Could Your Child's OCD, Anxiety, or Tics Be PANS/PANDAS? Dr. Scott Antoine Explains Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and guest background

So I'll tell parents a lot now. You know, the OCD is not a thing itself. It's a symptom. The anxiety is not a thing itself. It's a symptom. If you want to call something depression, that's probably a dorsal vagus nerve response. But they're all symptoms.

And so your child is not having an abnormal response. They're screaming fit and breaking things in the house not abnormal. It's just at the wrong time.

Welcome to Doctor Talks the podcast where every episode leads to a healthier you. Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease.

In each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors. If you're seeking to transform your health journey, or if you're looking for answers to burning questions.

You've come to the right place. Get ready to unlock the secrets of lifelong health and vitality. This is Doctor Talks, real talk from real doctors on the issues that matter to you most.

I am absolutely thrilled today to introduce you to Doctor Scott Antoine. If you don't know him, he is an exceptional, functional medicine physician in the pandas world.

Scott completed his undergraduate training at the University of Scranton in Scranton, Pennsylvania, after which he completed his doctorate at the Philadelphia College of Osteopathic Medicine.

He completed an emergency medicine residency, Emergency Medical Services Fellowship at Albert Einstein in Philadelphia, and he then served seven years of active duty with United States Army as an emergency medicine physician.

Moving to Indianapolis in 2005, after his term of service, he worked as an emergency physician at Saint Francis Hospital until 2019. In addition to his board certification in emergency medicine, he achieved board certification in integrative medicine through the American Board of Integrative Medicine in 2016, holds certifications in Functional Medicine through the Institute of Functional Medicine and a forum.

And most importantly, his daughter developed pediatric Acute Onset Neuropsychiatric Syndrome, or Pans, in 2013. And he and his wife Ellen, who is also a functional and integrative medicine physician, were able to shut off the immune system, treat the infections and toxins responsible for pain's presentation, and bring her to full recovery.

After his daughter recovered from patterns, he knew his specialty had found him, and since then he's refined. The process has helped hundreds of children, probably thousands since this book.

Scott recovered from Pans and Pandas, and in 2019, he successfully lobbied the Indiana legislation and helped pass a law which prohibits insurance companies in Indiana from denying coverage for medical care, including IVIg for children with Pans and Pandas, and has helped many of us be able to do that in our states.

Doctor Antoine wrote a book for physicians on the management of Pans and Pandas in Children, which has defined the standard of care in this illness. It was released in February of 2024, and it's an Amazon bestseller.

And as a fellow author, I can tell you his book, The Comprehensive Physician's Guide to the Management of Pans and Pandas and evidence based approach to diagnosis, testing and effective treatment is really remarkable. 1200

references.

It's a great book. I've learned things from it, and I really appreciate you being here. Scott. Thanks so much. I'm so glad to be here. And demystifying pans and pandas. Same thing.

I have it on my desk since you gave it to me at. I think they are in pediatric conference and maybe 23 in I think California.

Personal PANS/PANDAS recovery story

Yeah, yeah, I have that. And you know, what's fascinating to me is, you know, you and I are on a lot of listservs together and chat rooms and we've lectured together.

And every time you answer something before I do, all I feel like saying is ditto. So same here, same here. I feel like we've been separated at birth or something because I think we think in practice very similarly.

So it's, it's, it's great to, to have the support of, of, of a fellow clinician with such a great depth of training who had her own child with, with pandas and then experiencing that, you know, medical training.

And I feel like we were trained in almost the same kind of a system where you just, you know, the patient is patient care is paramount, and there's the differential diagnosis and sort of figuring things out.

So yeah. Yeah. So so you and I got into the field in similar fashions with our own children. Just tell me a little bit about that as you would like to.

Sure. So I have a daughter, her name is Emma. And when she's she's 23 now, when she was 12, she came to us one day and said, I don't think I'm a good person.

I don't think God likes me. And we, you know, we we five kids, we they do weird things. And so I'm kind of like, oh, okay. And then a few days later, she started compulsively washing your hands.

She stopped sleeping. Shared grades. Tank. She'd been a straight A student and she couldn't even put a sentence together. And so we don't know what's going on.

And we called her her primary care doctor at the time and and told them what was going on. They didn't call us back. I so think it sounded like a frantic call from two physician parents.

And and so we ended up hitting the books. And my wife, Ellen, who's also a physician, as you had mentioned, came to me a few days later and said, I found these articles and I think she may have pandas and I didn't I don't know what that was.

And so then she so I read the articles and I said, that's exactly right. I mean, she has all of these symptoms. We ended up taking her to to I called initially around where we live in Indianapolis, and they said, that's it's not a thing.

We we don't treat that because it's just not a thing. So we then Ellen took Emma to New York State and saw a physician there and said, yes, you're right.

This is pandas. She needs IVIg. They came back. I tried to accomplish that. And I was told by a pediatric neurologist, don't look at it. Sounds like she just needs to be on antipsychotics and locked in a psych ward.

