From Reassurance to Recognition: When Symptoms Mean More Transcript

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Opening on Bias and Parent Trust

It's an insidious distrust of parents. I mean, I hate to say it that way, but we, we have a bias. Practices that create awareness allow us to see our biases.

Biases could be personal. They can be systemic. Generally a bias. And I've, I saw this in the earliest day. It goes back to. beginning of autism diagnosis and treatment, a blaming of parents, a mistrust of parents, not allowing parents to be partners in decision making.

This is a pre-existing bias. So it tends to get marginalized as, you know, those crazy parents and, you know, how could this be, you know, that can't be, can't be the, can't be the case.

I think it makes us uncomfortable. I think that we have things we can't really understand. We don't have a great explanation for. We don't have universally helpful treatments that work for everybody.

It forces us out of our comfort zone. Welcome to Demystifying Pans and Pandas, the podcast where we uncover the mysteries, breakthroughs, and hope behind these life-altering conditions.

I'm Dr. Nancy O'Hara, a board certified pediatrician, educator, and advocate with over three decades of experience. helping children and families navigate the challenges of neurodevelopmental and neuropsychiatric conditions, especially PANS and PANDAS.

These disorders can feel overwhelming, but here we'll break down the science, explore transformative treatments, and share stories of resilience and recovery.

If you've ever wondered what's possible for your child or how to find answers, This is the place to start. Let's dive in.

Podcast Introduction and Guest Bio

Welcome back, everybody, to Demystifying Pan's Pandas. I'm Dr. Nancy O'Hara, and I am really excited to welcome Dr. Larry Rosen to the podcast. I've known Larry for decades, but learned even more about him just reading his bio.

And I'm so happy to have him here. So thank you for coming, Larry. Thank you for inviting me. It's a pleasure. Larry's an integrative pediatrician and founder of Whole Child Center.

He's the co-author of Treatment Alternatives for Children, which is an evidence-informed guide for parents interested in natural solutions for common childhood ailments.

And Dr. Rosen is appointed as an associate professor in pediatrics. serves as an assistant director of the Human Dimension Course and co-chair of the Environmental Health Working Group at Hackensack Meridian School of Medicine.

And he's also a founding member and former chair of the AAP section on integrative medicine and received the AAP's Pioneer in Integrative Medicine Award in 2015. And he received a yoga teacher certification under the guidance of Ben Weisch and Denise DeLuca and teaches yoga and meditation to medical students.

And he served as a senior advisor and chair on the Health Advisory Board of Whole Health Ed, which is a nonprofit devoted to bringing whole health learning to U. S.

schools. I mean, Larry, first, I've got to ask you about the yoga. I never knew that about you. And I want to hear about everything else, but tell me about learning about that and now teaching it.

Yeah, it's funny. That's the thing in my bio that some people look at and say, really? The other thing I put in sometimes is I'm a semi-professional musician too, so that didn't make it into the professional bio.

The yoga for me was a personal thing. I needed it. It's really a story about walking the walk and following my own prescriptions. One of the reasons I went into medicine was really a strong belief in mind-body medicine that our mind is deeply connected to our body.

They're not separate. There's a great healing power in that. It's one of the reasons I wanted to pediatrics to have relationships with families and really cultivate that.

And I was prescribing a lot of yoga and meditation practices to patients and parents. And I had a bit of a mindfulness practice, let's say, but yoga to me was always these really stretchy individuals.

It was a little scary to me, you know, but I really saw the impact in my friends, family members, patients. And it really took, I was in my mid forties and I was pretty burnt out, honestly, professionally and physically not doing well.

Yoga, Mindfulness, and Presence

I had a big knee injury and it was sort of like, if not now when, and it's like the universe puts these things in your path at the time you need them.

I believe my teacher, Ben, who's a, one of my closest friends right now. Um, I said to him, help, you know, I need help. And he said, all right, we'll start with, here's how you sit.

Here's how you stand, you know, really basic things. And years later, I was so, it was so personally helpful to me, completely changed my mindset as a, as a partner, as a parent, as a pediatrician, as a human and how to relate to other people that I wanted to learn how to teach.

And then I've had the great opportunity to work in a medical school that's really open to integrating mindfulness practices for our students as a way of being.

And I've taught classes to students, faculty, staff, and yeah, that's where we are. Yeah, it's the walking the walk, not just talking the talk. So much of the time, you and I both talk to parents about taking care of themselves, putting their oxygen mask on first.

