



**Energetic Diagnosis: a pioneering plea to improve our
health, our planet and our medical practitioners' ability to
heal**

with Dr. Neil Nathan

[The MindHealth360 Show](#)

Episode Transcript

Host: Kirkland Newman

Guest: Dr. Neil Nathan

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Dr. Neil Nathan:

Most patients who come to me want to start on the physical plane. That's their comfort zone. So if I say you have Lyme disease or you have mould toxicity and I know how to fix that, then they're totally comfortable with, "Okay, let's go start treating it." And we start improving their ability to detoxify with certain supplements and we use binders to pull the toxin out of the body and we eventually use antifungal medication to completely eradicate the candida and the mould out of the body. And that's fine. A lot of people, that will be adequate for. But for quite a few people, merely working on the physical plane is not sufficient because they can't fully take that in because they have blockages. In other words, spiritually and energetically, they have blockages. You're not going anywhere until we figure out an emotional or spiritual block. Then yes, here's where the art of medicine comes in.

Kirkland Newman:

Welcome to The MindHealth360 Show. I'm Kirkland Newman. And if you, your loved ones or clients suffer from mental health issues such as depression, anxiety, insomnia, poor memory, poor attention, mood swings, exhaustion, et cetera, I interview the leading integrative mental health practitioners from around the world to help you understand the root causes of these symptoms, many of which may surprise you and suggest solutions to help you heal. If you like this interview, please do subscribe and forward to others who might find it helpful. If you want further information, please go to www.mindhealth360.com or find us on social media.

Dr. Neil Nathan, welcome to The MindHealth360 Show. I'm very grateful. This is actually the third time that you are interviewing with me and I'm incredibly grateful. You're one of the most incredible, knowledgeable, intuitive, insightful, wise doctors I've ever met. And I'm very privileged and I think everybody's privileged to hear from you again.

This time it's about your latest book, which is called Energetic Diagnosis. And it's a very interesting book. It's very different from your other books, but it's a very beautiful book and it's one that I was just saying actually moved me to tears in a couple of places. And one of them was when you were talking about listening to your patients and the description that you gave of truly listening. And for me listening is always an act of love and truly listening. And I think what you give to your patients, the act of truly listening to them on a really deep level is a true act of love. And so I was very moved by that.

But back to you. For those who don't know you, you've practiced medicine for 50 years. You're board certified by the American Academy of Family Medicine and the American Academy of Pain Management. You're founding diplomate of the American Board of Integrative Holistic Medicine and the International Society for Environmentally Acquired Illness. You continue to provide medical consultation and teach, mentor, lecture and write. You've written various books in the past on hope and healing, *Healing Is Possible*, which provide excellent backgrounds in functional medicine, especially for patients suffering from chronic fatigue syndrome and fibromyalgia. And your recent best seller, *Toxic: Heal Your Body from Mold Toxicity, Lyme Disease, Multiple Chemical Sensitivities, and Environmentally Acquired Illness*, which is fantastic.

Essentially, Neil, you are somebody that people go to when all else has failed. A lot of the time you are the person that people come to when they have not had any success with healing with other modalities, usually conventional medicine. And I think you're sought out globally as somebody who can help with complex chronic illness in a way that very few other physicians can, and you're a treasure in that sense. But also, what's interesting reading this book is how much you use your intuition and how much you use the gifts that you have of just seeing things and being intuitive and seeing people's inner light. And I found that fascinating.

But rolling back for a second, what made you want to write this book? And because it is different, but it's a very inspiring book and it seems to me that it's a real plea for mainstream medicine to listen to things that they all use but they don't really tune into. And so a lot of doctors function in an intuitive way, but without realising it. They're slightly embarrassed maybe about it or they don't want to admit to it. I mean, I don't want to put words in your mouth, but why did you write this book?

Dr. Neil Nathan:

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Well, you're doing a great job of putting words in my mouth actually, because I would've said something similar. Like all creative endeavors, this book had a life of its own. The germ of the idea was exactly what you're just describing. For many years I would allude to certain perceptions when I lectured to doctors all over the country. And what I was surprised by is that many of the physicians in the audience in attendance would come up after lecture and say, "I've never shared this with anyone, but..." And then they would describe these, you could call them psychic, I think that word has some sense of it that puts some people off. I would rather call them perceptual gifts that everybody has to a varying degree. Because having worked with a couple hundred thousand patients over 50 years, I've watched a lot of people and I'm convinced that virtually everyone has these gifts, but to varying degrees.

For example, I know that there are people who can see auras. I can't. I always wanted to. It sounded cool, neat. Gosh, all these lights and colors, that would be really cool to see. I can't do that. But I know that there are people who can. But what I've learned about myself over the years is that I have some gifts and maybe what makes me a little different than some is that rather than hide from it, is that I realise that they were gifts and I've embraced it. Not always publicly, and that's what you're alluding to. A lot of people function this way at a very high level. I would even guess that some of the most high functioning people who are the most creative that you know operate using these gifts regularly.

But there's a stigma to it, which we were often taught in childhood. "Daddy, there's a boogeyman under my bed." I don't know what a boogeyman looks like and I'm not even sure my kids would know what they look like, but they have said that to me when they were young. And what I think they're just saying is they're attaching a word to a perception of energy in the room. And if a parent goes, "Oh come on, there's no boogeyman in the room. I'm going to kiss you on the forehead and you go to bed, close your eyes, you're safe, you're fine." The message is whatever energy you're seeing, take it out of your consciousness, push it aside, compartmentalise it, don't go near it. It's socially unacceptable. Whereas what I tried to do with my kids, I'm not even sure I fully knew what I was doing back then was to go, "Yes, there's something here that's scary." And I taught my kids visualisations of how to deal with that energy without putting a label on it. But that's not a process that all parents utilise and most kids grow up with a suppression of those events. My own parents were highly unsupportive of that aspect of my being until their later years when they decided that maybe I was okay and it was kind of cool to be like that. But for years they would just roll their eyes and go, "You don't want to talk about that." But I helped patients with it.