And I said, really? Like she was normal two months ago. This doesn't what you're saying doesn't make sense to me as a physician. So ultimately, we took her to the state next to us in Illinois and got her IVIg.

And four days later, symptoms were gone. So and at that point I was just like, well, this was not something I would want anybody else to go through. And I think that happened to me as both parents, as a as physicians like this and

as you and I both know from hearing thousands of these stories, this is kind of what happens a lot of times.

So that was a big change for me. And and it's hard. And I think we've talked about this before. I kind of don't like doing this work because it's a little every story I hear.

But at the same time, when the kids get better, I and or and especially when I have a parent that says, you're the first person that listen to me, they think, oh, there it is.

That's funny that even even, you know, if we don't get 100% recovery, that's like a big victory for parents to feel like they're not losing their mind.

And yeah, and I always say my, my best instrument in my office is a tissue box because they're, they're so used to not being listened to, not being heard.

I just listening gives them that peace that I'm not crazy. My kid's not crazy. There is a little bit of hope and and you know, writing the book is a labor of love, especially with the 1200 references or so you have.

Why did you write the book? So it's interesting because I initially started writing the book to parents and thought, oh, I'm going to, you know, and then I started thinking afterward, I it was taken a while because I was having to try and explain things and contextualize it, and I thought this would be much quicker if I wrote it to physicians.

And I actually felt like physicians or the rate limiting step. I love medicine with the big I love physicians colleagues, but I felt like that was a great limiting step.

The moms we usually moms, but the parents that come to me 99 times out of 100, they come in, they say, my child has pandas. And I say, you're correct.

And they've done research and diagnosed their child. It's clinical diagnosis. Obviously, as we both repeat over and over again and they come to us and I feel like, you know, the physician community.

And so I've said that I felt like it was a love letter to medicine to to saying, listen, we need to first of all, listen to patients. Second of all, we need to know that we don't know everything. And who we need to understand.

The hardest thing, probably as a physician, is realizing the terrifying thought that that some psychiatric illness actually has a, you know, biochemical, infectious, autoimmune origin.

And that's a little terrifying because for years we've been kind of told, you know, you have a physical cause of illness or it's psychiatric and that's an other it's it's a beyond.

And so we just kind of treat symptoms. And and I always tell people not anti medicine. There's lots of times these children are benefited by medications.

But at the same time we I think we owe patients a little bit more. So my goal was not to attack people that don't believe what I believe or haven't taken care of these kids.

Why Scott wrote the physician guide

My my goal was to say, let's start the conversation and here's some info. Yeah. And that's what I ended up. And I have a lot of parents that that buy the book is as well.

And I just think it's you know, you and I have talked about this that's just it's in wanting to have the ability to have a conversation and open dialog in medicine, where sometimes when people hear new ideas, especially if they involve anything natural or a diet or relaxation techniques or any age sauna, they kind of roll their eyes and they say, oh, here we go with the essential oils again.

And I'm like one. You know, there are times when when things are helpful, when we don't know everything. So yeah, well, it's a great resource. And, and one of the things I saw in your book that I loved was, you know, we both know.

So sweet. Oh. Coined the phrase pandas in the 1990s. But the the epidemic after the flu of 1918, you know, the sleep disturbances and other symptoms that some kids got, you know, you were showing that that this is not something new.

This has been around for forever. It has. And that was reported in 1926. There was a physician analytically. Kahneman. So it was it was the 1918 flu. And then afterward in 26, he published an article and he called it encephalitis lethargic.

And it was in adults and children. But the description of what happened in children is fascinating. Of course, it's it's early 20th century language. But he talks about these children are deviants, and they run the streets and they steal and defy, and they are, you know, robbers.

And just describing that sort of behavior that was seen and unfortunately, at the time this was described, some of these children were placed in institutions or imprisoned, and unfortunately there was a population that were lobotomized at the time.

Yeah. Because it was just totally misunderstood. And what's fascinating is years and years later, they I think probably in the 80s or 90s, they took sections of people's brains that had the flu and had encephalitis lethargic using modern methods.

And they looked at them and did not find virus, meaning the issue in the brain that was causing stuff like this was an encephalitis from an infection, that it had an autoimmune component to it.

And in fact, the changes that they saw in these people were in the basal ganglia. Oh, right. Yeah. There you go. That's and you think about that and think, wow, that's really spooky.

Because obviously, you know, and I know a lot of times when I've heard you talk about basal ganglia, it's the flies. Of course we know that's what it is with pans and pandas.

And I think that when you hear that and then you see the modern studies that, you know, demonstrate an MRI or pet scan or whatever changes in the basal ganglia, you say, boy, that's really spooky.

And how much of this has gone on over the years, which is that right? But as you said, it's a it's a new way of looking at mental health or neuropsychiatric diseases.

Certainly a genetic predisposition, because it's not 200 kids that get strep that walk in with pandas. It's it's 1 in 200, even though you and I, it's it's one and one with all the testing and everything else, but you know but and then it's, it's it's not an infectious disease.

