

**Dr Neil Nathan- Complex Medical Problem Solving****Jay Watts:**

Hello everyone. This is Jay Watts. Welcome to the Non Toxic Environments podcast. Today, we're fortunate to be speaking with Dr. Neil Nathan. Dr. Nathan is a Board-Certified Family Physician, and also a Founding Diplomate of the American Board of Holistic Medicine, which is now called the American Board of Integrative and Holistic Medicine. For many years, he was certified in pain management by the American Academy of Pain Management as well. So let's pick up the conversation. I have to tell you that I'm really intrigued with your idea, of course with your long history and dealing with chemical sensitivity and all the problems that create chemical sensitivity. The idea of you calling yourself a medical detective really resonated with me. In essence, could I call you the Sherlock Holmes of the medical industry?

**Dr. Neil Nathan:**

Some people call me a nice Dr. House.

**Jay Watts:**

Knowing that our listeners are basically folks that are looking to build a home, live in a home, as safely as they possibly can. And the focus of our podcast has been, steer people in a path. These are the materials we think make the most sense. As I said earlier, many of our clients are people who are either chemically sensitive, newly chemically sensitive, been chemically sensitive, or don't want to be chemically sensitive. They're coming to us as a steering committee to steer them down the path. In that context, I'd love for you to just start talking about where you've been and how you've... With five... Is it five books under your belt now?

**Dr. Neil Nathan:**

Six, but who's counting? So first of all, I am not an expert on building. I'm a physician. What I am more of an expert on, is how people have become more and more sensitive and more and more ill in a wide variety of categories over the last 50 years of my medical practice. And I think that encompasses what we're seeing as an almost epidemic of different kinds of illnesses and conditions. So I can see it from 50 years ago when I first started treating people to now, in which it's a very different situation. I think I will be of more of value to you talking about the kinds of illnesses and symptoms that we see, and how they're treated so that all of the folks out there can understand better what they're looking for medically. When it comes to building materials, I confess freely, not my area of expertise. I rely on people like you to answer those questions.

**Jay Watts:**

And I think that's a perfect tack to take. Our constituency, the more they can understand about what they're dealing with. And you've discovered this in your practice. There's a lot of fear, there is a huge sense of abandonment. Not only abandonment by their physicians possibly, but also within their own home. Family members can completely disassociate from one another because they don't understand the complexity of the problem. We've talked to a lot of our clients will have that challenge. And so they feel really alone.

**Dr. Neil Nathan:**

That's exactly right. Maybe if I begin my story with, how did I get interested in this and how did I start learning what I know? That I think will be helpful. I think that may ease the way to understand my messages and I've got bunches of them. I've been board-certified by the American Academy of Pain Management and by the American Academy of Family Physicians.

Basically, I have been a family doc who partly specialized in pain management for most of my career, which is 50 years. Running an inpatient pain unit at a hospital in Duluth, Minnesota for many years, I began seeing in the early '80s, a weird condition which we called fibrositis.

Fibrositis is now called fibromyalgia. But in the beginning, it was this odd condition of chronic fatigue, pain that moved all over the body, irritable bowel syndrome and a cognitive impairment and a variety of other illnesses, which all rolled into that same individual, that made no sense.

**Dr. Neil Nathan:**

So in the medical field originally, those people since it made no sense, it was assumed that it was psychogenic. This has got to be in your head. And so those patients were referred to psychiatrists and therapists and placed on antidepressants and anti-anxiety agents. And here's the shock. It didn't work. So the way I think is that, if you have a presumed diagnosis, like this is in your head and you treat what's in people's head and it does nothing, then we're wrong. So it became clear to us by the late '80s, early '90s, that this thing called fibromyalgia and chronic fatigue was not a psychological condition, but it was a physiological response that we didn't yet understand. And so, working with quite a few people by the mid '90s, I was working closely with Jacob Teitelbaum, done a lot of work in this area.

