You must have had the situation where a patient came and said, I'm a mystery patient. Nobody can figure me out. You're going to control your own health, and this is a journey we're gonna take together.

And then I always have to remind them, you're not a mysterious patient, that doesn't define you, right? That's not who you are. Right, yeah, we just have dig deeper.

Hi, welcome to the MAPS webinar series, Healing Tomorrow's Future. We are thrilled to be bringing you this series packed with valuable information and education within our community.

My name is Honey Rinusella and I am the Executive Director of MAPS, the Medical Academy of Pediatrics and Special Needs. Within these webinars, we're able to empower clinicians on the knowledge and tools to support patients facing a variety of health challenges.

For more information on MAPS or to register for a conference, please visit us at www.medmaps.org. Thanks for joining us on this journey towards a brighter, healthier future.

So I'm John Gaitanis, I am a child neurologist, almost on the board of MAPS, and we're here at MedMAPs 2026 in Charlotte, North Carolina. And joining me today is Summer Del Signore, who's coming from Hudson Valley Integrative Associates.

Hudson valley integrative health. Health, all right, missed it, apologize. I think we are both enjoying this conference, would you agree? Absolutely, just fantastic.

and I would also say too, these are sort of our people. These are people, absolutely. Energy, connection, thoughts, you know, the way that we view life, Absolutely.

Yeah. I think there's a certain bond we all have because we're really working towards helping the same kind of patient. And so we might all come from it from slightly different backgrounds and approaches.

But at the end of the day, we're really trying to help some of those critically ill and chronically ill patients that are coming to us. Absolutely. I think that our goal is to get to the root cause and really provide that comprehensive healing.

So we definitely all have that health-focused lens. This is true of a lot of speakers. You spoke on nitric oxide and the role of methylene blue, but really that doesn't summarize your practice.

Your really a holistic clinician who really sees the full picture in each patient. Correct. Correct, absolutely. And interesting with the nitric oxide talk and the methylene blue, it's based on trends that we see with families and parents and questions that you're seeing on social media and that parents bring to you.

So just wanting to provide that education and give the background from a pathophysiology perspective and biomedically and how that would all interplay so that the parents aren't you know, taking it upon themselves to dose their kids with methylene blue and perhaps contribute to something else.

So really arm them with that education. And that's not the only kind of one trick pony treatment you've seen in your life. I mean, there've been a few others along the way, right?

Where some people felt like this is the one. Correct, correct. Everyone's looking for the silver bullet. Yeah. And I think we can all agree that there isn't one, and I know that we're all tasked with really focusing in on, again, that biomedical approach to certain things like spookivorin, which has been in big craze and viewed as the sliver bullets.

Very helpful, all of it. and then other things like PRP therapy or ozone, but understanding that it's all comprehensive and everything has to be layered in and we definitely have to start with that good foundation for treatment.

And so, well, tell us about your foundation. I may think we use the same foundations, but tell me your foundations that you try to get at with each patient.

Okay, so with every foundation, now every child is coming to me at a different phase, much like you, I'm sure. There are some newbies and there's some that come with these six-inch binders that says I don't know what's going on, fix this.

So I start from the very beginning and system by system I go through and I'm looking for wherever the deficits are, wherever there may be infection, inflammation, anything from a genetic perspective and kind of putting all of that on the table and then systematically working through that to correct it if we can and provide treatment.

and give the right nutrients and shore up the gut and reduce the inflammation. So those basics before really focusing on health promotion components. And those basic are not the silver bullets and they're not shiny new toys, right?

It's foundational treatment. There's nothing really sexy about talking about sleep and nutrition and sun exposure and exercise. And we kind of all intuitively know those things.

Correct. But what I like to say sometimes to families is if we don't get those thing right, there's nothing I can provide in a prescription that's going to really solve the issue until we get very basic things right.

So would you kind agree to that? I would absolutely agree with that. And I think the other part too, as a clinician, is when things aren't working well, it's a little reminder to return back to what are the core pillars of health and healing.

Because sometimes I might have, maybe we had those questions on the first visit, but now we're five or six visits in, something's not working. Well, I kind of have to turn back and re-ask.

