Healing From MCAS And Sensitivities

Beth O' Hara, FN With
Neil Nathan, MD

Beth O' Hara, FN
Welcome back to this episode of the Reversing Mast Cell Activation and Histamine Intolerance Summit. And I'm your host Beth O'Hara from Mast Cell 360. I am so excited today to have my friend and mentor and someone I really admire and respect share this interview with you with Dr. Neil Nathan, I'm gonna tell you a little bit about him. So Neil Nathan is an MD. He's been practicing medicine for 50 years and is Board Certified in Family Practice and Pain Management. He was one of the Founding Diplomates of ISEAI. He's written several books, including Healing Is Possible, On Hope and Healing, Mold and Mycotoxins, Current Evaluation and Treatment, which was just republished, Toxic. His newest book was Energetic Diagnosis and there's another one in the works called, Why Am I So Sensitive, that it highly recommend that you check out. And Dr. Neil Nathan has a mentorship program that he does with Dr. Jill Crista, who's a Naturopathic Doctor. We are gonna be talking about mast cell activation syndrome, root causes, sensitivities. I think this is gonna be an incredible interview. Thank you so much for sharing your time with us and being here.

Neil Nathan, MD
Oh, thanks Beth for having me.

Beth O' Hara, FN
Can you just first tell us some about, I know you started in traditional medicine and you've become, you probably don't know this, but I sometimes call you the Yoda of functional medicine.

Neil Nathan, MD
Well, remember Beth there is doing and there is not doing.

Beth O' Hara, FN
So we have this big transition into being one of the thought leaders worldwide in sensitivities and mast cell activation and mold toxicity and Lyme. That's a big shift. How did that come about for you?

Neil Nathan, MD
Very gradually. The short version of this which could take a whole hour is I was running an inpatient hospital based pain unit as a pain specialist. And this is back in the early eighties. And I started seeing a new creature, which people had brain fog, fatigue, and joint pains that moved all over their body. And the name we had for it in those days was fibrositis. You all know it now as fibromyalgia. And when it first emerged we didn't understand what we were looking at. The first thought when people have this many symptoms is always, oh, this is in your head. So the psychiatric profession got hold of it and went, this is clearly a psychiatric process. But no amount of psychotherapy or anti anxiety or antidepressant medications made much difference. So looking at that objectively, I'm going, that's not where this is coming from.

I don't understand where this is coming from, but this is very real, this is not in anybody's head. We just don't understand it yet. And over years, we began in the early nineties to begin to understand that magnesium deficiency, adrenal deficiency, thyroid imbalance, sex hormone deficiency and with the first pieces of the puzzle where people who are diagnosed with chronic fatigue syndrome or fibromyalgia started getting much better looking at those things and treating it. In a sense, this is the beginning of functional medicine really entering the medical arena as a valid tool to help people who are not getting helped in the conventional medical realm. Around 95, I began working more closely with Jacob Teitelbaum, who was seeing the same thing that I was.

And so a number of us were starting to realize, oh, there's a whole lot of biochemical structural issues going on here that are causing this. And if we identify them properly and treat them by gosh and by golly these people get well. So this is great. Jacob was the first to write peer reviewed papers on this particular subject showing that this actually was true. And given that we were on the forefront, people began to refer all their more difficult patients to me, so that people had learned from us how to do these evaluations. And sometimes that wasn't enough. These patients weren't getting better. Then we learned about Lyme disease. And then co-infections of Lyme disease. By mid 2005 Ritchie Shoemaker put the concept of mold toxicity on the map for

us. And so Lyme disease co-infections and mold toxicity turned out to be a huge player in the evolution of our understanding. And we still had all of these patients who were becoming slowly and inexorably more and more sensitive, more and more reactive. And we were really trying to figure that out. And again, piece of the puzzle by piece of the puzzle with Lawrence Afrin's fabulous book, Never Bet Against Occam, I think that was what 2016. He put mast cell on the map for us. That was what we got that and went, ah, another piece of the puzzle. Before that, we began to realize that patients who had developed these sensitivities and mast cell activation, many if not most had limbic dysfunction and vagal nerve dysfunction. And so we were adding that to the mix. So at this stage, we know even more, at this stage we're still learning by leaps and bounds. But we really can help the majority of the people that we are seeing by looking at as many of the pieces of the puzzle as we can uncover. And that's really the basis of what I have been doing clinically, what I've been teaching and very gratifying work and people who have become so reactive and so sensitive that they are bedridden are now living absolutely healthy, productive, vital lives. And of course, that's fabulous when we see that.