**Dr. Neil Nathan:**

In the early '90s, I started working with Dr. Norm Shealy. And we began to learn pieces of the puzzle. We began to learn that chronic fatigue and fibromyalgia for many, was caused by magnesium deficiency, adrenal deficiency, thyroid deficiency of different types. And we began year by year, piece by piece, putting together this puzzle of the physiological things that could trigger it. And more important, we were curing a lot of our patients by treating them. And we weren't treating their head, and we weren't giving them antidepressants, and we weren't giving

them anti-anxiety agents. We were treating their physiology, we were treating their biochemistry. As the years moved forward, we began to realize that some of our patients had Lyme disease, with its co-infections. And by 2005, we began to realize that a lot of our patients had mold toxicity. So we were beginning to put piece, by piece, by piece, by piece, a group of conditions that triggered chronic fatigue, fibromyalgia, autism, neurodegenerative diseases like Alzheimer's disease, Parkinson's disease, MS.

**Dr. Neil Nathan:**

It kind of looked like, and it's the case today, that it depended on when these physiological abnormality these showed up, depending on the age. So if a child had this, they developed autism, or ADD or ADHD type symptoms. If someone in their 20s to 40s, it showed up as chronic fatigue or fibromyalgia. If it showed up in the 60s, 70s or 80s, it showed up as Alzheimer's or Parkinson's disease. It was all the same. We're talking about an inflammatory process that the body couldn't regulate and figuring out the causes. So, that's my starting point, that's how I got into this field. Because as I got really interested in it and solving these puzzles, my colleagues went, "Okay, well, you have some answers and I don't have any. So here you can have all of my complicated patients." So over the years, my practice evolved into dealing with the most sensitive ill patients.

**Dr. Neil Nathan:**

And now I'm going to throw in the word sensitive because by the mid 2000s, we began to see more and more sensitivity to everything. Sensitivity to chemicals, light, sound, EMFs became more and more prevalent. So this global sensitization meant that the patients who came to see me, couldn't take the supplements that I wanted to give them that I knew would get them better. They were already behind the eight ball. So we had to figure out, okay, what's triggering

the sensitization? The quick answer, and we can talk about this in a lot more detail, is that we began to understand this was related to limbic dysfunction, vagal nerve dysfunction and mast cell activation. All of which were being triggered by mold and Lyme disease, viral infections and a variety of other stimuli. And here's the takeaway with all of this information, this is what's really important. This is treatable. All of the things I'm talking about are treatable. If you have been overly sensitive for 20 years, you can still get better. So that's my takeaway message and everything else is in the details.

**Jay Watts:**

That is a message that's music to the ears of many listeners who have faced the future of being sick, being sick until the end. You reminded me when you're talking about your colleagues, I was interested in the idea, are you now helping your colleagues to understand this and become... actually in training them to understand this now?

**Dr. Neil Nathan:**

Most of my work is going into that direction now. I have a mentorship program for physicians and currently, we have over 150 physicians in which we meet virtually every two months. And we go over their most complicated cases and we go over subjects or topics that they need to know about, to make all of them better at and more comfortable with, working with these sensitive patient and how to treat them. I also teach... now it's virtual, it used to be live, a wide group of audiences. The American Academy of Environmental Medicine, I've taught for them for many years. There's a host of medical organizations, ACAM, that I've taught with for quite a while to bring this information to the attention to my colleagues. Because you're correct, so many patients have been told inappropriately that this is in your head, there's nothing that explains what's going on.

**Dr. Neil Nathan:**

And one of the worst problems and you're already alluding to it, is that family members listen to the physicians and go, "They tell me it's in your head, so what am I supposed to think?" The poor patient is going, "But I'm telling you I'm really sick and they're wrong." And they're correct. So the good news for all of them is, we have learned in the last 20 years, a great deal about causes and treatments. And if the family members would read some of the stuff that I've been writing, I think it would help them to understand what we're looking at. In fact, the shortest version of it, which is related mostly to mold, is an update of my 2016 ebook, which was simply called Mold and Mycotoxins: Current Evaluation and Treatment. And now it reads 2022, because I've just updated it.

**Dr. Neil Nathan:**

It's about 40 pages, it's readable and it really talks about what mold toxicity is and how to treat it, and everything that's connected to it. Short version. The more comprehensive which I recommend to your listeners as well, is my book, Toxic, which came out 2018. It's been a best seller. And it's a comprehensive overview of everything that we know about that can trigger these conditions and how to treat it. And again, it's a book of hope and some of the chapters in that are written by some of my fellow experts, so that it's a very comprehensive, readable overview of how to look at all of this. That's simply called, Toxic. With the subtitle, Heal Your Body from Mold Toxicity, Lyme Disease, Multiple Chemical Sensitivity and other Environmental Illness.