It gives me a way to organize that. Right, absolutely. And that's the way that I approach it in the practice as well. There's a questionnaire that we utilize.

It is the MSEDS protocol, or questionnaire, that Dr. Horowitz created. Then we modified that to add more of the neuropsych questions on board. Essentially, every single time a patient comes in, they're filling it out.

So we have a very objective view of where they are with their health. and ensuring that we're going through each system every single time to ensure that were showing certain things up or for plateauing focusing efforts there.

And then also I think that it provides a nice visual for that patient too. If they're in a chronic bucket, there's a psychology to that. Well, I don't feel well, even though what their questionnaire is showing us may be 10, 15, 20 points improved.

So it's nice way to objectify it too, I mean, you must have had the situation where a patient came and said, I'm a mystery patient. Nobody can figure me out.

That's happened. How do you respond to that? The same way. To say we need to work through this methodically and step by step, system by system until we identify what that trigger may be with you.

And I am sure you do a lot of the same. It's a lot of the same. And I think it's really about what always concerns me when I hear that statement, there's passive quality to it.

It sort of like people can't figure me out. I feel like that's my time to say, you're going to figure yourself out, right? You're gonna be in the driver's seat, and you are going control your own health.

This is a journey we are gonna take together. Correct. Sometimes it is about empowering them. to be the person in the driver's seat. And then I always have to remind them, you're not a mystery patient.

That doesn't define you, right? That's not who you are. Right, yeah, we just have dig deeper. Yeah, medicine may not have those answers, but you know, a musician or somebody who loves friends and family.

But that should never define a person. Absolutely. But I think, and you must see this out, like I when people do, because these things are so challenging, when someone has, say, chronic fatigue, myalgic encephalitis, or someone's really suffered with pans-pandas for years or HOTs or any of these conditions, in a way, they do allow to define them.

But they do, absolutely. I find that that's the trauma component to it. And what's interesting with those pans hands on immunosophilopathy and many times with the kids who are labeled autism, or perhaps the parents, they don't want to let go of that narrative.

It's almost like that was the way of life for them and that how they've identified themselves. and you lift that for them, and it's almost overwhelming to say, oh, well, I'm in a better place from a functional perspective, from life perspective.

What do I do now? Do you think the medical trauma plays into that? Because I feel like a lot of the patients who see me, sometimes they've suffered medical drama long before they walked in the door.

Right. I could agree with that and I see it quite a bit, absolutely. From the older kids, the younger ones don't seem to really have a handle, it just seems to be the way.

But the older kids, and then again with those parents that come in, there is an enormous amount of medical trauma. To the point that it's difficult to treat them because of the trauma, many times when you provide a solution and find some of answers for them, it is a fight.

It's a control component. Almost that old adage where you lead a horse to water but you can't make it drink situation. And that's kind of what you see sometimes with that trauma And you have to feel through that.

Yeah. And I'm sure you provide a really safe setting, too. When you think of that safe settings, it's really one for healing. That's the key. I guess if you're thinking of our traditional medical training, though, healing is what's left out.

It is, it absolutely is that I don't find that the traditional model focuses on that health promotion, healing whole person, right? It's system based.

Yeah, system or problem based, so I think when And I think this is what happens in someone who's been through a lot of medical exposure. They feel like they had, well, first, sometimes the different diagnoses are compartmentalized.

And so chronic daily headaches or chronic pain, things like PANS, flare ups, POTS, and postural orthostatic tachycardia syndrome, all these things are compartmentalized to the patient as different diagnosis.

and they sometimes don't see it as having a single unified cause. Right. is pretty empowering once you realize, like, I don't have 20 things. I'm not a mystery.

And I just haven't ever been sent down the right pathway of healing. Correct. Right. In connecting those dots. As clinicians, we connect the dots for them to say, these are primarily symptoms of a bigger picture problem.

Yeah. If we focus on that bigger-picture problem, then we get that nice downstream effect and the correction of one of those other things, and then you can get your head around it.

It begins to make sense to the family that unfortunately went down a very different pathway. Because one other

part of that pathway is you're on 20 different meds sometimes.