But I got into yoga when I was pregnant. It got me through 24 hours of labor. And I've been practicing ever since. And it is that grounding. It's one of the best things for our vagal nerves.

And I just think it's, it's so wonderful, not just that you're doing it, but also that you're teaching it and teaching it to medical students and faculty, or maybe to integrate it into their lives, the way you've integrated it into yours.

I will, I mean, for me, and I will say to my students, if there's one skill you learn in life, the most important thing you learn is how to be present.

How to be present. And you have to practice that. We are not. Children interestingly if you watch them are very present. Yeah, right and then we lose that we get distracted and there's so many distractions today and it's very easy to lose the thread of I am here right now talking to you in this moment with my full attention Yeah, so whether you're listening whether you're speaking that power of presence for physicians It's a critical skill whether and I've had neurosurgeons tell me that they agree, our docs, you know, whatever you do.

So that's, that's it. That's the most important thing I think as humans we can do. And that's so important, you know, especially in a primary care pediatric practice like yours or in a consultative practice like mine.

One of the things I learned from one of my therapists way back when was to re-center myself between each visit, to be present with that person. And it really changed the way I practiced because so much of the time we're like listening to this podcast while we're cooking dinner, while we're, you know, overseeing children, while we're working.

And we miss so many pieces of what's right there in front of us. And I think social media, the ability to connect in this way online has robbed us a little bit of that presentness.

Yeah. And it's, I would say for people who are listening right now in this moment, if you're really listening, just to stop, take one deep breath, Bring yourself to this moment, listening to the sound of our voices and just recenter yourself.

This is where you are right now. This is what's real. There's whatever happened to happen. Whatever's going to happen is going to happen, but this is what's real in this moment.

And just that, that awareness and that practice for me, if I can find that a few times a day really shifts my mindset. And it's something I really try to teach families from day one, from the birth of their baby, when I start seeing them.

Yeah, it's amazing. Now, you have been in, I've known you in integrative medicine for decades, and you have been really one of the leaders in bringing integrative medicine to the American Academy of Pediatrics, to so many of us, to, you know, in courses you've run and in trainings you've done.

How did that happen for you and how did you find it early on and even now, that integration? It's a beautiful story to me because it highlights the importance of listening to my patients.

And so I imagine there are a lot of families listening to this or parents out there or practitioners who were struggling or lost, you know, or burnt out and seeking what to do.

So for me, I started pediatric practice about 30 years ago. And in my first few years, I was just struggling. I was really trained well, like a lot of us in pediatrics and acute care medicine.

That's what our healthcare system does really well. Right? Acute care, ICU care, ER care.

How Integrative Pediatrics Took Shape

But then I got into primary care practice at the same time I had my first child, roughly, and I realized my limitations as a parent, basic things, feeding, parenting, the idea that food is medicine, you know?

So early on, I would have families come in and say, hey, you know, my child was diagnosed with autism and I started a gluten-free diet. And my first, this is going to sound ridiculous.

My first question is, what is gluten? And that was, you know, this is like 1997 or something. You know, it feels ridiculous to say that, but outside of celiac disease, and I had seen that in a few patients in training.

And then my next response was to be curious instead of that can't possibly be true. I mean, I was a little skeptical and wondering how that possibly could be that their child was more alert and more aware, more social, more emotionally available.

I mean, these are things obviously in 2026 that you and I, I mean, people write books about. Um, that's just one example of me listening when a parent came in and then it wasn't just one family, right?

This was dozens. And I started to see the impact of other. treatments, other therapies, other ways of being. And I started to ask, well, who's, who's doing this with you?

You know, where, where do I learn about this stuff? Uh, and there was a nutritionist at the time, a biomedical

nutritionist who was really involved in the Dan movement at the time, right?

Defeat autism now, which has evolved into a whole bunch. It's a whole biomedical. And I started reading these charts of bio, you know, biochemistry all over again.

And it was so. Interesting learning, you know, these are the early days where people were starting to talk about, you know, methyl B12 shots, right? And methylation, sulfation, detoxification.

It just all clicked for me. And then I realized I have to figure out a way to understand this and to integrate it in my practice. And I looked around and there were very few people in the, in the autism world.

This was a big thing, you know, parents coming together with scientists and practitioners. So that was a big piece of my education. I started going to conferences.

I started going around the country, but in the general pediatric role in primary care practice, which is what I do and did, very little of this was making its way in.