Beth O' Hara, FN
And that's my own story. And this work has been in incredibly important for my own life, but I know for so many people that are listening to this interview. And I think hearing that progression is very helpful to also know why we still have these huge gaps and understanding and knowledge in healthcare because so many people still go from provider, provider, provider and they're told they're crazy. They told them we're lingering. And they're told it's psychosomatic, which I hate that misuse of that word and that's not really what's going on. There are all these understood root pieces and this mast cell piece is a big one. So you started talking about some of these common causes with mast cell activation syndrome, but can we go deeper into that? Because we know the mast cells themselves aren't the problem it's what's triggering this overactivation oversensitivity.

Neil Nathan, MD
Yeah, exactly. And I really want to emphasize this in the way not only I'm thinking about it, but in the way I'm hoping other people are thinking about it also. The whole mast cell process is at its heart, a protective mechanism. It's a cellular defense mechanism that we've had for millennia to scrutinize infectious and toxic components of our environment and protect us. And so you can immediately see how that would mesh with the limbic system and the vagal nerve system, which are two separate parts of the brain that work very, very closely together, again with the

overall overriding concept of protection and monitoring our environment for safety. Because if the mast cell system, if the limbic system, if the vagal nerve system don't feel that you are safe then they're gonna shut you down and not let you do things that might otherwise be helpful for you until they are convinced. This is not psychological. None of this. This is all physiological and neurological. And so what I want to emphasize is that we always have to be thinking of the mast cell process in the same context that we're looking at it neurologically from the limbic and vagal system. So somewhat a long-winded way of starting addressing your question. And we also have to look at what is making our bodies unsafe, I mean, like what's doing that. It doesn't come out of the blue. Nothing comes out of the blue. And over the years, the pieces that have lit up for me more than anything else have been mold toxicity and Lyme disease with its co-infections. And I wanna add more recently, I'm seeing EMFs as a major trigger component by itself.

And so regardless of what the stimulus is, whether it's a toxin in the form of mold, whether it is an infection in the form of Lyme disease and by the way, other things can do that as well, chronic viral infections, Chlamydia pneumoniae, Mycoplasma pneumoniae all a number of other infectious agents can trigger this feeling of lack of safety. And you probably don't have time to get into it today, but all of this falls under the rubric of Dr. Robert Naviaux model, the cell danger response, which as its heart is on a cellular level, the mitochondria of the body, which are the organelles inside every cell that is sensing the possibility of danger. When they pick up toxins, infections or stress then they trigger this in protective reaction. The issue is for all of our patients with a wide variety of chronic illnesses and we're talking chronic fatigue, fibromyalgia, neurodegenerative illnesses, like Alzheimer's, MS, Parkinson's disease, autism spectrum and more.

At the root is an inflammatory process that was essentially protective that is gone off the rails. And so if that is our perspective when we're looking at a patient who we believe has mast cell activation, our first question has to be, what triggered it? So yes, we immediately jump into let's make it better. That's our standard medical approach to all issues. We name an illness, I have treatments for that illness. Perfect. All of those treatments will help and help for some people profoundly. But if we don't get at the root cause we may not get it cured. And one of my messages has always been let's look for the root cause and cure it because from my personal experience with hundreds of people with mast cell activation, it can be cured in the vast majority. If we treat the mold toxicity properly, if we discover and treat Lyme and co-infections and maybe an underlying viral infection, we treat it then that patient does not need to take all

those supplements for the rest of their earthly life. They can be well. That's one of my most important take home messages.

Beth O' Hara, FN
That's such a huge message because we often hear that mast cell activation syndrome is gonna be degenerative. It's gonna be progressive. And I think that is the case if we're not addressing these underlying major triggers that are keeping the mast cells on hyper alert on defense in the first place. And I wanted to go back and just highlight this mast cell nervous system connection that you started with. I find it so fascinating that there are mast cells at every nerve ending and there mast cells in the limbic system. The vagal nerve is such a huge nerve complex is significant amount of mast cells around those vagal nerve endings. Can we talk more about this role of the vagal system, the limbic system, monitoring for safety and triggering these mast cells. We know that there are mast cell receptors for the neurotransmitters and there's this constant feedback loop between those mast cells and the nerves.