When I grew up and when I went to medical school, I wanted to be a healer. I thought that's what doctors were. I thought that that's what they were going to teach me in medical school, that I wouldn't be a healer when I grew up. So I was very disappointed when I went to medical school to discover that they were going to teach me to be a medical technician. Now that's a good body of information, valuable, useful, but I wanted more. I couldn't even put words to it when I was in medical school. But all I knew was that I was very disappointed about what I wasn't learning.

I had a glimpse of it from one of my teachers. The fabulous Elisabeth Kubler-Ross was at my medical school. And I think that she taught me more by osmosis than anyone else in medical school. She would have an hour and a half session once a week in which medical students were invited to sit behind a two-way window. Back in those days we didn't have video, we didn't have the technology we have now. We had a two-way mirror that the patient looked like a mirror and we had a group of medical students sitting on the other side watching her. And Elisabeth was fabulous. In later years, she talked about it. She was psychically gifted. But back then what she taught was listening by doing it. And there was no one else in medical school who taught us that. Everyone else in medical school taught us to go rushing through the bedside, answer a few superficial questions and come back to the chart room where we talked about it in detail. But Elisabeth listened. She would sit with patients and you'd watch her and she had, as people know, an Austrian accent and she would talk like this. Sometimes not always so easy to hear, but it was palpable how much she cared.

And so a group of us would sit there every week and crammed in this tiny little room. We would be sweating bullets because the temperature of the room went up astronomically with all these bodies crammed in together to watch her. But that's what she taught. And I can never give her enough thanks and gratitude for having taught me that's how you talk to patients, that's how you listen, that's how you take it in fully emotionally connecting with them. And she demonstrated that.

Kirkland Newman:

It's interesting because when I read your book, what I hear is that there's a real crisis in modern medicine. There's a real crisis in modern health. So our health is worse than it's ever been in many ways. There's a huge increase in complex chronic disease. There's a huge increase in inflammatory disease. And conversely, there's also a crisis in medicine and doctors have less and less time to spend with their patients. They're more and more data driven and less and less able to sit in a room and actually have a personal contact with their patient and really listen intuitively.

And so there's this perfect storm where we've got a real health crisis. And you can say that's due to the increase in toxins or the increase in antibiotics, NSAIDs, processed foods, stress, technology. I mean, there's so many reasons. You talk about disconnection from nature. And meanwhile we have all these strange diseases driven by Lyme and mould and things that conventional doctors often miss or just don't really know how to treat. And so you describe this crisis in health and then you also describe the crisis in modern medicine, which is also physicians are burnt out, they have less and less time to spend with their patients.

I was really struck by one of the statistics that one of your contributors in the book Dr. Dee gave, which was the Mayo Clinic has a 30% success rate in terms of diagnosis and treatment, which is very low. And so given this crisis, both in health and in medical conventional medicine, what is your solution? What do you propose? How can we help people, whether it's doctors or whether it's patients given the crisis that we're experiencing?

Dr. Neil Nathan:

Wow, that is a very rich question filled with answers on many, many different levels. I would say the overriding most important thing that we can do is to wake up to what we're doing to our planet in terms of toxicity, which you alluded to. What's driving many of the illnesses that we're experiencing, and many people are absolutely unaware of it, many of my colleagues are oblivious to it, is this toxicity of chemicals, heavy metals, EMF, what we've done to the rainforest, the global warming. This is a planetary issue. And our answer so far has been, let's set up a 20-year fact-finding study to discover just how bad it is. And virtually everybody who works in this area would say the time for that is long gone. We don't have 20 years to find facts. We have to immediately begin working on the things that are workable.

Now, the global warming could be changed by reverse geoengineering. Experts have been talking about this for a while. Not very many people are listening. So the number one thing we can all do as human beings is to simply support the efforts of those people who are more politically oriented than even I am to push all of our leaders to take this seriously and change these toxicities. Our entire planet depends on it. That's one.

Second, the stresses of the modern world have distracted most human beings from who they really are, from why they're on the planet, what they want to do here, what they want to be here. They rush around accomplishing myriads of tasks and things and are exhausted at the end of the day because many of those tasks and things aren't nourishing to them. They don't feed their spirit. One of the questions I've always asked patients is what gives your life meaning and purpose? And a surprising number of folks say, "Gosh, I don't know." Now that is scary to me, but that's the reality of it.

So one of the things as a physician that I used to do with them is to say, "Okay, great. Then that's something we need to explore. Or rather, you need to explore because I can't tell you what would give your life meaning and purpose. All I can do is remind you, as often as you need to hear it, that you have to be looking for it." So if you are doing things and you become aware that they're not helping you to feel appreciative, joyous, present, a part of your life, and they're just going through the motions, then let's take a look at that. What can I change? What could I do differently? How can I allot my time differently so that I can begin to get a glimmer of what feeds my soul, which is spiritual, which is what's giving my life meaning and purpose? And gosh, I spent most of my professional career nudging people in that direction. And many people have found it and many people back away from it, going, "Well, that's too tall an order. I can't do that. I have too much on my plate." My response to that would be, "That's the whole point." But everyone has the right to do with their life as they wish. Unfortunately, too many people are on automatic pilot. So the motivation, I'll come back to that question you asked me, first is why did I write this book?

