Is It Really Anxiety? What Every Parent Needs to Know About PANS, PANDAS, and Inflammation in the Brain Transcript

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Introduction to Neuroinflammation

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Yeah. Until you get to the point where it becomes an avalanche or, you know, like a kettle of boiling water, like a glass kettle with boiling water, you see the bubbles rising until it comes to a point where it boils and spills over.

So that's what it is. So you have brain inflammation or neuroinflammation and it's acute and onset. That's the classical, description of patterns. Welcome to Doctor Talks the podcast where every episode leads to a healthier you.

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This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Hi, welcome to the show. Today, one of my colleagues and I have the pleasure to call her my dear friend.

Doctor Khanu2019s Personal Health Journey

Also, Doctor Simon Khan is joining us. She is a physician with over 27 years of experience and a very deep personal story of resilience and transformation that I cannot wait for her to tell us a little bit more about.

I do know that she was diagnosed with narcolepsy in 2016 and stepped away from her, conventional medicine practice that she had worked so hard to work up to.

But she found herself navigating the healthcare system as a patient. But Doctor Khan is a full fledged, physician. She holds a doctor of medicine. She's board certified in pediatrics and certified in functional medicine from the Institute for Functional Medicine.

She also has advanced training in chronic illnesses like climate co-infections and mold. She's a founder of Rebalance Family Health. Thank you so much for being here, doctor Seema, and thank you for, being my friend.

I know you and I go back a few years together, so, I'm so excited about having this conversation and talking today about pans and pandas. Something that's really complex that touches a lot of people's lives.

Maybe a lot of people who don't know about it. So. So welcome to the show, Doctor Khan. Thank you so much for having me here. It's really an honor. Yeah.

So, just a little bit more about yourself. Like I said, I know a lot of us find integrative medicine when we're conventional doctors, and we know that there's there have to be more answers out there than we were taught.

Right. So tell us a little bit more about your, personal struggles and how you found, integrative medicine. So, you know, looking back, I had fatigue for many years, as I can think of being fatigued as far back as I was in medical

school.

And, you know, you don't get sick all of a sudden. Things don't happen. Those imbalances, they creep up in your body and they continue over the years if they're not addressed.

And unfortunately, the conventional system does not, really address the imbalances the way they should be. So I finally crumbled in my 40s, crashed in 2016 when I was diagnosed with narcolepsy.

But I had symptoms way before that. And I'd been to doctors and, you know, my were normal. My exam was normal or supposedly normal, and, but things were not right.

And what I learned from this experience is that it's quite humbling to be a patient. And so eventually, when I was diagnosed with narcolepsy, I went through the usual medications, the stimulants, you know, medications that keep you awake, but they would not work very well.

And they gave me side effects. And when I got to the point where I could not where I was having a hard time driving despite being on those medications, I decided that was something to look into myself and take my health into my own hands and figure out what was wrong with me.

And that's when my journey into functional and integrative medicine began. And, you know, all those imbalances that you mentioned, I basically uncovered those and many more.

And in the process, I realized that, you know, narcolepsy is also an inflammatory brain disorder disorder, not fight pants. You know, pants by definition is is pediatric and acute.

But there are other disorders with overlap of brain inflammation. And narcolepsy is one of those disorders where there's autoimmunity and autoimmune attack and parts of the brain and inflammation in the brain.

So there's so many overlaps with pans and pandas. It's super interesting. And, you know, all these newer inflammatory conditions are pretty new to all of us as a medical community.

What PANS and PANDAS Are

I think we're just learning about them as as each year goes by, we learn more and more. Like, I had never even heard of Pans and Pandas when I was in medical school.

And early in my, training. It wasn't until I was a full fledged, M. D. that I started hearing about it. I treat mostly adults, so I don't treat the pediatric population.

But when I started hearing about it and the counterpart of what we do have a lot of, like you said, neurofibromatosis conditions in adults, too, that either are similar a continuation of patterns or they just share some, similarities, but they're not really a continuation of patterns.

And it's it's amazing how much neuroinflammation is out there and is causing a lot of things that we just, you know, ascribe to person's anxious person has, you know, whatever, bipolar disorder.

But it's truly an inflammatory condition of the brain. And, medical science has grown in leaps and bounds, learning more and more about this each year.

