their dead and it's really gross to think about but the one was Mimosa Pudica seed and then the second one has just been more recent retroviral powder. I'm really curious to see where you know where things advanced as we get more knowledge about it. Let's say that somebody comes to you and they have everything. Let's say they have Bartonella, Lyme, they have mold, they have viruses and maybe they have parasites or retroviruses. I guess put that on the backburner with what you're saying but assuming that they have kind of the gamut, what's the order, and is there a general order for it or is it very patient specific?

Dr. Neil Nathan: [00:09:43] So A, it is patient specific. B, there is an order for most. However, that depends on the sensitivity of the patient. What I mean by that is the people who come to me are unusually sensitive and toxic and they can't do a lot in terms of treatment. So I have to be very specific about what I start with. For them without any doubt the vast majority need to start with what I call the mold layer, because that's typically the one that is the easiest to treat, does not require antibiotics per se, the treatments are not going to mess up their biome, and it's usually doable. Once that layer has been pulled off, then they are usually stronger and we can pursue what comes underneath that. For patients who are stronger they could pursue multiple layers of the same time but they're not the people I'm seeing. Those are people who have a much stronger constitution and they can pursue that in a different way.

Dr. Jay Davidson: [00:10:49] Okay. And knowing your book you refer to layers. So for those that when you read Dr. Nathan's book, Toxic, you'll see mentioned in layers and kind of covering the layers. I do like how you describe that in the book. There's a lot of mention about mold of course because that is one of your wheel houses. Actually I want to mention about Dr. Shoemaker. I kind of consider him I guess the O.G. of mold all the original gangster and in the mold side. How much of your protocols really follow his type of approach. Because I know I believe you co-formed an organization didn't you for mold? Because one of the seminars I was at last year it was talking about the I S E A I that I mentioned in your bio.

Dr. Neil Nathan: [00:11:37] Yes. Okay so Dr. Shoemaker and I worked very closely early on beginning in 2005. We got together, lectured together, worked on this together. But from my perspective he has been somewhat slower to embrace the newer information as it comes in. So for example there are many ways in which what I do doesn't jive with what he has been teaching and recommending. To be specific, I'm a big fan of using urine mycotoxins testing, meaning I think it is quite accurate, extremely helpful in telling us how to orchestrate treatment in a much more precise way. Shoemaker is not convinced that that's an appropriate or useful test. A second important piece is that Dr. Joe Brewer has discovered that many of the patients with mold who aren't improving, the mold has actually colonized in their sinus and gut areas and has to be addressed with antifungal medications. And Dr. Shoemaker has not accepted that as a valid approach either. And there's a couple of other detailing ways. For example the testing that he recommends which incorporates a number of alphabet soup type tests like MMP9 and C4A, TGF beta 1. Those are generic tests of inflammation but they don't let you hone in on the cause. To be more specific if you have an elevated TGF beta 1 or C4A. That tells us that you're inflamed but it doesn't tell us what you're doing inflaming. Could be mold, could be Barontella, could be Lyme, could be other infections. So I'm looking at the urine tests as a very very clear measurement that lets me go. Ah you've got way too much toxin in your urine. I know at least for sure you've got that and that's a really good place to start.

Dr. Jay Davidson: [00:13:52] You mentioned that urine mycotoxin test. Let's say you have 10 clients come in and you decide to run testing and do urine. What percent do you have them run the Real Time labs versus the Great Plains or just have them all do those because there's a little bit of

difference like you mentioned in your book on them?

Dr. Neil Nathan: [00:14:12] Well actually there's a fair amount of difference. They are actually measuring different things. Even the names on the test that sound the same are different species. So for example two of the major toxins are aflatoxin and trichothecenes. And the ones that are measured by Real Time are different than the ones that are measured by Great Plains. So because people are usually coming at a great distance to see me I usually ask that they do both because I get a much better read. They are expensive tests so if someone can't afford the Real Time test I'll use the Great Plains. If they have medicare that is covered by Real Time. So that would be my preferred test, so it doesn't come out of the patient's pocket. So that's a little bit about how I distinguish which one I use. But given the options, I like both.

