

## AJR - Dr Neil Nathan Transcript

0:00:01 - Anncr

Julie Ryan, noted psychic and medical intuitive, is ready to answer your personal questions, even those you never knew you could ask. For more than 25 years, as she developed and refined her intuitive skills, Julie used her knowledge as a successful inventor and businesswoman to help others. Now she wants to help you to grow, heal and get the answers you've been longing to hear. Do you have a question for someone who's transitioned? Do you have a medical issue? What about your pet's health or behavior? Perhaps you have a loved one who's close to death and you'd like to know what's happening? Are you on the path to fulfill your life's purpose, no matter where you are in the world? Take a journey to the other side and ask Julie Ryan.

0:00:44 - Julie

Hi everybody, welcome to the Ask Julie Ryan show. It's where we blend spirituality and practicality to help you live a life of purpose and joy. I'm excited because Dr Neil Nathan's with us today. Dr Nathan's been practicing medicine for more than 50 years, has authored several books and is board certified in family practice and pain management. Not only does Dr Nathan treat patients with chronic illnesses, he uses intuition and energetic devices to help diagnose and heal a multitude of medical conditions. Please remember to subscribe, leave a comment and share this episode with your family and friends. Now let's go talk with Dr Nathan. Dr Neil, I'm so thrilled to have you on the show today. As you know, I'm a huge Neil Nathan groupie. Like you're one of my rock stars. So welcome, welcome.

0:01:38 - Nathan

Thank you for having me.

0:01:40 - Julie

You bet you say you're a physician and a healer. Is there a difference?

0:01:47 - Nathan

Unfortunately, yes, when I went to medical school, I really wanted to be a healer when I grew up and I was disappointed that I realized that they were going to teach me to be a very good medical technician, but that healing wasn't within the parameters of what I was going to teach me to be a very good medical technician, but that healing wasn't within the parameters of what I was going to learn at medical school that if I wanted to learn about healing, I was going to need to study a whole lot of other things which didn't really have a curriculum at that time and maybe they still don't.

So when I left medical school, I just studied with anyone and everyone who professed to have abilities or knowledge or something that I could use, and so I studied gosh, pretty much almost anything you can name.

I probably have studied it at some point and I found I wasted certain weekends of my life with people who didn't have the skills that they said they did, and I had some fabulous times with some very, very wonderful beings who taught me a lot. So it's still my life passion to learn about healing, my life passion to learn about healing. So I think it's presumptuous but probably a fair statement. I think I am a healer and I don't say that, I hope, with ego, but with a recognition of how long I've worked and studied to become who I am. Because healing isn't just about what information I have in my head, it's what I radiate to other beings and what they feel comfortable radiating to me, so we can have a dialogue about what they need on a being level and then I just try to figure out okay, can I do? I have some skills or abilities that would help me to help you along on your healing journey.

0:03:59 - Julie

Do you find that all of those different modalities that you studied once you got into practice and once you were done with medical school, that they all just kind of merged together? It's not? I would imagine you're not like thinking oh well, I could use this technique on this patient and this technique on that patient, but they all kind of come in together as part of the healing equation. Describe to us how that works.

0:04:24 - Nathan

I would only say that's true to a certain extent. I think the more healing modalities you study, the more you can see how they are connected. But I would also say that sometimes, on an intuitive level, I'm with another being and level I'm with another being and my sense from them is they need a particular skill. So, of all the various skills that I have acquired, I try to work with each person just in a kind of a listening mode, which is okay. What do you need for me today, and do I have something that I've studied that can help you? Because I may not. I don't know that I can heal everybody who has ever come to me. I don't know that anyone can say that. So it's more choosing what fits that particular person at that particular moment.

0:05:31 - Julie

Do you believe that anybody really heals anybody else, or do we heal ourselves and you're just a facilitator to help them heal themselves?

0:05:36 - Nathan

Well, I'll go out on a limb here and say I don't heal God, heals the divine, whatever name you want to give to the energies of the universe. I have told all my patients that I don't heal, god heals. I just work here and if I can be a catalyst for that fabulous yeah, that's what I say too.

0:06:00 - Julie

It's spirit, god, the universe creator, whatever you want to call it working through me and with me to help the person heal themselves. And it's been my experience and I'd love to hear your take on this that healing is really a multi-pronged approach. I will work with somebody and, as you know, I'm like a human MRI, so I'll work with them on the energetic level and then I'll send them to somebody like you and say, okay, go work with Dr Nathan on the physical level to help that part of the equation fit into the puzzle of healing. Whatever it is that's ailing the person, and it sounds like you're doing a lot of the same thing by combining a bunch of different modalities really into a healing process.

0:06:47 - Nathan

Well, when I interact with somebody, I'm basically listening to what they need. For me today, and quite a few of my patients over the years have said it's kind of fun to go in and see you because I never know what you're going to do and I'll go. Well, I don't know what I'm going to do. Either I'm reading that from what you need, so we might do something biochemical, or I might use osteopathic manipulation, which is something I've worked on for over 40 years, to help them, or we might go on an emotional journey or a spiritual journey or an energetic journey, or it just depends on what they need that day and it's not the same. So I don't go into the room thinking, okay, today we're going to do this and this. I go into the room going, okay what are we doing today?