So it's a fascinating thing to to study about. And I'm sure it was scary to go through as a patient. So glad that you healed. I'm sure it was quite a journey for you to heal.

It was absolutely quite a journey. You know, lots of ups and downs, lots of unknowns. But once I started feeling better by doing things that I was really not trained in and, you know, that I hadn't learned about, I realized that there was a paradigm outside of what I'd been trained in, outside of that conventional Western medicine toolbox.

And as, one of my colleagues, put it recently, you know, you just have a bigger vocabulary. I just know an integrative doctor, like, once you start looking into all these other treatments and modalities and root causes of illnesses.

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Absolutely. Yep. And this is something that's so it's it's complex, for us to study as a medical community, as a scientific community, all these new inflammatory things.

I'm sure it's very taxing as a physician to be treating these conditions. So so for our listeners, a lot of our listeners may not even know what Pans and Pandas is.

So can you break it down for our listeners, those of people who are listening that are like, wait, what? What is this? Back to the basics. What exactly is pans and pandas?

Absolutely. So pans I would say, is the umbrella diagnosis, which also covers pandas. Pans stands for Pediatric Acute Neuropsychiatric Syndrome syndromes and one of the causes of the Pediatric Acute Neuropsychiatric syndromes is Strap.

So Pandas is pediatric acute neuropsychiatric syndromes due to strap So basically by definition it's it happens in the pediatric age group. But you know you can have it happening in older people or patients, adults as well.

But it was first identified in children. It's acute. So it's sudden and onset. And this was initially diagnosed or sorry recognized. Back in the 1990s.

So I really think that not all cases are acute the way it was originally described. And when you really get into the histories of these children, you realize that they've had symptoms for a long time, you know, almost like a snowball going down a hill, like it just gets bigger and bigger and bigger and bigger.

Yeah. Until you get to the point where it becomes an avalanche or, you know, like a kettle of boiling water, like a glass kettle with boiling water, you see the bubbles rising until it comes to a point where it boils and spills over.

So that's what it is. So you have brain inflammation or neuroinflammation and it's acute and onset. That's the classical, description of Pans. And the way it manifests is that you have brain symptoms.

You will have symptoms of anxiety or OCD, anorexia or loss of appetite, emotional ability, brain fog or ADHD, handwriting deterioration. You can also have urinary frequency, and sleep disturbance.

And then you basically need two of these criteria at an acute onset to diagnose patterns. But in my experience, a lot of these patients may have had, an acute onset that's been missed.

And they're presenting to you much later. And you basically need two of the symptoms to clinically diagnose Pans. And you also one of the other things is tics.

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Those are truly healthy. And you.com and book a consultation. Today. It's time to feel like a real self-care. Tics. Yeah yeah. Motor tics. And so since this is a somewhat new thing, I mean, you think the 90s that was so long ago,

but honestly, in the whole evolution of medicine, it's something pretty new.

So not all physicians are aware of this. I know it's something that is, even controversial in some areas. I know of a lot of the academic institutions that study this, and they completely embrace it.

But in your experience, how many of the petitions that you come by day to day are actually aware of this? And how many you just still are in the dark about this?

Actually, the majority of them, unfortunately, are not aware of this. And actually they will dispute the diagnosis or actively tell the parents sometimes that there is no such thing as parents.

And so that's the unfortunate part of it. It's medical ignorance. I think that's what I would call it. We don't we didn't learn about this during our medical training.

I did not learn about it at least. So initially it was described by doctors who pseudo in the 1990s, I think it was 1997. And, I completed my residency in the early two hundreds, and I did not learn about it during my pediatric residency, even after, you know, I started working.

This is not something I learned about. It was much later, once I got into the functional and integrative space and, you know, reading about my own, illness and researching and, you know, I came across Pans and Pandas and as a pediatrician, once I started seeing children, that's the kind of patients that started coming to my practice.

So it's so interesting. I'm sure it's such a wonderful thing for all those children to have you as a resource, since there are so few doctors that are actually aware of this and trained.

So what, what a fortune of your, patients have to, to find you. I'm sure you have, like, a set of resources when you talk to parents and you're like, this is a real thing.

I'm not just making this up right? That you do. You send them to, like, academic institutions. Where do you help people learn about pans and pandas? So as far as learning about patterns and pandas, you know, first of all, it's a clinical diagnosis.