And so I went to a couple of people, Kathy Kemper is really my guru in this was at the time at Wake Forest was Boston Children's. She was the academic leader in the country really in integrative pediatrics, this idea.

And so I said, Kathy, you don't know me, but I want to know what you're doing and how you're doing. And she was so gracious and said, well, come, come hang out.

Let's talk that led to. I'm going to really summarize, you know, 20 years of work here, but we met, we had this idea. She said, well, why don't we talk to the American Academy of Pediatrics about starting a section?

I said, how do you do that? And so she led the way we did this together. We had a group of people. The AAP was open to it. It's now a really vibrant section so that pediatricians, mainstream pediatricians who are out in the communities across the United States.

can join this organization is very credible. It's a conservative organization that's been around a long time, but there's space, right? So now we've brought this work through that into communities, through community pediatricians.

And really the goal was that every family, wherever they live, could find some pediatrician who could at least listen to them non-judgmentally and find and offer them resources.

And so are we there yet? I don't think so, but. we're closer than we were 20, 25 years ago. And so that's how that all happened. Absolutely. And you know, you bring up two things that my mentor, Dr.

Sidney Baker, who we both know was one of the founders of Defeat Autism Now, one of the founders of the Institute of Functional Medicine, of functional medicine, biomedical medicine, as we know.

And the two things that he always said are, if you listen, they will come. And, and that listening, I think is something as physicians, practitioners of any ilk we need to bring to it.

And then the other thing you said was that curiosity, you know, for me, over 30 years ago, that curiosity really only came out of, out of pain because I was going through infertility.

And I had a patient that came to me that said gluten-free, dairy-free diet changed my life. And I thought, well, this is Huey. And she said, but you got to meet this guy.

And it was Sid. And I went to Sid as a patient. going through infertility and changed my life. And then I sat at his feet one day a week, sort of like what you were doing with Cathy.

And you're right. The children with autism were our canaries. They were the ones that were most affected by all the toxicants and the things in our food that they may have been sensitive to and all of those things.

it was affecting all of our children. And as much as I did that deep dive way down the rabbit hole, what I admire so much about you is that you were doing it in that primary care setting.

I tried that for a few years, gave it up. And so how do you integrate it on a day-to-day basis? How do you make that happen in a busy pediatric practice?

That really is the struggle, and I think That some of the answers are logistical and we can talk about that. I think for me, my sweet spot and my comfort zone really it's, it's relationship centered care.

So I wanted to maintain long relationships with kids and families over many years. Now at 30 years out, I'm seeing that. kids of former patients, it's a really neat thing.

So there's a power in that for my patients and for me. So I didn't want to give that up. And I thought, I'm not sure as a consultant, again, this is a, this is a personal thing.

There's no, this is not a right or wrong. We need all of it, right? You and I work together with families. It's a beautiful relationship. I have relationships with specialists in lots of different areas.

I wanted to have that medical home, sort of container of space. So there was a philosophy around it so that I knew the whole family, the whole, whatever's happening at home, whatever's happening at school, the grandparents, the siblings.

So that was the thing. And then I thought, how do I make this work? There's a challenge. to just financially, economically, structurally, because without getting too much in the weeds, our healthcare system pays for what you do, right?

The more you do, the more you get paid. The sicker people are in your patients are, the more procedures you do. So as a primary care pediatrician, as practices get paid the least amount by insurance companies to do the care we do, even though from a preventative perspective, we're probably, it's the most effective, safe, care we can deliver.

So I had to get creative about that. I built a team. First, it was just me and another physician and a nurse basically, but over the years to build scale, you know, so now we have a team of two physicians and five nurse practitioners.

So from a lifestyle perspective, I have coverage and we all cover, you know, because you have to be on call when you're in a primary care practice and provide a wraparound service to families.

And then we had to figure out the economics piece of it, you know, and Again, without going into full details, I wanted to be able to keep the doors open and provide access.

So finding a sweet spot that was affordable for most families. And I think we've been successful with that. It allows us, the model we have allows us to, allows patients to access our care and to have time with our patients.

That's the single most important factor in the model we have.

Building a Primary Care Integrative Practice

So that if I on a busy day, if I see 15 patients instead of 30 patients, It's double the amount of time I get to spend with people. Yeah. Yeah. And that's amazing.

And one of the other ways we connected was with that course that you've done several times over the years, which I find very helpful in just learning about and connecting with other practitioners that want to integrate, you know, integrative functional medicine into their primary care practices so that that training of other practitioners is also so

important.

