

Dave Asprey ([00:00:01](#)):

You are listening to the Human Upgrade with Dave Asprey.

([00:00:07](#)):

Today's episode is with one of my favorite experts in toxic mold, Lyme disease, metals, and the weird stuff that takes out, I think a hundred million people in the US alone. When I say takes out, sometimes it's severe, like the stuff you might've seen in my documentary, moldy movie.com. It's totally free. I interview people like me who are successful and normal and then all of a sudden just bad stuff happens and you don't know why and then you realize, oh, that was because of toxic mold in my home or my school, in my workplace, or something like that. So the reason I like Dr. Neil Nathan's work is that he's run a couple books in the field, but he just pays a lot of attention scientifically and has so much clinical experience that he's actually a founding diplomat of the American Board of Integrative Holistic Medicine and he is a member of the Society for Environmentally Acquired Illness.

([00:01:07](#)):

This happened to me when I weighed 300 pounds. My brain wasn't working. All this stuff, thank you. Toxic mold and a few other things that included things like Lyme, but things that are optional and not required. So I like his work because he just goes deep and he knows what's really happening and he's the author of the Sensitive Patient's Healing Guide, which is a brand new book that will blow your mind if you're where I was when I weighed 300 pounds and my brain was fried and nothing seemed to work. Dr. Nathan, welcome to the show.

Dr. Neil Nathan ([00:01:36](#)):

Thanks for having me.

Dave Asprey ([00:01:38](#)):

It's been too long since Iran. You're last on episode 8 29. In June of 2021, we talked about mold, but today I want to talk about some other parts of mold, some Lyme disease, and the other things that are making people more sensitive than they were before.

Dr. Neil Nathan ([00:01:54](#)):

Great. That's right up my alley.

Dave Asprey ([00:01:56](#)):

Alright. I have this theory that when our bodies are stressed, whether it's because we're nutrient deficient, we're exposed to mold toxins or other environmental or onboard toxins like gut bacterial toxins, that when that happens, our ability to be self-aware and to regulate our emotions goes down. And I just coined the term toxic mold induced narcissism, such a deep lack of awareness that it's all about you. Do you think that's a real thing

Dr. Neil Nathan ([00:02:27](#)):

For some people? I think that is a real thing. That's a new phrase to me, and I think that that says a lot when people are exposed to toxic mold. There's a profound effect on some areas of the brain, particularly the limbic system and the vagal system, which does affect our perceptions profoundly. So I think that when people have mold illness, you might, they're just not in their right mind because I think that's technically correct,

Dave Asprey ([00:03:03](#)):

Not in your right mind. I am intimately familiar with mold rage and sometimes this doesn't happen anymore, but there are times in my life, even going back within the last probably seven years where I'd get exposed to just the right species and in a way that I could not feel I would just get really irrationally angry at stuff. And my perception is that it was always the other person's problem. The reality is anytime I'm getting triggered by something, it's my problem. And maybe it's trauma, but maybe it's just like mold has so jacked up my system that I'm just ready to fight, but I don't know that that's happening, so it just feels real. What do you see as a common personality trait in people who are heavily mold exposed? Is there a common set of behaviors for mold people?

Dr. Neil Nathan ([00:03:55](#)):

I don't think there is. I think that we're all genetically and biochemically unique, and so the way mold affects us really varies from person to person. I think that confuses people because in the medical profession we're used to seeing, well, we all should be the same by whatever it is that it's affecting us, which is a very silly concept actually, but that is how a lot of medical people think, which is if you have a named illness, you should always have these things and so that a computer could diagnose you. But that's not how human beings are. We're all different and based on our own proclivities, if you had mold toxicity, maybe you'd have more symptoms mentally or emotionally, or maybe they would be neurological, maybe they'd be respiratory or maybe they'd be gastrointestinal, maybe a mixture of all of these. So I think we have to view all people as the unique beings that we are.

Dave Asprey ([00:05:02](#)):

When I was filming the documentary several years ago, one of the things that stood out was one of the doctors said in medical school we learned that if you have more than two or three symptoms, you're hypochondriac. And

([00:05:17](#)):

When I interviewed all of the people who had been affected, including doctors who got sick from toxic mold, I had 15 symptoms. And like you said, for some people as physical, one person was in a wheelchair and then another person, deep mold brain and other people, neurological and psychological symptoms. I do find that most people with mold have some degree of body pain and some degree of forgetfulness. Their brain doesn't. They feel like it doesn't work the way it used to. And that was my experience. And I've lived in several moldy homes as a young adult and even as a kid growing up in one. And it radically affected my health and I'm so happy that I understand it. And honestly, some of your writing even online in your books has been really helpful in just getting the final little crumbs out of the way. Talk to me about the difference between toxic mold and mycotoxins.

Dr. Neil Nathan ([00:06:13](#)):

Well, in one sense they're the same. It's just kind of different languaging. Mycotoxins mold is a species, it's a fungus, and they make toxins. So all molds make mycotoxins. Some of them are particularly insidious, some not so much. Molds make them to keep other molds out of their ecological niche

Dave Asprey ([00:06:39](#)):

And other bacteria like penicillin is a mycotoxin to keep bacteria away.

Dr. Neil Nathan ([00:06:43](#)):

That is true. I'm speaking to you now from my home in southern Oregon and I'm looking out over a wild park that's in front of me, and there are a thousand species of mold out there, the vast majority of which aren't actually toxic to us, but there are specific mold species that make specific mycotoxins and those mycotoxins out are making us sick.

Dave Asprey ([00:07:09](#)):

So of the, actually, I don't know, do you know how many total number of mold species we've identified? It's got to be more than a hundred thousand.

Dr. Neil Nathan ([00:07:17](#)):

It's well over a thousand. I don't know that I've ever seen it quantified.

Dave Asprey ([00:07:22](#)):

Only a thousand different types of mold species. I mean there's different, I'm

Dr. Neil Nathan ([00:07:26](#)):

Just saying it's over a thousand. Oh, got it. I don't know how far over a thousand it is.

Dave Asprey ([00:07:31](#)):

And there's also a lot we've just never measured. I mean, just my friend Ed Vome recently identified 10,000 species of bacteria that live in the human gut that no one had ever cataloged before, and they just looked at half a million people's poop. So we know with mold, if we looked at soil everywhere on the planet, there would just be this crazy number of species, but most of them don't seem to cause they don't make poison that directly affects us the way these few species do, right?

Dr. Neil Nathan ([00:07:58](#)):

Yeah, that's correct.

Dave Asprey ([00:07:59](#)):

There's a passage in the Bible that says, and I'm paraphrasing greatly, if there's black mold in the house, burn it.

Dr. Neil Nathan ([00:08:08](#)):

That's correct. It's in Leviticus. And basically what you're saying is we've known about mold toxicity for a very, very long time, so it's not a new concept, but what's new about it is it's only in the last 20 years that the importance of mold toxicity has registered into the medical world. And even so, the vast majority of physicians don't know anything about mold toxicity. And as you said, if someone comes in with multiple symptoms, there are immediately identified as psychosomatic rather than, while mold toxicity can affect every single organ system in the body and can affect so many symptoms, they mean the average patient with mold toxicity has, I don't know, between 15 and 45 symptoms that their toxicity is gendering

Dave Asprey ([00:09:04](#)):

15 to 45. I look back at all the stuff that I had, and those numbers sound accurate depending on which house I was living in, all of 'em had water damage. Now when I look back on it, some I knew about more

than others, but I would get this obesity, inflammation, dark circles, rashes, pimples, gut lining, shedding, just horrible digestion, brain fog, swelling of my forehead that you could visibly see as a result of it. Mast cell activation syndrome, POTS or low blood pressure and racing heart when you stand up, joint pain, upper back pain, musculoskeletal issues galore, just thinking, yeah, just all the cognitive symptoms of forgetfulness, the inability to manage emotions, strange neurological pins and needles. I'm just kind of going back through all the stuff that I dealt with just wondering what is going on, what is going on? And it turns out it was this, oh, and the man boobs from the large amounts of xone that I was exposed to. This is an estrogenic mycotoxin, which is 10,000 times more estrogenic than human estrogen. And you have that going on and you don't know and you're like, what is wrong with me? And the answer is, nothing's wrong with you. You're just being poisoned. Right. Remove the poison. So we know this is going on. We've known in the Bible that this happened 2000 years ago. It seems though that it's worse now than it was before. Do you think it's worse or we're just aware of it more?