A lot of times in today's day and age, with the kind of resources that patients have at their own hands, you know, they have access to social media. Sometimes they or they will hear about something on social media, or they will have somebody else tell them about this.

Of course, their parents, who have no idea that this is what they're child has and they're simply looking for something outside of that conventional Western medicine approach of using pharmaceuticals, or they're trying to find the root cause.

And when they come to me, and I'm able to identify, then, you know, when I tell them about the diagnosis, I give them resources. So there are some websites, such as the aspire website, the Pans and Pandas website, and there are some great books, written by Doctor Manta O'Hara, by Doctor Scott, Antoine and, Jill.

Christa who? Doctor Jill. Christa, who is a natural, empathic doctor. So, and there are some other books also, but these are the three main ones that I recommend to my patients.

Excellent. I'm glad there's a lot of good sources of information, because it's so much harder when there there aren't sources of information. We're just trying to figure this out as a scientific community.

So it's it's it's good for patients to be informed, to advocate for, for, for themselves. But I'm sure it's a very hard, disease to, to understand. And even as a physician, it took me a long time to, to understand it.

So what else can you tell our public? What, like what are the primary triggers and underlying causes, for pans and pandas? And how do these relate to infection immunity regulations?

How do you explain that to your patients and to our public? Sure. So pans and pandas, they happen due to an abnormal immune response to an infection or a toxin or a stress.

Now, there are a lot of infections out there. The pandas obviously is recognized struck, but besides trap, you can have any of the number of viruses that are out there.

Now, Covid has brought this to light. You know, people with long Covid or acute sort of, you know, brain health symptoms after Covid, they also fall under that acute neuro inflammatory syndrome category, which, which includes both, both children and adults.

But besides Covid, any of the other viruses influenza, herpes, Epstein-Barr virus, any of these viruses can trigger pants. You can also have mycoplasma our strep, as you know, but the ones that are commonly missed our Lyme and co-infections, especially Bartonella Martin analysis.

And that caused typically will manifest as rage or aggression. So those are the infectious causes. And then you can also have toxin induced pants. And in my population in Florida, mold is something that I find in 100% of my pants, cases.

And I think it is one of the big, triggers of immune dysregulation and even in other parts of the country, because people can be in moldy environments, moldy homes, moldy schools.

But besides mold or any of the other environmental toxins such as heavy metals, you know, glyphosate, anesthesia can be a toxin as well. So all of these things can trigger a pants episode.

And besides that stress. So what stress does to the immune system, it it lowers immune system. So if somebody is got an infection in their body, which the immune system is keeping under control, then with stress, the immunity can go down and that that infection can manifest, resulting in symptoms of pans and pandas due to an abnormal immune response, to the infection.

So what an easy way that I explain to my patients is that the body mounting immune response against the infection and generates antibodies. Now, those antibodies attack the infection to try and get rid of it, but they also mistakenly recognize brain tissue, especially in the basal ganglia, which is your caudate containment.

And totally blanking out. Yeah. Amygdala and all that. Amygdala. Amygdala. Yes. Corded Pittman amygdala. And those, those parts of the brain get attacked.

And that results in the symptoms of pans and pandas. So there's something called the concept of molecular mimicry. The antibodies recognize the brain tissue as if it was an infection and attack it.

So simplistically, that's a way of, understanding it. And you have to control the infection. You also have to address that immune dysregulation. And then, you know, these children, a lot of these children have been sick for a long time. They may have been missed.

So they've got these abnormal sort of neural patterns. And those have to be really regulated. And so that's also a part of the treatment. Wow. That's that's so complicated.

It sounds like it must be a very, difficult, distressing sort of condition to have. I mean, I, you know, one can imagine the brain is being attacked by the immune system. It's causing inflammation.

So what? What are the most common clinical presentations that you see in your practice?

Common Symptoms and Clinical Presentation

So in my practice, I see the the big ones that I've seen are OCD and anxiety and rage. But besides that, you know, sleep disturbances, some of these anxiety, OCD and rage are quite obvious, like and disturbing and they are also

disruptive for the family.

But then you can see other things like handwriting deterioration, you know, ADHD or brain fog. The child is just not able to do as well in school as they were before.

And then looking for things like sleep disturbances. They're not sleeping so well anymore. And having your own frequency. So overall, you know, I've seen all the different symptoms, but anxiety, OCD, anorexia, those are kind of the most obvious ones.