Absolutely. And we both do that. And we know because there's such demand, you know, we, you and I can't see all the families in the Northeast that want to be seen or should we.

And so once I had a grounding and a handle about, about 10 years into this work, I realized there are a lot of other practitioners out there who are looking for this in the same way I was seeking something and their patients are coming to them and asking for this.

They want to learn more. They want to develop this into their practice. And so we started doing these workshops with about 10 practitioners, either physicians or nurse practitioners.

We've had pharmacists, veterinarians, you know, all kinds of people come in in groups of 10. So it's a small group. historically in person, because the two things people wanted were content, they want knowledge, right?

People want to walk away. On Monday, when I go to my practice, what are some practical things I can know, whether it's testing, treatment, options, and I want connection.

I don't want to feel alone in Texas, Kansas, California, New Jersey, Maine, wherever I am. I'm the only one in my community. I feel alone. Now I have a community of others I can reach out to.

And so that's, you know, about every five years or so I set aside the time. We do a weekend. I'll probably gear up to do that again this year. I feel like there's a calling and a need at this point.

Um, and there are many other trainings, right? We know that, you know, if for someone who wants, you know, really deep dive biomedical functional medicine training, there are other resources for that.

This is, I'm a primary care or generalist kind of person looking to make connection, learn a few tricks and skills and figure out where do I go from here.

Yeah. And it's the same thing we're talking about with our families, being present, listening, having that community, that home, a medical home for our families, but that home of connectivity with other integrative practitioners that want to do this.

Yeah. People know if people are out there and they're listening, they say, yeah, I'm lost. I'm burnt out. I'm not sure where to go. I'm seeing 40 patients a day.

It's really hard. How do I do this? I'm kind of stuck. Those are the people I'm speaking to. Yeah, absolutely. And other organizations that are doing that, certainly one that I'm involved with is MAPS, which is the Medical Academy of Pediatric Special Needs, medmaps.org, Psychiatry Redefined with Jim Greenblatt, doing this online, training those who want to look at the neuropsychiatric aspects.

And there are many, many more. So since this is the Demystifying Pans Pandas podcast, let's take this a little bit more deeply into the Pans Pandas. What, from your perspective, should primary care docs know how to work with families, specialists?

What's your take on all of that? Yeah, things have evolved over time. While we would like to believe that most pediatric practitioners know what pans and pandas is.

That's a starting point. And I know this really deeply because when I hire people in my practice, we have hundreds, I'm going to estimate of families who are coping and have coped with pans and pandas.

So they have to know, they have to at least have language to understand. So there's some basic understanding. There's, there has to be an openness and an awareness and an acceptance that this exists.

And I know that may sound like a really basic starting point, but we all encounter physicians who continue to deny that pans and pandas exists. To me, that's an unscientific position.

There's no other perspective that I can take. There's too much information to deny that it exists. So that's the first thing. is I think if you're going to work with families, if you really don't believe it exists and you don't want to deal with it, then you must refer them somewhere.

You must have a way of doing that. But it's kind of like saying, well, celiac disease doesn't exist, and so I'm not going to work on your diet or refer you to a GI specialist.

So to me, it's that first level. Understand it exists and then start to educate yourself. You can listen to your patients. You can find continuing education about In my practice, I am going to see kids with pans and pandas.

What does it look like? What are the clinical scenarios? Starting with, I diagnose kids with strep throat. What should I be looking for? What should I be concerned about?

When I get, when I, you know, and taking a history, listening to patient's information is 90% of the of the, um, is how we, you know, help families 90% of the time, right?

Listening to them. What, when you hear a story in this, I will say, when I started in practice, I didn't know what to do with this. My seven year old started stuttering out of the blue.

Training Clinicians in Integrative Care

To me now, I'm going to do a strep test on that child. I'm going to evaluate, I'm going to ask more questions. And I, we're keeping this to strep or pandas right in this conversation, but it's not just that, but I'm saying, Those kinds of awareness and levels, and when I have associates in my practice, when they start to see this, and then, I mean, the most obvious example, you know, a child comes in with no sore throat and no fever, but acute onset stuttering, you do a strep test, it's positive, you treat them and the stuttering goes away.

Yep. Right. That is an eye-opening encounter for the practitioner and the family. So that's just, that's one example. There are many clinical presentations, but familiarizing yourself with that, starting to develop awareness and then a language around explaining to families, explaining to colleagues, thinking about that.