Neil Nathan, MD
Yeah, exactly. Don't know how detailed you want me to get, but you're absolutely correct. There is a direct connection of the mast cells to the vagal nerve endings so that we're talking about a communication system. The body has long utilized to again, work on safety. So the vagus nerve is the 10th cranial nerve and it has a number of functions that are really important to understand. One of the biggest is that it has a tremendous regulatory effect on the autonomic nervous system. So many of our patients are told that they have autonomic dysfunction. Which is being delivered to them in the same way of, ah, here's your label, but it's not a label. It's just a description of what's happening to the vast majority of our patients. And that means that many of our patients will develop pots, will develop an increased sympathetic drive because their parasympathetic system is not functioning properly.

And to talk about that for a second, the autonomic system is often broken into two families. Sympathetic, parasympathetic. The sympathetic system is thought of as the fight or flight response in which something scary is happening or you have a worry or a fear and you start making adrenaline and you start preparing to get out of dodge. Parasympathetic system is a balancing component to that often thought of more in terms of relaxation. So now most of our patients are already worried, worried to the point that it's all consuming sometimes. Meaning, they're already in sympathetic overdrive. And if we then take out the vagal piece of the

parasympathetic system, that makes it even harder for them. So understanding that they really need to work on the vagus nerve early on is important. Another big piece here is that the vagus nerve controls the motility of the gastrointestinal system, which means that almost all of our patients have intestinal issues, gas, bloating, constipation, diarrhea, indigestion, and the vagus nerve plays a huge role in that. So those are ways to begin specifically understanding how the mast cell and the vagus system interact in a very profound way.

Beth O' Hara, FN
I can certainly relate to that at my worst. I learned to meditate at 19. And I'd done an extensive amount of yoga and these types of activities, but when the mold toxicity got really intense and the issues from the Lyme and the Bartonella and the Babesia, I couldn't even sit down to meditate. It was just excruciating to be in that heightened anxiety, that hyper alert, I would jump at everything. I know a lot of people experience that. There's some really targeted modalities and I found that I couldn't meditate my way out of it, that I had to retrain that limbic system and retrain that vagal signaling. And you have some favorite modalities there. Can you talk about those?

Neil Nathan, MD
Sure. And I mean, A you're absolutely correct. And I want to emphasize that if someone has both vagal and limbic hyperreactivity, hypervigilance going on, if you treat one system and you don't treat the other, you're gonna still stay hypervigilant. That's true for both. So it's key for patients to understand that you have to work on both the limbic system and the vagal system in order to make progress. And the word for it I use is called rebooting. So on the limbic system side, the two systems that I've worked with the most are the Annie Hopper DNRS Program. And that stands for Dynamic Neural Retraining Systems. Or the Ashok Gupta Amygdala Retraining Program.

And both of them are excellent. I have used those systems with, some between 500 and thousand patients each and with tremendous benefit. So when someone has a limbic issue, those are the things I first recommend to my patients to get started with. And it's a true rebooting. Thank you for emphasizing it's not the same as meditating. Meditating helps, huge fan do it myself. It isn't as specific for rebooting the vagus nerve and the limbic system as the types of things that we're gonna talk about right now. Shifting to the vagus nerve, the things that I recommend are number one, there are some exercises that were developed by a fellow named Stanley Rosenberg who wrote a book called Accessing The Healing Power Of The Vagus

Nerve. And in the back of that book are five very simple exercises, takes five minutes a day that begin the process of quieting the vagus and the other cranial nerves that are directly connected to the vagus. When we say vagus nerve that's an oversimplification, other cranial nerves are profoundly affected in that process, so I just wanted to emphasize that. The fellow who wrote that book was a Danish craniosacral therapist. And so cranial therapy is one of my absolute favorite ways of helping to treat the vagus nerve and settle it down. My bias is that the osteopathic model of treating the cranial nerve is by far the most profound one available. And within that model, the biodynamic model developed by Dr. James Jealous is the most profound. So for people who are interested, you can go to either the website of Biodynamic Osteopathy, or you could go to one that is called The Cranial Academy, which is a branch of the osteopathic profession that is solely devoted to cranial therapy.