**Jay Watts:**

It appears to me, there's just this evolution as your discoveries are going on, and as you're gaining wisdom about this, that the books just layer on top of what you're learning and how you're sharing that information. You said something earlier, and that is more exposed now in many ways to all kinds of environmental pollution. I think your latest title deals with a little bit of that. And we talk about EMF pollution and how it can have an effect. And I thought this was amazing when I heard you talk about it, the EMF effect on mold and how it can excite mold, it can actually excite mold to start blooming or growing. I was reminded of back in the '90s... this is related to the building industry, back in the '90s when we were concerned about energy efficiency, all these buildings that were being built got all closed up.

**Jay Watts:**

There was no natural ventilation. And so all of the building materials were actually off-gassing into these spaces. There was this toxic stew of chemicals, people were suffering from that. They would go to work during the day, they start to feel the symptoms of the pollution, they'd leave their workplace and maybe go home and start to feel a little bit better. And then just repeat the cycle over and over and over again, not to their good. I had a meeting with a girl... Actually, I was eavesdropping one day at the bank down here, close to our office. I walked into the branch and I could actually... It smelled very, very musty. This is an old building built in the '60s, high-rise in the '60s. And I was listening to her speak to the customer in front of her, and she was complaining how she was always... in the afternoon, she'd get headaches and just the classic symptoms.

**Jay Watts:**

And so I walked up and I said to her, "Hey, I'm sorry, I was eavesdropping, but I heard you talking about these symptoms you're having, let me ask you, do you notice a smell in this building right now?" She goes, "No, not really." And I said, "Well, I really think there's a serious mold problem here. I mean, a very serious mold problem." And then she asked me, "Well, what do you know about it?" And I said, "Well, here's what I do." What was funny about that Dr. Nathan is, literally a month later, that building was shut down and they were doing a whole... they had the big tent, the big white tent over the whole building. So this is a 13, 14 story high-rise. Completely had their gut at and get all... I'm sure mold must have been caked like asbestos on the walls of that building.

**Dr. Neil Nathan:**

However, that is not an uncommon story. It happens, especially in old buildings. Particularly ironically, government buildings, because they're so poorly maintained and schools, which is the real problem. So schools rarely are budgeted to fix leaks or water damage. So we're exposing our children often to mold in ways where you don't even realize that and that's really a travesty.

**Jay Watts:**

And one of the things that are discussed with my clients is, I've had a mold problem. We're trying to remediate from a mold problem. And so I'm always wondering, well, how long has this been going on? I tell people when they tell us, "I'm not chemically sensitive." I like to say, "Well, let me reframe that for you. Every human being can be sensitized by chemicals. Maybe you're not suffering the symptoms of your exposures, but you can and will, if you're exposed in the many ways that you can be exposed. You can develop these symptoms, which can lead to things that you don't like." So I say, "Don't say you're not chemically sensitive. Everyone on the

planet is in my estimation. You may be managing it, your immune system may be handling it better than others, but don't push it."

**Dr. Neil Nathan:**

I don't actually argue with people. People rarely listen to me when I come from that perspective. If someone is convinced that they're not chemically sensitive, I'll come in in a different direction.

**Jay Watts:**

What would you say? Educate me, because I'd love to be able to connect in a way that's more meaningful.

**Dr. Neil Nathan:**

I typically don't say much to people until I hear where they're coming from. So if someone is open to it, we can talk about that from the get go. If someone is not open to it and... for example, it's terrifying for many people to consider the possibility that they live in a moldy home. The thought that they might have to get rid of some of their beloved belongings, the thought that they might have to pay a fortune and not even successfully remediate, the thought that they're going to have to put money into it, the thought that they would have to acknowledge it if they were going to sell the building. Now they unconsciously, subconsciously unconsciously already know it, but whether they can embrace it, that takes time that I find when I am confrontative, that never works. So I'll basically say, okay, let's just find a starting point, let's just diagnose first what you've got and then we'll take it from there.