It's, I try to simplify it and give practitioners language like, we all get sick, we all have viruses. Have you ever had an experience where you had a virus and your thinking was really cloudy or foggy or, you know, you you started to feel depressed or anxious or just post flu, post COVID, post mono, these are examples most people have some experience with.

Then you can start to make the connection and understanding mechanisms and plausibility in a really basic level. The idea that there's some process, infection, allergy, whatever it is that stimulates your immune system, that's what it does.

Then you pause, say like, are we together? Yeah, I get that. I agree. That creates an inflammatory response. Sure. I get that. What could that look like?

Well, I've seen patients who develop, you know, stomach pain or headaches or okay. What if it was nervous system inflammation? What might that look like?

Right. So you just go through the steps and it becomes really kind of obvious and logical. testing and treatment and that's a whole other thing and a level of knowledge, but that's a starting point.

If all pediatric practices just were aware and open and recognized, we would be able to help a lot more kids. Absolutely. And again, I'm taken back to the listening and the curiosity.

You know, you listen to the patient. It was an abrupt onset of stuttering. You know, that's the difference. It's not just referring them out to a speech therapist because they're stuttering.

It's that abrupt onset. And then curious, well, what could have caused this? And just doing that culture. You know, we both know that the AAP came out finally in December of 2024 and said that pandas exists, which is wonderful.

But then they said there's nothing we can do about it and you don't need to do a strep culture, which is the exact opposite of what you're just saying and all that people like me are asking for.

You have a child that comes in with an abrupt change. in language, in handwriting, in behavior, in anxiety, in eating, that abrupt change just to a strep culture.

What Primary Care Should Know About PANS and PANDAS

Just listen and do that. So how do you marry that and how do you talk to other pediatricians maybe that may be saying, hey, our governing body says we don't need to do that.

Yeah, I would say this is a starting point. I think it follows a pattern over many illnesses over many years where we finally come to a place of, okay, we now acknowledge it exists.

To say there's nothing you can do, I think there's different levels of evidence and comfort level of what to do with that evidence. All pediatric practitioners have things that they do that are not double-blind randomized placebo control trial.

Most of what we do in pediatrics does not have that level of evidence. So if you're in a situation, whether it's pans or pandas or migraine headaches or whatever you're talking about, if you don't have a clear consensus, conventional approach therapy that works most of the time, that's fairly safe, what is your alternative?

You can say to a family, I'm really sorry. I think you're right. This is existing. I, sorry, I have nothing I can do for you. That doesn't sound right to me.

And so then you start to take it to the next step. So I would respectfully disagree with the AAP policy statement. I think that it's a landmark policy in that it gives people ground to say, yes, it exists.

So that's a starting point. There are so many other bodies that have done really amazing academic work on publishing around testing and treatment options and resources for physicians and practitioners and parents who want to go the next step.

I think that you start somewhere, whether that's, you know, we'll keep it to the pans and pandas, but in all of this integrative world, where I was in 1997, there's a different comfort level now and the things that I'll do, the things that I'll test for.

Sometimes I do, I stop doing things I used to do, right? Or I have different treatments or different tests. The idea of being faced with a family, just suffering and struggling and not have anything I can offer or do.

I don't know. I feel like that there's more and whether that's a, if you're uncomfortable with prescribing antibiotics, having that conversation, having a rubric around that.

Look, I know lots of physicians who prescribe antibiotics for much less reason, you know, runny stuffy nose for four days, right? Yeah. So if you're doing that for sinusitis, if you're doing that for a sore throat, just check yourself, take a minute, do some work, do some research and try to find a level.

And again, if you're not willing or interested in doing the testing or treatment, please try to find someone in your community who will. Absolutely. And I also think, you know, there's one thing to talk about the integrative approach to ear infections or runny noses or other things.

It's another whole ball of wax when we start talking about mental illness, neuropsychiatric symptoms, anxiety, et cetera. And that difference, how we talk about inflammation of the knee, for example, or the sinuses, different than we talk about inflammation in the brain and how that can be a factor.

I think that also makes it very hard for people to understand. They can talk about an integrative approach to something else that doesn't present all the roadblocks that mental health does.

I mean, this has been true in medicine forever, right? You know, this disconnection between how we treat what we call mental health and physical health.

And we can sit here and agree there's no difference and it's all, you know, there's a biological, emotional, spiritual connection to everything we talk about, but we continue to have this dichotomy where we separate, even in terms of the access to care, the treatments that are available, the research that's being done.