0:07:42 - Julie

Let's see what happens. And then is that where your intuition comes in. Do you feel like you're being led? You're being guided by God, by spirit to take?

0:07:53 - Nathan

certain steps I do, but it's a dialogue between my left brain and my right brain about here's this information and here's this information, and then kind of sit with it and go how do we distill that into what somebody needs today?

0:08:11 - Julie

Do you think that's somewhat of a lost art with physicians? It's bringing to mind the old country doctor that would take care of his patients from the cradle to the grave and really would listen to their patients to see what it was that was going on, versus the way that medicine's practiced today, which you've got 6.2 minutes in there with that patient and you've got to see 35 of them in a day or something to that effect.

0:08:41 - Nathan

Yes, medicine has changed dramatically in the time that I've been alive. It was quite different until managed care came around about 30 years ago, and at that point medicine much more overtly became more about making money and moving people along like items on an assembly line rather than okay, these are suffering beings. What do they need? Well, as you're alluding to. Well, in seven minutes you can't give them what they need. That's impossible.

So in what's called conventional medicine, there's an unfortunate loss of humanity. It's gone from bad to worse when many practitioners have their back turned to the patient throughout the entire interview, while they're typing into their computer and don't even register the patient's reactions or movements. So that's what's become standard. There is another movement in medicine which unfortunately isn't the rule. It's the exception of a large group of physicians who are what we call integrative, sometimes functional physicians the old word for that was holistic in which they're spending more time with their patient. Most of these folks can't work within a managed care system because it's not conducive to that, and they really want to be healers. They really want to help their patient maximally. So there is a group of physicians like that, but consumers are going to have to do some homework to find them, because you're not going to find them in most of your university settings, managed care settings. There are exceptions.

0:10:42 - Julie

There are some physicians who are going at it the right way in those systems, but unfortunately they're few and far between them and teaching them is how to really get to know your patient and spend time and listen to what their symptoms are, instead of just thinking okay, here's the diagnostic code to put down on the chart so that we can be billed for it. Can you tell us a little bit about how you do that?

0:11:21 - Nathan

Yeah, sure I've been doing this for, I don't know, eight or nine years now and it's kind of grown from mentoring eight physicians to we have over 200 now in our program and I expanded it from a program that I did myself to I invited Jill Krista to join me. Jill is a phenomenal naturopathic physician and Jill and I both run this program and it consists of a couple of pieces to it. We have three-hour sessions every other month in which physicians will present patients that are difficult for them or that they're having trouble with, and we'll get both Jill on my perspective on it. We also have a listserv where all of the physicians who are part of the program go online and present cases and ask questions and where did you get that medication from? Or I can't find this supplement, or what do you think about this particular new technique or new lab test?

And I think that's been exceptionally helpful to some new docs who are just coming into integrative medicine and from some old, seasoned physicians who are going. Yeah, there's some pearls in what you guys are putting forth and my hope was that we would all teach each

other, so it wouldn't just be the Neil and Jill show, but that all the other physicians, many of whom were quite exceptional in their abilities and knowledge, would toss their information in also, and that's happened. So it's just been a very supportive group to help all of us be connected and be able to ask questions in a setting that we couldn't in a conventional setting. You wouldn't go into an academic center and ask the questions we're asking.

0:13:28 - Julie

Right, right, and I want to get into some of that nitty gritty, especially on mold and those kinds of topics, here in a couple of minutes. But before we get there and back to your mentoring group, how do you convey, how do you talk to these doctors about using intuition and even some of the energy medicine techniques that you're utilizing with your patients? How do you broach that subject in this day and age with these classically trained physicians?

0:14:03 - Nathan

When I was younger I probably would have been more cautious about it. But as I've gotten older I don't care anymore about someone else's opinion about whether what I'm doing is woo-woo or legitimate or scientific. My effort is in helping my patient or in helping another healthcare provider do what they do better. So it's just laid out there. And Jill is the same way. Jill is wired the way I am. So when we go over cases we will talk about objectively what the lab work shows, what this shows, what that shows, and then we'll reach deeper and go, but intuitively, I think, what this is going on and both Jill and I will come to it that way. This group of healthcare providers are attuned to that. You wouldn't even be in this group if you were put off by our saying intuitively, I think this is what's going on. They're all wired the same way. So it's kind of like resonates to like.

0:15:16 - Julie

Okay, all right. Well, that's extraordinary, that you're even able to pick out the ones that have those interests, or it sounds like maybe they come to you. Huh, they're led to you, yeah.

0:15:31 - Nathan

I don't pick them out, they come to me. So I think the older I get, the more certain I am that all of life flows through resonance. That you know. One of the things that I think has plagued medical research for years is that we're not all seeing the same people because they're not attracted to us in the same way. So for my whole career, certain kinds of patients have been attracted to me and I don't know how. I mean, I'm a known author now and an educator and lecturer, blah, blah, blah, and so there are people who can find me through that or podcasts, but before that people still found me.