Dr. Jay Davidson: [00:15:07] Awesome yeah I think they're great tools to really see what's going on internally rather than just the environment. I feel like a lot the mold side ends up just be looking at the environment which is important but also what's going on internally in the body. I know I have practitioners that also listen to my podcasts and YouTube and things. If somebody is getting interested in let's say alternative medicine or functional medicine side and they're like wow I haven't even really looked at mold. Where would you guide somebody to say okay here's a great start. Of course I would recommend your book Toxic. And I'm not sure if there's other... I haven't read any of your previous books. I'll admit that here. I read your most recent one but are there other books that you've written where they have mold information inside of them as well?

Dr. Neil Nathan: [00:15:56] I do. The most current up-to-date is my new book Toxic. But in previous books I give an overview of the whole functional medicine underpinning of mold. Those books are called On Hope and Healing and Healing is Possible. I wrote the book so long ago I don't even know name anymore. For learning, my number one recommendation would be to get connected to that organization you mentioned ISEAI. It's composed of physicians that are eager to coordinate the information that we have on mold, lyme, and environmental toxins to educate practitioners about how to approach this in the most up to date way we have. Our first National Symposium will take place May 3rd-5th in Phoenix. I certainly welcome any listener who wants to take part meant to go to the ISEAI website. Look it up. We have an absolute fabulous array of speakers. We've got Rich Horowitz online. We've got Joe Brewer and the whole ISEAI crew. Jeanette Hope on mold, we've got Dietrich Klinghard who's going to talk about the retroviruses and the parasites and more. So a fabulous lineup and this will also be an opportunity to learn this in such a way that those practitioners can get certified. So that would be my first recommendation. There's a number of other organizations that will deal with parts of it. I like the organization TFIM the Transformative Group of Medicine which is also leading the way. ILADS which as your listeners will know is a primary teaching for Lyme disease. The American Academy for Environmental Medicine also talks about toxicity and how to work with it. So there are a number of sources where people can start to dig into this. I will say categorically that for those people who don't know much about mold, it's big. We're talking millions of people who are going undiagnosed and untreated and there's a huge need for practitioners to become knowledgeable in that area.

Dr. Jay Davidson: [00:18:30] I agree. Sounds like a rockstar lineup of speakers as well. With my wife's own health history and her almost dying from Lyme... There was four crashes like pretty big crashes that she had and I know three out of the four there was mold present. I will say it seems like mold is such a big trigger. With so many different crashes and sensitivities and people just not doing well. Do you find that mold tends to be a trigger or do you tend to see it there and then other things like infections come into the scope and really trigger it?

Dr. Neil Nathan: [00:19:10] Both number one mold is a trigger. It weakens the immune system and predisposes to infections. Lyme does also. So you can get the arrow and that equation working

both ways. Lyme weakens the immune system so it's more predisposed to mold. Mold weakens the immune system so you're more predisposed to Lyme. But by itself mold is a sensitizing agent which will predispose to chemical sensitivities other sensitivities and then make it even harder for people to get the help they need from treatment because they can't tolerate.

Dr. Jay Davidson: [00:19:48] You mentioned Dr. Horowitz is speaking. In his first book, if I get the title right, Why Can't I Get Better? I remember him talking about cholestyramin eand one of the concerns was that it damages the mitochondria. What's your thoughts about cholestyramine? I think it is Dr. Shoemaker that kind of stumbled upon its binding capability with mold. But what's your thoughts with it affecting the mitochondria? Are there contraindications with somebody that has chronic fatigue or you know energy type issues or cellular energy issues?

Dr. Neil Nathan: [00:20:27] You know I agree with Rich Horowitz with a lot of things but not on that particular detail. I am not aware that cholestyramine will damage mitochondria. It's just a binder. It's a pretty benign material. Now it's not the be all end all binder. Not a particularly good binder for some of the other toxins. So again the urine mycotoxins tests allow us to pick and choose. Not everyone needs to go on cholestyramine but on the other hand I think it's pretty benign. In fact I would flip that statement to... If you're treating mold, mold messes with mitochondrial function profoundly and if you don't get it out of there you're going to stay with a mitochondrial dysfunction that will keep that patient ill.