It's the environmental triggers, the infectious triggers, the metabolic triggers, the toxic world we live in that that incite this auto immune reaction and inflammation in this area of the brain and, and that's a concept that that I think is is missing in, in so many of our colleagues way of thinking about mental mental health.

Yeah, I think toxins are an interesting concept because, you know, primarily my initial medical training and residency was in emergency medicine, and we were sort of in the era you are sort of the initial person seeing people with toxic ingestions, whether it's alcohol or, you know, cocaine, Marilyn, whatever it is that you're seeing.

But then we're also seeing someone who's trying to commit suicide and taking Tylenol. So you have to understand area under the curve and the nomogram.

And when you give and acetylcysteine and all those things to prevent liver damage and, you know, back, I mean,

when I trained to tell you how far back was we were seeing theophylline overdose. So. Yes.

That's right. No. And, and so we were seeing that and we were seeing all of which is particularly horrible. Theophylline overdose. And but we're seeing all those things and we had all this training in toxicology yet at no other time do we talk about that in medicine.

So, you know, there was never a discussion about dioxin or, or forever chemicals P or any of those things. You just didn't talk about it. And so I think when there's a vacuum and people start finger on information, it starts coming out.

And then the people that talk about it seem like they're not like the crowd. They're crazy. So, you know, I always think back to the physicians who talked about, you know, washing, you know, Semmelweis, who said we should probably wash our hands to reduce maternal mortality.

And people are like, you're crazy. They took his medical license away. And the same thing happened to the person who suggested that H. Pylori bacteria could be connected to ulcers.

And the person who suggested we could put a little tiny catheter in your coronary artery and blow a balloon up and open it. And people were like, that's impossible.

And of course, all those things are standard of care. So yeah, and and maybe we've made some inroads in that the AP has finally come out and recognized pans and pandas.

I think we all agree that that it hasn't gone far enough, hasn't looked at or commented on the most recent research.

Historical roots and medical recognition

That really shows us that this is a real a phenomenon disease. But maybe we we all won't be as crazy as we are and in a few more years, I don't know. But and I think, you know, if I and I keep saying I'm going to, I'm going to get around to writing a letter, but I think the people that they need to talk to are you doctor?

Psuedo they need to talk to people from their own right. They need to talk to you and who. And when I was writing my book, I kind of said, I want to write this from a physician to physicians.

And I remember telling my editor, there's going to be languaging in before you change anything, you need to ask me, because there's things that physicians say to each other and that I'm going to leave in there, because that's how we talk to each other, you know, like, yeah, 80 years old and have chest pain.

It's a heart attack until proven otherwise. People like, that's clunky. That's a weird way to say. Well, that's what we that's how we talk and and so that type of thing.

And so I think having pediatricians, you know, you doctor sweet old Lisa song people who are kind of members of that academic group coming in and saying, hey, listen, you know, we we train, we're, you know, board certified, and this is what we see.

I think that's really powerful. And I remember when I was writing my book, I was thinking it would be hard for physicians to hear some of the things in my book from a non physician, just because I feel like we're going to change, right?

I feel like we're going to change people. So that idea of inroads is fascinating to me, because I feel like that's how you get to the people trapped in the mountains.

You can make an inroad and you get there. Yeah, yeah, and we're working on it. Certainly. Aspire Care is is at the forefront of trying to write a very comprehensive, compassionate but but detailed response.

So it you're absolutely right. It needs to come from all of us on the front line. So anyway, I, I, I've also been

fascinated when we lecture together about some of the things you're doing with hypnosis and neuro linguistic programing and the, the brain danger response.

And as somebody who has has worked with Bob Navios and worked with the cell danger response, I'm fascinated by the brain danger response. Can you talk about what it is and and how it relates to the symptoms of pans and pandas? Sure.

So how I explain it most often to patients. So we know Doctor Navarro did the initial I think the initial publication was 2014. He published another article in 2020 kind of elucidating a little bit more the role of the environment in, in producing this chronically activated cell danger response.

So in brief, sort of when you have a challenge to your body and whether it is a an infection, a toxin, a physical trauma or a psychological trauma, your body mounts an immune response to protect you.

That's what's supposed to happen. And that response occurs initially wherever the thing starts. So let's say you have strep throat in your throat. Cytokines, these chemicals that are inflammatory cytokines that wake the rest of your immune system up, get released in this thing happens in your mitochondria, the little energy storehouses in your cells.

They kind of wake up and produce. They release some of these chemicals and alert other parts of your immune system, both locally and then downstream. And that cytokine release, that's called the cell danger response.

So then what happens is those chemicals from wherever that is in your body go up your vagus nerve into your brain, and then in your brain. The further cytokines are released and you get some of the things that we attribute to illnesses but are actually our own doing.

So, for example, a fever. So paragons in your brain are released, which cause your thalamus to increase your set point and you get a fever. So I always tell people strep throat doesn't give anyone a fever.

You give yourself a fever and so the flu doesn't make you vomit. You make yourself vomit because the flu, you know, your brain activates the image. And so that response is supposed to turn on.

You beat the invader, you deal with the problem and then go away. Once safety in the body is restored, that goes way. And so I started thinking, you know what?