Throughout my whole medical practice career they somehow I don't know a friend, would say something and somehow that would trigger a feeling in them that, yeah, and somehow that would trigger a feeling in them that, yeah, I think that's the guy I want to go see. So we attract people who resonate to the way we think or behave or feel, and that's where research can become impossible. So if you were to compare the outcomes of my patients from the outcomes of someone else, you're really comparing apples to oranges, because it's not the same, it couldn't possibly be the same. I think that's a very important thing is our resonance to who it is that you'll go to see a physician and you'll go no, I don't think I can work with that person. Or you go, yep, I can tell that person my deepest, darkest secrets, and they will honor it and use that to help me move forward. So that's the dance that we do with the people who come to see us.

0:17:25 - Julie

Yeah right, you worked on an Indian reservation early in your career. Tell us that story and tell us how, or if it had an effect on how you practice medicine and have throughout your career.

0:17:42 - Nathan

Everything I did had an effect. So, yeah, I worked on Indian reservations for a while. The first one was in a little town called Wagner, south Dakota, and we worked with the Lakota Sioux and again, maybe because of who I am, I've always been interested in healing Some of the native medicine. Men would come in and see me become my patients and we would talk and discuss native remedies and things of that nature. One of the more profound things I observed which resonated after my internship I'll tell two short stories there was a young man in San Francisco, where I interned at San Francisco General Hospital, who had been hit over the head with a cue stick and was comatose for many months. And after many months of lying in a hospital bed trying everything that modern medicine had, his family went and said can we call in a medicine man and do something else? And fortunately the hospital staff was open enough to say, yeah, we're not doing anything. Sure, you can. So they danced and prayed over this young man for three days and after three days he woke up and said where the am? I and he was well.

So you can't help but have that experience and I'm going to give the follow-up experience when I was working in South Dakota, there was a young man who was in an auto accident and he too was in a coma for several months, and the tribe came and said can we do a healing on him? I said absolutely. At that time I was in charge, so I could just say yes. And I was there for several days of drums, singing, dancing prayers, and on the third day he woke up and said where the hell am I?

Same thing, and when you have those experiences, you can either blow it off to coincidence, which I did not, but to. There is some knowledge that they have that they could utilize to bring this soul back into this person's body and get him functional again. And this is worth studying, this is worth. You know, if you'll teach a white guy about what you're doing and how to do it, I'm all ears. How to do it, I'm all ears. So, to answer your question, I saw and observed things that made it very clear that healing was not about IVs and monitoring equipment and being hooked up to elaborate gadgets, but sometimes healing had a very different and profound way of showing up.

0:20:48 - Julie

Do you think it was a vibrational thing? I'm interested that both of them kind of came to on the third day. That didn't go unnoticed.

0:20:56 - Nathan

but I only had two experiences of that. They were very similar. I don't know whether on another time they could have woke up after the first day or the seventh day. I have no way of knowing that. Is it vibrational? I haven't thought about it this way. I think it's intentional, in that the intention of the people doing the healing to hook up with an energy that that being is having difficulty accessing is what does that piece of healing? And I think that rattles and drums and songs are vibrationally helping that intention to manifest. But that's kind of how I would understand it.

0:21:56 - Julie

What's coming in for me from a spirit standpoint is exactly what you said that they, with those methodologies of the drums and the shakers and all that jazz, that they were raising the frequency in the room around the patient, which helped the patient access those vibrational levels which allowed the healing to come in through that higher vibration. That makes total sense to me. I never thought about it before, but I think in both of those instances and it goes back to it's in every culture the alms, the, my gosh, the drum circles, the, whatever the chants, the Gregorian chant, I think, the solfeggio frequencies and those really high frequencies that the old masters used in their compositions there's definitely a resonance that helps heal not

only emotionally but also physically, and there's been work done on that. I've read several studies about that. I think that's just fascinating. What do you think about the lithotrips, sir?

0:23:10 - Nathan

you know what are they doing.

0:23:11 - Julie

They're using sound waves to break up kidney stones.

0:23:15 - Nathan

It works, yes, it works. So I think On one level, a lot of healing not all, but a lot of healing is about energies and learning how to perceive different wavelengths of energies. So you have kind of like tuning a radio, so the more frequencies you can tune into, the more options you have for what you can do with that particular being to find out what frequency do I need to be at to help you get where you want to go.

0:23:45 - Julie

Right, right. So what was the catalyst? Was there one thing, or was it a multitude of things, that led you to say, okay, I really want to focus on working with chronically ill patients who have been to 15 different doctors, gotten 15 different diagnoses and 15 different treatment plans, and I want to help figure out what's the root cause of this and help this person heal. Was there something that was the catalyst to really springboard you into that?

0:24:23 - Nathan

For many people who do what I do, personal illness or experiences were their catalyst. I don't think I can say that I always wanted to be a healer, and when I started my medical journey I was really intrigued to help the people that my colleagues weren't helping. I mean, I'm kind of a problem solver Love puzzles, love complicated. So when people would come in with complicated things that my colleagues were baffled about, my attitude was bring it, let's study this. And so when I started, I only had a couple of tools very few and as I added tools I was able to help more people and my colleagues recognized that. Why would I want to wrestle with it? I could send it over to Nathan.