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So first of all, I wanted to start a dialogue amongst everyone, professionals included, about how we really use intuition and all of the gifts that were given in the service of functioning at a higher level, enjoying our lives, and in medicine, since I called my book *Energetic Diagnosis*, for diagnosis. In other words, what perceptions do I have of this being, who's sitting in front of me in my office, what gifts do I have that would help me, above the specifics of the words that they're saying, to understand that as a model for everyone looking at their own lives from the perception of how can I enhance my communication with everyone, which especially family, friends, community, loved ones? How could that be better? And that's what you said, listening. Listening, not superficially, not listening with EarPods in to music, not listening with a mind to "but I've got these 12 things to do and I'm already planning on what I'm doing next", but listening from the perspective of being fully present. Right now, nothing else in this moment but me listening to whatever this being is conveying to me, which, God bless it, Elisabeth Kubler-Ross taught me many, many years ago. She modeled it for me. Now, I don't listen the way she did and she had different perceptual gifts than I do. But I've learned that if I am simply quiet, listening, the person in front of me will convey to me and teach me what they really need. Above and beyond are you biochemically deficient in zinc or thiamin? Or are you structurally in need of having an osteopath fix your neck or your shoulder or your back or whatever it is? It's more than that. People are always conveying who they are and what they need at a deeper level, if we listen.

So the first message, which I really wanted to get across, is honour, explore the gifts you already have. You don't need textbooks for it or anything. You just have to pay attention to what's in front of you at every given moment. And if we do that, we would be learning. That's what motivated me to write the book.

Kirkland Newman:

I mean, that's brilliant. And you also mentioned in the book that people have different gifts. And so some people are more clairsentient. Some people are more clairvoyant. I mean, you personally received images, mental images or words that guided your diagnosis. And one of the key things you say in the book also is that you cannot give a good treatment to someone unless you have a proper diagnosis. And so the diagnosis is absolutely key.

But I think what's interesting is you talk about people's varying gifts, you encourage people essentially to get in touch with these gifts and figure out what they are so that they can be more helpful. Can you tell us a little bit, because there's some extraordinary stories about your own gifts in terms of how you were able to help patients having these mental images that would come to you. I mean, I found that quite extraordinary.

Dr. Neil Nathan:

Well, thanks. The books have been very well received and I really appreciate that. And what almost everyone is telling me, "It took a lot of courage to write this, Neil." On one hand it did, and part of it is I'm now old enough that I'm not sure that I care much about being judged for talking about what I believe is my own process. I know that there are people who will read this and go, "I always thought Nathan was a nutcase. That proves it." This book is not for them. That's not going to be helpful.

Let's talk about some of the gifts that we have. My major gift is called the gift of knowing. And so for the listeners, I'll recount the pivotal event in my life, which helped me to understand that I had this gift as I'd been operating for a long time. Maybe utilising it, I don't know, because I didn't wake up to it till I had this particular event.

So I was in my early formative years of medical practice, I had a couple of particular skills that I had learned at that point, and that'll become important in the story later. I had been studying hypnosis for a number of years and how to use it medically. And I had studied an emotional release technique called Reichian therapy. Not reiki, but Reichian, after Wilhelm Reich, the psychiatrist, who developed a method for using breathing and massaging certain tight body areas to release the tension and the emotions of those areas. And I had already become somewhat known in my little community of Northern California where I was practicing at the time as being really interested in problems that other people didn't want to deal with. In other words, why some people couldn't get better or didn't really have a diagnosis and medical science wasn't helping them.

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One of my colleagues, who was a gynecologist, had a patient who had severe recurring ovarian cysts. They were so bad that he had to operate on her literally every month to operate on these recurring cysts. And interestingly, intuitively, he thought that I might help her. I'm not sure why, because when she came in with this problem, my first thought was, "What am I going to do about this? I have no idea." So the patient comes in, she's sitting in front of me, and I'm simply listening and a typed message comes across my visual field, "Ask her about the time she was raped." And my first reaction is, "Oh my God, that is so unprofessional. That would be rude. I can't do that. That's crazy. No way. I can't do that. No way I could do that." If I should do that, she'll run out of there going, "He's crazy," and the whole community will know that I'm out in left field. Can't do that.

We're talking a little bit more. She's just recounting her physical problem with these ovarian cyst and the type-written message comes across a second time goes, "Ask her about the time she was raped" but somewhat more emphatically. Reaction is the same. I absolutely cannot do that. That is unbelievably unprofessional. More time goes on. This time, large, bold, huge, italicised, "Ask her about the time she was raped." And if something is different about me, it's at some point I have decided to trust my intuition. And I decided, okay, worst that'll happen is the entire community will be told about how inappropriate I am. I'll have to leave the community in disgrace, but I'm going to do it anyway. Okay, what the heck? Oh, okay. "Tell me about the time you were raped." She did not jump up and slap me across the face. Rather, she dissolved into tears and related this horrific story of having babysat for her sister at the age of 13. Her sister's husband came back early, raped her, and she had nobody she could tell about it. She felt, probably correctly, that no one in the family would've believed her, and then they kicked her... she got pregnant and the family disowned her, literally kicked her out of the house. And so, I mean, here's a 13-year-old girl who's pregnant and the family is rejecting her and spurning her. Awful.

Kirkland Newman:

Awful.