What are we seeing in these kids? Why is it the one? Why is it even as many as 1 in 200? Why is this happening to people when it's not happening to all 200?

And so yes, you can say, sure, there's a genetic predisposition as you and I've seen siblings in families, but at the same time, the answer seems to be a dysregulated immune response.

So we always talk about the autoimmune attack on the brain. So I think of that as an exaggerated response. But there's also as we've talked, you know, this immune deficiency.

You know they don't produce antibodies to pneumococcal vaccine or they don't I tell parents the easiest to understand is you have a child with pandas who they get, they get sick, but they don't get sick.

Their behavior just changes. Then the mom takes them to the office and you swab them and they have strep even though they have no fever, no sore throat, no rash, no vomit, nothing.

And that's an indication they're those cytokines. That process is kind of dysregulated or broken. And so doctors have goes on to describe that. There's this chronic turned on cell danger response.

And he then likens it in his article from 2020 to environmental toxins. In other words, you're always being challenged with stuff. And of course, we're in a stressful society and there's social media and pressures and things

and kids and adults.

And so we have this chronically turned on cell danger response and then couple it in these kids with this immune dysregulation, the immune system's not quite sure how much or how little to operate.

And what you really get is and so I started kind of researching because I was already using neuro linguistic programing and hypnosis in some of these children to help with some of these things.

And I started thinking, why do they get OCD?

Cell danger response and brain danger response

Why do they get anxiety? Like what what, what, why, why do they get that? And what it ended up as kind of in my own mind, I worked it out. As you know, you have a situation where you're have an infection or a toxin or a challenge, and your immune system's kind of telling your brain, we don't know what to do.

We don't know what to do. It's an emergency. I'm sick and I don't know what to do, especially if it's an odd challenge to the immune system, mold or if we're going to say Bartonella or something that is just not as common.

And so then what's happening is the subconscious brain gets these signals, there's something wrong and we can't figure it out. And I tell people it's very similar to if you're like suddenly in an earthquake, you'd be like, I've been there, I don't know what to do.

And so fight or flight gets triggered. And then is, as you and I have talked, of course, OCD is really a safety response of of what can I control in the environment, I guess maybe how clean my hands are or whatever.

But I started thinking, you know, this really sounds like it's this immune dysregulation, this chronic cell danger response, like that's what's going on. And and so I said, you know, what's really happening is it's a brain danger response because the cell danger response is turned on.

The immune dysregulation is there. Now we have infection. Now we have antibodies in the brain. It's this sort of brain danger response. And so then I was preparing for the last lecture that we did together, came upon a paragraph out of Doctor Navios article where he kind of offhandedly kind of says, you know, in some cases this, cell danger response is dysregulated, gets stuck.

And in essence, it bubbles up as a cellular form of anxiety. And I thought, oh my gosh, that's exactly the thing. That's its cellular form. And then he says that cellular form of anxiety can then I'm paraphrasing, but can then develop into anxiety, addictions, OCD.

So he develops that sort of process. And I'm like, there it is. That's what we're seeing. We're seeing this brain danger response. And I said, that's kind of I think what we're seeing here. So I'll tell parents a lot.

Now, you know, the OCD is not a thing itself. It's a symptom. The anxiety is not a thing itself. It's a symptom. If you want to call something depression, that's probably a dorsal vagus nerve response. But they're all symptoms.

And so your child is not having an abnormal response. They're screaming fit and breaking things in the house not abnormal. It's just at the wrong time.

Right? Parents? You know your child's not a broken toy. They're having a fight or flight response. We want them to have that response. If they're walking home from school and a white van pulls up and tries to pull them in the net, we want them to kick and scream and scratch and yell profanity and we want, yeah, that stuff.

So it's this thing that's occurring at the wrong time. So once I started going down that road, I thought, you know, the primary situation is I'm not safe.

And if we can get them back to I'm safe with the subconscious brain, then we should see an improvement in symptoms. And then during the pandemic, of course, some people learn to knit, some people learn to do the things I one day stumbled across.

As I'm looking at videos late at night, I stumbled across a video on neuro linguistic programing, and it's basically the science of language and how we talk to ourselves, how we talk to others, how we encode our own experience with the world and how we make sense of it.

And there's a series of exercises you can do with people. With NLP, it's particularly useful for PTSD. And so I see a lot of parents for that. Yeah. Also for phobias, there's sort of a party trick in NLP is the fast phobia cure.

You can usually take people's phobias away in about ten minutes. And so I've kind of done that here and there. But then part of a lot of people to do NLP get into hypnosis.

And so I thought, well how hokey is that. That's weird. So I started studying and learning about it and then understanding the process of it, and it just sort of came alive.

And then I started, you know, doing it with patients here and there. And then I had some amazing results. Well, you know, and when you're talking, I'm reminded of when I listen to Bob, one's talking about this cell danger response as an army, you know, and the cytokines and cytokines that you're talking about are the sentries that are that are put out from the Army.

And, you know, in a healthy system, you know, the the triggers, so to speak, goes away. And the the sentries retreat and we go back to our homeostasis.