Sorry, I had more people coming to my doorstep than I ever knew what to do with, but I wasn't put off by complexity, even if I knew I did not know what that person had. What I knew would be I would move heaven and earth to find the answer to that. Now, that might mean studying with them or seeing them for a year or more before we finally made a diagnosis, but they had nowhere else to go, so they were all in. I was all in. My basic comment to I don't know if I can help you now, but I will do everything in my human power to help you. And so I learned along the way. My patients taught me everything that I know. They taught me about the common things that cause complicated illnesses. They taught me about what those common things trigger in other systems so that after a while you can begin to see very common patterns to complicated illness and how it evolved and how it emerged. I've just enjoyed this journey a lot. I still do. I still like complexity.

0:26:35 - Julie

Well, after reading I thought all of your books you told me before we started recording I'm missing one, maybe the most important one that I need to read, so I will get that soon. But the thing that seems to have made a big impression on me as far as you're concerned and how you doctor people doctor, you know, treat people is you're looking more for what's the cause of this instead of just treating the symptoms. Where did we go astray on that in our medical communities of just you know, treating the symptom but the root cause isn't discovered?

0:27:20 - Nathan

Is it just because they don't have time. But I would say that acute medicine if your gallbladder ruptures or appendix ruptures or you have a strep throat or just something acute that is what modern medicine was designed to do. It was designed to treat acute illnesses. It was never designed to treat chronic illness. That there's not time for it and there isn't even the consciousness of it.

The way medical specialties are divvied up, they all work out of their little box which is fill it in. I'm a rheumatologist or a cardiologist or a pulmonologist with? No, I'm not throwing stones here, but they're taught this is my field and if your symptoms don't exactly fit into that box, it's well. The best diagnosis I have in my boxes is this. One Doesn't mean it's going to be the right diagnosis because it's not taking the comprehensive essence of who that being is. It's like no, I listen to these symptoms, I listen to these symptoms, I listen to these symptoms. And so almost nobody is looking at the whole picture. Like, how do you put this whole picture together? Is there something that makes sense out of it? And so the vast majority of current physicians aren't working out of an extensive enough way of looking at things that they can look at root cause. I mean a root cause for the cardiologist is the heart. A root cause for the pulmonologist is the lungs. A root cause for a rheumatologist is the immune system. But they don't ask are those important organs? Absolutely, but they don't go back and ask the question of what would have made that heart do that, what would have made that immune system become autoimmune? So if you treat autoimmunity by giving high-powered drugs and medications, it's like a great Band-Aid Saves my life. So I'm not against it, I've had that and some of that medication saved me, so it's wonderful. But they don't go back and ask what caused that immune system to become affected this way. And there are answers, but they're mostly in integrative medicine and they're not really taught in conventional medical schools. And I taught at the University of Minnesota at the medical school for 11 years, so I know a little bit about what do we teach in medical school. I know a little bit about what do we teach in medical school. And newer ideas take generations to enter medical consciousness. Newer technology or drugs, economic push for that yeah, we're going to do that immediately. Newer ideas really are hard for people to wrap their heads around and that unfortunately leaves patients in a rough position because often their doctors don't know what conditions would cause these effects.

There's a new book I'm working on right now which is about inflammation Inflammation as the primary cause and driver of almost all chronic illness. And if you don't look at it from that perspective, if you're working out of your box, you're not going to look at okay, how has this inflammation been triggered in this being? What is the exact nature of that inflammation, because it varies Then you can know how to treat. And again, this is all in the service of how do we get back to root cause, which is what you're emphasizing. It's real. Look for it.

0:31:20 - Julie

Yeah, and when I have clients come to me and part of my buffet of psychicness, of course, is medical, because I'm really interested in it and that's just what people come to me for a lot of the time and they've seen many physicians and gotten different diagnoses and different treatment plans to your point. And I always say there's no malicious intent there. They're doing the best they know how to do based on what they've been trained to do. In a lot of instances they don't have the time to go study other types of healing because they're just trying to get through the day and they're trying to see their patients and they're trying to make a living and support their families. There's never any malicious intent there, it's just that that was never implied.

0:32:03 - Nathan

That was never implied. I know from my long life experience probably thousands of doctors the vast majority are good beings who want to do right but, as you're saying, the way they were

trained, the time that they have available they can't do right by their patients, which unfortunately, as you're probably aware, is we're having the most incredible burnout of physicians ever known in the history of humankind. Is that an incredible? I think the numbers have soared. 50% of physicians are burning out way before they're ready to retire because they're so overwhelmed by the minutiae that they have to deal with and they're not given the time to really help people. And it's really weighing on them because they are good people and they want to do better and they're in a system that won't allow them to and they don't know how to fix that system.

0:33:02 - Julie

Yeah, we'll get to that a little bit later. Mold Lyme and EMFs. Is there a link between the three?

0:33:10 - Nathan

Yes.

0:33:12 - Julie

Tell us about that.

0:33:14 - Nathan

Well, we've talked about root cause a little bit complicated medical stories, which could include chronic fatigue or fibromyalgia or Alzheimer's, or neurodegenerative issues like Parkinson's, or autism in little children, or emotional upheavals, or you name it. Whatever the symptom happens to be, the most common triggers have turned out to be mold toxicity and Lyme disease, and maybe the most accurate way have turned out to be mold toxicity and Lyme disease, and maybe the most accurate way to say that would be the most important triggers that most medical people aren't looking for is mold toxicity or Lyme disease and, more recently, emf exposure. So what they have in common is that they trigger an inflammatory process. There it is inflammation again that, depending on that person's biochemistry and genetics, will take a particular form. So you will see many, many symptoms, but it will vary from one person to the other. You can have four people living in a moldy house and they have different symptoms and you'll go well.