Dr. Neil Nathan:

And she somehow tried to go on living her life. And because she put it together, I might not have otherwise, it seemed like there was a connection between those of ovarian cyst in the pelvic area energetically and this experience. So I used the only skills I had back then. With her permission, I regressed her back to the time that this occurred and used Reichian breathing techniques to help her release the emotion that she had been holding onto for this period of time. We had two sessions, maybe three, and then she had no more ovarian cyst. Never occurred again. Her relationship with her husband, especially sexually, improved greatly. And she was married at the time, but that had been an issue for them. And her life improved as she knew it, as she released this awful experience and could be free of it to go on and live her life.

For me, this was an extraordinary experience in that, where did this message come from? And everyone has their own explanation. And I don't have one actually. Some people talk about my subconscious, my intuition, spirit guides, angels, God, all of the above. I don't know.

Now, once that happened, I had a series of other experiences with other patients in which I get a little typed across message and I was much more inclined to listen to the message. The first time, I didn't have to get three messages. It was like one message like, "Okay, I don't know where this information is coming from, but I'm going to act on it." And I made some amazing diagnoses and helped a lot of people. It was never wrong, the message. And I learned to trust it even though it put me in some very difficult situations medically with some of the medical staff who would question what I was doing.

There was a time, for example, when the message was "this patient has meningitis," and they didn't have symptoms of meningitis. They had a fever and they had other things, but the classical hallmark of meningitis, which is a headache and a stiff neck, didn't have it. And so I did a spinal tap and made the diagnosis of meningitis. But the head of the department came by and said, "Why did you do the spinal tap?" And I lied, the only way I could deal with it. I said, "Well, he didn't tell you that he had a headache and a stiff neck, but he told it to me." And then they could trundle off and go away. That's fine. You did the spinal tap. It did show meningitis, so we have nothing really to talk about. But I know that no one

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would've accepted why I did that. And that's not a benign procedure to do to a human being. And yet it was fruitful, made the diagnosis successfully treated and so on.

And after a while, wherever this information was coming from was able to convey it without typed... It was simply I'd sit down with people and I'd know it. Now, this is the gift of knowing. Now you might think that this is well, fabulous and great. There is a liability to the gift of knowing, which I need to share, which is you can't tell someone what you know until they're ready to hear it. And I lost several good friends because I shared with them information that entirely put them off, which was in the category of you can't possibly know that and what you're asking me to do is absolutely beyond anything I want to do, and who are you?

So I realised that this is valuable information but can only be utilised. So I would be sneaky about it, manipulative. I'm being upfront, I was. I would hint around certain subjects with a very open-ended questioning in the hope that if the patient was ready, they would start talking about it. So maybe I nudge them into expressing things that I thought they eventually needed to get to. But in all honesty, over the years I learned that some people would bring this up quickly. For some people, two, three, five years into treatment before they were ready to process and hear that information.

So for those of you who have that gift, and it is not a rare gift, please understand that you have to be careful with it. Just knowing something isn't enough. You have to be respectful of the process of the person that you're working with in order to allow it to manifest in a way that is useful to them.

Kirkland Newman:
Completely.

Now, there's so many thoughts and topics that have come up around what you've been saying. I mean, the first thing that when we come back to your first experience and the Reichian therapy, it was very prescient in the sense that nowadays with trauma treatment, I mean, trauma is the big trend, trauma treatment, we know more and more based on the work of Bessel van der Kolk and Peter Levine and Stephen Porges that trauma is stored in the body and these adverse experiences are really stored in our cellular memory. And unless we do therapy via the body, cognitive therapy is much less effective. And so that was very prescient of you to work with her through this hypnosis or the Reichian therapy because that's really how you're able to release that. And what's interesting in the context of energy is that it's obviously blocked energy or stored energy. And what you do in your book is you talk a lot about these energy blockages, these interferences. You talk about Ayurvedic tradition, the Indian tradition. You talk about TCM, traditional Chinese medicine. All your contributors talk about these different energy forms and energy blockages. And I've always found it very interesting when you look at TCM and they talk about chi, and the Ayurvedic tradition talks about prana. And then, I always thought, "Okay, in the West, what is the equivalent? How do we define this vital energy in the West?" And I thought, "Okay, it's ATP, adenosine triphosphate, from the mitochondria." But in the West, we don't talk about the fact that we have these energy blockages. I mean, in functional medicine we talk a lot about mitochondria and we talk about dysfunction of the mitochondria. But a lot of diseases, whether they're Parkinson's, a lot of neurodegenerative diseases or dysfunctions start with dysfunctions in the energy production of the mitochondria. And so what I'm really interested in is this concept that illness is a blockage of energy and what can we do about that? And I think your book is a real plea to use the diagnostics of it in an energetic way and look at it from a slightly different way in terms of energy blockages and how do we deal with these energy blockages. I mean, would you say that's accurate in terms of what you're talking about?

Dr. Neil Nathan:
Absolutely. And that would lead us to a second gift, which is the gift of feeling.

Kirkland Newman:
Mm-hmm.

Dr. Neil Nathan:
Now, the gift of feeling, which is particularly noticeable in empaths, of which many people are, you are, is a very interesting one in that people who are empaths have the ability to actually feel what someone else is feeling. Not

understand it intellectually, but absolutely feel it on a physical level. And again, it's a gift because that allows you to really understand... I'll use an old word [inaudible 00:37:17], what somebody is going through and they can feel that. So it allows people to connect to people with that gift in a very immediate, direct and rapid way because of that.