**Dr. Neil Nathan:**

And I find if I can proceed in a step by step fashion, people will eventually come around. So to accept that they have a moldy environment, I'll typically start by getting a urine mycotoxin test on people. And if there are mycotoxins in their urine and it's on a piece of paper and they can look at it, it's their body. The lab shows us this, we'll go, "Okay, there are serious amounts of mycotoxin in you, where'd that come from?" Then we begin to address that. Another... I'll call it a trick, but it's more than that, I like to do what I call mold plates, which are simply Petri dishes that grow mold. And I'll ask patients to... they're inexpensive, and I'll ask them to put a Petri dish on the floor of every room in their home.

**Dr. Neil Nathan:**

Or if that's expensive, let's put it in the rooms you spend most of your time. Your bedroom, living room, bathroom, if you've got a basement, or a crawl space, or a garage or an attic, those are good places to look. Just put to plate, let it sit exposed to air for two hours, put the top of the plate back on, label it so you know where it came from and look at that plate in four or five days. And the vast majority of them are going to grow mold. That will typically get their attention. After telling me, "It's a brand new building that never had water damage, I never smell mold." Great, let's just see. Most people are willing to do that and when they see oodles of mold growing, all of a sudden it's, "This is hard to deny. I put out these plates in my house, nobody did it for me. I can't blame somebody else here, and look what's growing in my plate." Then we have the plates analyzed and if they're growing toxic mold species on those plates, then we'll go, "Okay, now let's have a serious discussion."

**Dr. Neil Nathan:**

First of all, we've already identified better where the problem's coming from. So that if only two rooms have it, we can start looking at those rooms. Second, if every room has a significant amount of Aspergillus or Penicillium or Fusarium, Alternaria, toxic mold species, this probably means it's in your HVAC system. So we really need to look there. So although it's a crude test, that's very useful to get their attention and allow someone who is into remediation to get a handle on, "Okay, this is the areas I need to really start looking at."

**Jay Watts:**

Yeah, I think that's amazing, amazing information. And as you described, it's so very simple and it puts the client in control. It gives them a better sense of what's going on. It's right there in front of them, it's easy to do. No one else did it, they did it themselves. We can do a similar test, we can actually test surface for formaldehyde emission. We have a unit that actually... a very sensitive unit that we can test how much formaldehyde parts per billions coming out of this material. And it's nice remediation where we can go in and say, "Well, we've got pollution in here, but we don't know exactly what surfaces is coming off of. So let's test it surface by surface so we can start to nail it down." Is this right? 10 million of us are mold sensitive in this country. What's the number?

**Dr. Neil Nathan:**

No, I didn't say mold sensitive. I said are already mold toxic. So that is an estimate made by experts in public health, I didn't make that estimates. Those were given by others and yes, that is considered to be accurate. And many of those patients are unaware of it. They're thinking their symptoms are a little allergy, I'm a little overworked, this is stress. Many of them are not

the severely ill patients like I see, but this is an epidemic. There's no question about that. And that's just in this country.

**Jay Watts:**

Just in this country. Oh my God. There's another term that you use or I read, which is cell danger response. Can you explain that? It sounds like a really intriguing concept.

**Dr. Neil Nathan:**

It is. I'll try to give you the Cliff Notes version because it is very complicated and it's very biochemically oriented. So first of all, the cell danger response is a brilliant model of chronic illness that was developed by my very dear friend, Dr. Robert Naviaux, who is a Professor of Pediatrics and Genetics at the University of California, San Diego. He's published a whole bunch of papers. The first one in 2013 called the cell danger response, laid this out. And he has since evolved this into a total model of illness and how to evolve from illness into health as a cycle. The bottom line here is that, when a cell feels threatened by something dangerous, it responds in a very circumscribed way. And the parts of the cell that detect danger are the energy producing components of the cell, which we call mitochondria. There are literally organelles, parts of every cell that many of our listeners will know.