And they can be really incapacitating for the child as well as the family. Wow. That's that's so tough. Especially, you know, seeing children that are affected by by anxiety, but by the same token, I'm sure that they find it very comforting that as opposed to going to, you know, a different type of approach where parents might be told, hey, your child's anxious to give them a medication, they might be on the medication for months, years, their whole life.

We don't know you're they're going to you and they're telling you're telling them, okay. There are they are anxious. But I know why. And that's something I can treat.

So I'm sure it's a lot more, gratifying for you as a physician to be able to, to practice this way and offer things to patients as complex as they come to you or what has what has your experience been, as you know, because you're a human to we want to know what your human experiences as a physician treating these pans kids.

It is very gratifying knowing, you know, some of these kids have been missed for years. I've had children who have been missed for 7 to 8 years. They've been on psychiatric medications, and they've been on different medication than, you know, one after the other because the first medication stopped working and so forth.

And the parents come to the point where they're looking for answers, and that's how they start looking outside of the traditional physicians that they've been going to.

And it's really gratifying to, you know, help these children get have them get their lives back. I had one child who was actually told by their developmental, pediatrician that needed to be institutionalized after treatment for Pans and addressing the mold and the line and, you know, regulating the nervous system.

I mean, it is a lot of work. It doesn't happen overnight. It takes time. Sometimes it can take a year or a couple of years to get these children to better health.

But it's really gratifying to see how they improve and how they get their lives back. And, you know, they're able to go to college and be independent in the workforce also.

Yeah. And I'm sure it takes a ton of your, emotional energy to treat these people, too. Must be exhausting. But at the end of the day, so gratifying to be able to, give kids their, their potential back, their potential of a thriving, it must be something really hard to, diagnose, too.

So what are the the key challenges that you see in diagnosing Pans, pandas, other inflammatory disorders? And, you know, I think as, as physicians, a lot of times we're taught that a brain psychiatric things are symptoms equate diagnosis, equate treatment.

Right. You come to, mental health, place because you have anxiety, you're diagnosed with anxiety, and you're treated with an anxiety medicine. Right? Which is not how we see things in root cause and functional medicine.

We are like, okay, it's presenting as anxiety, but the root cause is something else. But it's, it's a it's a tough process, right, to go through that, diagnosis process.

So what what are the, things that, that you use and other questions use to differentiate, pant and pandas from other psychiatric or behavioral conditions?

Well, that's the part where there's so much overlap. So when you have someone in front of you who's got these psychiatric symptoms, you have to really tease through the history, figure out when things started, you know, what, what kind of symptoms they've had all their lives.

Sometimes some of these children will have symptoms since birth. You also have to get back into the history of the pregnancy of the mother. Like, you know, how was the child moving during the pregnancy, for instance?

For instance, if it's congenital Lyme, these children will have low tone at birth. They may not have been moving very well during the pregnancy. They may have constipation.

They may have been a colicky baby. So looking for these subtle things and then developmental milestones, you know, frequent infections sometimes can be a clue to their immune system not working really well.

And then tantrums. Sometimes these children just have a history of tantrums. Like they were just hard to console. And, you know, gradually things started getting worse.

And they were somebody pointed out that they had anxiety or, you know, in the conventional world, they had sensory integration disorder, which can be a clue towards mast cell activation, and poor development of the nervous system.

Diagnosing PANS and PANDAS

So looking for all these kind of clues and then looking for, you know, those symptoms and identifying two of them, I, I use, I use two symptoms. You know, I have a higher index of suspicion for a diagnosis of Pans or brain inflammation or even a subacute sort of, onset if they have two of those symptoms present.

So it's a clinical diagnosis, but you have to support it with lab findings. So as far as the diagnosis of inflammation in the brain, now that's a hard one because the labs are few.

And you know, the conventional labs are not great at picking up, the inflammatory markers as far as the brain inflammation or the antibodies against the brain.

And there are specialty testing such as the neural zoom or the Cunningham panel. But I don't usually use that in my practice. I'm really more interested in finding out the, you know, the the inflammatory markers on the blood, the RNA, which is an autoimmune marker, and about 60 to 70% of the children will have, an elevated.

And and sometimes they've been dismissed, you know, a mildly elevated in a 1 to 64. But that pediatrician has dismissed it or, you know, they've just not paid much attention to it.