And there are lists of practitioners on both. So hopefully there'd be someone near you doing that. I'm also extremely fond of a modality called frequency specific microcurrent, which is a very gentle electrical process, which has two different frequencies coming into the body simultaneously called channel A and channel B. In channel A we use different physiological responses. And in channel B, we can target the specific body part to use those responses on. A very profound, very flexible tool. And we can treat the vagus nerve. We can treat people who have had concussion injuries, PTSD. There are specific frequencies to help remove toxins from the body. So fabulous tool for people to start using to, again, help with the vagus nerve. A couple more modalities that I'm very fond of one is called BrainTap developed by Dr. Patrick Porter.

It's a medical device that looks a bit like a virtual reality headset with earplugs. And it delivers different frequencies of light and sound through the eyes and ears simultaneously to quiet the inflamed parts of the brain. There's another way to do it with sound alone. Dr. Steven Porges who is the researcher who put our understanding of the vagus nerve on the map, develops a technology called Safe and Sound, which uses different, I will call them musical programs that are specifically designed to quiet the vagus nerve. And a lot of our patients find that very, very helpful. So that's a kind of an overview of my favorites.

Beth O' Hara, FN
That's a great list. And for people that are trying to capture all of that, we have a resources page for the summit, and it's at mastcell360.com/summit. And we'll have the links to all of these modalities, so you can look at them after this interview. Let's talk about mold. Mold is a huge

trigger of mast cell activation syndrome. And I know that it's getting a lot more conversation now, there's more recognition. But I still think it's highly underrecognized, just like mast activation syndrome itself is. But the extent of how bad mold is. And I know just in the years I've been working that I'm seeing people be more ill, more complex, more sensitive. You've been working in this area of decades longer than I have. And have you seen that? That case people are getting more sensitive, more complex? What is going on with mold itself becoming more frequent? And then as a trigger for mast activation syndrome.

Neil Nathan, MD
Okay so there's a whole bunch of answers to that question. The first is that although mold toxicity is described in the Bible in the Old Testament in Leviticus, it's not like we never heard of it before. Largely the medical profession has looked at mold primarily from an allergy perspective. If people had mold allergy, allergists had methods of making that diagnosis using skin tests and blood tests. And then giving them a variety of antigens that they injected, they did their allergy shots on a regular basis. And that helped. It's only recently that the medical profession has begun to understand that there's a whole different creature out there called mold toxicity. Which is way more severe than allergy.

And that's what is beginning to be known. Given what I know about it and how much I've treated it, it's astonishing that most physicians have never heard of it before and are prone to say, well, if this was important, it would've been taught to me in medical school. I'm thinking, God, I graduated from medical school in 1971. I didn't know about it until 2005. I don't think I was gonna learn about this in medical school. So forgive me, this is a nonsensical response that I get from a lot of physicians, which is, you would've already taught me this. But I find that bizarre. But that is the response you're gonna see a lot. I don't think we even started to see this until 1979 when the oil crisis changed building.

So we started to make airtight buildings with tons of insulation and no airflow inside a building which allowed mold to be trapped in buildings, to emerge as a major pathogen. When in the past, if you had airflow going through a building, it wasn't really much of a problem. But now in a water damaged building, you have different toxic mold species growing unopposed inside the building, no airflow and it just grows. So that is setting the stage for, and the rest is my speculation, but I think a lot of people in the field agree with me. I believe that the increasing toxicity of the world that we live in is the primary issue in increasing all of what we're seeing. So

we are seeing epidemics that did not exist when I started my medical training. We seeing epidemics of fibromyalgia, chronic fatigue, autism spectrum exploding in ways we've never seen it before. Alzheimer's disease, Parkinson's disease. ALS, all of these are examples of cancer of illnesses that are exploding in their frequency we hadn't seen before. And I don't think it takes an all out scientific genius to look at the world we're living and going, okay. What's different about the world we live in? Well, there are 80,000 chemicals in the world we live in now that didn't exist 50 years ago. The vast majority of them have never been tested for their safety in humans. EMF, electromagnetic frequencies, people blow it off, they say, oh, this is great 5G this is fabulous. 5G isn't just one number above 4G. It is a thousand fold increase in intensity.