How is that possible? Well, because you all have different genetics and biochemistry, so it'll manifest differently based on the age. So then, in young children, that inflammation often manifests as autism spectrum or ADD ADHD has autism spectrum or ADD ADHD. In an older person, that same type of inflammation might manifest as Alzheimer's or Parkinson's disease or MS or something like that, and in the middle age range, chronic fatigue syndrome or fibromyalgia might be the result. So depending on where you are in your growth, what you've been exposed to, what you've inherited, your inner constitutional, it'll manifest differently. But those are the three biggies in terms of what triggers this chronic inflammatory response that leads to chronic illness.

0:35:24 - Julie

Do you find that Lyme disease is misdiagnosed, when it's really mold exposure and the person is treated for Lyme and then it just exacerbates the situation?

0:35:40 - Nathan

Yeah, more commonly than people realize. Lyme weakens the immune system and predisposes to mold. Mold weakens the immune system and predisposes to lime. So it is very common for patients to have both. And if, for example, there are so many wonderful lime experts but some of them too many haven't embraced how common mold toxicity is in their patients. The symptoms are almost identical. So you'll often see someone with Lyme treated on and on and on for years with antibiotics. They may have been cured already, but they have



the same symptoms because you haven't looked at the mold piece to it. And once we look at the mold piece and treat it often, then they can get well. So yes, I do find that.

0:36:33 - Julie

I find that too. I can see in. As I mentioned earlier, I'm like a human MRI. So when somebody comes to me and they say, well, okay, I've got Lyme and I've had it for years and I get them on my radar, it's like I'm looking at an MRI of them in my mind's eye. I'll say you got mold exposure, you got serious mold exposure. Where's the mold? And they'll say, well, I don't know. I don't have mold in my home or my office that I know about.

I can see it, their energy field and, interestingly enough, I can tell if it's past mold exposure that they're still trying to process out, or if it's current mold exposure because, as I watch it get energetically removed from the person's body. And this is all remote. I'm never with the person you know face to face, it's always remote. I could find you. If you're on a planet far, far away, a galaxy far, far away, it doesn't matter. But the current mold has an oily consistency to it. When I watch it get removed, there's an oily residue that's left, whereas the dried mold there isn't. What's going on with that? Does that make sense to you?

0:37:50 - Nathan

It does, although I don't see it the way you see it, and that's fine. If you have a strong constitution and you are bitten by a tick, you may not get Lyme. Even if it got into your body, your immune system may hold it off for years until you have an event that will trigger a weakening of your immune system. It could be a virus, covid, it could be childbirth, it could be surgery, it could be the loss of a loved one or a betrayal or any of those things that anything that will profoundly affect you will weaken the immune system and allow that to manifest. The same thing is true with mold. You could have been exposed to mold when you were a child or in a college dorm that was moldy or something like that. And again you were a child or in a college dorm that was moldy or something like that. And again, if your immune system is strong and robust, it may not manifest for a while, until straw breaks the camel's back, until your system decompensates, and now you have it. So you could certainly see that some people's exposure is.

They were exposed to mold and it is colonized inside of them, usually in the sinus or gut areas. It's there, it's living there. It may be contained, but after a while it's not contained. Their home that they're living in may be fine, so they'll go. I have a brand new house. It's not possible that I'm being exposed to mold and yet we'll do a urine mycotoxin test on them. And it's full of mycotoxins. Say well, that's great, I'm delighted your current home doesn't have it. That'll make treatment a lot easier, but you still have it. So the same thing is true that it could have been from a previous colonization, from any number of years ago, or it could be ongoing and current, and that is what I think you're seeing.

0:39:55 - Julie

Yeah, the other thing that I find interesting too is I see inflammation in my mind. It looks like red fog on body parts, sometimes the whole body. Red fog on body parts, sometimes the whole body. And then I watch anti-inflammatory energy get applied, which is a royal blue color which calms it down. It's kind of like I got to get the inflammation calmed down first before I can get in to see really what's going on. Similar to driving on a foggy night. You know it occludes your vision out very far. You've got to get through the fog before you can see where you're going.

And the other thing that I often see is yeast overgrowth, whenever mold is present. And yeast overgrowth in the GI tract looks to me like mixing flour and water together to make a roux. Because, know, because you're going to make a gravy or a sauce or something in the kitchen, and it seems to go hand in hand. Where there's a mold exposure, there's always yeast

overgrowth, and I always think of them as like kissing cousins. Where there's one, inevitably there's usually the yeast overgrowth. Do you find that as well?

0:41:11 - Nathan

Yeah, the vast majority of my patients with mold have candida also. That's not really a surprise. They're both fungi. They both are very happy in that patient's body. That body is supplying them with all the nutrients they could want. Temperature is perfect it's dark, moist, damp. We're happy here. So both mold and candida would grow in the same environment together. So yes, I do see them coexisting most of the time. It's kind of rare not to have candida present when mold is present.