Dr. Neil Nathan ([00:10:44](#)):

I think the illness is not worse. I think it is way more common. I don't think that even though I didn't know about mold toxicity say 40 years ago, and I've been practicing medicine for over 50 years, I think that I am truly seeing more and more and more of it over time. And I think there's a bunch of reasons for that. One of which was occurred back in 1979 when we had the forced oil crisis and people began to change the way buildings were built so that instead of having air flow through the building, we made them so tight that they were energetically more effective. At the same time, that meant that we were sealing in some toxic mold species into our buildings, and if those buildings got water damaged, they were a sitting duck for having mold toxicity to occur. I think that's one piece of it.

([00:11:46](#)):

Second, our world has gotten increasingly polluted exceptionally over the last 50 years. It is now known that there are 350,000 new chemicals in our environment that didn't exist 50 years ago, and the vast majority of them have never been studied. So what that means is that our liver, which is our major organ that has to deal with this, is really getting overloaded in a way that's never happened before in human history. And that means that if you do get mold toxicity, you're going to be much more incapable of dealing with it because your liver is already overloaded with what it has to be dealing with. So I think these factors are creating a world in which, as you pointed out, it's now estimated that there are at least 10 million Americans right now suffering, suffering from mold toxicity, and many of you don't even know it. So I think those are the factors that we are seeing it definitely more common than probably ever before.

Dave Asprey ([00:12:58](#)):

One of the changes definitely is I would say a lowering of building quality standards because some bureaucrat out there decided that saving energy was more important than how you feel, and one of the most toxic buildings you could ever move into is a lead building these low energy environmental buildings. In fact, one of the people in my documentary moved into a brand new building and became disabled within a year, and he said, it's a terrarium. They don't do environmental controls on the inside very well because they're trying to save energy. So you have bad lights, bad air, but you save some electricity, good for you. And then mold grows like crazy and then you get really sick and then now you're a morally superior person because you saved electricity, but you disabled yourself in the process. Or you could have just said, the quality of human life is more important than saving electricity and we're going to prioritize it that way and we're not going to waste energy. So I'm hoping that we wake up to that. In the meantime,

Dr. Neil Nathan ([00:13:57](#)):

I can segue on that and go, yes, that's happening. And the same concept, you use the word waking up that I think we need to wake up to the toxicity of the world that we are creating. I think that we can't keep pouring endless amounts of chemicals into our environment that are not being tested for safety. That to me is huge, that it's up to all of us to wake up to this because our elected officials, that's not in their wheelhouse at this particular point. It's like, well, all of these chemical companies contribute to my political campaign and I need to allow that to keep happening at the expense of our health. And I think that's really huge.

Dave Asprey ([00:14:47](#)):

It feels like most of our listeners are aware of this problem and no one likes it. There are a lot of people who just don't think it's real, but they probably haven't heard more than a few episodes. This is very real. So then the question comes, what do we do about it? And my answer has always been, well at least start with where you are and whatever you can do. If it's just an air filter and it goes up to building your house from scratch out of mold resistant materials, you can spend an unlimited amount of money on this. But the reality is knowing it's an issue and maybe even moving or there's legal remedies if your landlord's not maintaining, there's all kinds of paths. We're not going to solve all those. Here I want people to understand is why is this problem happening and what are the things you can do if you've been exposed or you are being exposed?

([00:15:40](#)):

And one of the things that I came in contact with was very, very deep research on a very common mycotoxin called Ochratoxin a. This is back when I ran Bulletproof. I created a standard for mold-free coffee, and I do not run bulletproof. I have nothing to do with a company and I do not know which of my standards, if any, are still in action. I have nothing to do with them. My new coffee company for listeners is called Danger Coffee. You probably already know I appreciate your support. It is mold free and it's full of trace minerals that also bind to toxins in the gut. Humic and phobic acid, which as you know Dr. Nathan, those do bind to certain toxins in the gut, including ones that could come from mold. But when I got into the research on OTA, this is a toxin that affects mitochondrial function in recent studies and affects gut lining and particularly bladder and kidneys. What I found is papers showing that when soil bacteria is exposed to glyphosate, that it can make up to 500 times more mycotoxin than it would have. Do you think glyphosate has made the prevalence of mold illness worse?

Dr. Neil Nathan ([00:16:51](#)):

Yeah, I think you're pointing to one particular substance in our environment that is particularly insidious. Glyphosate is known. I mean folks out there can see on television class action suits against Roundup, which is of which glyphosate is its major ingredient in which it's causing all kinds of cancers now. And there's all kinds of human cry about it, but honestly, people are still using Roundup on their plants and their fields. You name it. Glyphosate is particularly insidious because it is remarkably similar to an amino acid glycine. And glycine is an amino acid that is incorporated into most of the enzymes and proteins in our body. And if so, if our body replaces glycine with glyphosate, we are making inadequate enzymes and inadequate proteins. It's affecting our health profoundly. And so to me, you're correctly pointing this out that glyphosate in our environment is adding a huge dimension to our difficulty in healing.

Dave Asprey ([00:18:08](#)):

I found another study that showed that when the soil fungus called fusarium, which is one of the toxin forming substances, when it is exposed to glyphosate, that instead of growing on corn where you can

see it in the ears of corn, it moves into the soil and it grows in the roots of the corn and it binds to the sugar in the corn so that the corn that looks like it doesn't have mold on it is full of toxin, but the toxin is bound to sugar. So when you test the corn, it'll test as being mold free, but as soon as the enzymes in your body that can break up sugar, get access to it, they break the sugar off the toxin A and free it up inside the body. So now we have this huge epidemic of people eating corn chips and corn flakes and all the other cheap human kibble that they're trying to say are health foods and they're getting a big dose of toxin A that you will not detect if you test the food for it because it's bound up in a sugar because we sprayed glyphosate on the soil, and this is why I get people off of grains and magically so many symptoms go away because they're getting less mycotoxin and there was no mold in the corn.

[\(00:19:17\)](#):

It's just the poison from the mold is bound to the sugar in the corn. I feel like that's making the problem way more prevalent, getting a bigger dose, and we can't even measure it very easily. What percentage of mold is inhaled versus eaten versus through our skin?

Dr. Neil Nathan [\(00:19:35\)](#):

Well, I don't think anyone knows the answer to that question, but I'll give you my clinical impression and those of my colleagues, which is I think that the vast majority of mold comes in inhaled. We get it from mold damaged buildings, we inhale the spores, fragments of spores, we take the mycotoxin in that way, and most people would agree that that's the biggest way we get it. Is there some mold in food? Yeah, there are reports of epidemics of mold toxicity that occur when a silo of grain gets moldy or peanuts get a huge batch of peanuts that are being made into various products. So that's well known, but there is governmental oversight on mold to the extent that my opinion is that most of the mold toxin we get does not come from the food that we eat. It primarily comes from what we're exposed to, can get it through skin mold.