And we're seeing a profound increase in patients who are becoming electromagnetically sensitive. They can't sit at their computers anymore without having brain fog or getting a headache or having extreme fatigue and cognitive impairment. And it was very rare in the past. And now it's becoming common. Some people speculate that there's a connection between this. Some people speculate that 5G is so annoying to mold that it is making toxins in response to that to protect itself in its ecological niche. To my knowledge that hasn't been proven. On the other hand it could well be and it makes sense. Heavy metal toxicity has increased profoundly in the world. Plastic exposure increased profoundly in this world. So we are looking at a massive increase in toxicity without recognizing that we are exposing ourselves and our children and our grandchildren to all of these things.

So the people that we are seeing, we all think of as the canaries in the coal mine, the more sensitive folks, no fault of their own, who are more sensitive to these toxins and exposures and they are the ones that are manifesting these illnesses. And if we don't do something about it soon, we're all gonna be in that particular boat. And this information will apply to all of us. So, sorry for the scary descriptor of why I think this is increasing, but I hate leaving people on a negative note because I'm an optimist, which is bottom line is all of these things are treatable. So that's the take home message.

Beth O' Hara, FN
And that's a huge take home message for people who are struggling. And I think also an important message for people who they're the only ones in their family that are sick and nobody else is being affected and then they're told that, well, this obviously isn't something in your environment because everybody's not sick. But that's not true. Not everybody has the same

detox capacity. Women tend to be more affected, children who are smaller, pets, I worry about the pets. I know we're not even really talking about the pets, but I worry about the pets. So mold in particular is quite triggering for mast cells. And so is Lyme and these tick borne infections. Why those in particular?

Neil Nathan, MD
The precise answer, I don't know that I can give you. The general answer is that although mold is a toxin and although Lyme disease is an infection, both stimulate the immune system in a very, very similar way to make the same inflammatory cytokines to protect the body from the toxin or from the infection. Now those inflammatory cytokines are what's doing the triggering. So the thread that carries through both of them is that they both create an inflammatory process that the body can't quiet down.

Beth O' Hara, FN
And so there's this more intense inflammatory process than you get with things like Epstein-Barr, which a lot of people worry about Epstein-Barr. But to me that seems like a secondary viral issue that piles on top of these.

Neil Nathan, MD
Yeah, Epstein-Barr has a very good PR agent and people think it is hugely important. If you think about it for a minute in terms of the symptoms of having Epstein-Barr versus the symptoms, of having mold or Lyme, which are similar, Epstein-Barr would cause fatigue as you would with mono because Epstein-Barr is the viral infection of mono. It could cause fatigue, maybe a little bit of cognitive impairment, not a whole lot else. Mold and Lyme on the other hand would cause fatigue and cognitive impairment and respiratory difficulty, shortness of breath, peripheral neuropathy, headaches, joint pain, muscle pain, intestinal issues of every type whatsoever.

And I just have to think of the body areas because it relates to it. It is a profoundly greater illness. So when someone comes in with a multitude of organ systems that are involved in their symptoms, I don't think Epstein-Barr, maybe they have it, that doesn't mean they don't have it. But by far the mold or the Lyme will become more important. And again, in the, I don't know the thousands of people I've treated with both mold and Lyme, many of them I would estimate that 70% of people with mold, maybe 50% of people with Lyme will develop mast cell activation if they go long enough. They don't start with it, it comes in later. And so what you described a little

bit earlier about people slowly getting worse and worse and worse and more reactive, yes if you're not treating the mold or the Lyme, which are the causes as a general rule, you'll get worse. Even if you're treating it correctly because you're not making any inroads into what's triggering it in the first place. So in my world, anyone with mast cell activation, I'm looking for mold and I'm looking for Lyme because it's just so common and they're both treatable.

Beth O' Hara, FN
And a lot of people start with the Lyme, but I know you take a different approach. I take a different approach. Can you talk about this order of operation and just some of these tips in terms of people who are dealing with mast cell activation, they're sensitive, they've often tried a lot of Lyme treatments and they can't do them or they've tried some pretty intense mycotoxin treatments and they're not tolerating those. And then they think that they can't get any help, but that's not true. We just know we have to come at it differently.

Neil Nathan, MD
Exactly, they're coming at it the wrong way. Once someone has become sensitized and they often do when they get treated correctly for a Lyme, if the person doing the treatment doesn't understand working with sensitive patients, they will often use too strong an approach, too aggressive approach. And that will not only make them worse, but it will trigger the limbic and vagus system to go, I'm trying to protect you here and you are taking these things that are making you worse. That's what you're doing is way too much. I gotta shut you down, you can't do this. It doesn't mean you're on the wrong treatment, but it does mean you kind of have to come at it differently, way more gently. And for many of our more sensitive patients, the order of treatment is limbic and vagus together and mast cells first. Then if you're quieting them down adequately, then we could treat mold, then we could treat Lyme.