0:41:44 - Julie

That's what I see too. I also will often hear from my clients that they've been on lots of antibiotics over the years, and I know that that contributes to the candida overgrowth as well. I happen to be one of them. I was put on the antibiotics at 24 hours old. I got a staph infection in the nursery and then was on them four or five times a year until I was 40. And I met Dr Orion Truss. Does that name mean anything to you?

0:42:12 - Nathan

Yep, he along with his buddy. The two of them kind of put our grasp of candida on the map yeast, on the map of Candida on the map yeast on the map, and I think again, my bias here is, unfortunately, I think they weren't completely correct in terms of some of their ideas, but they were so lionized by all of their colleagues that to this day people do their diet for candida because that's what they said. There's a tweaking there that I don't think we've brought up to the current era, but that's another story.

0:42:58 - Julie

Well, when I moved to Birmingham, Alabama, I met Truss and Truss got me well after 40 years of Candida overgrowth and he had these patients in his office that I would talk to. His office was great, you would have loved it. It looked like the Jetsons set. It was all original 1950s you know, steel and leather, bright orange furniture and stuff. And so I would get to talk to some of his patients in his office and he had people that were playing from all over the country and even abroad and they would range in symptoms from infertility to MS to all those things that you mentioned before, and he would get them well and they'd been to see many doctors over the years and nothing had worked. So one day I was talking with them and I said Dr Truss, and he was a teacher. You know he loved to teach. So I said Dr Truss, he was 80 when I met him.

What in the heck does yeast have to do with infertility? I meet all these young women in here with infertility issues. And he said come with me. And so I went back to his lab and he had these big old-fashioned microscope and he put a slide under it and he said I can do a blood draw of a young, fertile-aged woman and her estrogen levels look perfect. He said then I do a vaginal swab and her vaginal cells look like those of a 90-year-old post-menopausal woman that hasn't seen estrogen in decades. And his hypothesis was that the cell membranes, as part of the immune response, were getting tough to keep out whatever the invaders were, and so there was a malabsorption issue going on. Does that make sense to you? That's always stuck with me.

0:44:43 - Nathan

I think his observation was correct. I'm not sure that that's the right explanation of the physiology. I don't think that he was aware that Candida made specific mold toxins that I think were having that effect. The particular toxin that Candida makes is gliotoxin and like the other mycotoxins, like the mold toxins, they have a profound effect on the pituitary gland, messing up the body's ability to regulate sex hormones, adrenal and thyroid hormones. I suspect that is

the physiology that he was seeing and we didn't know those things at the time that he was talking.

0:45:29 - Julie

Yeah, so I think of him often sitting on a cloud in heaven looking down at me and going you go, girl. You know, because I'm teaching a lot of my clients what he taught me to get me well after 40 years of not being well. Mold colonization what is it? How do you cure it?

0:45:52 - Nathan

Well, it's very simply that mold, as we said, loves being in our body and it grows. It's not an infection per se, because that infection doesn't get into our bloodstream, it doesn't get into our other organs, but particularly on the outside surfaces of our body sinuses, GI tract, vaginal area. That is where mold and Candida will colonize and it just means they're there making toxins. So they are an ongoing source of toxin. Many people, for example, when we tell them you have mold toxicity, they'll say well, I need to check that out. I'm going to leave my house for a week, I'm going to go on vacation. Let's see how I feel. Maybe a third of them will be noticeably better at that point and more of them will not be better. When they leave their body, they come back into their house. Not any different here.

0:46:53 - Julie

That's because you colonized, you took your mole with you on vacation and you brought it back kind of work with a physician that knows what they're doing, and I send them to your website if they've got mold toxicity, because it's been my experience that they can detox too fast and it's like they take five steps forward and seven steps back because there's so much detoxification happening that the organs can't process all that crud at the same time. Does that make sense?

0:47:37 - Nathan

Oh yeah, you have to go at the rate that that body can detoxify. So we've learned that there are specific mold toxins that can be bound by specific binders. So the binders include some simple things bentonite, clay, activated charcoal, chlorella, saccharomyces, boulardii and some prescription items. We can be very specific about it.

I often find that when people are new to treating mold, they'll just throw a lot of that at people immediately yeah, load up on charcoal and chlorella and clay, and what that does is the binder will mobilize toxin faster than that body can actually process it and make them worse. You're literally making them more toxic by doing that. So for patients, you need to work with someone who understands that you want to go slow. I know you're in a hurry to get well. You can get well. Molotoxin is treatable, but you have to go at the pace that your body allows and that means starting with small doses, slowly increasing that, slowly increasing the different binders that you take, because, as you say, if you just jump in to just get rid of it as fast as possible, most people will get worse.

0:48:59 - Julie

When I'm led working with a client, like, let's say, they're detoxifying and I'll be led to their liver and then I'll watch it get roto-rooted for lack of a better term and I'll watch this sludgy stuff come out of the liver as there's energy spinning in there. I watch it spin in a clockwise direction and as it comes down on the bottom and goes back up on the left side. As I'm watching them from behind, it's like I got a hologram of them in my mind. I see this sludgy stuff coming out of the liver and I just assume that that's got to be the toxins that are coming out energetically. It could be.