[\(00:20:39\)](#):

Toxin can be absorbed directly through skin, but I don't think most people come in contact with that. I have had a patients who mistakenly without wearing gloves, tried to clean up the mold that they found in their home that made them really, really sick. So can that happen? Yes. To my knowledge, this has not really been studied, but I did a small study with Great Plains Lab when they were called that in which we took eight patients who had had mold toxicity. We had them not eat all of the foods that are known to be potentially moldy for 10 days. Then we did their urine mycotoxin test, then we had them pig out on all of those foods for 10 days and we repeated the urine mycotoxin test. To our surprise, seven of the eight patients mycotoxin levels went down eating supposedly moldy food and one patient had a slight increase in toxin. And so we need to do a much larger study than that. That's not enough to really write about.

Dave Asprey [\(00:21:51\)](#):

It also indicates that those toxins they're eating are going somewhere and sticking to things so they're not excreted. Right. It would make sense that if you lower what you're taking in and then the body starts excreting a toxin because it has a lower burden and then you start eating a bunch of it and you start accumulating the toxin again. And we see that with heavy metals too. I do agree the breathing of toxic mold is a terrible problem, and we all know that vaping or smoking are easy ways to access the bloodstream. It seems like the skin exposure route might be worse than we thought it was. I had a recent guest on the show is talking about the exposure of dust through the skin, and we know now some of the peptides, they enter the skin better than via injection just by using a cream, you can put

testosterone cream on and most mold toxins are very small and cholesterol like molecules, so they're small, they can enter you sleeve through the skin.

[\(00:22:53\)](#):

So I would say having no dust around your house is probably a really good idea. You're going to either breathe it or roll in it, what happens, but the percentage there, I don't think we know. And then eating it, I quit coffee for five years. I would feel anxiety when I drank moldy coffee. And that's the one crop in the us. There is no standard here, but there is a standard in the rest of the world. So they send the moldy coffee to the US and then we drink it because illegal to sell in Europe or Japan. So that's one where because I'm sensitive to O ot, I can just feel the difference and I'm kind of afraid to drink normal coffee. And I still, every now and then I'll go out and I'll have a cup of something that looks good and two hours later I'm like, God, I just want to take a nap.

[\(00:23:34\)](#):

Oh, great. I got molded again. So I know we get exposure and I found some studies on the amount that's there, and so how do we bind it? How do we deal with it? You can't have zero mycotoxins in your food unless eating probably grass fed, grass finished beef, which has very little because whatever they're exposed to from soil, they filter out. So other than that, you're probably going to get some and you probably can handle it. But what I find and what I want to go deep with you on is that there are the toxins that directly inhibit mitochondrial functions. So they lower your energy and there's ones that cause damage to the lining of your nerves. And then there are some that mimic hormones like the reone I talked about before. Reone is sold as a pharmaceutical drug for ranchers because cows get fat on 30% less calories. That means if you're in a house with a reone forming species and you're getting fat for no reason, it's probably not because eating too many calories, you're being exposed to an environmentally produced toxin that makes you fat. How do we know which of these different toxins anyone's dealing with?

Dr. Neil Nathan [\(00:24:37\)](#):

We don't. The whole concept of mold toxicity is relatively new in medicine. We've only really started to talk about it 20 years ago, and like Lyme disease medicine has not caught up with it. So the vast majority of physicians out there would not know what mold toxicity was because they've not read about it, they've not studied it, they're not even aware of it as an existence. So it's a huge problem as you well know, and it isn't being studied in the way it has to be studied. So do we need a whole lot more information and quickly? Absolutely. Is that immediately likely? No.

[\(00:25:26\)](#):

Our first job, Dave, I view this as my role right now is basically to wake people up to the existence of mold toxicity. Once the world, the medical world begins to embrace it, then we can go, oh, this is something big one that we've been missing. Now we have to really study this, but until our medical agencies that do research NIH and CDC and start looking at it until they embrace it, patients really need to learn what they can maybe from us about what this is and our best guess as to how to treat it and our best guess as to how to live the healthiest life we can in this very polluted world that we live in.

Dave Asprey [\(00:26:18\)](#):

What do you do to protect yourself from toxic mold?

Dr. Neil Nathan [\(00:26:21\)](#):

I've had it so I can speak about it as someone who isn't just studied it, but I've studied my body with it. So yes, it's a very real thing. First of all, just for listeners, I eat organic as totally organic as possible. I have HEPA filters that operate in my house. My house is newly built and has an airflow system in it so that it's not a tight box that's about to explode with mold. It's got that flu system going for it. Part of my answer here is mold affects us primarily by creating a type of inflammation that our immune system can't control. And so part of the issue is how do we get our immune systems to operate optimally? So the more complicated answer to your question is the other things that I do are also to help my mind, my spirit, my emotions and my energies operate at a higher level, meaning I exercise regularly.

[\(00:27:39\)](#):

I walk my dogs at least two miles a day. I do Tai Chi Pilates and my spiritual practices of meditation and other things all are designed to make my whole being as healthy as I can so that my immune system is in an optimal operating mode if that's the case. So I think that's a very important part of what you're asking right now. And I live in a small coastal town, so the air I breathe is sea air. So I've made every effort I can to live a really healthy but happy and spiritually attuned life. Sorry for the long answer, but that's my answer.

Dave Asprey [\(00:28:31\)](#):

It's the answer that most biohackers I think would expect once you get a little bit of mitochondrial function going again, you almost inevitably end up on this path of saying, if I have enough energy, I'm going to use it to be calmer and more conscious and to evolve. And if you're completely strung out on bad food and mold toxins and environmental toxins and social media, whatever, you're stuck and no one wants to be stuck, so you're attracted to the show because you don't want to be stuck and all these techniques. So I love that that's your answer, and it ties into something that's been a particular area of interest. A couple of times I've been really honored to have Dr. Steven Porges on the show who's the father of polyvagal theory, and he writes about the vagal nerve and the limbic system. And funny enough, there's a huge relationship between mold and your limbic system. Can you walk me through that?

Dr. Neil Nathan [\(00:29:26\)](#):

Yeah, I can. And I thank you for bringing it up. My newest book, which just got published, it's called The Sensitive Patients Healing Guide, addresses those millions of people who have become sensitized as many more recently because it's happening on a whole lot bigger scale than it used to. And when people get sensitized, we're talking to people who have become sensitive to light, sound, chemicals, food, EMFs, and it's not a small number, it's now in the millions. C Porches is a pioneer in this area, and he's taught us about two areas of the brain that become sensitized specifically. And this is from mold toxicity. We're talking limbic system, which is the part of your brain that monitors and controls emotion and sensitivity. And we're talking the vagal system, which controls your whole autonomic nervous system, motility of the entire gastro peal tract, the nerves that go to the lows and the heart and all our central organs. So mold toxin makes the limbic and vagal systems dysfunctional so that we often need to reboot it as a part of our treatment. And so part of the book that I wrote, I wrote a chapter with Steve Porges on the vehicle system in the book, a very important chapter to help people understand how important it is that I would like to add for listeners. Steve just wrote a new book with his son, Seth, which is called our poly vegal world. Oh my

Dave Asprey [\(00:31:14\)](#):



Gosh. He told me he was working on that, but I'll have him back on the show. Thank you for the reminder.