Dr. Jay Davidson: [00:21:21] Yeah. Got it. OK. In your book talking about symptoms with mold in the one that stood out that it took notes on was tremors and then another one was odd buzzing. From what you mention in the book it seemed like it was primarily mold. And there are other things that are associated with it? When I think of tremors I'm thinking of you know like the dementia and Alzheimer you know type category. So immediately I'm wondering OK is mold one of those things that can mimic symptoms like those type of conditions?

Dr. Neil Nathan: [00:21:56] It is. In Dale Bredesen's work on treating Alzheimers disease, mold is one of the biggest things that is a trigger for it and that by treating it you can reverse what looks like Alzheimer's disease that is actually Mold Toxicity. Now let me distinguish an internal perception of trembling or vibration from an actual tremor. Mold can cause both. The other major material that can cause is Bartonella. Patients have a lot of trouble talking to healthcare providers about this because they know that it makes them sound like a nut case. If they say well I've got this weird sensation of trembling or vibrating internally and that is not visible but I feel it. If you don't know what the patient is describing which is really clear, then you're going to dismiss it out of hand. However I hear that and I go oh you've got mold and Bartonella. This is what we call pathognomonic for that. This is very very clear and in my book I try to lay out the symptoms, unusual ones, that make you think mold and not that this is a psychogenic illness. That's one of them. The others would be things like unusual amounts of anxiety or depression with a feeling of despair, a feeling of depersonalization like you're not in your own body. From mold particularly electrical perceptions, icepick like pains, unusual numbness and tingling in places that people aren't supposed to get that. The tip of your nose, your belly. Neurologist will look at those symptoms and go you can't have that because that doesn't reflect any known nerves. Well it does. It reflects the autonomic nervous system. So those descriptions which seem unusual. I hear that and I go, oh great, you're making the diagnosis for me. This is real clear.

Dr. Jay Davidson: [00:24:10] You mentioned the kind of numbing tingling. Do you find that ammonia plays a role? I hear practitioners talk about parasites produce ammonia, Lyme disease produces it. I'm not sure if mold would really fit into that. Just like to get your opinion on it.

Dr. Neil Nathan: [00:24:27] Not to my knowledge. Part of the difficulty there is ammonia may

play a bigger role than we think. It's really hard to get an accurate ammonia test. To do so traditionally you need to go to the hospital have it drawn, immediately it goes to a laboratory and is processed. It's not the kind of a test we can put it in the test or come back an hour earlier and run it in. Many labs are not co-operative with that, won't do that. And so it becomes really difficult to get a good ammonia level for us to be able to know that with more precision.

Dr. Jay Davidson: [00:25:06] In my understanding, too, I guess in the ammonia side as it likes to aggregate in pockets too which would kind of question I guess its distribution. If you were to do a test, are you getting an accurate amount out? But switching gears a little bit. It's a popular topic but still in regards to mold and Lyme of course is genetics. Early 2000 we mapped the genome and we're going to cure everything and then realized we have the same amount of genes pretty much as a mice. Then epigenetics comes in and I feel like especially maybe eight years, ten years ago at least kind of kind of to my knowledge, the genetics kind of started to creep in on the mold side of it. You're susceptible or you have the you know the dreaded gene type and then Lyme got grouped into that. What role I guess in 2018 right now, late 2018... What role do you see your genes playing in? Like I'm sorry but it's going to be more difficult to you versus you. You know what? You got better genes and it's going to be easier for you.