But there's this fight or flight, exaggerated response. Our kids are like, they're always at war. That's what they're feeling. So like you're you're saying this isn't your kid's not having an abnormal response.

This is a normal response to their brain being at war. And that's what you're going through. So I'm so fascinated by by how the the subconscious mind relates to this and, and what it does and, and how you use this in, in your practice.

So I always start kind of with people by telling them your subconscious mind only has two jobs. It's to protect you and to bring you pleasure. And in the ideal world you'd want both of those kind of operating and watching out.

And so you would have times where you would, you know, make sure your seat belt it when you're in the car or, you know, things like that where you kind of protect yourself or watch your wallet if you're walking in certain places.

But then you'd also have other times where you saw it, you know, conversation or relaxation or get a massage or things. So you'd have both of those. But what happens is, if you feel persistently unsafe, your body does protect, protect, protect, protect, protect the pleasure is out the window.

So that's actually where a lot of these kids parents will say, my child's depressed. They don't want to go to baseball anymore. They don't want to, you know, they're they don't they're an artist.

My daughter was an artist. She just stopped. They stopped. And they don't want to play with the dogs and cats and things like that. And you look at that and you think, wow, that's that's really too bad.

And so, you know, from a conventional standpoint, we look at that and we say, well, that's depression. And then depression for depression is an antidepressant.

And medicines help a lot of people for sure. But as as you and I know that the, you know, it's less so in pandas and a lot of children will become activated on those medications.

So it can be tricky. But when you look at it from that, sort of take a step back and you think, wow, you know, maybe

the solutions here are making the situation safe and when things are safe, then I'll want to draw or want to go to, you know, Girl Scouts or do the thing.

And so that's really, really what we've seen. And so I'll start the conversation with a few things with talking about the subconscious and then talking about these reactions, as I said, as normal, you know, reactions just mistimed reactions.

And I'll talk about, you know, the fact that a lot of it is with OCD is everything gets exaggerated, everything is connected to death. People kind of think, well, you know, he wants to wash his hands, to keep his hands clean and not, you know, get dirty or I get sick or something.

And in reality, the overblown reaction we see is kind of like, if I don't wash my hands, I'll die. And the children can't a lot of times verbalize that, but it's with that intensity.

And I tell people, you know, you can't reason with these folks when people are stuck in a subconscious state like that. It's it's kind of where conspiracy theories are born.

Like, I'm not safe. It's not safe. The government's not safe, and people get and it's really hard to reason with people or to have them hear things. Well, you're part of the conspiracy.

That's why you're saying that, that kind of thing. Right? So that's where these kids end up. And I tell parents, you're not going to win the war by saying your hands are clean, your hands are clean.

Let me look at them. Yes, your hands are clean. Or answering the repetitive question for the millionth time, we have to actually do is instill safety.

And I'll tell children, sometimes they'll come in and I'll say, hey, buddy, why are you here? And they'll say, you want me to stop washing my hands? And I don't like I'll say, I could care less whether you wash your hands, wash them a thousand times a day. Doesn't matter to me.

There's no morality in that. You're not a better person if you wash them five times a day or 100 times a day. But I'll say to them, my job is this. My job is to prove to you that it's safe to wash your hands a thousand times a day, and it's also safe to wash your hands three times a day, five times a day, whatever most folks do, both are equally safe.

And then you get to make a choice. Now, most people I'm given that situation, they're not going to do it a thousand times. That's boring and takes time.

And your parents have to pay for soap and your hands are cracked. Everything you touch is wet all the time, like lifestyle. All right. And so I'll tell them I'm here to give you that choice in this area and do.

And if you decide in the end of this and you're able to do both and you decide on a thousand, do a thousand live and do you do doesn't matter to me. But that idea of, you know, installing safety in that realm is, is, I think, a lot of what I do.

So a lot of neuro linguistic programing is kind of reframing things for people like, you know, OCD is a normal response. And a lot of the folks that have OCD, I'm one of them.

I had OCD when I was about 16, but me too, that is, you know, I think and that's I talk to parents a lot about this, too. I think that everyone who develops OCD had a hyper vigilant or hyper aware personality type to start, and then when they get sick, they get pushed into OCD.

So I always say that the people that are, you know, that develop that OCD, they have that hyper personality type. And that's why you get a kid that's like, you know, don't touch me.

Using NLP and hypnosis in treatment

Your hand touched your purse and your purse touched your coat, your coat touched your shoe, and the shoe touched the ground. And a dog pooped on the ground across the street.

They make this big chain of things, but that also those same people are empathetic. They tend to be empaths. And so they're the person that will when someone walks in the room with a little teeny tiny tear in their eye, they'll say, what's the matter?

You think there's something wrong? And so that's hyper aware. So that hyper aware personality type is really beneficial. If you're in like a job where you can't make a mistake.

So health care, you know, there's a lot of us being an airline pilot and things like that. And so when that happens, you know, but when you get pushed, you get into OCD.