Dr. Neil Nathan ([00:31:20](#)):

His son, Seth, is a world-class journalist, and so he's been able to bring these complicated concepts in English so that they're really understandable, and I've been recommending that new book to so many people. So you can understand how important your vagus is to functioning in this complicated stressful world we live in. So what we've learned is that limbic and vagal system, coupled with the mast cell activation process is this complicated interwoven process each affecting the others, and that is the major underpinning of sensitization so that patients have become sensitive working on the limbic and vagal system, literally rebooting it. So this is not psychological, although people who have EMIC involvement, and Dave, you talked about you becoming rageful at times or not in control of your moods at times, that's common in patients who have mold toxicity. So that's however, it's not psychological and people don't understand it.

Dave Asprey ([00:32:35](#)):

It's not effort based and it's not about being a good person. It has nothing to do with that.

Dr. Neil Nathan ([00:32:39](#)):

It's not that you're stressed out about an IRS audit or the in-laws coming to dinner. It's the mold toxin is literally inflaming the vagal and limbic parts of the brain, and this needs to be rebooted. And the good news is we now know multiple methods of how to reboot the limbic system, how to reboot the vagal system, and they need to be rebooted together along with the whole NAS cell activation process. So I call that the trifecta of sensitivity. So if we tend realize that that's the issue and treat it, we can help millions of people to not only feel better, but that will set the table for their bodies to be able to respond infinitely better for the treatment for mold, and they can heal much faster.

Dave Asprey ([00:33:31](#)):

My picture of mold is that when you get enough of it, it creates low power in the cells and in the brain and it creates static on the nerves, including the limbic system and the vagal system. And then it creates a cell danger response, which makes mast cells, and I'm walking through this with you, so listeners might've heard this before. I want you to critique it and we're going to talk about it and poke holes in it and things. So my picture of mast cells and guys, it's MAST, like mast on a ship. These are frontline immune cells and I think of them as landmines. And there are programs when a tank goes over them, one of 'em goes off and blows up the tank, but mold or maybe a virus that shall not be named unless you'd like to be censored or other things like Epstein-Barr virus or emotional trauma, a lot of stuff can cause these landmine mast cells so that they get set off by a light puff of wind, one of 'em gets set off and then it blows up all the ones around it.

([00:34:36](#)):

You get these waves of inflammatory stuff throughout the body that include histamine. They include something called heparin that causes quick bleeding. I used to have nosebleeds 10 times a day when I lived in moldy buildings. Common symptom, right of heparin release from mast cells in the nose. So all of a sudden the cells are like, oh, there's something, I don't know what it is, but it's dangerous, therefore I'm going to turn my sensitivity up. And then all of a sudden, that lady's nasty perfume Chanel number five, yet again is enough because it's a gentle puff of wind and it sets off a cell danger response. So then you get the wave of inflammation and then you get, oh no, the limbic system gets dysregulated because

it feels like danger and then that affects your vagal tone and now you're in fight or flight. So given that picture, is that a good wave of describing or am I missing something? Because I think you might know some things about mast cells that I don't, although I'm pretty good at it.

Dr. Neil Nathan ([00:35:31](#)):

It's a way to look at it. We all have our own unique ways of visualizing for ourselves how these things work. There's a photograph that I use in my lectures of mast cells that to me explain this on a cellular level. I just like the photograph. You can see an ordinary mast cell which has just all of these little purple granules in it by staining, and then you can see an activated mast cell. And it almost looks like, again, this is my visualization. It almost looks like the mast cell activated. Its hair is standing on end, it's tentacles out, it's super excited. It doesn't look like the normal cell. And so I view that looking at that microscope, maybe that's the scientist in me. My vision is that the activated mast cell is kind of like freaked out. It's as you said, hair trigger that anything that you breathe on it wrong, it's going to happen.

([00:36:40](#)):

And in fact, that is technically what happens. Mast cells are present in every tissue of the body, but especially present in the tissues that interface with the outside world, the sinuses, throat, gastrointestinal tract, because the job of the mast cell is to integrate the immune system with the nervous system. So you would expect those cells to be where you're going to have the greatest contact with the outside world. So when people are really activated, drinking water can trigger a mast cell activation process. And I know when people hear that they're going, that's crazy. Drinking water do that. If the mast cells are activated enough, it not only can, it does because it isn't food allergy, it's how reactive the mast cells are at the moment that something comes down your gastrointestinal tract. So just to let people know that this is a very real thing. Our knowledge has exploded in the last 10 years about mast cell activation. No one knew much about it until I think 2016 with the publication of the book *Never Be Against*

Dave Asprey ([00:38:00](#)):

Ham's Razor

Dr. Neil Nathan ([00:38:01](#)):

By Larry er. And that book put it on the map, it was like, no, this is not a rare genetic disorder. It's now known to be present in somewhere between 15 and 20% of all people will have a tendency to have mast cell activation if they have these various exposures.

Dave Asprey ([00:38:19](#)):

That book is called *Occam's Razor* by Dr. Re, no relation to the Nasal Spray. And it's one of the hardest books to read unless you're a doctor who likes to read case reports. But this is a guy who understood a pattern that underlies a huge number of chronic illnesses, and it's one of the books that's affected my view of biohacking the most because anytime you get very foundational and there's huge interactions between mitochondria and mast cell activation, and if 20% of us have genetic extra susceptibility, by the way, I'm one of those 20% and I recognize I've had those symptoms since I was a kid. And toxic mold made it much worse. One of the benefits of covid, yes, I said that is that so many people have the long form of it now that we can no longer ignore mast cell activation because chronic fatigue syndrome and fibromyalgia, both of which I've been diagnosed with and healed from, are manifestations of mast cell activation. So now that enough of us have it, we're going to have to deal with it. And fortunately there

are things you can do, but I don't think those things work if you're swimming in mycotoxins in your environments, maybe they do. What's your take on that?

Dr. Neil Nathan ([00:39:31](#)):

Absolutely. Let me comment on that. There is a long haul. There are some people who will have a persistent immune reaction to the covid that they've had that is very real, but a large percentage of those patients actually have mold toxicity or Lyme disease, which is being unmasked by the inflammatory process that covid has generated in the body. And so I think that people are missing a huge opportunity to treat what we're called long haul covid, which is actually the unmasking of mal toxicity and Lyme disease, which are infinitely easier to treat than the long haul covid is.

Dave Asprey ([00:40:22](#)):

Now we're going to get controversial

Dr. Neil Nathan ([00:40:23](#)):

Here. You mean we haven't so far.

Dave Asprey ([00:40:26](#)):

We're just getting warmed up. Neil. We'll check in the book by the way. It is never bet against Oum. Not Occam's razor. I just keep remembering Occam's razor as you were saying, here's the controversial stuff. I had Andrew Haman from UCLA on the show like 500 episodes ago, and his IT research showed pretty clearly that 90% of people who think they have Lyme disease actually have toxic mold. They just think it's Lyme or technically they have both, but the symptoms are caused by mold. And when they get rid of mold, most of them heal from the Lyme. So which came first? Mold or Lyme?

Dr. Neil Nathan ([00:41:02](#)):

I think each triggers the other.

Dave Asprey ([00:41:05](#)):

Oh, that's an interesting perspective.

Dr. Neil Nathan ([00:41:07](#)):

Well, Lyme disease weakens the immune system predisposing to mold

Dave Asprey ([00:41:11](#)):

And mold weakens.

Dr. Neil Nathan ([00:41:13](#)):

That's right. Works both ways. I do know Andy Haman and I do think that a lot of patients, I mean a lot of patients with Lyme disease have mold toxicity and don't know it and are not their Lyme literate physicians are going, you still have symptoms of air hunger or night sweats or you name it. So you must still have babe C, you must still have that because you still have symptoms, but they're not looking for mold and not realizing you may have adequately treated the Lyme, you may have adequately treated the co-infection, but you haven't looked for mold toxicity and that is where the patient needs to be looked at. So do I agree with that statement? Yes.