Dr. Neil Nathan: [00:26:13] Right. I'm going to answer that question in two parts. First let's talk about what we call the HLA-DR genes, which are the ones that Dr. Shoemaker has popularized and the ones that he termed dreaded. So having worked with him from the beginning, my perception of this was different than his. I did not find that the people with the supposedly bad genes had any difficulty in being treated at all. There was no difference whatsoever in the patients with the genetic profile versus patients who had no apparent illness. And I have moved away from that as have many other people in believing that I think that was an overstatement. I'm going to go further with that which is I hate the word dreaded genotype because that conveys to a patient that they're screwed and I don't believe that's true. And so many patients have taken that message internally and went Oh my god I can't get well now because I have a bad gene. And my message is to my knowledge and many people agree with me... Not true. I don't care what genotype you have. All of them have responded well to the appropriate treatment and not in any particular way. I suspect that as we get better with understanding genes we may find other genes to measure with that to flesh that picture out better but for what we've got now I don't think we can say that to a patient with a straight face and be right. The second part of that equation is Bob Miller and his group are doing some really wonderful work with snps that relate to the body's ability to detoxify which is a whole separate issue. And he is discovering a layering system for snps where we may be able to identify those and begin treating them epigenetically and making a lot of progress. And I'm happy to note that Bob wrote a chapter in my book to get that launched and that piece of genetic information I am much more interested in as a possible route to for us to be working clinically.

Dr. Jay Davidson: [00:28:54] Yeah I interviewed Dr. Miller and that was that was the one time, Dr. Nathan, where the mTOR and autophagy clicked.

Dr. Neil Nathan: [00:29:03] Bob has a really good understanding of that.

Dr. Jay Davidson: [00:29:08] Yeah. And he just lives, breathes the genetics. I hear he's obviously built for that. So bless his heart. I completely agree with you on the HLA and I feel as if the chronic illness side like mold like Lyme it's so easy for the person/client/patient to grab onto a name and it becomes them. So I really appreciate how you describe the dreaded and just staying away from that word because that is quite a very strong... that's a strong word.

Dr. Neil Nathan: [00:29:46] Yeah I agree.

Dr. Jay Davidson: [00:29:48] So herxing gets brought up especially in the Lyme Disease side and you've got quite a bit in your book on Lyme disease. What is your thought about herxing? I've often thought about this idea of herxing. Anytime you get a symptom, oh I'm herxing. And it kind of becomes this term that somebody uses when they have a symptom. At what point is it that it's the wrong treatment versus that it's pushing it too much versus no this is actually a good sign you need a kind of push through and get over it?

Dr. Neil Nathan: [00:30:27] Very good question. In the early days we thought of herxing as good. Oh you feel horrible. This is wonderful. You're killing your bugs. This is great. I think we have learned a lot about the whole process. And I think there's beginning to be a greater understanding that herxing is not what it's cracked up to be. There are times when it's unavoidable. I personally view it as having overwhelmed my patient with toxins and as a general rule that's not a good thing. So if I can avoid it, I'm going to avoid it. I'm not seeking it out. I'm not looking for it. When someone herxes, that's unfortunate but I want to do whatever I can to quiet that down, alter the doses of whatever I'm giving them that's creating that Herx so that their ability to detoxify can keep up with the toxic load that I'm creating by killing those bugs.

Dr. Jay Davidson: [00:31:41] Well said. I like that. I love interviewing people like yourself, Dr. Nathan, that come from different backgrounds. You know I went to D.C. or doctor of chiropractic school. You obviously have your M.D. I mean completely different I guess philosophies and principles. I was trained that basically just a spine and everything's going to heal. Going into practice and seeing some people get well... and I mean I had a gentleman that was deaf in one ear and after an adjustment like his hearing came back. That's so cool, like the original story about chiropractic was birthed. But there were so many times I'm like why are these people not feeling well and then that opened me up to this whole other realm of functional medicine and really looking at the source and sources. At what point did you kind of make your transition from maybe more of them mainstream medical school into what you do now.?