**Dr. Neil Nathan:**

That's the part of the cell that makes energy, but it's also responsible for perceiving danger in the form of toxins and infection and stress. And when it feels threatened by toxins or infections or stress, there's an actual voltage drop in the cell, which triggers this process called the cell danger response. So if we used a viral infection to kind of be a model for it, if a cell becomes infected by a virus, there's an energy drop in this cell and the cell responds in a very particular

way. Biochemically, it shuts down various important processes so that the virus doesn't have access to our chemistry. To make that clearer viruses can't reproduce by themselves, they have to hijack our chemistry in order to reproduce. So we shut down that chemistry. So yes, we suffer, but the goal is to prevent the virus from reproducing.

**Dr. Neil Nathan:**

We often stiffen up that cell membrane to prevent the virus from leaving. In other words, that cell is committing essentially harry carry, self sacrifice for the greater good. The cell releases different chemical messengers throughout the body, like eehooh, eehooh, danger, danger. So that the immune system gets involved, various cell lines come into play, So a host of very specific biochemical reactions occur. However, in certain infections like Lyme disease and inferent toxins, mold being one of the key ones, but many, many other toxins can do the same thing. The body goes into this state of cell danger response, think of eehooh, eehooh, eehooh. And in this state, it remains inflamed. And this then is not only on a cellular basis, whole organism. So the cell danger response is a model for exactly how this inflammatory process gets started as a means of say, getting rid of the virus.

**Dr. Neil Nathan:**

But then in certain cases, if the infection is not taken care of, if the toxin stays in the body, if a stress lingers, this inflammatory process continues unevaded, and the patient continues to get worse and worse and sicker and sicker. That's the basic nature of the cell danger response. So that the key important points here, are that until that body deals with the infection, the toxin and stress, sometimes all three of them, it can't get well. That being, that body, that cell can't heal. And so, this allows us medically to focus on those things as the primary area of which

we've got to fix, to shut down the cell danger response. So it can go into the cell healing response. Anyway, that's the Cliff Notes version.

**Jay Watts:**

How does the limbic system response fit into the scenario?

**Dr. Neil Nathan:**

Very exactly. The limbic system is the part of the brain that monitors your environment, both internal and external for safety. And if it doesn't think you're safe, it starts to become hyper-reactive, hyper-vigilant and will actually begin to shut you down. It's a protective mechanism, which if it goes on for a prolonged period of time, eventually goes off the rails. So that you begin to react to things that maybe you don't need to react to, but the limbic system is going, "I don't think that's safe. So if I'm in doubt, I'm going to shut you down." And that is one of the hearts of what create a sensitive patient. It's that limbic system... Now, want to make emphasize. This is not psychological, it's neurological. This is literally a part of the brain that is monitoring your external environment for safety. Whether it's chemicals, light, touch, sound, EMFs, increasingly depending our geogenetics and Chemistry, it's going to find you more at risk and then shut you down. So people who are sensitive to all those things, find their world growing smaller and smaller and smaller as their nervous system goes, "That's not safe, that's not safe."

**Dr. Neil Nathan:**

Now keep in mind, that's a protective mechanism, but unfortunately, that protective mechanism is now overprotective. And you are beginning to react to things that maybe you don't need to, but the nervous system doesn't care, it's doing its job.

**Jay Watts:**

What about the vagus nerve? Talk a little bit about that.

**Dr. Neil Nathan:**

Right. And that segues beautifully because the vagus nerve, is the other part of the brain that does the same thing. So we have two anatomically different parts of the brain that are both working to monitor you, scrutinize your stimuli for safety. Similarly, if the vagus nerve thinks that it's not safe, it will shut you down, but in a somewhat different way so that the vagus nerve for example, is a key element to the autonomic nervous system. So that people who have autonomic dysfunction, which is extremely common in our sensitive patients, will often develop what they call POTS, postural orthostatic hypotension. In which their blood pressure will fluctuate or get unusually low, while their pulse goes up and they'll have tachycardia. It will predispose, as will the limbic system to anxiety that runs out of control or depression, or even OCD behaviors or mood shifts.

**Dr. Neil Nathan:**

Both of them are regulated by the combination of the vagus and the limbic system. So that for our sensitive patient, one of the things we've learned in the last five years is that, we have to treat both the limbic and vagus concurrently. Because if you have two systems that are hyper-reactive, and you only treat one of them, you're going to stay hyper-reactive. So if you treat the limbic system and you don't look at the vagus nerve, not going anywhere. If you treat the vagus nerve and you don't treat the limbic system, same. So part of understanding treatment, and we do a lot better now, is that we need strategies for treating the vagus nerve, and we need strategies for treating the limbic system combined. That's fabulous.