0:49:40 - Nathan

What the liver does with these toxins is it binds it to bile, and so you might be looking at the bile which is bound to the toxin as soon as what you see of what you see Interesting.

Okay, emfs what role do EMFs play and how do we reduce our EMF exposure? We first of all get rid of all those scientists who are trying to give us 10G and minimize our 5G if at all humanly possible. So, first of all, the companies Verizon and AT&T you name it that are trying to push these devices and energies on us are not being totally truthful about what we have already learned about the toxicity of EMFs. Emfs, for many people not everyone are toxic. They will trigger some of these biochemical reactions in your body and trigger these fatigue, weakness, headaches, reaction. That's very real and a lot of people are being told oh, it's in your head, we've studied EMFs and they're fine. We have not studied EMFs. When the regulatory agencies started looking at EMFs, they looked at it from only one perspective, which is their ability to generate heat. The thinking was well like a microwave. If we're generating heat, that's not a good thing. If we're making the body hot in certain areas, will we carry our cell phone or will we do this or will we do that? That's going to be bad. So it was only looked at as a heat generating issue. There are now hundreds of studies published in medical journals showing that EMFs do a lot of other things and people are not going to be happy about learning about them. So the constant exposure that we have to EMFs is adding to this chronic illness pattern that we're seeing. Now we can measure what we're being exposed to.

I think it behooves us all to have what's called a smog meter, which you can get over Amazon very inexpensively. It's a little device, handheld device, and it tells us which of three different kinds of EMF you're being exposed to right here and now at this moment in time. So as I'm talking to you, I've got my computer in front of me. If I had my device in my hand, it would read what my computer is giving me from any amount. So I could literally walk around my house and see what's coming off of all my electrical devices my cell phone, my Kindle, my computer, what's coming off the cell towers that might be connected to me. I can simply click on different areas of the device and read it. So I would urge every human being to have a device and check it out, because you're going to be surprised about what you're getting exposed to, these little devices. You can read it if you want, in just colors. There's actual numbers, but you can look green, we're doing well, we're fine here. Yellow, orange, red, worse, worse and worse. So I think everyone should know what they're getting exposed to, where they live and work, so they can protect themselves from it. As an example, although I've been aware of this for a long time, for some reason I never bothered to check my Kindle that I read on a great deal. And when I checked my Kindle, I went oh my God, I'm getting exposed, right here on my belly, to a lot of EMF radiation. Here's the good news For every device that you have, you can buy often on Amazon a shielding device. So my Kindle is now shielded. So now I'm not getting any radiation. My phones are all shielded. My router is miles away from where I am right now, so that I'm not getting any significant amount of EMF.

And many of my patients, however, as they become sensitive, it escalates. So a lot of our patients will become what we call limbic challenge. The limbic system is the part of our brain that regulates, monitors and controls emotion and sensitivity. So if you are getting more and more sensitive to light, sound, touch, chemicals, food, emf, then your limbic is involved. If you are getting anxious and depressed than you didn't used to be and you have sensitivities. You are limbically involved. The EMF piece makes that all worse and the limbic piece makes that all worse. They're each a downward spiraling process here. So I would urge everyone to take this EMF business seriously. Those people who are telling you that when they use their computer and they have a severe headache or brain fog or fatigue within 15 minutes of using the computer and turning it on, they are not kidding. It is real.

0:55:11 - Julie

So when you say your Kindle is shielded, you have it in a case that's shielding the EMS. I don't have it with me here.

0:55:18 - Nathan

It's kind of a cage-like device. It's a cover you place over the Kindle that blocks it from getting to you.

0:55:29 - Julie

I have a client who's a young man in his early 30s who is part of a crew of a very famous rock band that travels all over the world and he has osteoporosis at 30 as a male. And I kept getting it was his exposure to EMFs was part of the reason why this was happening, and so of course he asked his doctors about it and they said, oh, that's crazy. Anyways, he found somebody who agreed and is treating him like he would an elderly woman who has osteoporosis, and this guy's done a bunch of research. This physician that in the published papers showing EMF exposure can reduce bone density and cause bone loss. Have you run into that?

0:56:26 - Nathan

There is a. The underlying physiology of osteoporosis or bone loss is chronic inflammation. Osteoporosis or bone loss is chronic inflammation. So we need to know what kind of inflammation is triggering it for that young man. Yes, we've run into it. There's two chapters in my new book on EMF. One is written by Marty Paul, who is a researcher at Washington State University who has figured out the actual physiology of what EMF is doing to our bodies and those who are sensitive to it. So it's no longer this is in your head type of thing, this is in your biochemistry type of thing in terms of what EMFs are doing to us. So it's an important subject that doesn't get the airtime that it should.

0:57:19 - Julie

What about electric cars? What's your thought about electric cars? Speaking of EMFs?

0:57:25 - Nathan

For any device you name. I have one answer Get a smog meter, sit in the car and see what the exposure to what you're getting in the electric car and see what the exposure to what you're getting in the electric car. It is hypothesized. I know that Dietrich Klingler has thought that the electric cars were going to eventually cause a lot more cancer because of that EMF exposure. I'm not sure that that's happened, but I don't know about what each electric car is doing from an EMF point of view. I mean, we bought a plug-in hybrid so we use our own component of electric car, but I have my meter so I know that I'm not getting exposed to mold from my car. I don't know. It might vary from one vehicle to another in terms of what you're getting.