So looking for subtle things and then looking for infection. So I do run viral panels. I look for strep, I look for mycoplasma. My, my practice is virtual, so I have the parents.

I take the child to the pediatrician and get a strep swab, you know, making sure that they don't have strep around the illness. They don't have anything going on in their mouth as far as a dental infection.

You know, their oral hygiene is good. If sometimes these children may have braces and just that bacterial growth around the braces and for oral hygiene can trigger that neuro inflammation.

So looking for all those kind of things also, you know, looking for mold being in Florida, I always look for mold or and also get a history. You know, usually I'm getting a history that there's been a leak in the house somewhere or the mold, and they found some stains on the walls, and so forth.

So there's usually a history and, my patient population, of mold exposure. And, I also have a low threshold for testing them for Lyme and co-infections and, and, you know, even though I am in Florida, a lot of the population in Florida has moved from the northeast or other states.

And, the, recognition of Lyme and co-infections is not there as much in Florida, but it is present. And I've had patients who have been bitten by ticks in the state forests in Florida.

So Lyme is there. And then some of these children may have a cat at home, and that can be the source of Bartonella. But you can also get marginal marginal losses from spiders and lice.

So there's so many other ways that these infections can be, you know, transmitted. So I do look for, you know, based on symptoms, you know, with Bartonella, for instance, the common symptoms are brain fog.

You can get rage, you can get heel pain or foot pain. Sometimes you can have one sided symptoms. And also you get these really interesting skin findings, called striae, which have sometimes been dismissed by their, regular doctor as striae due to, you know, growth or just stretch marks.

But Bartonella can cause those very impressive striae. I had one child, for instance, who had stripes on her breasts and buttocks, and those got better with treatment for Bartonella.

So those are the kind of things you look for. Then with Lyme, you're looking for fatigue, fatigue and joint pains and headaches and, with, baby shower, you can have dizziness and parts kind of symptoms and headaches again.

So those are the kind of things I look for my history. And then with the viruses, you know, you can have just flu or Covid kind of symptoms, or they may be a history of, onset after having a viral infection, the usual viral symptoms fatigue, fever, upper respiratory symptoms, those kind of things.

And strep. You can get a headache, sore throat, belly pain and fever. Those are classical strep symptoms. So you may get a history of having symptoms of a viral infection or strep infection in the recent past.

Or sometimes you have to really dig through the history and find out if they had an event or an episode several months ago, or a few years ago. That resulted in their psychiatric symptoms getting triggered, or if the child got develop the psychiatric symptoms after moving into a house or after one of the hurricanes when they had a leak in the house.

So looking for all those kind of clues is super helpful. Yeah, absolutely. There's no there's no lab that's ever going to comparative doing a great clinical history, getting to know our patients.

It's a good physical exam. Labs are absolutely useful. And we we love having them. But but yeah, that physical exam, that clinical, diagnosis, there's nothing that that'll, replace that ever.

I haven't heard you say anything about any radiologic studies. I know they're not the mainstay of, diagnosis and pans and pandas. And there are some patterns in pandas.

Doctors that say they never get them, some that say occasionally. Is that something any, MRI is neuro plots, Pet scans that anything that, you using your practice or that you would recommend to patients.

So I don't get them routinely, but I have got them occasionally in a child where they come to me with severe headaches, for instance, you know, those red flag kind of symptoms, perhaps, so severe headaches.

They're just not getting better with treatment. That would be another thing that would make me think of getting an MRI. But generally, I'm not using an MRI in these patients.

Or they may have already had an MRI, by their conventional, you know, psychiatrist or neurologist. So they may have already had it, but generally I'm not.

It's not one of those tests that I'm looking to get unless there are certain clues that are triggering me to get it. Yeah. Yeah, absolutely. And, you know, just so, so hard for people to, you know, to to know what to expect when they're, dealing with these diagnoses that they've never heard of and such, such a complex, complex thing.

So, your clinical knowledge is, so helpful for, for for patients and their parents, and guiding them through this, this whole process. I'm sure that you have to stay abreast with all the, you know, latest clinical research.

Do you spend, like, half your time studying, half your time seeing patients, or how do you stay? Up to date with all these things? I'm sure there's stuff.