But for me, it was a game-changing shift to think about biological plausibility and mechanisms and what we have historically called mental illness. Yeah.

And, you know, Sue Sweeto has been on this podcast and we've talked about why, you know, over 30 years later, this is still so controversial. And, you know, she says she wishes she had still called it autoimmune encephalitis of the basal ganglia associated with streptococcal infections because pandas became so kitschy.

And I wish she had called it the Sweeto disease, but she doesn't have enough ego to do that. Do you, as a primary care physician working with other physicians, have a sense of why it's something that is so not believed in?

Yeah, it's an insidious distrust of parents. I mean, I hate to say it that way, but we have a bias, and this is the other thing that practices that create awareness allow us to see our biases.

And biases can be personal, they can be systemic.

Why PANS and PANDAS Remain Controversial

There is generally a bias, and I saw this in the earliest I mean, it goes back to the beginning of autism diagnosis and treatment, a blaming of parents, a mistrust of parents, not allowing parents to be partners in decision-making, ignoring evidence that is coming from parent reports.

So in the autism and mental health worlds, this is a pre-existing bias. So it tends to get marginalized as you know, those crazy parents and, you know, how could this be, you know, that can't be, can't be the, can't be the case.

I think it makes us uncomfortable. I think that it, we have things we can't really understand. We don't have a great explanation for. To be clear, we don't have universally helpful treatments that work for everybody.

It forces us out of our comfort zone as physicians and practitioners. So I do think it's about bias. Um, I, I, you know, it's been politicized. more so today than ever, but it's always historically.

It gets lumped in. Just the idea, I remember in early days, if I identified as an integrated pediatrician, I would be labeled as anti-conventional medicine in whatever way that was.

Right. And then you teach yoga. Man, you're way out there. Yeah, forget about it. Yeah. I think that's hard credibility wise and so some people are worried about their relationship and communities or their credibility academically.

Um, sadly, you know, but I'm lucky at this point in my career, I think I have enough community credibility and I, I feel really grounded and solid in the science of what we're talking about.

Um, and there are areas, you know, even you and I will, will disagree on or have different conversations. Some of it is knowledge base. If we start to get into things like around mold treatment is not an area of expertise for me, but I

could say to you, I wouldn't say that's not right.

It doesn't exist. or those patients shouldn't be helped, I would say something like, huh, that's not really in my wheelhouse for my expertise. My choice at this moment is to learn a whole lot more and to figure out how to help my patients or to find people like you I can work with and refer to.

So that's the approach. And so how do you coordinate that care with specialists, first of all? How do you find that? Not that I'm a specialist, take me out of the picture, but in general, how do you coordinate that?

See, I do think of you as a specialist and you have a background as a pediatrician and so that's to me that's really comforting for myself and families to have that lens.

But whether it's a functional medicine practitioner, a cardiologist, it doesn't matter to me. When I refer, I'd like to ideally know the person and their practice to some degree.

Often I've heard about them from families for the first time. I met with so-and-so. They were amazing. You really need to connect with them. This happens with psychiatrists, with psychologists, with educational specialists, with every kind of specialist you can think of, everybody.

And so I'll pick up the phone. I'll try to have a conversation. People are always very willing. Often they're surprised that a pediatrician will reach out and just have a sense of scope of practice.

You know, how will we communicate about patient care? And that helps families be seen and heard, right? Parents feel alone in managing their complex, chronically ill kids, and they want to partner.

And so as their primary care doctor, that should be my role. Again, whether it's with you talking about specific biomedical treatments or functional treatments or the cardiologist about their next echocardiogram or whatever it is, that's my role.

And how do you help or how would you help parents best collaborate with their pediatricians? I mean, the ones in your practice are so lucky because you are listening, you are curious, you are referring when it's something out of your wheelhouse.

How can parents best collaborate with their practitioners to try to have that kind of understanding and relationship. That's a really, really, really important point because for most families out there, they may not live in areas where they have access to primary care or specialty care.

They may be the most knowledgeable. They often are the most knowledgeable person about pans and pandas care and functionalness care for their kids. They certainly are the experts in their children.

And so what I advise parents is to come at it from a perspective of compassion and humility for their practitioners and to say, Hey, this is what I'm seeing with my child.

Are you open to having a conversation about that? And most physicians will say, Yes. If it's a busy visit, I would not do this at a sick visit. I would do it at either a well visit or I would schedule specific time to say, there's an issue I'd like to talk to you about.

Most physicians will have time in their schedule to schedule those visits. There's an issue going on. Are you open to talking? Here's my observation. I'm looking for some assistance.