**Jay Watts:**

I've noticed there are some exercises that you can do on the internet that are the vagus nerve exercises. Very simple.

**Dr. Neil Nathan:**

They are, but by themselves that's not adequate, but it's a good start. There's a group of exercises that were originally devised by a Danish cranio-sacral therapist named Stanley Rosenberg. And you can get those exercises from his book, *Accessing the Healing Power of the Vagus Nerve*.

**Jay Watts:**

I saw that there's a series of his exercises. Just in kind of rounding this out. I'd like you to talk a little bit about your latest book, *the Energetic Diagnosis and Mold and Mycotoxins*, that seems like a very interesting new path that you're on.

**Dr. Neil Nathan:**

Okay. Now those are two different books and those are completely different books. So I just want to distinguish. The first, which is Mold... I mentioned earlier, my update of my ebook, get from Amazon, called *Mold and Mycotoxins: Current Evaluation and Treatment 2022*, that's updated. The previous book, *Toxic*, is really a comprehensive book about mold. My new book is about using different aspects of intuition to help in diagnosis and treatment. And it consists of outlining specifically which aspects of perception utilize intuition, and how to nurture that, and how to utilize that in order to improve your ability to diagnose and treat. And there are two audiences, and I always write for two audiences in the same book, which includes writing for

physicians and I'm also writing for consumers. For consumers, the message is, trust your intuition. Your intuition is likely to be spot on, please don't let other people talk you out of your intuitive perceptions.

**Dr. Neil Nathan:**

They're much more likely to be correct by far. In the middle part of my book, I bring in a whole bunch of experts that talk about how to focus the perception of energy, using a variety of medical devices of all sorts. And it's a potpourri of different devices. It's not encyclopedic, it's the ones that I have found to be particularly helpful in enhancing diagnosis and treatment. And in the last section of my book, it is a plea to return to the natural world as the source of our inspiration, as a source of our intuition, and about how to look at the natural world and spend more time in it in a way that nourishes us. I have great concerns in the technical development of the world that we live in, that we're being increasingly distanced from our relationship with the natural world. We have a whole generation raised on literally virtual reality, in which that virtual is their reality and unfortunately, that is not reality.

**Dr. Neil Nathan:**

That is not the natural world from which we have a phenomenal amount to gain and be nourished with. So, my message in my new book, [Energetic Diagnosis](#), is to utilize that information. And there's some very important chapters there, especially for people who've been sick, especially for people who have been empaths. And people who are empaths are far more likely to get sick than others, because they're often being taken advantage of energetically, by others who can perceive their energetic vulnerability and take advantage of them.

**Jay Watts:**

I like what you said about trusting intuition. I think a lot of people for various reasons do not do that as much as they should. Andy and I both tell our clients, that's an important part of what we're doing. You have to trust what you're getting as a message, because as you just said, they're probably spot on with that. You're reminding me on something, there's a book out called Stillness Speaks, it's authored by Eckhart Tolle. One of the things he's talk about in that, is getting back to nature. And he basically has constructed that book to be what they call an east Indian philosophy, Sutras. And so he's broken it up into these ideas. And one of the ideas is, how do we gain wisdom? We can go through all the intellectual gymnastics. We can go through forever and ever, how do we get wisdom?

**Jay Watts:**

We can gain wisdom from nature by looking and listening, and being in nature and being able to take a moment out to look at a tree or look at a flower and see that it's stillness and it's perfection. And if we can start to connect with that on a very subtle level, then we can start to improve our lot.

**Dr. Neil Nathan:**

So I'm familiar with Eckhart Tolle's work. I agree 100%. In fact, I'm writing about the same thing with my voice. But I would say it a little differently which is, I believe we already have wisdom, but we're distanced from it by layers of being told, we don't. That other people have wisdom. You don't, you don't know anything about this. And I believe we're born with... and connection to the natural world, I believe we're born with a variety of gifts. People call them intuitive gifts, you name it. But we're born with it, but we're not taught to honor it in most households. In most households we're told, if you show any proclivity to having those gifts, it's

like, "Oh no, no. We're going to look weird to the rest of the world, shut it down." And so we are kids. We don't know what to do.