Now specifically to your question. I believe that the reason a lot of people come to it from Lyme first is because that's how we learned about it. Meaning a lot of my colleagues started in the Lyme world. I did. So I know what that's like. I started working on it at that way. But what I found is that if I tried to treat the Lyme before I treated the mold, many of those people couldn't handle it. It was too hard. In other words, we're dealing with exponential inflammation caused by each. So if we could quiet the mold inflammation first, then we treat the Lyme, infinitely easier, short of course of treatment, way more effective. If you try to treat the Lyme and you haven't addressed the mold, you're like swimming upstream in an inflamed system. My perspective, it doesn't really

work. So originally again is my starting point. And for a lot of physicians, I think we work with what we are most familiar with. I know Lyme, I work with Lyme for a long time. I don't know so much about mold, so I'll do that later maybe. For whatever reason in the way my own learning process evolved I realized that mold needed to be treated first in the vast, vast majority of cases. One reason is the diagnosis of mold is clearer, more straight forward and easier than the diagnosis of Lyme. Our testing for Lyme is notoriously inaccurate. We have a lot of tests which are vague. Now, if, that is that old joke, if the only tool you have is a hammer, everything looks like a nail. So and I don't wanna be mean about it, but if people come in with this vast array of symptoms and your tool is Lyme disease and you have a test that's questionable, maybe not so great it's Lyme disease until proven otherwise.

I don't come at it that way. I come at from a stepping back, which is, what are all of the things that could cause this? And what is the most likely thing to go on? So if we take this layer of inflammation that mold causes, first of all, it's easier and less harsh on the body, especially in a sensitive patient to treat the mold. It's common to take the mold out. And all of a sudden, all of those symptoms that looked like Lyme are gone. Meaning, it wasn't a particularly accurate test you never had Lyme and it's a harsh treatment. So if you're getting treated for Lyme and you don't really have it and you really have mold, you're not going anywhere, sorry about that. So I think the answer to your question lies in that discussion, Beth.

Beth O' Hara, FN
That makes a lot of sense and I think about it too, in terms of, I mean, both are gonna be producing toxins. My own thinking is that viruses and bacteria they weaken us, but molds produce all of these enzymes, these digestive juices they release, these hydrolysis and proteases and they're actually breaking tissue down if they're growing inside of us, if they've colonized, which a good percent of people who are really sick, have that mold growing inside of them. And then that disrupts this whole immune balance and you can't fight off these things like the Lyme. And is that also why when some people get bitten by ticks, so this is the question, some people get bitten by ticks and they're Lyme ridden ticks, they have tick borne infections, they never develop symptoms, they show it in their bloodstream, never makes them sick, they keep it at bay. Other people get bitten one time and then they're bedridden.

Neil Nathan, MD
What was the question? They better than them?

Beth O' Hara, FN
I think about mold is likely one of the big underlying components here for these differences. I just always wonder, what's going on in these different kinds of presentations.

Neil Nathan, MD
Well, but I think you're alluding to different genetic biochemical structural individuality that we all have. So I mean, you're right, people can be bitten by a tick ostensibly be exposed to Lyme and live their whole life without having Lyme disease. Does that happen? Yes, it does. So what that means it's not different from any other infection you might have. You name the infection viral, bacterial, that doesn't matter. If you have a strong immune system, you get that infection, your immune system can deal with it and hold it at bay. That's what our immune system's supposed to do. The same is true of mold by the way. For many people, with an intact immune system, you can be exposed to mold toxin and not be affected by it. Which goes to your point that you made earlier, which is, many people live in a household, say four people in the house, one is sick and the other three are not.