So I'll tell parents, you know, they'll always have that hyper a personality type. So they may always want things kind of just so we just don't want them to be debilitated by where they can't go to school or feel like they can't go to school.

I also work a lot on languaging with parents, so I'll say, you know, don't tell me your child can't go upstairs. They don't want to go upstairs. They're uncomfortable upstairs.

But don't say I can't go upstairs. That's a little bit of self-hypnosis. In the same way, if people say, I'm just a lazy person or I'm always late, you hear people say that, well, that's not a thing.

And always late person. You may be doing that and you may be in a better way to say that might be I don't prioritize preparing and being early. And so because of that, there's a consequence which is I'm late doesn't mean you're a bad person. You're just late.

And so you know that me, there may be consequences. So I tell people a lot, I'll talk about consequences. Like there's no good or bad food. Food just has consequences.

So, yeah, I think the way you're describing it also is, is very important because so much of the time parents are trying to normalize, you know, your hands are clean or you know, you don't need to do that 20 times.

Or on the other end, answering the question 20 times and then getting so frustrated and blowing up. But but giving them the the choice and saying, hey, yeah, you can wash your hands a thousand times or wash your hands five times.

It's it's getting to that level of normalization that I think is so fascinating and so helpful for all of these kids. And how do the parents respond to it when you're do they hear you?

Can they take that message and, and take it home, or are you finding that difficult? You know, I think the parents, the kids smile and the parents usually cry because one of the things, you know, I did with my daughter that a lot of parents do is they get sick and you think, oh, I thought their life would be so much different.

We kind of project, right? And so I thought, oh gosh, because of the way she's acting and feeling like super, I never get married. She'll probably never have kids like she.

I don't know that you end up in college like she can't read a sentence. And so I think saying to parents, I'll also talk to them a lot about, you know, don't reinforce this idea that your child is sick.

Like, don't tell them you're saying you're sick and don't join them in suffering. It's something I had to get over doing with parents. It's another part of neuro linguistic programing and a little bit of hypnosis, which is, you know, I'll say to someone if they tell me this tragic story and they're tragic, I'll say, boy, that sounds really hard.

And try and avoid saying, oh, gosh, that's terrible. You must be so unhappy and scared and terrified and kind of join

them in the suffering. It reinforces kind of that suffering.

How I look at Languaging is more of a coaching. And so I'll tell kids a lot of times, look, I'm here to give you freedom. So that you can do what you want to do and you want to do it.

And then the second thing I'm going to tell you is you just got some stuff in the way. You're a healthy person underneath this all, but you've got some stuff in the way, probably some infections.

You're going to get them out of the way. Some toxins will get those out of the way. We probably going to make sure your immune system's not acting weird.

And then at the same time, we have to give you some tools that you can use when, things, you know, things happen like this where you get where you get in a little bit of trouble.

I also do a lot of hypnotic languaging with parents who talked about repetitive questioning. And that's true. Your choices, the most common choices people make when a child is repetitively questioning them am I, am I?

Am I going to vomit? Am I sick? Is the shirt clean? Is the shirt clean? Parents will either answer them every time point you. You strengthen the you know, you strengthen the the obsession that the ritual.

Because the problem with that is, you know, I know when I had OCD and and my daughter will say, you know, that the thinking you're thinking isn't right.

Like, you know, that it's illogical. You know that the things you're doing don't make sense. And there's a lot of shame with that. Right. And so what I'll tell parents to do in that question.

So a lot of times parents will give in every time. But if if you're thinking what you're doing is illogical and suddenly your parent joins you in that in accommodate you, you think, oh, good boy, I, I thought I was crazy, but now my parents doing it and I know they're fine, so now I can relax because they're going to help me do my ritual.

And now I feel safe again. So it kind of reinforces and strengthens. But I'll tell parents, is if your child's asking the repetitive question, most parents will either answer it every time or get frustrated like I did and say, stop asking me that question.

You're driving me insane. Like I answered the question already, or a parent at some point will get to the point where they just give them the silent treatment.

They just don't say anything at all. The problem with any of them is, is you're either strengthening OCD or you're leaving the kid hanging where they're stuck in this anxious state and can't resolve the thing.

So I'll tell parents, the better thing is to break that loop and get them out of left field. So I'll tell parents, what you can say. If the child says, am I sick?

You can say to them, you know, I really admire about you is that you really care about your health. And a lot of kids your age don't care about their health.

And so I really admire about that. You that's really mature of you. So what you've done is you haven't answered the question. You haven't refused to answer the question.

You've taken them somewhere else. There's a compliment in there. And and you've kind of broken that, that loop. The other things that have parents do is a hypnotic pattern interrupt where I'll say, clap your hands really loud and get up and say, oh, I think I left the clothes in the laundry and then get up and go to your room, use and then come back.

And a lot of times that will be enough to disjoint the ritual enough to get the person over it. And sometimes it'll get

wise and start saying, why are you doing that?

Or why you keep saying that and whatever. And so after a while, them. But a lot of times that's enough to kind of just disrupt that, that. Yeah. With it. Yeah.