**Dr. Neil Nathan:**

Okay. My parents, my religious teachers tell me to shut it down. Okay, I'll shut it down. In doing so however, we're shutting out a lot of who we are, we're losing our intuitive sense. And some of our illness is an intent to make us look inside deeper, to recover the essence of who we are. So I would submit that if you listen... and I'm listening, I think I have a whole chapter on listening, but listening, being still just being present to the natural world is a deep reminder to simply be who we are. And in that, there is already inherent wisdom.

**Jay Watts:**

So well put. Well, we've run long, long discussion here and very, very fascinating, interesting subjects, which I thank you so much for Cliff noting, as much as you needed to. Because I know this is 50 years of your experience, with this wisdom that you've gained over these years and understanding the problem. So I'm humbled and I'm very thankful that you were able to come onto the show today. We're going to post all this information, specifically, all your book titles and I'll get them right in the show notes. And we'll have a connection to your website so that our listeners can then connect with you directly. I'm going to encourage them to go right out there and just buy the whole collection of books, start at the beginning and just work their way right through to the very end. And I think that'll be a big impact for a lot of our listeners.

**Jay Watts:**

Thank you, Dr. Nathan. I hope that we'll be able to speak again in the future, I know we will. I'm going to be following you now. Oh, I'm wanted to ask right before we go. I mentioned

William Rea and at ADAM, Dallas, Texas. Did you ever do any work with Bill Rae in Dallas with the American Environmental Health Clinic?

**Dr. Neil Nathan:**

Yeah, I sure did. I knew Bill quite well for many, many years and his death a little while ago is a real loss to the community. Bill was a genius, and leader, and teacher for his whole career with spans I think even longer than mine does, Bill is a real loss to the community.

**Jay Watts:**

When I first started with the company, I heard about him and I have both of his books on chemical sensitivity, both those volumes, they're two and a half inches thick each one of them. A little over my head, but I still have them. I look at them, it just reminds me of all the great work he did. And a lot of people come to us through the clinic, they hear about what we're doing. I'm working on such a small level really compared to what you're doing. It's all dovetailing very nicely.

**Dr. Neil Nathan:**

We're all doing our part in whatever area we're drawn to. And it's about changing consciousness. We just keep plugging away until consciousness changes and it has to change quickly, because I don't think the universe realizes how polluted it is from chemicals, from heavy metals, from EMFs. We just have to wake up to what we're doing and quickly. We don't have the luxury of having a 20 year senatorial fact finding commission. That luxury is gone. We need to get going on it immediately.

**Jay Watts:**

I like the slogan, think globally act locally. And whatever that means to anybody in terms of empowerment. Because I think a lot of times what happens is, we think this thing is so big there's nothing we can do individually. It's out of our control. And I think that's so disempowering, I think you have to shrink down, see what you can do in your own neighborhood even if it's picking up 10 pieces of garbage every day. Something as simple as that, if we all took a step, in just that one step, if we all did that, man, there'd be miracles going on

**Dr. Neil Nathan:**

Or one of the biggest things people can do. And it's not a big step, plant a tree. Trees are the lungs of the planet and the clear cutting of the forest is one of the reasons we're in this predicament. The buildup of carbon dioxide could be taken care of by the trees using it to produce oxygen for us. So it's not my idea, but it's but it's absolutely true and simple. If literally, a million people planted a tree, whole world would still to be in better shape and quickly.

**Jay Watts:**

Yes it would. Dr. Nathan, thanks for being on the show. We'll speak again. Enjoyed it very much.

**Dr. Neil Nathan:**

Thanks for having me. Take care.

**Jay Watts:**

Well that wraps up this installment in Non Toxic Environments, I hope you enjoyed it. If you'd like to connect with Dr. Nathan directly, his website is [www.neilnathanmd.com/consultations](http://www.neilnathanmd.com/consultations). Dr. Nathan's books are available on the Amazon platform in paperback and Kindle. Thanks for listening. Until next time, stay safe, share some compassion and be well.