And so that psychologically the thought is, well, what's wrong with you? We're fine. That's completely unfair because genetically we know that certain people are far more incapable of processing mold toxin. And so yes, there are people who can live in a moldy environment and not get sick in it. Unfortunately there are about 10 million people that's estimated in this country now that have some degree of mold toxin. We're not talking rare, we're not talking unusual. And most of them unfortunately are going undiagnosed. That's the travesty. And I don't know how much you want me to get into it, but mold toxicity weakens the immune system and predisposes to the emergence of Lyme so that if you had a tick bite years ago and your immune system is holding it at bay, you get mold toxin, all of a sudden you have mold and Lyme because you can no longer hold it at bay. The opposite is true mold and Lyme both weaken the immune system and predisposed to each other. And that becomes a nasty cycle.

Beth O' Hara, FN
That makes a lot of sense. One of the things we haven't touched on is the role of stress and trauma and stressful work situations, stressful relationships. And I think about just kind of coming back around to the conversation on sympathetic, parasympathetic and we can't both be in the fight or flight mode in sympathetic and in this deep healing state we need to turn down that cell danger response so that we can recover so we can turn down the mast cell activation.

And everybody talks about stress and nobody thinks they're stressed or they know they're stressed. Or the other thing is they know the stress, but it's like the fish and water says, what's water? It's the water that they're swimming in that we all are swimming in. And we don't even recognize the impact. Can you touch on that some? Because I found this is huge and this is a message that I work so hard to get out to people probably because I've had to work so hard to learn it.

Neil Nathan, MD
Absolutely correct. I had touched on when I talked about the cell danger response of the three primary components of triggering this reaction and I talked about toxins and infections and I said, stress also. Now keep in mind that the way our limbic and vagal systems operate since in utero, before we're born and continuing those systems are developing with their sole job is to monitor our environment internal and external for safety, that's what they're doing. So depending on the kind of childhood you have, if there's any form of abuse, be it emotional abuse, verbal abuse, sexual abuse, physical abuse, all of the above injuries, surgeries, deaths of people that are beloved of you, parents, grandparents, how your life evolves has stressors in it. None of us are immune for that.

And none of us are ever gonna be immune to that. Depending on what you've been exposed to and how you have processed it, your limbic and vagal systems from the day you're born are developing this concept of how safe you are. So for many people, by the time they are teenagers or in their early twenties, their systems are already up and running. Now you might objectively look at their life and go, I don't have any more stress than my three best friends do. I mean, I have the same coursework at school. I have the same athletics that I'm exposed to. All of this is very similar. Or I've graduated from college and I have this entry level job. And just like your entry level job. As you said, fish and water, this is my life.

How you handle it and how you respond to it is profoundly affected by everything that you've experienced in the early part of your life. If you then layer upon that stressors of other kinds, again, childbirth, surgeries, death of a loved one, difficult relationship of any type whatsoever. Now we are setting the table that if you are exposed to mold or Lyme or another infectious agent, your immune system is weaker and you are infinitely more likely to push that limbic and vagal system, which is just trying to protect you into becoming even more hyper protected and hypervigilant. So I hope I'm painting a picture here Beth, of how, again, I think we said in the

beginning nothing just happens out of the blue. All of this is created within the milieu of our lives. And I don't know many of us don't really wanna look at all of that stuff. But when you get sick sometimes you have to. You have to go look at, okay, how did I evolve into being who I am? What were the stimuli from the perspective of what can I do about it now? Okay, maybe I had some things that happened to me when I was a kid and I was powerless to do anything about it. And my parents didn't do much to help me either. I had to build little walls around myself to protect myself and move on from there. But okay, but now I'm an adult now I get a chance. If I own it to take responsibility for this and go, okay, I'm not gonna be a victim. I am going to look into this. I'm going to release whatever's been holding me back. I'm gonna find the blockages that are preventing me from being the totality of who I am and I'm gonna be that. And that's the beauty, that's our choice as adults. We can do that.

Beth O' Hara, FN
And I think that's another huge message that we can unwind these things, we can heal from them. And we both wanted to make sure that we really gave people hope today and let them know that people do fully recover. They do heal. I remember working with a woman who was, she was housebound. She couldn't leave her house because of the smell sensitivity. She was too sick to drive. She couldn't take an Uber or a taxi because of the smells. And she was very limited in her foods. And her big goal was to be able to go on vacation with her daughter and spend time with her daughter. And she had seen her daughter in years because she'd been so sick. And she couldn't even handle her daughter coming in because it was too much stimulation.