You have a cardiologist prescribe one thing, maybe an infectious disease doc prescribe something, and maybe a rheumatologist prescribes. you've got all these doctors and all of these treatments and nobody's moved towards the healing path for her.

Right, absolutely. And then like I think the other part too is with PANS at least, because of the way the medical system has kind of given that idea that there's one problem, we'll fix it.

Sometimes there is an impression that we're going to treat say the Lyme and everything should go away. So tell me a little bit about how you manage that part because there sort of that next phase that you have to get into.

There is, absolutely. So I tell my patients that the detox and the anti-inflammatory and system support is just as important as treating the infection itself.

taking care of the infections, we're gonna trigger other issues that are gonna continue to contribute to those symptoms. So mitochondrial fatigue and the inflammation and toxin perspective, and they're still gonna feel bad.

And then it creates this very confusing state because labs could look better technically on paper, but they still feel crummy. You have to definitely look at that person as a whole and treat all components, not just taking of that infection.

For a lot of patients, is it the first time in their lives they've heard about mitochondria or mitochondrial puncture? Of course. Is that a brand new conversation?

That is a new brand conversation all the time. Anything that's focusing on those systems and how they're integrated in and answering the why questions to their symptoms is brand-new.

Yeah. So oxidative stress, things like gut microbiome, you're often the first person to ever have presented these concepts. Of course. Yes, absolutely.

Yeah, what are the reactions like? Overwhelmed. Many times it's overwhelmed, many times flooded with questions afterwards. And then you do see those certain patients who will kind of fight back with you and say, well, it can't possibly be that simple.

Yeah. The response is, the concept is simple, but the treatment maybe not so much. But yes, absolutely. But then over time, I mean, it's a journey, right?

So I think if they know you're on the journey together, that sort of it makes it, a very different kind of impression from often what they've received.

Absolutely. It's more palatable. Yeah, absolutely. And I know that you are there to support them. You're there as an advocate as well. Right, and you looking at the whole person.

You're looking at the whole person, right? Yeah. Absolutely. And we're keeping that nervous system calm too. So that's part of it is just how can we really correct from those higher level systems that we know will have that be more impactful down the road.

So how, well, I mean, MAPS is a place where we come to learn more about how to get to root cause medicine, how be more holistic in our approach. But, you know, and I think I knew, before I came here, felt like I know a lot, but then I started coming in Maps, so I start to realize there's a whole lot more I needed to know.

Right. Tell me about your journey. How did you learn what you needed so you could gain those tools to really help patients heal? I think that it began with a healthy curiosity because training was traditional medicine.

You didn't have the integrative component to that. It didn' have a big wellness focus per se. But I just think it was seeing a trend in the office. My background was in pediatric ICU for a period of time and then I transitioned to primary care.

And then from there to an integrated practice, just to say there has to be a better way to practice that you're seeing kids coming in chronically, almost like a revolving door.

They're just not getting better. What is it? And it was just asking those questions and then digging deeper and finding the authorities and the experts in those areas and making those connections.

And that's kind of how it led me here to MAPS several years ago. Yeah. So a lot of the learning came after, right? Like it certainly wasn't done where you're training.

Correct. Right. And it sounds like you'd listened a lots to what was coming into the door. I did. You probably, like I have, I think you probably have seen really a change in terms of this type of pediatric visit that we're seeing today versus years ago.

Absolutely. Yeah, absolutely. Yes. and I don't think anybody quite prepared us for what is coming, and we just have to listen and respond. Absolutely, absolutely.

And I think that what MAPS is doing is a very brave thing, because it is really looking to change that paradigm in the medical community. Yeah. That's what it's given me, at least.

I don't think you might agree, but it has given this appreciation for how the physiology works. So understanding how oxidative stress plays into mitochondrial dysfunction, and how thinking about thinking about how that plays out in all the core pillars of lifestyle, the diet and sleep and exercise, et cetera.

So that is, you start to realize like all of the things I need for healing just were never taught to me. Exactly, right. And so how often did you focus on the nitric oxide pathway?