0:58:19 - Julie

I've seen studies out of Germany, I believe, that shows that in some of the electric vehicles that it causes the blood to clot because of the exposure from the batteries. And you know, you think about, you've got the Bluetooth going and you've got satellite going and you've got who knows what else. So it brings up an interesting discussion, if nothing else. Speaking of that, can mold be a risk factor for cancer?

0:58:48 - Nathan

Absolutely Many of the mycotoxins that we find are known to cause cancer. So the answer is yep.

0:58:58 - Julie

My gynecologist called me one day. She'd been my doctor for 15 years and she was in Santa Monica, California, in the LA area. And she called me one day and she said I've been diagnosed with pancreatic cancer. Can you scan me and see what you can do to help?

And I got her on my radar again in my mind's eye and I said you are full of black mold. Where the heck are you being exposed to black mold? I mean it was ridiculous the amount of black mold that was in her body. And she said my house is at the beach and it's full of it. And I said you got to get out of there and you got to remediate that place. And she said I just went through a divorcing and I got taken to the cleaners. I can't afford it. And I said well, you got to find someplace else to live. If you have any hope of, you know, of getting better, I could remove it from her energy field. But then she's got to do the physical things. From the biological standpoint she lasted a year and I thought, holy Moses, this is obviously a great example of massive amounts of black mold exposure and that's one of the worst, isn't it? Black mold?

1:00:14 - Nathan

There are about eight to 10 different mold species that are equally nasty. The color doesn't matter, because there's different kinds of black mold. So is black mold nasty. So is green mold, so is white mold.

1:00:31 - Julie

Yeah, Okay. How about Alzheimer's? Can mold cause Alzheimer's and dementia Again?

1:00:38 - Nathan

inflammation. What's triggering Alzheimer's disease? Inflammation. So are you familiar with Dale Bredesen's work.

1:00:48 - Julie

Please share it with everybody. Listening and watching Dale developed the.

1:00:52 - Nathan

Cree Cold Program. He was a researcher, neurologist, who realized that inflammation was the primary issue and that the medicines that we've been using for Alzheimer's don't work, basically because they're working on the long part of the problem. They're not working on inflammation. Dale developed a 36-point it's expanded since then way of measuring the things that will cause that or affect that in the body and treat it, and he's had published dozens of papers now showing marked improvement, if not cure, in a lot of people with Alzheimer's who everyone had given up on.

One of the biggest triggers for Alzheimer's mold. When we first started working with Dale, he found that about 60% of our patients had mold toxicity. He now rates it about 90%. So mold toxicity, Lyme disease, hormonal deficiencies, heavy metal toxicity, those are four of the biggies that cause Alzheimer's and they're treatable. So for all of those millions of people out there who think that, well, there's nothing I can do except give this medication, which I know isn't going to work, medication which I know isn't going to work, there's a whole other way you could approach it. One of the doctors who works with Dale has just recently written a wonderful book called Reversing Alzheimer's. It's by Heather Sandison. Excellent book for the folks and their families who have it, to understand what you can do to reverse it. It's a super important thing to talk about.

1:02:43 - Julie

I have so many more questions for you, so I'm going to have you back another time. But two last ones, if I may. Why do you think we incarnate?

1:02:52 - Nathan

Wow, this is on a different subject. I think the answer is to get it right, and what I mean by getting it right is what I think our spiritual purpose on this planet is to be our true, genuine self, who we really are, not who we were told we should be, not who we were taught we should be, but who we really are. And we all have childhoods in which adulthood, in which we go off track, and I think we incarnate to become our highest self.

1:03:35 - Julie

Great answer. On behalf of humanity, thank you for the work that you're doing, my goodness. You are just so extraordinary and I often recommend you on my shows and with my individual clients. If people want to learn more about you and your work, how do they find you?

1:03:55 - Nathan

If people want to learn more about you and your work. How do they find you? Well, my website is really simple. It's simply [neilnathanmd.com](http://neilnathanmd.com). There's information there, and I would suggest reading my books. I've got a bunch of them out there. You have a bunch there. My most recent book is the Sensitive Patient's Healing Guide. Another book that I wrote, which has been a bestseller, is called Toxic, which talks about these toxicities and how they interface with each other, and one that you didn't know about, which is called called Energetic Diagnosis, is about how to tune into and use your intuition to function at a higher level in life. So I encourage people who are interested to read them, and I hope they'll be helpful for you.

1:04:50 - Julie

I know they are. They've been helpful to me and helpful, through me, to all of my clients and listeners as well. All right, everybody. That's it for today, sending you lots of love from Sweet Home, Alabama, and from Dr Nathan in Oregon too. We'll see you next time.

1:05:07 - Annncr

Thanks for joining us. Be sure to follow Julie on Instagram and YouTube at AskJulieRyan, and like her on Facebook at Ask Julie Ryan To schedule an appointment or submit a question. Please visit [AskJulieRyan.com](http://AskJulieRyan.com).

1:05:22 - Disclaimer

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