Introduction to the episode and guest

As a parent. Take care of yourself too. Putting on the oxygen mask is not just a trait phrase. It means take a deep breath. Know you're doing the best you can today and every day.

And if you mess up, apologize to yourself, to your child, to your spouse, to anybody you want to and make the next step. And we all mess up and it is a long road, but you can do it.

Your child can get better. And, we're here for you one way or the other. This is doctor Talks. Real talk from real doctors. Only issues that matter to you most.

Today, on line bytes, we're honored to welcome Doctor Nancy O'Hara, renowned pediatrician, fellow of the Medical Academy of Pediatrics, special Needs, and a true pioneer in functional and integrative approaches to complex childhood illness.

She's not only a leader in the field, she's also my personal mentor and someone whose work has transformed the way I and we care for our most vulnerable children.

And this episode, doctor O'Hara dives deep into two of the most misunderstood and misdiagnosed pediatric conditions pots and pans. We're going to explore their root causes the immune inflammatory connection, and what real recovery can look like.

Get ready to challenge old models, embrace new science, and uncover real hope for healing. This is Lyme bites bringing truth to light and healing within reach.

Let's dive in. Thank you so much, doctor O'Hara, for being here. Tell the audience a little bit how you got into treating on pediatrics. Pediatric Lyme, autism pans. Pandas.

Oh, that'll take the whole hour. But but thank you, Doctor Hinchey. Mariah, for for inviting me. I, you know, I'm very passionate about this subject. And I started my career, as a teacher of children with autism.

And truth be told, I was a lousy teacher, and I mean that sincerely. And I took the easier route and went to medical school and thought I was going to do psychiatry, then realized I had to take care of adults.

And I really don't like adults very much, as many of you already know. And instead I went into pediatrics and I was a, pediatrician, had a lot of children with autism within my practice.

Dr. O'Hara's path into pediatric functional medicine

And one of my patients, a four and a half year old non-speaking, child with severe asthma and allergies. I changed their diet, for, you know, a diarrheal illness, took out dairy, took out gluten, and started speaking.

And she called me, and I thought it was hogwash. Now, this was, you know, over 30 years ago. And she said, just go see this guy. And that guy was Doctor Sydney Baker, who is the grandfather of functional medicine.

And I was going through four years of infertility at the time and went to him as a patient, and it changed my life. I have a beautiful 26 year old son, who then nine years later, devolved into seizure like ticks after a, strep infection, a Lyme Borrelia positive tick.

And I missed Bartonella at that time, even though he got better, everything resolved. I missed Bartonella, so fast forward seven years later. Now finding Bartonella, which had probably been there all along.

Then mold, then Covid, then BBC. So, you know, and there's the, the pots and decided know me on there too. So I live it personally. Although all of you listening to this podcast, you know, don't talk to my son because, I raised him to believe that it was his own sheer will and determination that was pulling him up from his bootstraps, which has helped with a lot of, girlfriends and professors and other things that may not be as as helpful to him as they possibly could be.

But, you know, this disease is treatable. And I have learned so much over the last 25, 30 years on how we can treat it. And and what we first have to do is be aware of it and look at it.

Right. Look for it. And I think a lot of the best practitioners out there are the ones that have had to either recover themselves or recover their child or someone who they're very, very close to because you learn it from such a different angle.

Right? And you just understand so much more about it and the nuances and the and the every day. And so it makes you so much better able to troubleshoot all of the various things that our patients struggle with as well.

Absolutely. As well as our parents. Because as a pediatrician, you know, for me, it's always about the family unit. And as somebody that's been through it, I also recognize the PTSD that this disease can bring to families.

And it's important for for moms and dads to recognize that, especially when we talk about the pots and disorder know me a part because that really also impacts them.

Yeah. So and for our listeners who are wondering, okay, this is primarily a Lyme disease podcast, why are we talking about pans and why are we talking about Pots?

And as I'm sure most of you listening know, Lyme and other vector borne diseases can often be the root cause for pans, pandas and pots. So for those of our listeners who are new to this diagnosis, Nancy, let's start with some basic, basic explanation of these various diagnosis.

These. Yeah. So Pandas is pediatric autoimmune neuropsychiatric disorder associated with strep. So by definition, it has to be only a strep infection that leads to that.

Pandas was developed, by a group of 30 clinicians, researchers led by Sue sudo in 2012 to make the disease more understandable, less controversial. That certainly didn't happen.

But Pans was pediatric abrupt onset neuropsychiatric syndrome, so included Lyme at the time. It's on the white paper from 2012, and Lyme is Borrelia burgdorferi.

But we often think about all the other co-infections, and I think both of us agree that we really should be talking about tick borne diseases or vector borne diseases, because there's so much else than just Barella.

But, back to pans. It, it really was trying to encompass these other infectious, causes of these neuropsychiatric symptoms.

Defining PANS, PANDAS, and POTS

So those neuropsychiatric symptoms are OCD, a restrictive eating disorder, anxiety, tics, handwriting deterioration, behavioral regression, attention and other school performance deterioration, and somatic symptoms like abrupt onset of bedwetting or sleep disturbances.

And, you know, we both are now in the podcast world. And I recently interviewed, Susan Guido on my podcast. And in deference to her, I want to say two things about those before I go on to pot one.

The P is pediatric. Nobody disagrees that this can happen in teens, young adult, and even adults, especially the the tick borne diseases and mold which should also be in this differential or if children were underdiagnosed

misdiagnosed, mistreated under treated that lack of appropriate assessment and treatment in childhood can, make a person have those diseases later in life.

So you certainly could have them then. And then the second is that strictly it needs to be abrupt onset with pans or pandas. However, we all know if the abrupt onset was very early in life, the second or third can be much more subacute, and certainly with tick borne diseases Borrelia, Bartonella, but Basia and with mold, mycotoxins, diseases, it can be much more subacute or chronic.