Never. Right, it was just something in maybe chemistry or something, sort of a quick blip. You mentioned it once maybe in old medical school, like it wasn't a thing.

Exactly. And if you look at those pathways, and I know you've presented on pathways as well, you really dig into it, it makes sense. Yeah. It's a higher level thing, a way of saying, we can identify why certain kids respond to certain why and why others don't, even if they're in the same household, same family, sharing same genetics, why some will respond poorly and others are unaffected.

And it also sheds light on that cookie cutter medicine isn't the way to go with these kids, that there's a uniqueness to everyone and identifying that would make it easier on everyone, the provider and treating and on the patient so that we're really targeting treatment and personalizing it for them.

And they're not on 15 different things to keep them going every day. Yeah, I mean, that's a real, it feels like a win when you can get people off of their prescription medications and you could start to scale those down.

Absolutely, because you're really healing at that point. You're truly getting… Right, right. I think the one challenge though I do say that in, say an adolescent often, is if I ask about chronic headaches or if ask you about fatigue, they'll often say yes, yes yes to a lot of the questions.

Correct. But if I ask them, have you gone out with friends? Are you in school? How long can you be in? You actually see a sense of real improvement. Absolutely.

And so sometimes my patients will say, like, my symptoms aren't better. They want them all better, and I get that. But if we don't talk about the symptom, if you actually talk the function, you're getting a much different impression.

Right. Would you agree with that? I do agree. That's a more telling sign, I think, in many ways. Understanding that with things like headaches and chronic fatigue, that there can be more physiologically something going on that still needs correction, but we're And so if you're asking that same question, it looks as though, oh, we're plateauing.

We're not doing anything about this. But you are looking saying, functionally, absolutely we are. So then you looking at asking those next level questions of, well, what's the intensity and frequency of that?

And rather than just, do you have those headaches and it's a T. And I like it too because it's, I don't really enjoy, you know, coming in, having a visit and like you're the person with chronic headaches, say, and all we ever talk about are your chronic headache.

And that's as far as we take it. Exactly. I'd much rather hear about the fact that you enjoy painting or you enjoyed music or, You know you, enjoy hanging out with friends and see how those things are going.

Then I can really feel the fullness of like who you are as a person. But more than that too, when you start to help someone redefine who they are and get away from the symptoms being a defining trait.

Right. Absolutely. And that's a way to helps them with that trauma. I think it helps with trauma. It sort of helps the healing. You know, it's part of it.

Because sometimes it is hard to step out into the world when you've been sick for so long. Feels like a deer with shaky feet, you know. Correct. Yes, absolutely.

And again, if that's what some of these children who are now teenagers and then rolling into young adulthood know that is their way. Yeah. Absolutely.

But I think that's what I love about the teens and the young adults is they're defining themselves and then they begin to, when it works and you turn things around, they began to define themselves with their strength and they see their strengths.

And I've even had a few, and this is always like a very touching thing you hear, who've said that I'm sort of happy I had to go through, you know, whether it was PANS or chronic fatigue.

They sometimes say I am happy to have to through that because it helped me define who I and it gave me a certain strength I didn't know was there. Exactly.

I do find that these kids have an enormous amount of emotional intelligence on the other side of it as well and just have such a great sense of who they are and who their becoming.

It's really beautiful to see. Yeah, you could see there, I mean, so many are really bright, really compassionate. And I'm hoping some of them will go into medicine and take this on because they know from a first-person perspective what it was to bring themselves to that point.

Do you encourage your patients to do that too? Yeah, I do. We say that, you know, we have to get you better and I'm going to educate you along the way because I want you to take over for me one day.

Exactly. One day I am going retire. I use the same line. Great. So we'll be well taken care of down the road. Absolutely. And then we will encourage that they come to MAPS.

Yes, We will. That's right. Well, Summer, this is a great conversation. You sound like you have an amazing practice. Just remind everybody again where to find you.

So you'll find me at NY Limes and Hands on Instagram and then at Hudson Valley Integrative Health in Beacon, New York. Awesome. No, thanks for the time.

I appreciate it. Thanks. Yeah. Um, I don't know how we did on time, Thanks so much for joining us today.