Dr. Neil Nathan: [00:32:39] A very early age. I was a very annoying medical student. I kept asking why do we do that this way? And some of my profs oved me for it and thought I should be drummed out of medical school because I wasn't a team player and I didn't see it that way. I'm thinking what's the science behind this? How did you come to this conclusion? Why do you do it this way? I can't live with what we've always done it this way. It doesn't work for me so I've always been a questioner. So I was a thorn in the side of my--I went to medical school with the misperception that I could become a healer there. And I realized fairly quickly that no, you're going to become a medical technician here. If you want to be a healer you're going to have to look outside this box to other areas. So when I left medical school I pursued training and manipulation. My first partner was a chiropractor. He taught me manipulation. He encouraged me to study craniosacral work which I did. I studied with osteopaths, acupuncturists, homeopaths and what I realized was that everybody who taught me added to my toolbox and my ability to work more. I studied emotional release techniques, spiritual healing techniques, everything was valuable. And I've tried to synthesize what I know so that I can bring that to teaching and help people to look at the bigger picture for all patients because and as you know when you have someone with these complicated illnesses there's always an emotional component. There's always a spiritual piece and you have to be in tune with the patient to recognize when is the right time to address that. When can we talk about this and that's kind of the art of what we do.

Dr. Jay Davidson: [00:34:54] It's so great. Just been the thorn from the beginning asking questions. With Lyme disease right now... If you had 10 people (for easy math) come in and they had Lyme disease, what percent of those people are you recommending antibiotics? It seems as if in the Lyme space we've got the only holistic or everything natural to only prescription. Then we have off to the side like you know the small crowd that doesn't even believe it exists, which is kind of funny but...

and then everybody, the others, kind of in-between, leaning toward the sides. What percent of Lyme patients do you find it necessary for antibiotics?

Dr. Neil Nathan: [00:35:41] The simple answer is most. I use what I hope is a comprehensive treatment program for Lyme, so I have found personally that very few people will get well if they don't use antibiotics. But my patients will get well faster and more thoroughly if I combine that with herbal supplements, homoeopathics, tinctures of various sorts, multiple other treatments that were kind of touched on here. So it's a kind of a comprehensive treatment that includes detoxification as a part of what we're doing, but the bottom line answer to you... And I know that's becoming an unpopular answer. My patients don't want to hear it. Most people will not get well if they don't go on antibiotics as a part of their treatment.

Dr. Jay Davidson: [00:36:35] MARCONS is another popular M word. How often is MARCONS related to mold? And if somebody is in a moldy environment trying to heal from MARCONS is that even possible?

Dr. Neil Nathan: [00:36:53] Interesting question. This is yet one other area in which Dr. Shoemaker and I disagree. When I started working with him we were aggressively treating MARCONS. And aggressive is more aggressive than people do it now. We were using triple antibiotics, BEG spray. And what I was finding, and Dr. Shoemaker found the same thing, was the matter how long they treated, you virtually could not eradicate it. We would do this for three months, six months, a year and I'm really uncomfortable giving patients antibiotics for a year. More important, I didn't see patients get better meaning I couldn't see the aggressive treatment I was providing making any difference to their healing process. And I've come to the conclusion that this is controversial and I will certainly agree to that that I don't think that MARCONS matters. I haven't seen it make any difference. I don't believe it can be eradicated. Even Dr. Shoemaker felt that he couldn't do that, so I can't see an aggressive treatment program for something that doesn't make a difference that can't be eradicated as a part of what we do. In fairness a number of patients who are treated with BEG spray did notice improvement in nasal congestion and that's it. Do I think it's central to treatment? I do not.

Dr. Jay Davidson: [00:38:24] How often do you find it necessary to do any type of like sinus treatment or sinus work? Is there anything you really recommend for that area?

Dr. Neil Nathan: [00:38:32] Oh yeah, big time. The majority of people I treat have a mold fungal Candida infection in their sinuses and I routinely treat those things with a combination of hydrosol silver which some people call colloidal silver and antifungal material and a biofilm dissolving agent. And I think those are central to treatment. Very important.

Dr. Jay Davidson: [00:38:58] I'm guessing the Argentyn 23 is a choice saying hydroxyl.

Dr. Neil Nathan: [00:39:02] Yea, that's my choice.

Dr. Jay Davidson: [00:39:04] Same here. Same here. I think in your book you mention I wrote it down here about the TH1 TH2 in the immune system. Is there any thing we need to pay attention to in putting together a protocol for somebody that is dealing with chronic illness and knowing okay well maybe we need to go easy on the TH1 pushers or we need to help to bring up the TH2? I guess one that gets brought up quite a bit are that we see quite a lot is bit beta glucan. It's very strong immune stimulant and TH1.