Now, the liability component of that gift is particularly important because it's not very well understood. It's that someone who has the gift can feel perfectly fine and walk into a party and all of a sudden feel depressed, unhappy, bitter, morose, you name it. And if they don't understand that they have the gift, then they will be baffled by the shift and what's going on in their own body. So many, many people have that gift. For years, I've attempted to teach folks that there's a question you have to ask, which is, whose feelings are these? Now, superficially that might sound like a pretty stupid question. What do you mean whose feelings are these? But no, it's actually a pretty profound question because the gift is the way to answer that question. Meaning, if I am in a certain experience and I'm feeling a certain thing and all of a sudden it changes, let's say I'm feeling depressed, I know how I feel depressed. It has my own feeling to it. And if I ask, whose feelings are these, then that's not how I feel depressed. So these are not my feelings that I'm feeling. I'm feeling someone else's. And that immediately allows you to let go of it. And so I've taught countless patients over the years to do that process. And if they stick to it literally all day long, asking whose feelings are these, after a while it becomes automatic to their nervous system and they can stop asking the question. Their nervous system will on its own go, "Ah, you're feeling this but that's not yours." So that more quickly you can let go of it.

That leads us into the discussion of energy cords or energy strands, which is we are all connected to each other and some objects that we care about by energy. And it's been described by various people. I've always called them chords. Other people call them strands. Denise Linn wrote a very nice book called Energy Strands, which really outlined this in a very nice way. So we are connected to virtually everybody that we are connected to by strands of different strength. And we have weak strands, we have very strong strands, and they typically attach to us literally at our chakras, at the energy centers of our body, crown chakra, between the eyes, throat, chest, solar plexus, root chakra. So that's what connects us.

Now, many of these connections are fabulous and wonderful and good. They're not necessarily bad. They're not necessarily good. For example, I adore my wife and I am certain that the energetic connection between us is not a cord, but it's a fire hose. It's however big that could be. And it feeds us, it nourishes us. We both experience it, we nurture it on a regular basis, and it's beautiful. So you could say you're too attached literally to your wife. And I'll go, "And I love it and she loves it, so fine." But the ones that really get our interests aren't really the ones that nourish us, but the ones which can harm us. So almost all of you have had the experience of walking down the street and having an acquaintance and talking to them for two minutes, and walking away and feeling drained, absolutely drained afterwards. And you go, "What just happened? We didn't even talk about anything important." So you came in contact with what we call an energy of vampire. Someone who is very adept at seeing your vulnerability. That you didn't expect to be drained, you're wide open, and they just sucked your energy dry. And literally they can do that. Those people do exist and it's super important that we are aware of that so that the next time you pass that person in the street, you put up energetic barriers and you're not open to it so that you can live the rest of your day without having to spend the entire day rebuilding your energy resources.

So super important to this is for us to be aware of our connection to literally everyone we come into all day long. And that brings up the subject of forgiveness, in a very concrete way, which is when you have someone who has harmed you, done you wrong, it could be something horrible like sexual abuse, emotional, verbal abuse, betrayal of every sort, we are admittedly angry at them, mad at them, mad at ourselves for allowing this to happen, confused, whatever it is we're feeling. We are connected to that person forever by that energy cord, especially if we have an emotional attachment, which is, "I'll never forgive that person for that. It's unforgivable, unacceptable." And you're right, what was done to you is unacceptable. But if you don't forgive them, you are allowing this energy cord to drain you and to continue to fire up these emotions which will deplete you forever. And they don't care because they don't necessarily feel it.

So all spiritual traditions, as far as I know, talk about forgiveness in this context, not as an energy cord, but in terms of what it does to you to keep those feelings going, which is you're hurting yourself no matter what was done to you. That's not to say you should ever forgive and forget what someone has done and to always be aware of needing to protect yourself from ever having it done to you again. Absolutely. But you need to let go of whatever happened to you so that

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you're not eating yourself up by depleting yourself of those energies which are preventing you from being your full, flowing, energetic self. It's limiting you and here's your term; blocking you. And so people develop over years all kinds of energetic blocks. And here's the beauty, we can fix those blocks if we are aware of them. So that's the context I wanted to talk about.

Kirkland Newman:

That makes a lot of sense. And one of the other things is that you talk a lot about energy vampires and people who drain your energy. But you also talk about the family context of the fact that sometimes it's not people that you meet on the street or acquaintances, it's members of your family. And we know a lot about trauma and adverse childhood experiences and we know that these are things, experiences, that we carry with us in our cellular memory as we were saying. And they can cause chronic inflammation, to use the more biochemical term, chronic endocrine imbalances inflammation, and can lead to real illness and can make us more susceptible also to toxins and infections. We know that. And so not only are they energetic blocks and cords, but they also disrupt our physiology and put our homeostatic state out of balance. And so it's really important whether we talk about it in terms of clearing the energy or clearing trauma or whatever terms we use to reestablish that homeostasis, whether it's by cutting cords or whether it's by unblocking the energy. And I find it fascinating how we can use the Eastern concepts and we can use the more spiritual concepts and energetic concepts, but we can also use the more biochemical ones and have a mirror of what's going on energetically from a biochemical perspective in terms of things like inflammation and immune dysregulation.

And you talk about an over reactive immune system in response to trauma and stress, which can lead to autoimmune disorders or an under reactive one. And so it's that mirroring of your energetic vocabulary with the more medical vocabulary, which I find very interesting. Can you talk about that in terms of if we want to deal with chronic complex disease, how important is it that we do it from an energetic perspective and tell us a little bit about this huge increase in chronic complex disease and our susceptibility to infections and toxins?

Dr. Neil Nathan:

Several major questions embedded in there. And so there's at least two major topics that that brings up, and if I don't get to both of them, remind me.