There's new things coming out every day. Right? You know, I do spend a lot of time reading, and trying to keep up and, you know, obviously attending conferences and, I don't see patients every day of the week.

Because with this kind of work, you really have to spend time keeping up with the literature, keeping up with what's out there, the kind of treatments that are out there.

And and of course, attending conferences, meeting colleagues, exchanging thoughts all day. All those things are really important.

Treatment Experience and Recovery

This kind of work. Yeah, absolutely. And so what is the latest and you know, the research as far as the connection between inflammation and autoimmunity and brain function, what are the more recent things that you've learned that you can tell us about?

So I think Covid has really brought a lot of things to light. You know, with Covid, people developed and there is such a large number of people that have developed long Covid.

And one of the symptoms of that is brain fog. And then other people have also developed other neuropsychiatric symptoms. So that tells us that, you know, inflammatory, conditions can give you brain symptoms and, and, there is an autoimmune component also, you know, people will develop autoimmunity after Covid.

So I think extrapolating from that, you can also, you know, sort of, understand that this is an inflammatory brain disorder. There as far as specific research goes now, you know, there is there are people who are looking into inflammatory markers.

But from a clinical perspective, you know, from the perspective of being on the ground, being in the trenches, teaching or treating these patients. A lot of the work that is done, in the functional and integrative space that is really hands on, you know, experience based, and you obviously look at the data also that's out there.

But a lot of times you have to sort of extrapolate from clinical experience and, you know, treatment of other conditions also. Yeah. Yeah. Not everything is a randomized controlled trial.

We wish we wish there were controlled trials on everything. It would make it easier for us to make treatment decisions if everything was just a protocol. Right.

But there is that we have to learn from our own clinical experience and relying on our colleagues. So it's, so, so great that, you know, you're in the trenches and seeing this day to day and contributing to this, to the science.

Where do you see the, the future of, these conditions and these treatments going? I think you really have to increase the awareness that it's still one of those conditions which is really poorly recognized.

Even physicians don't recognize it. You know, their physician parents whose children have pens and pandas and, sometimes they don't even recognize that the children have pens and pandas or they're directed towards a physician was treating pens and pandas or a group, that talks about pens and pandas once they bring up their child symptoms or, raise a question about it, out of desperation.

Really. So the first step is really, in my mind, increasing awareness about these conditions like these are not specifically neurotransmitter issues. These are inflammation issues.

Just like the knees can hurt due to an infection, or an inflammatory condition, or you have asthma and asthma, an inflammatory condition of the lungs.

And you can get an asthma attack and you can get a low grade, you know, chronic cough due to this low grade inflammation going on in the lungs. The same way you're going to have an inflammatory brain condition where you have these neuropsychiatric symptoms, which are a manifestation of the brain inflammation.

So just raising the awareness, like there are psychiatrists who don't know about this, pediatricians who don't know about this. And they're the ones who are seeing these kids.

You know, much more frequently. Yeah. They're on the front lines of diagnosing our children, our next generation. Yeah. That's it's it's scary to know that the information is out there.

It's just not getting to the medical community and to the parents. Because it's there there really is the research is there. It's, where the technology. Right.

Any of us can do a Google search and, and find a lot of stuff. So that's, that's really sad that, information not getting out there. I know there's some, organization I think you mentioned, you mentioned some of them aspire. Is that what it's called?

There's a lot of advocacy and teaching. And that's that that's what needs to happen in order for more of these kids to be recognized. And, and, they can be paired up with a good clinician like you to get them diagnosed and treated.

Thank you. Absolutely. Do you have any, do you feel like you you have an easy time or a hard time talking to physicians who treat pans and pandas, but, let's say resistant to embrace some of the things that are in the toolkit that's in the integrative medicine toolkit, such as considering Bartonella and chronic Lyme, because, you know, again, I'm not a pediatrician.

Research, Awareness, and Future Directions

I don't technically treat pans and pandas because, like you said, P stands for for pediatric and I treat adults. So I treat and and and is right to treat people have maybe been a pans Candy's patient are now in the adult category.

I have several 27 year olds that, are now my patients that were diagnosed as kids or. I'm not in now. They had them as pans or pandas. But, even though it is a condition that is recognized by many, academic institutions, they're still not as accepting as far as all the different root causes that that you and I tend to look for in, in patients.

Is that something that at least it looks like things are going the right direction, they're considering more diagnoses or is that something that looks stagnant to you?