Dave Asprey ([00:42:01](#)):

Back in 2008, a doctor diagnosed me with Lyme disease. Actually, I've been diagnosed before that, but I confirmed it because I co-founded a lab testing company that could test for active Lyme. So I did the normal test and I ran my own company's test and I definitely had active Lyme, so I treated the crap out of it with antibiotics and I didn't get better at all after a year of wrecking my gut with those things. Not that it wasn't rec already, and then it was only when I went on a month of antifungal treatment that I suddenly started shifting and then started doing ozone therapy and realized that this wasn't a Lyme disease issue, this was a mold issue, and I got really, really deep on mold and detoxing and really figured it out. So I did the documentary and it was Andy's work at UCLA that really pointed this out that you probably have both, if you have Lyme, there's a great chance you have both and it's probably easier to start with mold than with Lyme for most people. But how would you know if someone's got chronic illness, they have chronic fatigue syndrome or fibromyalgia, their brain doesn't work and they're inflamed, they got arthritis and Hashimoto's and this long list of stuff that just doesn't seem to go away and they can't lose weight. Just describing myself at one time in my life, how do you know, do I go for Lyme? Do I go for molds? Do I go for vagal tone? What's the order of operations here?

Dr. Neil Nathan ([00:43:23](#)):

So first of all, I am a strong advocate that if you had lime and mold, you treat the mold first.

Dave Asprey ([00:43:31](#)):

Me too. I love your perspective. Okay, why?

Dr. Neil Nathan ([00:43:34](#)):

We always love people who agree with us. They're very smart, the people who agree with us, but there are reasons for my opinion. Okay, number one, it is impossible to separate or tease apart whether you primarily Lyme or primarily mold by symptom alone because the symptoms overlap so thoroughly. Second, if we're going to be treating, it's infinitely less hard on the body to treat mold than it is to treat Lyme, which usually involves multiple antibiotics. Third, I believe that if you treat the mold first, it's like taking a huge layer off. If there is the patient is completely well after treating the mold, there's no reason to go down the Lyme rabbit hole. But if the patient still has residual symptoms, they will be able to treat the Lyme much more effectively because a huge layer of inflammation is gone and that now they can respond infinitely better to the whole treatment that we do for Lyme.

([00:44:39](#)):

And I think in your case, for example, I see a lot of patients who aren't able to respond to the antibiotic program until they get the mold out of their system. So my opinion is mold first, then Lyme. But to add to that, there are many patients who start to treat mold with binders maybe later with antifungals, but they can't do it. They find that taking even minuscule doses of binders, clay, charcoal, chlorella, sacro, mises, just throws them under the bus, can't do it. Those are the people that my book was written for because they need to start by doing limbic and vagal retraining, then get mast cell activation on board and then they will be able to treat the mold successfully. So in terms of my understanding of what is the timing of and how do you orchestrate that, that's how you do it.

Dave Asprey ([00:45:41](#)):

This is some foundational stuff. And the world of limbic system retraining or sometimes people call it amygdala retraining in mold has been out there for a while. But the idea of doing that before treating mast cells is interesting, I would think. Take some Claritin, which is a very common way of dealing with

at least one of the mast cell pathways and maybe some Pepcid ac. Funny enough, man, Claritin Pepcid protocol works really well for long covid, much of the time, not always, but there's a downside to both of those drugs. But it's manageable. But you think you would do that and do retraining so you don't deal with the cell danger response while you're retraining your vagal, your vagal tone or not

Dr. Neil Nathan ([00:46:23](#)):

If you can. So my practice has been for many years the most unusually sensitive patients

Dave Asprey ([00:46:32](#)):

That makes you the most interesting man in the world.

Dr. Neil Nathan ([00:46:36](#)):

But I do drink, what is that? Yes, there you go. If I remember that old ad correctly, I think. So the patients that I see, if they can take the mast cell materials concurrent with limbic and vagal retraining, fabulous. That's the ideal process. But a large percentage of my patients are so sensitive that their limbic and vagal systems won't let them take the mast cell materials until they become safer. So each patient again has to be viewed individually. If I think a patient is unusually sensitive, I will have them do limbic and vagal retraining for six to eight weeks first. And then they were often able to take the Claritin, the Pepcid, the mast cell stabilizers, quercetin, perine,

Dave Asprey ([00:47:33](#)):

Black

Dr. Neil Nathan ([00:47:34](#)):

Men, all of those things that we know work well. So we can treat mast cell activation if the limbic and vagal systems will allow them to.

Dave Asprey ([00:47:44](#)):

I do absolutely recognize this feeling as a person who had really serious mold stuff since I was a kid, I grew up in a moldy basement. There was a time where I would walk into a moldy room and the feeling of doom would descend like instantaneous. Like, oh my God, I am going to die and I know that I'm not going to die, but it doesn't matter because my body feels like I'm going to die. And then for me it was strong visual sensitivity. Sometimes migraines, dizziness, a drop in blood pressure, and just this urgent need to get the hell out of there really strong. And I remember one time the worst thing is boats. They're always moldy, especially like cruise ships and all. And I went out on a dinner cruise in San Diego and I was sitting out with these really interesting people.

([00:48:33](#)):

I walk in and it smells like a mop, the whole dining area in this thing. And I said, I'm just going to sit here despite this feeling because I really want to talk with these guys. And 45 minutes later it's like I've taken psychedelics like I am unable to function, and the next day I wake up and I've got pimples all over my face. I've got giant man boobs that weren't there the day before because it set off a systemic inflammatory reaction because of mast cells and probably triggered my limbic and vagal system as well. And that was just a zombie. Like a month after that. I overrode my body's own desire to be safe, getting me the hell away from poison. And I look at where I am today, I've done all the neurofeedback and things that train my vagal and limbic system, and I probably still have some limbic system work to do,

but I lived in a house with 42 water leaks for four months with no symptoms because I don't have the danger response to mold even if I know it's present because I did the neuro retraining.

[\(00:49:26\)](#):

I've also treated the crap out of my mast cells and I've bound all the toxins and I've taken sporanox for nine months, which is an antifungal drug. So all these different things, and I'm saying this for listeners because I probably had it as bad as you have it now, if you have this at all or if you have long covid or something like that and you can come back from it. What is unique and special about Dr. O'Neal Nathan's new book, the Sensitive Patient's Healing Guide, is that he's telling you the right order to do these things. And until this book, it was very esoteric to talk about these types of training things and you could do some heart rate variability and you could do this and that, but there's an order of operations. If you haven't gotten well and you've spent a hundred thousand dollars trying to get well and you're about to go broke from it, read the book and the order of doing things really matters.

[\(00:50:16\)](#):

There was a time too where a little drop of Nystatin, which is an anti candida thing that's very common, would knock me out for three days and I recovered my resilience effect. I'm the most resilient I've ever been. I'm more resilient than a lot of people who are half my age now. So I'm the worst example of where you could be. And I like to think I'm a good example of where you can go. So if you're feeling overwhelmed and hopeless with your chronic fatigue or whatever, just read this book. This is why the stuff you've tried hasn't worked. And I also have to just give a special shout out to Benadryl because sometimes a little teeny tiny dose like licking a Benadryl is all it takes to calm a reaction down when it's just starting. And this is something that people don't talk about too much,

Dr. Neil Nathan [\(00:51:02\)](#):

But let's use your experience on that dinner cruise in San Diego because what I want to emphasize is you overrode what your body was telling you weren't this thing. And I mean, we can always override what our body's telling us, but there's a price to be paid for it, and you apparently paid that price. So for listeners out there, if you are in a situation and you believe that you are not safe for whatever reason, you once describe something as feeling doom in a particular state, but your limbic and vagal systems and not trying to hurt you, they're trying to protect you, they're trying to keep you safe by warning you it's going or danger, it's like get out of there. And so if you don't listen, then bad things happen. And I just wanted to use your story as to emphasize how important is do not doubt your perceptions. You may be with a dozen other people and they may not be feeling this, and that does not matter. Your limbic system is being involved, your VA is being involved. So please listen to your body.