Essentially, we are, as beings, physical, emotional, spiritual and energetic beings. And they are a unity. It is one thing. We break it into subjects to discuss it or talk about it in different ways, but we are one thing. It is impossible to have a physical issue without an emotional and energetic component to it. Take something simple like pneumonia. It's a physical disease, you have an infection and your lungs are affected, and okay. So we can treat the physical body. If appropriate, we can use antibiotics. We can use materials to help you breathe better. We can give you now our integrative medicine, there are supplements we can use to help improve your immune system so that we can speed up the healing from that. There are homeopathics that you can use to speed up the healing. A lot of tools we have on the physical plane.

But when people get pneumonia, it's super common for them to get scared because, "Gosh, I'm not really breathing very well. I can't get a deep breath. My cough, this cough is horrible. I'm coughing so hard. I've got this awful sore throat. This won't go away. How long is this going to last? Will I get better? I've been on the internet and I read that some people die of pneumonia. I mean, this could be a life-threatening illness that I've got here." And we start spiraling psychologically. Energetically. Our diaphragm stops moving and diaphragm energetically is a major blockage spot for energy moving from the lower part of the body through the upper part of the body. We talked about one of the chakras coming in here to the chest, we call it the heart chakra, but that shuts down. So we have a blockage in energy flow. So we're talking energy, emotion, physical. It's all one. We use the label pneumonia.

When it comes to dealing with complex inflammatory illnesses, which as you know is what I do as my primary, most patients who come to me want to start on the physical plane. That's their comfort zone. So if I say you have Lyme disease or you have mould toxicity and I know how to fix that, then they're totally comfortable with, "Okay, let's go start treating it." And we start improving their ability to detoxify with certain supplements and we use binders to pull the toxin out of the body and we eventually use antifungal medication to completely eradicate the candida and the mould out of the body. And that's fine.

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A lot of people, that will be adequate for. But for quite a few people, merely working on the physical plane is not sufficient because they can't fully take that in because they have blockages. In other words, spiritually and energetically, they have blockages. And you can usually tell that after a while because having done, I don't know, treated three, four thousand people with mould toxicity, there's a certain pattern to it. That after doing a certain treatment in a period of time, the majority of people will be better by X period of time.

And someone's doing everything they ask you to do. They're motivated, they're being compliant, they're good patients, and they're not going anywhere. They're not better. They're not even lowering the mould toxin levels in their urine, which we can measure. And so it occurs to me, probably sooner than others, we have a block here. You're not going anywhere until we figure out an emotional or spiritual block. And yes, here's where the art of medicine comes in. How open is that being to hearing about this? Are they willing to explore this? Are they willing to take a look at those things?

Now, because of some of the gifts that I have, I can usually read fairly accurately as to how open they are. So if I think they're open, then we start talking about energetic and emotional blocks. If they're open to it, "Yes, I've been thinking that myself. I've been wondering whether this was related and whether that was related." I said, "Great, let's get working on it." Other people, you don't sense that that openness is there. And so the art of medicine is waiting for a moment when we're together, a vulnerability, where you can bring it up that won't push them back from that subject. Because what I know as a physician is you're not going to get better until we get into that subject. So this is totally intimately tied together. Although it is a unity, that's the piece that people forget. So you can work super hard on the physical plane, but if the other planes aren't coming along for the ride, we're not going anywhere.

Kirkland Newman:

Yeah, absolutely. That makes total sense.

And then, in terms of all the different energetic modalities that you describe in this book, some are more physical, some are more emotional, but you talk a lot about different machines and different people, of therapies, and reiki is something that you do just with energy, but then some people use a TENS machine or a LENS machine. So you talk about all these different modalities and they're different practitioners. And when I read each experience of each practitioner, I thought, "Wow, I'd love to go see this person. I'd love to see this person. I'd love to see this person." And you think, how do you decide, because you really have a smorgasbord of different therapies and different treatment modalities. And then you throw in functional medicine for instance, which uses all these supplements and lab testing, et cetera. So what is the best way? I mean, do you do it based on your personal skill? I mean, some of these doctors are very skilled in certain areas, but if you're somebody like you who has patients who come to them with these complex illnesses and just wants to get better, how do you determine what's the best approach? And is it functional medicine or is it acupuncture or is it cranial osteopathy? That to me seems like a real challenge.

Dr. Neil Nathan:

I don't know if it's a challenge. To do it perfectly would be a challenge. The good news is you don't have to do it perfectly. So there's, again, multiple answers to that question. One way of answering it is to present a smorgasbord of options to the patient and letting their intuition go where they will. And I find that very accurate. Again, part of the message of my book is trust your own intuition. And I have long learned to trust my patient's intuition. That is a general rule. They've lived in their body their whole life. I'm just getting to know it. So it's more likely that they're going to be right than I am.

On the other hand, I have 50 years of working with certain illnesses and people present to me, I'll call it, vaguely, an energetic vibe. So I will intuit based on what I'm picking up from them, which device or modality or technique would suit them best. And I would say I'm pretty good at it, but imperfect. So that I typically decide and I have a fair amount of experiences with all of those things that are in the book. It's not comprehensive and was never intended to be. I want it to take examples of different energetic diagnostic techniques so that people could get an overall perspective of what's out there. So I will decide based on if this person has a particular pattern of energetic blockage and that pattern fits into the acupuncture meridians. So an acupuncturist would probably be right for this patient. Or again, I have 40 years of training in osteopathic cranial work. So by their description that would fit that type of a treatment and so on. So it's

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based on their intuition and mine. And if we can put that together and synthesise it, it's a good start. Sometimes I'll recommend something and they're hot to do it, it doesn't work out. And okay, we're going to move on to something else.

There's one more subject I really want to cover. Okay?