I think it looks pretty stagnant to me. I think it's really in its infancy. In the conventional world, like perhaps there is a recognition of the viruses and strep and mycoplasma, but in my population, I have a 100% mold population.

I would say 90% of my pans and pandas children have Lyme and co-infections, especially marginal doses, and these are just not well recognized in the conventional world.

The Bartonella is tri. There's so many children who, you know, whose parents will tell me that they have these Bartonella. Let's try. And they've been missed and they've been dismissed as being just, you know, related to growth by stretch marks.

This one child who was actually homicidal due to Bartonella. Her parents took her to many different practitioners, and nobody picked up on the Bartonella.

And she had this obvious try. So the recognition is just not there. These are not things that, you will find in textbooks. These are not things that you will find in the conventional literature.

And, so they just don't recognize them. Sometimes they will actually, you know, a lot of pediatricians or practitioners will dismiss these findings as being related to an underlying infection, infection.

So unfortunately, it's still very much in its infancy. Yeah, that's sad. And and as sad as the Covid epidemic was, at least that's one good thing. I think it did bring to the forefront of the medical community and them.

But then like, I mean, we're part of the community too. But the the masses and masses of health care providers out there that didn't understand, how an infection could lead to a chronic inflammatory condition.

Now that we know that long Covid is real, I think a lot of these things are starting to be more accepted by our commercial, counterparts. But there are. So.

Such a huge gap there that, that listen, and, you know, the patients that I treat, I also find that and I'm always wanting to try to open up the communication for the sake of our patients and say, okay, there's all this data.

Let's, let's try to, be more scientific as a, as a community and not just say, this is the way I was trained in residency, and so I have to do it that way.

So I think you and I are probably seeing a lot of the same struggles, even though we treat completely different patient populations. Right. You see all the kids, I see other grown ups, but, a lot of the same struggles as far as helping, science move and grow as we've, as we continue to evolve.

But the world is lucky to have doctors like you. Doctor Khan, thank you so much for being a pediatrician who is willing to take on these patients. I'm sure it's it's been a long road for you as a physician to learn all this stuff and as a human to continue to, you know, deal with these patients day in and day out.

And I'm so happy that, you're my friend. You're my colleague. You're here educating people. We'll have, you know, in our show notes, some of these things as far as aspire your clinic information, in case anybody wants to contact you if they're in the, Florida area.

You said you have a telemedicine practice, so anybody in the whole state of Florida could contact you, right? My practice is 100% virtual. So I see patients from all over the state.

Okay. That is. That that's that's. Great because it's so hard to, you know, it's so hard to get access to care to to people as specialized as you. So that's that's wonderful.

So this was a ton of information. And I think people are going to leave this podcast a little bit overwhelmed. So if you could just like break it down for like three takeaways, what if if Pans and Pandas is new to some parents listening out there, to some people who may have a niece or nephew with this, what are the three main takeaways that you're like, okay, public, who's listening to this?

What do they need to learn about pans and pandas now to continue to, educate other people about this?

Key Takeaways and Closing Remarks

So I think some of the biggest takeaways that I will or the message that I will leave to the for the audience is that if your child or even a teenager or an adult, family member or somebody that you know has neuropsychiatric symptoms such as anxiety, OCD, anorexia, ADHD, emotional dysregulation, or lability aggression, if they urine frequency or sleep disturbances, if they have two of those symptoms, then it is likely that they have a brain inflammatory condition like pans and pandas.

And the answer is not just segments. You can really help these individuals. You can help these children and adolescents and adults. By looking for the underlying you would causes and treating the infections or the toxins and really empower them to leave to lead really productive lives, and do much more than what they are able to, with just being on the medications and as have to keep looking for answers.

And so that's, that's important. Like, you know, a lot of these families have lost hope. They're not getting better on the medications. So you have to keep looking for answers.

Excellent. Such a such a great message of hope and healing. It's, it's hard to see patients struggle with chronic conditions. It must be so much harder to see young children, struggle with the.

So what a what a light and inspiration you are to the world. Thank you so much for being who you are and do what you do. And coming on our podcast and, I enjoyed this conversation with you.

And we'll continue to have more conversations in the future. Thank you, Doctor Khan. I appreciate you having me. It's been such an honor. Thank you. Bye.

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