Dave Asprey [\(00:52:19\)](#):

What makes me happy just during this interview, just from the live audience we have here, I went to Amazon and typed your name and now the search term for the Sensitive Patients Healing Guide is now at the top. And when I started the episode, it was for your last book Toxic. So thanks, upgrade collective for being interested in this book. And when this episode goes live, you guys are going to want to check this out. And if you're saying, well, I'm not someone like that. If you're a practitioner, this is a book you just have to have for those patients that keep coming back and take all of your staff time, they can't remember anything and they're constantly triggered by everything. Read this book and you're going to get it for them. And if you have someone like this in your life, read the book and understand what's going on.

[\(00:53:03\)](#):

It's not their fault if their nervous system is getting hijacked. It isn't that they're a bad person or that they aren't trying hard enough, which was my own story. I had a lot of shame about it actually. Why is this happening? It must be a moral failing. So I think this is important stuff. Okay, Dr. Nathan, one of the things you wrote before your newest book is a book on energetic diagnosis and intuition, which is also something that's pretty risky for a doctor with medical credentials to write about because intuition is not the insurance paid for standard of care. But so many of my physician friends, the ones who practiced for 30, 40 years, they'll tell me over dinner, but maybe not on the show. A lot of times when a patient walks in, I already know what's wrong with them. You just take one look and you just know, just like you can look at someone and touch 'em for one second their pulse rate because you've taken pulses a hundred thousand times and you just know when does a healer gain that intuition? How long does it take?

Dr. Neil Nathan ([00:54:12](#)):

Well, we're all born with it. We aren't always encouraged when we're children to utilize those various perceptions options. Many parents or families are just not comfortable with it. So it doesn't always get encouraged in our lives, but I'll take the field I know which is medicine, and that is I as early on in my career, I was getting information that was extremely important and I didn't know where that information was coming from. And I believe that all human beings operate this way, but maybe I'm only different than I'm willing to talk about it. I'll give you an example that it started when I was right out of training and I had a patient that was referred to me by a gynecologist. She had debilitating repeated ovarian cyst that caused her a tremendous amount of pain. And I don't know what his intuition was in referring her to me, but he thought that somehow I was interested in the idea, even in my early days about the emotional connections between what people had, the oldest that they had.

([00:55:35](#)):

So she's new in my office, never seen her before. And she sits down in the usual chair and I'm talking with her and I get a typed message across my visual field, which is ask her about the time she was raped. And my internal dialogue goes, I can't do that. She's just sat down this chair, be totally inappropriate for me as a professional. I can't do that. And we're talking and we're talking some more and she's giving me more of her history. And now the message comes up in bold type, ask her about the time she was raped. Now it's a very weird experience for me, but I am just paying attention to it, but I still can't do it. I can't just blurt that out. And then capital letters, big, bold types, ask her about the time she was raped. Finally went, okay, worst thing can do is slap me and tell the universe I'm a terrible person and walk out.

([00:56:37](#)):

So I said, tell me about the time you were raped. And she dissolved in tears and told me this awful story about she was babysitting for her sister's children. Her sister's husband came back alone, raped her, but she tried to tell the family about it. They didn't believe her. She got pregnant from that experience and she was exorcised from the family, horrible experience. And I had a number of skills at that point that I was using for her. I used a combination of hypnosis and and therapy, which is an emotional release therapy. And I said, okay, if you're willing, let's go back to that experience and let's release it so you're not still holding it in your body. Then with one or two sessions of that, never had an ovarian cyst again. Never had a problem again. And I was left with, what was that?

([00:57:40](#)):

What in the world? Now you can make up stories, but somehow my subconscious was giving me information over the years. For a while I would get these typed messages and I found they were never wrong words at words. But after a while, I stopped getting the type messages. My subconscious realized I was listening. They didn't have to type it out for me anymore, and I simply would know things. So

there's a gift that I believe that all humans have to some extent. It's called the gift of knowing that you can sit down with someone and without knowing how you know it, we are all energetic beings and we radiate these energies. So throughout my career, not all the time, it's not constant. I can't do it with every single patient. I never know when it's going to show up or when that will pop in.

[\(00:58:40\)](#):

It's virtually never wrong when I have this different feeling that my normal perception of this is going on with this patient. And then the trick is you can't generally just tell people about it. You kind of have to lead them to tell you about it because you don't want to ask a human being to deal with something they're not ready for. So I may know this information, but they may not be ready to hear it or deal with this until they give me a signal of some type that, okay, now we're ready to deal with this. So it's not as simple as just knowing there's an art to when you can communicate that. So that's a piece of what's in my book. There's a lot of personal stories on my part, but essentially it is a plea to medical professionals and everyone to honor the gifts you've been given and use them in the service of communicating with people and helping them to heal.

[\(00:59:48\)](#):

Because part of what we talked about before was how do you know what order to do things in? So now in the medical field with what we've been talking about, we can measure mitochondrial dysfunction, we can measure methylation dysfunction, we can measure viruses. I can measure so many things, and I have this huge body of data that I work with, but what does that being need from me first and then second and third that you can't do from your brain organizing it or figuring it out? I believe that we do that best by intuiting it. And I think that all good physicians have been doing this for a very long time. We just don't talk about it.

Dave Asprey [\(01:00:41\)](#):

I love it that you're willing to go there. Intuition's a real thing in all professions. I mean, how did we figure out the structure of DNA? It was a dream. And so many healers as opposed to just doctors because some doctors are not healers. So healers are not doctors. So many of them have this intuitive sense. And intuition is something to be trained and you can use it in business and in all sorts of parts of your life. And I've, with neuroscience, I've had 1500 people come through over the last 11 years, come through 40 years of Zen, which is my neuroscience company. We're custom hardware for looking at what's going on in the brain. And I've trained myself a lot. And the way I finally sorted this out is that intuition is the first signal that comes in, but it's very, very short. And if you're trained to listen to it, then you hear it.

[\(01:01:36\)](#):

But right after the intuition comes an emotional response, and then the emotional response is bigger and it lasts longer than that blip of intuition. And then comes a logical response. So you have an intuition, then the emotions suppress the intuition, and then the thoughts suppress the emotions. And so when you untangle this with meditation or the reiki work you're doing, or shamanic training, some of the stuff undertaken. At some point you realize, oh, there's an inner knowingness that you can sometimes tap into. And when I write my books, I said things that I knew to be true, I could feel them. One of them was that the C eight form of MCT oil works better cognitively than others. Or five years after I wrote that book, Dr. Kne at uc, San Diego came out with a book documenting the rise in ketones. That happens with that.

[\(01:02:30\)](#):



That doesn't happen with the C 12 form. That was cheaper that I wouldn't use even though competitors were using it and those sorts of things. I didn't have a study, but you could feel it. And I know so many other people who are like, I don't know, but you need to go look at your left breast. There's something going on there, and then they go and there's something growing and they got rid of it. So honoring that that's there, and also not trusting only that, but if you have no other information, your intuition is probably better than no information. So I love it that you're willing to go deep and talk about it, because everyone listening to the show has some degree of it, and it feels like it's trainable. Now, here's my question for you. When you underwent that limbic system retraining that vagal retraining, did it increase your intuition?