Kirkland Newman:

Yes, fantastic.

Dr. Neil Nathan:

And we have talked around it. I want to distinguish people who are energy vampires from people who are toxic, because it's not exactly the same thing.

Energy vampires very simply are people who in their presence will suck your energy out. Very clear. And in my office, those kinds of patients would suck me dry and then everyone else at the front desk. And we'd all go, "What happened?" And everyone has experienced that. I'm quite certain.

Now, energy vampires may simply suck energy and they're not necessarily toxic in the sense that you're not toxic afterwards, you're just drained. There's a difference in that there are people who you come in contact with who are energetically toxic, where you literally have to detoxify from their presence. You can tell that, for example, by how much you talk about the interaction you had afterwards. The more you talk about them, the more of a problem it was.

My wife and I used to joke that we could tell how comfortable or toxic other couples were when we left their home after dinner. If we didn't talk about them at all, they were great. But if we talked about them for days afterwards. "Can you believe that she said that and he said that, and that they're doing..." I mean, it's a form of detoxifying, talking. And that's a hint that we're trying to get out of our body literally toxins that will bequeath to us by those folks. And it's really important for us to pay attention to our interactions to notice because they can come up.

You talked about family and that's why I wanted to be sure I brought this up, because some family members are toxic to us. And that's really hard, because then we have to deal with, "Well, Christmas is coming up and the whole family's getting together and every time I'm with," fill in the blank, whatever the relationship happens to be, could be your mother, father, cousin, in-law, doesn't matter who, "every time I'm with them, I feel awful. And I feel awful the whole time I'm there and it takes me a week and a half to get over it every single Christmas." If you are aware of that, the dilemma is how can I not see my family versus how do I protect myself from the toxicity that I know I'm going to be exposed to? And that is a major player in a lot of people's illnesses. And that's why I wanted to bring it up. Because most people don't have permission to not go to that visit because the pressure of, "Oh, but I want to see my mom and my brother. It's just my sister-in-law that I don't want to see, but there's no way of avoiding that being." And my message is, if you know that you are about to be in the presence of toxins and it's going to make you sick for 10 days and longer, I've had it go on much longer than that, please avoid that. I know that that's difficult. And not to sound like I'm an unfeeling, horrible, terrible human being, but it's really important that you protect yourself from that interaction. There are techniques like surrounding yourself with white light that will protect you somewhat from that individual. But I will tell you that those people are skilled. They know what they're doing to you, they know where you're vulnerable, and they will come at you from every angle possible. It's very hard to not be affected by them. And so this is a plea. If you realise that you have those people in your life, do everything possible to avoid contact. Forgive me, Kiki. That's a message that I wanted to convey because it's still part of the context that we're talking about.

Kirkland Newman:

It's true. And I mean, you have a beautiful passage in the book where you talk about narcissistic parents, for instance, and the fact that essentially the child grows up caretaking the parent and that their needs are not met. And it sets patterns. I know this from personal experience, but what happens is if you grow up thinking that your needs are not as important as other people's, then you don't look after yourself. You don't know how to look after yourself. And you're much more susceptible to running yourself ragged because you're not looking after yourself and being open to

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stress-related infections or toxins because it's also a boundary issue. You don't develop good boundaries. And one of the things I find fascinating is this concept of boundaries. We talk about the blood-brain barrier and we talk about the gut permeability. Boundaries, physiologically, are very important, but psychologically, they're also very important. And there's a link between the two. And I think people who have poor emotional boundaries often probably also have poor physical boundaries. They probably have leaky guts and leaky brains.

Dr. Neil Nathan:

Right.

Kirkland Newman:

So I thought that was a very important part of your book and I'm really glad you brought that up because it's key. And another thing you talk about, which I found fascinating, not to change the subject, but it's also when you were talking about empaths and you were talking about compassion versus caring. And one of the things, I was speaking to Stephen Porges the other day and his latest book, which is called Polyvagal Safety, he talks about the difference physiologically between empathy and compassion. Empathy actually triggers the fight, flight. It triggers the sympathetic arousal system, whereas compassion does not. And you make the exact same distinction between caring and compassion. Whereas for you, caring can be draining because you over care or you over tend. Whereas compassion has a more detached quality, which fits in with what Stephen was saying. And that ties into the whole energy drain, protecting our energies for our own health.

Dr. Neil Nathan:

No, I'm glad you brought that up and I completely agree. It's one of the things I like talking about is the difference between... I called it caring. Stephen calls it...

Kirkland Newman:

Empathy.

Dr. Neil Nathan:

... being an empath and compassion. And sometimes compassion isn't really understood properly. When we say that we're not drained by it, and anyone who is a healthcare provider really has to pay attention to this because caring, call it being empathetic, the word, the language, implies a giving of your energy to that being. And so most people who are empaths, and a lot of healers are, come home every night drained. They've given it away.

So if that's happening, please use that as an observation that you need to do it a little differently. And boundaries come into play, as you're beautifully describing here. You need to allow it to come through you, but not of you. And that's easy to say. Only taken me, God knows how many, 30, 40 years to actually learn how to do it somewhat. I don't think you ever get perfect at it. There's always someone who you're working with where your heart goes out to them.

Even as I say that, what's the gesture of my heart going out to you? All right. Now, to that being, because oh my gosh, you've gone through such a horrible experience. That's awful. And not to go with the same words, I can still feel you have gone through this awful experience. But I can actually help you better if I keep my boundaries intact and keep clean so I'm not caught up in your stuff and I can look at it more, if you will, objectively and going, "Oh, you poor dear. Okay, what is it that you need? What can I do to help meet those needs so that you can move past this experience?"