And it only took her about two years. And she was on the vacation with her daughter in New York and eating out. She ate all week long. She walked for about 10 miles the whole week. They took taxis the whole week. So she got to have fun and got her life back there. And we've worked on cases together. I remember a young woman who was having seizures daily and she was in a wheelchair and she couldn't form sentences. And she got seizures were gone. She got outta the wheelchair. She was looking at going back to college. What other messages of hope can you leave our listeners with?

Neil Nathan, MD
I don't mind reiterating because this is so important. My own personal experience is that I've treated three or 4,000 people each with Lyme disease and mold toxicity. And a lot of them had both. Hundreds, if not thousands have had mast cell activation. And so the vast majority of

people I've treated have gotten well. I can't say that I've cured everyone. I'm still learning. The vast, vast majority of people have gotten better. That's my experience. That's not a pipe dream. It's not pie in the sky. It's not, I want to see it and I'm ignoring it. I'm perfectly well aware of who I haven't helped. Many of us in the field and I know Beth well enough that she's wired the way I am. I don't remember all the people I helped because I helped them, there was no issue there. The people I still keep in consciousness I still know their names, are the people that I didn't help. The people who have forced me, not forced me, stimulated me to learn what I'm learning and to constantly try to learn new information and get better at this is the people where I didn't help them the way I wanted to. That's what drives us. That's what keeps us studying and sharing our knowledge together and bringing that listeners to your attention so you could learn what we have learned. When I started working with sensitive people with mast cells, I dunno, 15, 20 years ago, I was going by the seat of my pants. I didn't know very much, still helping people, some, nowhere near as many as I can help now.

And that's the take home message. We have learned so much that we really can help the vast majority of folks who will take the journey. Now your part in the journey is to be patient. And persistent. The people who I have seen not succeed are the ones who did it for a month or two and went, this isn't working fast enough for me, I'm outta here. The people who succeeded are the people who went, I'll take you at face value Neil, you tell me you can help me if I do what you do, I'll stick with it. The people who have stuck with it and been persistent are the ones who've succeeded. So understand that this journey that Beth and I are taking you all on is a group process. It's not me. It's not Beth. It's me and you and your family and your friends because we are in this together to work together to understand this and that means with your faith, our knowledge, the vast majority of you can get well. I don't know that's my message, Beth.

Beth O' Hara, FN
That's a wonderful message. And I'm so happy that we can share that with people. I know that you still do practitioner consultations. Can you tell people how they can find you?

Neil Nathan, MD
Sure, first of all, my website is simply neilnathanmd.com. And a lot of the information is there. And then if you are interested in consulting with me and all of my consultations are with a healthcare provider. In other words, I'm not gonna be your doctor I retired in April. But I'm still doing a ton of consultations with providers so that we can all be on the line at the same time, all

on the same page to understand the process and how to do it. If you have any interest in that, you can email me at askdrnathan@gmail.com.

Beth O' Hara, FN
I just wanna make another plug for your books you have.

Neil Nathan, MD
Okay.

Beth O' Hara, FN
Some fantastic resources for people.

Neil Nathan, MD
Okay, well I'll mention three, okay. First I have just recently updated a book called Mold and Mycotoxins, Current Evaluation and Treatment 2022. It's a 40 page eBook, which is a short book, very readable on mold toxicity. It's all it's about. And a lot of people have found that helpful in terms of not wanting to plow through a large book or a lot of information to just help you understand mold toxicity for you, family, friends, loved ones. That's been helpful. The book that a lot of people refer to is my book called Toxic Heal Your Body From Mold Toxicity, Lyme Disease Multiple Chemical Sensitivity And Other Environmental Illness. That's a more comprehensive book. Definitely encouraging all to look at it.

And if those of you want a little bit something different, very different. My most recent book is called Energetic Diagnosis. And it's about using your intuition and a number of energy based diagnostic tools to help improve the ability to both diagnose and treat what you've got. And then as Beth mentioned, my newest book, which we're currently working on, Beth's going to be contributing to that as well is called, Why Am I So Sensitive? Which is a comprehensive overview of all of the medical conditions that can trigger sensitivity and that how we can treat it. So I'm excited about that one.

Beth O' Hara, FN
I'm excited too. Neil, thank you so much for sharing your wisdom and your time. Your message been a game changer for people who have these sensitivities. They know they're not crazy. They know that there's hope. Though, I just wanna express my gratitude for you.

Neil Nathan, MD
You're very welcome. It's a pleasure always hanging out with you, Beth.