Dr. Neil Nathan ([01:03:20](#)):

I wouldn't say so. I think it could for some other people.

Dave Asprey ([01:03:24](#)):

You were already there.

Dr. Neil Nathan ([01:03:25](#)):

Yeah, forgive me, but I was already there. I have been relying on that intuition for over 50 years, and it's fairly, I don't want to say, well-trained, but if I had a comment for the listeners, it's if you want to develop your intuition, the number one thing you can do is honor it as it comes up, which is to be aware of it. Honor it. Don't doubt it. Don't second guess yourself. Don't play mind games about it. It's real. It's there. The sooner you embrace it, the sooner your body will train you about what gifts you have and how to use them properly if you just allow it. So if I had one quality that my story probably embraces is that I chose to take a risk and trust what this type message was telling me rather than blow it off, ignore it, or go, I can't do that.

([01:04:36](#)):

That would be unprofessional. I can't do that. If I had listened to that voice, not only would I not have helped that woman, but I wouldn't have embarked on the journey, my own journey, trying to be a healer that this facilitated that that was a domino that allowed other things, like by allowing myself to trust that and listen to it and live it, that opened the door for more experiences. So again, it's trust yourself, trust the information you're getting. We are beacons of information. We radiate it to other people. You can block it if you want consciously, but that's a lot of effort. So you can keep other people from reading you. For example, we're open books to people know who know how to read those books. So it takes the pressure off of having to hold things inside. It's just, okay, I am who I am and world can see it, and am I an imperfect being? Yep. But I'm pretty comfortable with being an imperfect being, and I'm just trying to be the best being. I know how. And if we live that way, then I think that many, many people would find themselves much more comfortable in their own skin, much more comfortable communicating with others and not worrying about what people would know about them or see about them. None of this is about judgment. It's just who we are.

Dave Asprey ([01:06:22](#)):

Not even a little bit about judgment and the idea that anyone could read you at any time, because that's actually true if the person has skills to read you. And it's also true, as Neil says, that you can develop skills to block that. But there are also people who are really good at reading you who can probably bypass your firewall unless you're really, really good and none of this to the teacher of medical school, right?

Dr. Neil Nathan ([01:06:52](#)):

No, none of this. When I went to medical school, I went to the University of Chicago and considered a pretty good medical school. I went there because what I really wanted to be when I grew up was a healer. And I was really disappointed that when I got there, I realized, oh, you're not going to teach me to be a healer. You're going to teach me to be a medical technician Now that's very helpful. It's very good. And that's very excellent. That's not what I wanted to learn. I just wanted to find a way, and this wasn't language back then. I now would put it in language of I just wanted to be able to help people with whatever they're being needed, be it medical, emotional, spiritual, energetic, whatever. What does that being need from me so that maybe I can give them something to help them on their journey.

([01:07:53](#)):

That's what I wanted to be when I was a kid. And so no, that wasn't taught to me in medical school. Once I left medical school, then I could pursue that journey. And I studied with anybody who had anything to teach about healing, and I had this fabulous blessed experience with some of the top healers in the world taking me under their wing and guiding me. And I had a whole lot of experiences where I wasted a lot of money on a weekend studying with people who I think were Lonnie and not legitimate. So it evolves. Sometimes I didn't get the experience I wanted, but it was all in the service of eventually evolving where I am now.

Dave Asprey ([01:08:51](#)):

You went to medical school and then you went to mystery school.

Dr. Neil Nathan ([01:08:56](#)):

There's truth to that. Yes.

Dave Asprey ([01:08:57](#)):

And if you're listening to this right now and you're going, what the heck? This guy's a 50 year experienced medical doctor who heals the people that no one else can heal. And he just said, oh, I use this very clinically defined order of operations, and you treat this and you treat that and you use these drugs and these binders, and then you use your intuition and reiki and inner knowingness. You could tell yourself that he's crazy or you could say, given his results, maybe he knows something you don't. Or some of the assumptions that you built into your model of reality are not actually true assumptions, even though they've served you to this point. And my experience has been the same. Dr. Nathan, I've been so blessed that so many healers and gurus have just shown up in my life and taught me stuff. And I've also wasted a lot of money on weekend courses from people who did not seem to have skills.

([01:09:48](#)):

Maybe they did and I couldn't see them, I don't know. But eventually you just realize the world's way more complex than you think, and that you have more abilities than you think. And I'm pretty firmly convinced, but willing to be proven wrong that accessing those abilities requires at least semi functioning mitochondria. They seem to be the interface between those realms and the meat body. And that I find it to be very difficult if my mitochondria low energy to access the states that I would go to know things or to work on healing someone or whatever else. And because I'm not a doctor, but I am a healer sometimes for the right things, for the right people when I would say when I'm called to do it. But that's the same, I think when my intuition says, say the right thing to this person or ask 'em if you can poke 'em in the shoulder, that's what they need. I don't know why, but it's the same thing. And there are hundreds of millions of people who are listening going, yeah, that's how it is. And there are probably

more people going, you guys are all bad. Shit crazy. I want to cancel you. And if any of this triggered you, you're walking around with a loaded gun and I shouldn't be able to trigger you if you're free. So if I can trigger you, I'm in charge and maybe you should get a therapist or something. What do you think of that advice?

Dr. Neil Nathan ([01:10:58](#)):

I'm basically agreeing with you that we live in an extremely complicated world, and I don't think our intellectual brain is capable of sorting out all of the complexities, but I think our intuition can cut through it. And so you pointed out an interesting potential discrepancy. So here I am teaching people that there's a right way to treat being overly sensitive. There's a right way to treat mold toxicity. There's a right way to treat Lyme disease. I absolutely agree with that. But at a specific patient visit, a patient might be stuck in a way that isn't related to the fact that the binders that I'm giving you or the antifungals that I'm giving you aren't kicking in yet. There's something preventing that person from moving forward. They can feel it. They literally will tell me, I've done everything you said for three months, and I don't feel any better. And so that's when my intuition becomes important. That's when I begin to go deeper and just be with that patient and try not even necessarily verbally, because that doesn't always make people comfortable, but we just talk. And while we're talking, what I'm doing is literally praying. I'm basically saying, okay, God, they're stuck and I'm stuck.

([01:12:36](#)):

Help me to understand what I'm missing. Guide me. Let them find words or images that they can convey to me somehow so I can understand what they need and I can help them at a deeper level Here. It's literally a prayer. I probably do that with every patient I've ever seen, especially in the last part of my career. And then something will pop in. The patient will start telling me a story that's absolutely off topic, has nothing to do with what we're talking about. And I think medically, the first thing you do is, well, let's reel 'em in here. We're way off topic here. Nope, they're answering my question. They're going to tell me what it is I need to know. And so for example, I remember one woman I worked with for many years, they had chronic fatigue and fibromyalgia turned out to be due to mold.

([01:13:28](#)):

She was making great progress until at some point she got stuck. And then one day she said, I was thinking about my ex-boyfriend. I was engaged to be married, and it just didn't work out. And he had an affair just before we got married. And then the light goes on in my mind that for her, that's a stuck place. And the fact that I had worked with this particular individual for five or six years, she never told me that story, never told me anything about it. And I'm going, oh, okay, here we go. It is now she's ready to come to the surface with the information she needs to move forward. And so merely telling me about it unlocked something in her, and she was able to move forward beautifully from that. So could I have using my intelligence, figured that out somehow? I don't think so. But because I was willing to just go into a receptive listening place, I was able to let her come up with the information she needed to hear, and then she was able to move forward. So that's an example of how these things come together. They're not separate.