What are you comfortable with? And then they get a sense of how open the person is. And hopefully you're met with some level of curiosity and openness.

And it might be at the end of the day, I don't know anything about it, but I'm willing to help you find the resources. And maybe that's enough. Or yeah, I'm starting to learn more about that.

I'm really curious. I have other patients telling me the same thing. And then parents can sort of continue the dialogue in a relationship that way. But I think most primary care doctors really look I think almost all of them want what's best for their patients and want to have that relationship.

So starting from that communication perspective, I would say. Yeah. And I think that's really important to, for again, the parents to be present with the person they're talking to or trying to either give information to or get help from.

Because so much of the time it's like that frantic call or in the middle of a sick visit and, oh, they're not listening to me. That's not the time. So as parents also, we have to be respectful of the practitioners that we're working with and know when and how to bring it up, just like we do with our kids.

You know, talking about it as they're walking out the door. Exactly. Exactly. And what about the parents that ask, I need the article, I need the book, I need the whatever to show to my practitioner and then they'll get it.

Working With Specialists and Supporting Parents

I have, I'm not sure that really works, especially when they come in with a stack this big. Yes, that doesn't work. Right. Yeah. I would, I was going to say the thing not to do is walk in with 30 pages of lab data and say, please take a look at this.

I need some help with this. And while that, honestly, if you walked in with a Standard blood count blood tests. They probably would help you if you're bringing in functional medicine testing or evaluations from other practitioners that fall outside of the usual conventional paradigm Understand you'll probably be met with resistance which is coming from a place of fear unknown Doctors want to know the doctors want to be authorities, right?

There's we have to learn humility. We don't know everything. We're not masters of everything But for a lot of physicians, that's an uncomfortable place to be.

So if I am a parent or a patient, or if I go to my doctor, I would say, hey, you know, I've been really curious about this area. Are you open to, are you willing?

I don't need an answer from you today. Please take some time. Can we set up a time? This is really as your patient, as a parent in your practice, this is really important to me to take care of my child.

Yeah. And that's not to say that both of us don't understand how horrible and difficult this can be as a parent and how you're so desperate for answers.

But in that desperation, you need to have that mindful communication so that you can transmit that message without all, as much as possible, without all the pain and emotion that comes with it.

It's so hard. There's so much, I understand the frustration, the anger, the shame, the guilt, the guilt, the guilt. You know, a lot of parents will say, I've been trying to do this on my own, but I don't think I'm, I think I'm failing him.

I can't do this. I'm working two jobs. I'm running out of money. My marriage is a mess. Help. You know, and they just feel guilty. Like they're just, they're failing their kids in some way.

And so what I really try to do, and I would encourage you know, really anyone who's in a position, whether you're a teacher or a physician or whatever you're doing, to encourage that person to have some grace and give themselves some grace.

Almost every parent I've ever met is trying to do the best they can for their kid. Whatever decisions they make, whether that's a conversation about treatment, about testing, about school, about vaccines, about whatever it is, they in their hearts are doing their best.

We're all trying to do our best. So I think coming from that perspective for all parties is probably the best place to

be. And my God, talk about the greater universe.

I think that's something that we all need to do with everybody in our lives. Know that the other person who we may not agree with, who we may not understand, is coming from a place.

Don't always expect it to be a negative or anything. Come with that mindful communication in all of our lives. Yeah. I'm interested in stepping back for a minute to the way you're training in medical school, because I think this is also really important to bring that listening ear, that mindful communication, that curiosity to our young doctors.

So how are you trying to do that there? What hope do all of us have that may be a little bit later in life and a little bit jaded that that may be happening in our medical schools?

Yeah, I'm a glass half full person. So that's a very comfortable place for me. I was very fortunate. So I teach at the Hackensack Meridian School of Medicine in North Jersey.

The school was founded about eight years ago with a mission that is a social mission about helping in communities. And so when I had the opportunity at the very beginning to help design curriculum and teach, I thought this is an amazing way.

If I can work with 165 future physicians every year, some small influence to train them in a holistic way, to think of all the things we've been talking about, to have that mindset that you can be a super scientifically credible, knowledgeable doctor and a human being and have that humanistic aspect.

So we do that through, it's a unique medical school and all of our students have a required course that runs longitudinally over the first three years.

to teach them about humanism in medicine. And we do that by putting them in communities with individual families and with community organizations to understand health is created in the home and in communities.