Kirkland Newman:

Absolutely. Well, that's absolutely true.

And then, before we wrap up, I just have one final question. What would you change about medical school and the way they teach medicine? I know there's some real shortcomings in terms of, for instance, nutrition. There's not enough nutrition taught in medical school. But what about in the context of energy? Is it something that you think should be taught? And how would you change the curriculum to incorporate this concept of energy, if at all?

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Dr. Neil Nathan:

Well, you may or may not know that I taught at medical school at the University of Minnesota for 11 years. So I have an idea of what it's like to teach in medical school.

Medical school is a reflection of what the medical profession thinks that students need to know to be good at what they're doing. In order to change medical school, you need to change the entire medical profession's current way of looking at things and this evidence-based, cold, seven-minutes-per-patient visit, back turned to the patient, typing into a computer, the entire process that medicine has evolved into of specialists who are all compartmentalised, who know only their little field, and if your symptoms don't fit into their box, I'm sorry, I can't help you.

So the entire field of medicine has to change. It's bigger than just changing medical school. I could change medical school. And as soon as they get into that real world, those teachings would be drummed out of them. Well, that's irrelevant. You may want to listen to this patient, but you got seven minutes. Get this information, write something on a prescription pad and get them moving because we have 40 people to see today.

And all of medicine has to change. The entire way we look at providing medical care is skewed, mostly irrelevant. It's based on acute care medicine as a model, not on chronic illness, which is what most people actually see in their office. So the entire modeling system of medicine has to change. And if it did, then people would begin to be interested in nutrition and energy and all those other things because then they become more relevant.

Kirkland Newman:

Yeah. That's slightly depressing though because what are the chances that it's actually going to change and what would you have to do to change it? You'd have to change the whole business model, I mean.

Dr. Neil Nathan:

Correct. And that is a monstrous undertaking because it financially is invested in itself. It will resist change mightily. So it will take a mini revolution in our consciousness to make that change. But that's the same change in consciousness that the entire world needs to have on the part of the pharmaceutical industry and the energy industries because all of those self-interested groups are resisting the need to make our planet safe again from every possible perspective.

So if we need change, absolutely. I believe that that change will come from consciousness change. Meaning that what we can each do, all of us, ourselves is change our own awareness of what needs to happen. And that cumulative awareness will eventually be putting pressure on those people to change. They don't want to and they're not going to, unless we make them and saying, "I'm not going to buy your products unless you make it safer."

Kirkland Newman:

More effective.

Dr. Neil Nathan:

That's the pressure that will change them.

Kirkland Newman:

And I think that pressure is happening in the sense, I think the internet and I think patient empowerment. And as we know more and more complex disease, which is not responding or not being helped by conventional treatment, patients are starting that revolution. They're informing themselves. They're reading books. They're listening to podcasts. There's a lot more information out there. And I think this dissatisfaction with conventional medical treatment is growing. And as they find other solutions, that the demand will, I think in the end, have to influence the supply, and that's what's going to happen, I believe. But it'll take time and it'll happen through a crisis and through a crisis of health and individuals who are looking for better solutions. But whatever the impetus, I'm hopeful that eventually it will change.

Dr. Neil Nathan:

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As am I, I am an optimist. I believe in the spirit of human beings, and that we will ultimately be wise enough to make the changes that have to be made.

Kirkland Newman:

Yeah, exactly.

Now, Neil, you've been so generous and so kind with your time and with your wisdom, and I just can talk to you for hours. Is there anything that you want to add? I mean, I'm sure we can talk for hours, but is there anything in particular that...

Dr. Neil Nathan:

Other than the self-serving comment, please buy my book and read it.

Kirkland Newman:

Exactly.

Dr. Neil Nathan:

Then if you do like it, please put a review on Amazon for me. That was totally self-serving. Thank you for allowing me to do that.

I'm going to reiterate some of what I've said, which is please, everyone out there, please be interested in awakening to your full potential as a human being and allow it to manifest to its fullest effect. That would be the gift. If you all did that, that would make this change that we're talking about.

Kirkland Newman:

I agree, totally. Neil Nathan, you are amazing. And if people want to find you, your website, can you just tell us your URL?

Dr. Neil Nathan:

Sure. It's simply www.neilnathanmd.com.

Kirkland Newman:

.com. Fantastic.

Dr. Neil Nathan:

It's super, super easy to find.

Just a comment, for those of you who are physicians out there, I do have a mentorship program in which we're training physicians to do the kinds of things we're talking about here, particularly working with these chronic inflammatory illnesses like mould and Lyme and chronic viral infections and things of that nature. And I do it with a fabulous naturopath named Jill Crista. And Jill and I do these programs every two months for three hours. And I would invite any physicians who want to get involved to join us. Go to my website or go to my communication email, which is askdrnathan@gmail.com. We can send you a brochure. And we welcome all people who want to learn more about that. That's a big part of what we're trying to do. We have about 150 physicians we're currently mentoring, and as all of you know the world needs a lot more. So if I can help getting people on the road to understanding these things and training them, I'd love to help that out.

Kirkland Newman:

That's fantastic. Well, thank you so much, Neil. I really appreciate it. Thank you for everything.

Dr. Neil Nathan:

We will be in touch. Thanks for having me, Kiki. It's always a pleasure hanging out with you.

Kirkland Newman:

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Thank you so much for listening to The MindHealth360 Show. I hope that we've helped you realise that mental health symptoms have root causes that can and need to be addressed in order to sustainably heal and have given you some ideas about steps you, your loved ones, or clients may take to start their healing journey.

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