Dave Asprey ([01:14:53](#)):

One of the things that a good healer does in med school, they used to call this bedside manner, I think, but it's the energetic form that you hold. And if you do it right, you create a feeling of safety in a patient. And this is what energetic healers do who aren't doctors as well. And if you can make their nervous system feel the safety of yours, and there's science that says how this works. HeartMath Institute has done all that research. And if you do that, then they feel safe to tell the story. And when they tell the

story in a field of safety, they release whatever was stuck. And it actually makes sense when you think of it that way. And I keep coming across these weird things that pop into people's minds. One of my new companies is called Wasabi Method, and we're doing a unique form of pressure wave. It's a little device, but you find deep muscle stuff, any musculoskeletal pain where it's stuck and you use this thing, it's like a sonic jackhammer, but it releases the deep fascia and it creates new stem cells and blood vessels and just a wave of healing compounds.

Dr. Neil Nathan ([01:15:57](#)):

And let me guess what you're going to say. It also releases emotions that are held in those fascial tissues. And people will often shockingly have some emotional reaction that may or may not be tied to an event that they have long repressed.

Dave Asprey ([01:16:14](#)):

How did you know? Because that's how the body works. I love it. Yeah, you do someone's hips and massage therapists will tell you, oh yeah, people cry when I do their hips. It's called wasabi because it's spicy, and then it feels good afterwards. So people are like, what are you doing? And then the tears come, or just imagery. That doesn't make any sense, but that's where the healing comes from. And it's such a powerful device because I can't get in there with my thumbs on someone, but I can get in with a sonic pulse that goes really deep. So I'm intrigued because of the longevity aspects of it. But it turns out if you want to have young tissues, you got to drop all the tissue traumas that are stored that pop up in those stories that don't make any sense. And I had one person talk about, oh, that was from an old birthmark.

([01:17:02](#)):

And then tears are coming, right? This is some early childhood, all these things. Oh, that was in some, in eighth grade. I had forgotten all about that, but it just came out. But now they can move their wrists again. And so there's just an invisible world that we're not supposed to see in our own body. That's just our body doing whatever it does. And that's where intuition lives. That's where healing lives. And it sounds like you've done a masterful job of training yourself to be able to let people go there. So either you pick it up or they pick it up and they share it. And to write a book about that is a hundred times harder than writing a book about mold, toxin illness and all these other things. So I love it that you did that and that we can talk so openly about

Dr. Neil Nathan ([01:17:40](#)):

This. It's actually that I got old enough that I stopped caring what other people thought about it. So yes, I was aware when I wrote the book that people could read this and go, I always thought you were a nutcase. Now I know that that's true.

Dave Asprey ([01:17:55](#)):

The more they say you're a nutcase, the more good you're doing. It

Dr. Neil Nathan ([01:17:58](#)):

Wasn't about that. It was not caring about opinions that other people have. I just wanted to share what I'd learned, and I thought that that would be helpful for people, and that was where I was coming from.

Dave Asprey ([01:18:13](#)):

I get that sense in all of your work, that there's a sincere desire to help. And maybe I just resonate with it. For me, I already had a good career in tech and I started the biohacking thing. I was hoping five people wouldn't go through all the crap I went through. And that was my goal. And there's been more than five, but I know how bad it can be. And I didn't believe anything in intuition. I thought we were meet robots. When I started on this path, I didn't think that trauma healing was a thing, because trauma is stupid and no reason to feel unsafe right now because I know I'm safe. Therefore, logically I'm not afraid, even though my body's freaking out. And I just was denying it, all this weird stuff. And I just had a very dysfunctional model of reality, and I had to update it over time.

[\(01:18:58\)](#):

And I think it's made me a better person, and it's helped me to help some people and probably anger some other ones and whatever. But I feel like 10 times that kind of vibe in you. And so I'm really happy about your work. And I was telling you before we started recording that I sometimes get phone calls from influential people who are dealing with toxic mold because I'm known for someone who's successfully dealt with it. And they're like, well, what do I do? And I'm like, well, there's a few doctors I really like. There's Neil Nathan, and there's Jill Carnahan and Shippy, and you might want to get a mold test here, but if they say, I know I have these toxins, I'm like, you just got to go to Neil's website. And he's the only guy who's said, oh, take this binder for this toxin, this binder for this toxin. So you've done a great service for people who are dealing with this weird neurological immunological thing that is chronic fatigue, that is mold, that is Lyme, that is environmental illness, or that is also long that virus, which shall not be named. So I just think you've done great work both on the intuitive side, but also just on the hard science side saying, well, let's look at the system instead of just a symptom. So my hack goes off to you, and I'm truly honored to have you back on the show, and thank

Dr. Neil Nathan [\(01:20:11\)](#):

You. Thank you for having me. Both of us have the same goal. We want to help people to understand that there's a way out and that there is hope for them, that they don't have to be stuck with whatever things they have, that they can be healed. That to me is my goal, and I know it's yours as well.

Dave Asprey [\(01:20:35\)](#):

It is. Now, as we wrap up the show, one final question for you. I've been in the Longevity movement for 20 plus years working in a nonprofit and other things, writing books on it, and I've been really public about how long I think I want to live. So if you could feel as good or better than you do now, how long would you want to live?

Dr. Neil Nathan [\(01:21:00\)](#):

Gosh, I don't ever think about that. Honestly. I have the most amazing, fabulous life. I'm able to provide service in the way that I want and need. I can guide young physicians. I have a mentorship group for a couple hundred physicians that teach them what I know. I am married to the most wonderful being on the planet. I have two fabulous dogs. We live in this beautiful place. I don't know that I could have a better life, and I just want to keep it going. I don't have a timeline. Whenever God decides that I've done what I'm supposed to do here on this planet, I'll leave, but not for the foreseeable future because I still think I'm helping and I love my life. So I don't have a timeframe. And honestly, I wouldn't want, don't like putting limits on anything, which is I don't want to be limited by some idea about how long I should or shouldn't live. Just don't want to play this out for as long as it goes.

Dave Asprey [\(01:22:19\)](#):

You remind me of Eric Kendall, the Nobel Prize winner for neuroplasticity when he came on the show, had a similar answer to that question, and I shared, I talk about living to at least 180. I don't put limits on it because at least, because I think it's 50% better than our current best, and we ought to be able to do that with 600 billion a year invested in longevity seems kind of conservative. But the real answer is, I'd like to die, add a time in by a method of my choosing. And that includes if God says I'm done, all right, I'm good. But could we make it not suffering? Ideally surrounded by family and loved ones that would just be better,

Dr. Neil Nathan ([01:22:58](#)):

But

Dave Asprey ([01:22:58](#)):

I'm good with whatever.

Dr. Neil Nathan ([01:22:59](#)):

I don't think I'm running this show. I believe that I have lived a spiritual life, and I really believe that God will decide for me or with me how this thing eventually comes to an end, and I don't have to think about it. I don't

Dave Asprey ([01:23:23](#)):

What a beautiful, semi enlightened answer. One. I very much appreciate Dr. Neil Nathan, thanks again for your work. Your newest book is one that everyone should read called The Sensitive Patience Healing Guide. So I just appreciate you so much, and if you're listening to this, you could have been in the upgrade collective in the Live studio audience beating me questions and experiencing the live edition of the podcast. If you'd like to do that, well, you can go to our upgrade collective.com. It's affordable and you get to be a part of the mind that helps these things happen. And if you're watching this on YouTube or Spotify or wherever, hit the follow or or subscribe button because that helps in the next episode that'll hopefully be at least as good as this one comes out. You are listening to The Human Upgrade with Dave Asprey.