That last piece you said reminds me of Tony Robbins videos I watched like 30 years ago where, where, you know, he would talk about touching your shoulder and, and changing, but also two things.

One, you know, I call it don't feed the beast of the disease. You know, when you're answering and answering and answering, you're you're you're getting into that loop.

But what you're really talking about is what we talked to parents about in distracting their two year old. You know, it's it's a manner of distract by by and not answering them, but helping them in a way to know they're being heard.

Because I do think the the silent treatment really gets kids much more in their head. I often talk to parents about saying exactly what you're saying, but saying first I get it at some point in time so they they feel heard.

But this, this change in in distracting them and saying, you know, I really like the way you're you're thinking about your health. Are you you think about that more then that's a that's a fascinating point.

And I think one that that a lot of parents could, could take and use very quickly, that could change the direction of their kids. OCD do. Yeah. Go ahead.

Let's say so. It's very similar to when you get your pocket picked right and people bump into you. That little bump jars you and your brain. There's a split second where your brain's trying to figure out, was I just hit by a comet or is not by me?

What? What thing just happened to me? And in that moment, people take advantage of grabbing your wallet because your senses are all jumbled and you're not paying attention to things.

So that concept of hypnotic pattern interrupt is, is is it's really a powerful way because if you can get to the to the person and I do that, I'll do that a lot in the office, too.

Because you can really get in there. What's fascinating about Tony Robbins, too, is that his original videos from the early 90s, he talks constantly about NLP.

So he was trained initially in NLP and then developed the million dollar mindset and all the other things he does out of that. So a lot of his techniques, you know, getting affirmation from people, do you hear me?

Do you hear me? If you hear me say I, that kind of thing, that's all neuro linguistic programing and and, hypnosis. But the did the thing I was going to to say earlier was, you know, the other thing I'll tell parents and I say it in front of the kids, is that people will always talk about the socially acceptable OCD.

They'll talk about washing their hair or whatever else. But OCD. You know, when you delve into it, there's sexual thoughts, there's thoughts of suicide, there's thoughts of, you know, murder and all those things.

And these kids can really feel like there's really something wrong with me. Like, I'm really, and we get thoughts of heaven and hell and all those things.

And I'll tell parents, if your child doesn't want to talk about subject matter, if they say, I have to wash my hands and you say why? And they say, I can't tell you or I don't know, it's fine, because the thought and it's all from your subconscious.

It's what you dream from. Doesn't matter why. If we can change the behavior and make them comfortable with it, that's the goal. So when I say that a lot of times to kids, they kind of look up at me because no one's told them that

before, that the things they're thinking are just protective.

It's not, you know, that. It's it's not. I never use the word crazy, but it's not because their minds broken. I'll say to them a lot of times, yeah, that's a great phrase.

And I, I've had many kids, you know, I can't tell you or I'll die, you know, and and parents or you got to tell me. You got to tell me what? Why are you going to die?

And and your absolute right. We're we're just feeding that intrusion on them now, how how quickly when you start using the neural linguistic programing or when you start using the hypnosis with the family.

I mean, in some kids, I think it can happen like that. Do you find that that happens or is this something that takes quite a long period of time, depending on how much is ingrained, I'm sure, etc.?

It's really it's in every it's in every it's in every encounter. And so sometimes it's hard to trace. There are clearly cases where I've done a single session of hypnosis and things have dramatically changed on the spot.

I also tend to do a needle phobia trick with children of self hypnosis with kids before they get blood drawn, or if it's if they're really skittish. That's worked really well for them.

So there are things that work quickly. I think a lot of it's molding over time. One of the things in NLP that central NLP is, is making rapport, getting rapport with people and figuring that part of things out.

And so one of the things from the very first call that I'll do with parents is something called pacing and leading, where, you know, if you get as I do, I'm sure you get the parents that that are talking to you.

And there are all the kind of animated and you don't understand how bad it is, and it's terrible. And I just feel and they're crying and everything else.

And so one of the things you can do is called pacing and meeting kind of meet the where they're at. And then you slowly when you're in kind of coherence with them, you kind of slowly change things and ratchet down and they'll come with you.

So they already look at you sort of as a physician as, as a sort of authority or you're in charge or something. I always tell them they're in charge. I'm just the navigator.

You're the captain. But, but if you have someone sort of hyper animated like that, then I'll become hyper animated. I'll say, I know it's just terrible.

It's exactly the same with my daughter.

Parent coaching, reassurance, and closing advice

And then once we started getting her better, it really seemed like everything just calm down and was completely, you know, better at that point. And so you'll feel the person come down with you.

And that point, I could feel it right there and then. Yes, in those seconds. I know when dad use me because I get into my hypnosis voice sometimes. Yes, yes, my, my my son calls it my autism voice.

I yeah, yeah. It doesn't say. They said it's funny. You said, would you call him your navigator? I almost at every new visit. I'm. I'm talking about me is their GPS, you know, and it's the same thing, you know.

And I may be a pushy GPS, but you're still driving the car, and I'm here to give you a route to go down. But. But you have to choose if that route is good for you and your child.