That what you do in your exam room is only 10% influence on people's health and the impact on their health outcomes. But all of the determinants of our health Biological, social, structural, environmental, behavioral, all of those determinants, access to care.

Most of this happens outside of your clinic or your office. And if you are not addressing housing and food and advocating for your patient's access to care, their safe and healthy environments at home, at work, at school, you're failing your patients.

That is part of our mission in our world. That's what we're teaching our students and they're doing it. They're doing this work in communities and we're seeing the impact.

Yeah, that's amazing. That's what we went into medicine for. You know, that's what we went into pediatrics for, you know, not to do any harm, first of all, and to really help families.

Teaching Humanism and Whole-Health Medicine

And that's a dynamic that in our little boxes, in our practices, whether it be my consultative practice, or your primary care practice, it is such a small percentage of their global lives.

And to be able to impact that at the very beginning of physicians' careers is amazing. It's a novel way to think about health, really, which is for all of us to think about the drivers that impact our health.

We're so used to thinking if I just exercise more, if I eat better, if I go to the doctor and they give me that prescription, that will fix me, that will fix the problem.

We know that is not the answer. It's not that that's not the answer in part, it is part of the answer. I'm not saying

those things aren't important, but the single most important thing is really thinking about the context, right?

And we see that with our kids over and over again. I think about all the kids who switched schools and all of a sudden we're thriving, you know, because we changed the context, right?

big things like that. But these are opportunities for us to work together, families and practitioners. So I love the medical school work that we're doing, the work we're doing with community partners.

And the other thing to say is that curriculum is very whole health grounded. So we are helping our students understand about nutrition. And in a big way, we have a relationship with the Culinary Institute of America, where students go there, do a teaching kitchen experience, learn from their chefs, It's, you know, these really cool things that we can do to teach about health in a much broader way.

Yeah. And you started by saying food is medicine, way back when, early part of your career. Yes. It makes it more, when we think in that way, it makes it more of a health care system than a disease management system.

And that's what we really need. And Larry, I can't thank you enough for being who you are, for training so many of us in the way that you do and being present.

you know, with your families, with those you're training, with those you're teaching yoga to, and all of that. So if somebody wants to get in touch with you for training, for understanding more, for anything, where would they reach out to you?

Two main areas. If you're interested in terms of clinical care, if there are families out there, and I'll just be clear, we don't treat families remotely around the country.

I'm not set up to do that. So if you're looking From a family clinical perspective, the Whole Child Center in Oradale, New Jersey, we have a website, wholechildcenter.org.

You can reach us through that. Or if anyone's curious about the practice. Professionally, if there are people out there who are interested in collaborating, mentoring, learning, LinkedIn, I have a profile on LinkedIn.

That's probably the easiest way. You can also just Google Lawrence Rosen MD, New Jersey, I'm sure it comes up. You'll find a way to reach me. Yeah, I'm not a huge social media person, but I do like, I love collaboration and I love communication.

So if there are people out there interested in a future workshop, you know, that I might do on the practitioner level, reach out to me. Oh, that's great.

And any last words of hope or wisdom that you want to leave our families or our practitioners with? Yeah, I think the more I do this work, Uh, particularly in 2026 with the world, the way it is and feeling disconnected and polarized.

I come back to do what you can in your own life to remember that we're all human.

Closing Thoughts and Episode Outro

And I know that sounds vague, but if we have that mindset, the more of us that take that mindset, that have a humility and a perspective and just take time to come at it, you know, I am coming and speaking to you as another human being.

Not about my job. It's not about my credentials. It's not about my qualifications. It's not about my politics. It's, yes, I'm here. Can we listen to each other?

Can we take a moment and be open and nonjudgmental even just in the beginning? You know, can we do more of that? That's what gives me hope. Yeah, well, very well said.

And that's what gives me hope, too. And I really appreciate your time, Larry, and all you're doing for your community and the community at large. And thank you, everybody, for listening or watching.

And we'll see you next time on Demystifying Pan's Pandas. Thanks. That's it for today's episode of Demystifying Pan's Pandas. I hope you're walking away with insights, tools, and hope to help you and your child on this journey.

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And if you have a moment, leaving a review helps us reach even more families who deserve answers. Also, for more information, training, and community, check out our website, drohara.com, and join our annual membership.

And remember, every step forward, no matter how small, brings us closer to healing and understanding. Until next time, be present, be hopeful, and we look forward to seeing you next time on Demystifying Pan's Pandas.