Dr. Neil Nathan: [00:39:41] I don't really work in that area. To me that's a secondary event meaning my job is to identify the cause and treat it and the body will usually heal itself once I do.

So I don't find those strategies helpful if they're not directed to cause. So if I've got mold, got to treat it. If I've got Lyme and co-infections, got to treat it. If I have parasites if I have a viral piece got to treat it. Then I don't even have to think about TH1 and TH2 because the body will reboot itself. I have a whole chapter in the book on what's called the Cell Danger Response which is the brilliant work of Bob Naviaux, who has understood that the body will right itself biochemically once you have convinced it that it's not in danger anymore. It's not threatened. And so my approach is a step back from the TH1 TH2 into how do I how do I convince this body you're safe. We're OK. We've got this.

Dr. Jay Davidson: [00:40:54] Excellent. Yeah I am not going to lie I was rather surprised that a couple of things in the book. One of them being the TENS cam. I own a couple of those and also microcurrent. I guess TENS cam can be maybe in the "woo-woo" side of it but I find that's a great tool. Microcurrent just kind of using that seems to be a great tool as well. I didn't see anything in the book regarding like energetic testing or even using machines like the electricdermal screening type machines. Do you do any of that within your practice?

Dr. Neil Nathan: [00:41:37] I have a great deal familiar with it. We used to use a Zyto machine in my office for many years. I was trained in EAV work back in the 80s and learned kinesiology back in the 70s. It's a very good question by the way. I personally don't find those things accurate enough to guide me. And I have many of my colleagues who I esteem who do find that valuable and they use that as their primary guiding tool. If you don't mind me going off into left field here, I would not have said this five years ago but I'm getting old enough that I don't really care what it sounds like. As we perfect our art... I have spent my life learning how to read people energetically and I believe that I can read people on my own without the benefit of a machine. So I would tell you that I'm doing that already but not with the device, meaning I'm literally fiddling with and picking up information from my patient by their body language, how they speak, even energetically and utilizing to help me with both diagnosis and treatment. So I would submit to you that I think are already doing it. And I think I can do better than a machine. But I've been doing this for 47 years so I could be delusional.

Dr. Jay Davidson: [00:43:28] Just so the listener knows, these are all my own questions from reading Dr. Nathan's book. I didn't give him any prep at all so this is all off the cuff. So you're doing a great job just volleying back and forth. I really appreciate that it probably goes to show your experience in the radio world as well doing your own radio show. So I got a couple more questions that I wrote down, one of them being you mentioned Lyme vaccine causing Lyme in 20 percent of the cases so then it got yanked off the market up. Where do you stand... I mean just because there's multiple controversial subjects. I feel like vaccines is probably top of the list. You know very polarizing and especially in this like autoimmune very hyper sensitive reactive side. Do you stand and say I'd stay away from it or they're fine? Or does it depend on the vaccine?

Dr. Neil Nathan: [00:44:28] It depends on the vaccine and it depends on the individual. Now I've treated a lot of autistic kids over the years and I treat some very sensitive patients. Vaccines are in my opinion a major trigger for those people and I practice in the state of California where there is a huge push to vaccinate everyone with the concept of herd immunity which is by the way a bogus concept. It doesn't apply. So I am concerned that the vaccine industry is pushing their products on people in an irresponsible way. That doesn't mean that all vaccines are of no value. But you have to look at each vaccine for each person individually. And I think they're being overused. Most specifically the flu vaccine. If you get me started on that. The data on it is horrible there. Number one, it doesn't work. Number two, doesn't work. We're giving people a vaccine against four viral strains. We don't know what those strains are. They change every year and we decide in the spring what vaccine we're going to make based on no data whatsoever. You might as well throw a dart at the board. If you ask the question how many times has the flu vaccine actually protected against the

vaccine that has come out? Once and that was with H1N1 when we had a year and a half lead time and could actually make a proper vaccine. Our normal flu vaccine that we make. Never. And then you use the excuse of well it generically improves your immunity and there is a ton of data done by medical researchers to show that that's not true. So you're taking a potentially toxic vaccine. You're telling people to protect them against the flu. You did get me started.