And that can be the financial route or the or. My kid won't do this or I can't do this, or I don't agree with you or believe in you, but we're not as as doctors.

The be all, end all and have all the answers. If we can put ourselves there. And you and I certainly can, because we've been through it. But if we can just listen and and help navigate them to a place and, and the voice technique that you use just for a few seconds, that just shows it right there, like you, you brought them down from that slightly more manic level.

You didn't get to the total mania you and I here many times, but to a to a calmer pace that the that really is so powerful now valid. You you know I know during Covid you you you did this this was your, your knitting of the time.

But but how did you learn about it. Where could practitioners, physicians or even parents that want to do this, where can they go to to learn about this?

So the original founders of nearly mystic Premier Richard Bandler, and I can't think of the other guy guy's name, but Richard Bandler was I guess he's sort of the most well known.

He's written the most books about it. There are many books about NLP, but anything by Richard Bandler is good. I did a few online programs. I did something called NLP comprehensive, which is a course kind of physician heavy course for that, and then through that got several leads and I did several this course it was during pandemic, nothing was open.

So I did multiple online hypnosis courses and certifications. But my real love for hypnosis came from Milton Erickson, because one of the hardest is getting these kids relaxed.

And so it's almost impossible to do a traditional relaxation trance with with kids that are especially when they're scared or hyped up. And so you kind of can say, well, close your eyes and you're feeling your legs get heavy or whatever.

It's just really, really hard. And so Milton Erickson was sort of the master of waking hypnosis, where he would kind of look at someone and just start talking and using his voice and his meter and the way and the way he spoke, he would kind of get them fixated or if in trance, and then he would just start giving them suggestions. And, you know, when when you give suggestions in hypnosis, it's basically reminding people of their capabilities and a capability that they previously had or that they had at another time, because most of these kids were at one time, well, or normal acting and then had some type of change, even if it wasn't exactly a sudden onset, they had a change at some point.

And so taking them back and kind of reminding of them of those things, and you know, I'll often use, illustrations with kids about riding a bike, about, you know, like that really dangerous thing that you did of riding a bike.

Like people get really hurt and you learned it when you were very young and became stable. And remember when you started was so difficult. And now you're able to balance and turn and wear a helmet.

You could probably even hold a drink while you're riding. Don't do that. But that type of thing where anticipatory guidance. Right. That pediatrician gets.

Yeah. So but that but that sort of thing where you're reminding people of of capabilities that they've had and reminding them that they're an expert. If someone has trouble sleeping, like if it takes 10,000 hours to be an expert in anything playing the violin or whatever, how many hours have you slept in your life like normal?

You know, you may be having trouble sleeping now, but in essence, you're a sleep expert many times over. So if we can get you back and remind you of that and about all those things that you do or like, gosh, if you drive a car, amazing how many things you're doing at the same time.

So those types of things can be can be really helpful. Yeah. And and Scott, remind people where they can find you.

Yes if you'd like. Yeah. If our office is in Carmel, Indiana, it's called the center for Fully Functional Health.

And it's fully functional. Dot com is our website. We also are on both Facebook and Instagram as the pandas docs. And I have a separate website which is the pandas Dot-Com, where my book is for sale cheaper than Amazon.

And also I have an online course there which I'm in process of revamping because I'm adding a lot more about hypnosis in their linguistic program. I spend a lot of time talking to people about that move, so that's great.

I'll I'll have to go to that one. I'll have to take that course. But, anything you'd like to, to leave people with any, any words of wisdom since there are so many of them in your head, are there any you want to give to everybody now?

I think the few things that seem to be most impactful with with parents, and I always tell them, I always try to tell people the truth. I don't tell people things to just make them feel better, but I try and remind them that when I'm telling you things and some of the truth, you may not want to hear, like you don't need to.

You know, you need to not accommodate your child with OCD, something like that. But the big things I tell them on our first visit is first, it's not your fault.

And because many of the parents will sit and the moms particularly, they will feel very guilty and think, oh, I missed a prenatal vitamin when I was four months pregnant.

That's what did this. And I just told them, it's just not it's not the case. I tell them there's hope. And so I'm a big fan of online support, but a lot of times online support groups kind of lead people to believe this is, you know, your child's just this way and they're just not going to get better.

And your life is every time they get the sniffles, they're going to, you know, break a window. And so I kind of like, that's not what you and I see in our practice.

And that's not it's not true. So so there's always hope. And so those it's not your fault. There's always hope. And the reactions your child have is, are having are normal.

They're just at the wrong time. I think those are kind of the big the big things that I leave parents and kids with. And that seems to be the most impactful.

Well, I really appreciate that. And and I know there is a lot of hope coming out of your practice and a lot of wisdom. This book is incredible. Your work is incredible.

I am excited to lecture with you at Maps in March in Myrtle Beach and hear more. And and just so grateful that are passive crossed, and that I found my brother from another mother and and and glad also that our kids are doing well and that there is hope for all of our family.

So thank you Scott. Really appreciate it. Oh thank you. My pleasure. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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