Dr. Jay Davidson: [00:46:52] I just love to hear. With the type of tough patients, more challenging type people that you've worked with, it's great to hear just from your experience. I just I find it so awesome to also hear all the different things that you've had in your toolbox. I've been trained in this. I've done that, I've done that. It just shows your heart and just your inspiration motivation. You want to figure out what what's going to help your patients the best. So I applaud you for all the work that you've done Dr. Nathan. I guess as we're concluding this interview, when I was reading the methylation part in your book, I was like same page. Completely agree. For the listener of the podcast, do you mind just summarizing kind of your thoughts about methylation and what you believe?

Dr. Neil Nathan: [00:47:43] Sure. Methylation is really an important biochemical process. It's important for generating energy, for detoxification, for healing DNA when it becomes damaged. And it's become a buzzword often in the way that I'm not sure is correct. For example the genetics of methylation isn't really a method for knowing what you need and what you don't need. You can measure the chemistry of methylation which is way more accurate and for really sensitive patients they can't do it... meaning when they get better, when they get less toxic, then they can start methylating. But if you attempt to give methylation materials to someone who is already behind the eight ball you're going to make them worse. And unfortunately I see that happening a lot. And sometimes I'd have patients say well I couldn't take even a tiny amount of 5MTHF so they tripled it. And I'm going why would you do that ? So as an everything in moderation it's important that people who are helping people to methylate understand the limitations of their patient so that they can orchestrate that appropriately. Is that what you had in mind?

Dr. Jay Davidson: [00:49:13] Yes yes. It almost seems a little I guess similar to the HLA-DR gene side of it as well too... a little bit in the genetics where I feel like as we've understood you know the MTHFR 677t, the 1298C, the COMT and the more of these things that we uncover are like oh we're going to figure out what it is and what to do and yet I feel as if all the people that go down that rabbit hole they come out and they say your environment still trumps a lot. It still is such a big factor. Is that where your thought is as well?

Dr. Neil Nathan: [00:49:51] Well very much so. It's important that people understand the cell danger response, which we mentioned before is a protective mechanism by which the cell attempts to hold off an invader. And when you get infected by a virus for example the cell intentionally shuts down methylation. So all of my patients don't methylate well. Well it's part of the deal. Now viruses can't replicate unless they can hijack our methylation biochemistry. So this is not an attempt to hurt us but an attempt to prevent what is infecting us from going to town. And it's important that practitioners and patients understand that you're not methylating because your body doesn't want you to methylate. And then we have to decide clinically and with the art of medicine how to introduce that.

Dr. Jay Davidson: [00:50:57] Excellent. Well as we wrap this interview up Dr. Nathan any things that you want to comment on or leave our listeners with? I want to share for a moment... this is the cover to your new book Toxic Heal your Body, Neil Nathan M.D. You can find it on Amazon.

Dr. Neil Nathan: [00:51:16] You can get it from Amazon, Barnes and Noble. Many booksellers. It's available on Kindle and paperback. I hope that listeners will want to read the book. I believe

there is some really good information that I've spent my life putting together that I think will be really valuable for patients and practitioners alike in understanding how to work with these illnesses and how to approach it. So if I can be self promoting for just a moment read my book.

Dr. Jay Davidson: [00:51:55] Yes you can. You absolutely can. I people want to find you, what's the best website or websites for them to go to?

Dr. Neil Nathan: [00:52:03] My website is simply www.NeilNathanMD.Com I have a newsletter and information there that they can pursue. And I would encourage them to do so. My hope is that I can share what I've learned with as many people as possible and help as many people as I can to get well.

Dr. Jay Davidson: [00:52:27] Great. Well thank you for your time today and allowing me to interview you, Dr. Nathan. Thank you for all that you are doing and have done and will continue to do.

Dr. Neil Nathan: [00:52:37] Thank you very much. Thanks for having me.

Dr. Jay Davidson: [00:52:40] All right well we'll see y'all on the next podcast. Thank you so much.

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