And and the push is only to call those autoimmune encephalitis of the basal ganglia, as opposed to pans or pandas. So it's all the same thing. And it's a bunch of semantics.

But I think if we really want to help these diseases to be better understood, we should appropriately define them. And then Pots is, postural orthostatic tachycardia syndrome.

That's sort of like when you stand up and your heart rate rises or you feel like you're going to faint, but it's so much more than that. It's all of dis autonomic dysregulation of the autonomic or automatic nervous system.

So temperature control issues, you feel hot when everybody else is cold. You feel cold when everybody else is hot. Sweating. Other, nausea, brain fog.

All of those can be pots or disorder pneumonia. And what we know is that pots and autoimmune disease are hand in hand in, at least 50% of the cases. And so we see especially when it's chronic tick borne disease, when it's mold, we see a lot of disorder pneumonia in these kids.

So certainly for those of us who have long waiting lists like like you and I, by the time they get to us, there often is this dysautonomia. Are you ready to revolutionize your approach to diagnosing and healing complex, chronic inflammatory illnesses in both adults and children?

To Lyme Bites Symposium is your gateway to cutting edge education, groundbreaking research, and innovative therapeutic solutions. Join us at the 2025 Lyme Bite Symposium, November 14th and 15 at the Fort Lauderdale Marriott Pompano Beach Resort and Spa.

Lyme Bites is the premier functional medicine conference on complex chronic infection driven inflammatory illnesses. This year's meeting is jam packed with leading industry experts discussing long Covid mycotoxins, illness pans, pandas as well as Lyme and other vector borne diseases.

This conference will arm you with the knowledge, clinical pearls and practical solutions that you can implement immediately into your practice Monday morning that will literally change your patients lives and get them on their path to true healing.

So join us at Pompano Beach or virtually from anywhere. Register now at Lyme bites.com. That's alchemy bites. Com. Yeah. So why do you think we're seeing such a rise in these conditions among children and teens?

I think Covid has a big part of it. For many reasons. I think Covid as a disease, and in the way we initially tried to treat it with, with the, the injections that we actually may have triggered or reactivated dormant tick borne diseases, particularly Bartonella and Berbizier.

And, and in we know that those diseases often wax and wane. You know, they cycle in and out of the deep tissue, the, the parasites, the biofilm. And and so Covid sort of brought those more to the surface.

The same with chronic viruses, EBV, CMV, some herpes viruses, others those were reactivated by Covid also because of the lockdowns. There was, dysregulation of our immune systems and our immune systems were not ready to handle.

Why these conditions are rising in children

Then when we reentered the world. So the young children were not getting the the development of immune tolerance that they should have during those years we were on lockdown or that much of the world was on lockdown.

And then for a lot of kids that was like, you know, maybe their whole life or at least half of their life. Because really, I mean, you know, even though the lockdown was, you know, technically, what, like six months, I mean, really it was more like 2 to 3 years, especially with all of the incessant mask wearing and everyone using a disgusting him out of hand sanitizer, you know, and all of the things that negatively affect our immune system and our microbiome. Exactly.

And we all know that we need a plethora of, of dirt, right? Germs to, to feed those hundreds of trillions of, of, you know, microbes, flora in our gut.

And and we were missing that. I think the second thing is we live in more and more of a toxic world. And our children that get this disease or autism are our canaries.

You know, I grew up in West Virginia. We send canaries into the coal mines of the Canaries. Die. It meant the mine was too toxic. These children are. And children with autism and and all of our canaries.

They're genetically more susceptible because there is a genetic predisposition. So they're more susceptible to all the toxins that are in our foods, in our environment, in things that we're giving to our children that we don't even know.

And so these things break down the the barrier in the gut. So lead to a leaky gut, gut permeability, but also the blood brain barrier and lead to more of these neuropsychiatric symptoms.

And then the the Pots part in the disorder. No Mia. That's all very related to the vagus nerve, which is related to the gut and to the adrenals, which is related to the vagus nerve, which is related to to all this stress.

So it's all interconnected. And and that's why we're seeing all this in my opinion. Yeah. No, it really is. And I think that a lot of people, even medical practitioners, don't.

It's like we we know theoretically, but like, we don't make the connection between the microbiome and the immune system and inflammation and the immune system and toxins and the immune system and really, you know, or even our diet and the immune system.

But in the end, our immune system is literally affected and, imbalanced by everything in our every other organ in our body, everything in our environment.

And, you know, I always kind of say, like when it comes to treating any of these conditions or illnesses, if we forget about restoring proper immune function, we're never really going to get anywhere.

Yeah. Yeah, exactly. And and we're all of these children are our canaries are our windows into what all of us are facing? And we need to help our guts through diet, through decreasing the stressors, whatever they are, and through good nutraceuticals and as you and I believe, herbals and botanicals, to treat all of this.

And it can be treated naturally, we don't need to put tons of antibiotics in our kids for months and months on end that are destroying their guts, while we're only killing the germs that may be causing these problems, we need to do a more complete and and, healthful, roadmap.

As my friend Doctor Hinchey always, always shows us, to treat these, tick borne diseases. So, yeah, it's funny, in the beginning, even when I, you know, learned about Lyme and other vector borne diseases and whatnot, like, I literally was like, you know, kill the infection.

We have to kill the infection. Of course, I always wanted to do it with herbs. You know, not with pharmaceuticals,

but it's really I've I've started to come around to the idea that, like, these persistent infections are actually, a symptom.

They're a symptom of the underlying immune imbalance. And again, we it's like we have to focus on fixing that immune imbalance by doing all of the things.

And then the infection becomes so much easier to treat. Absolutely. So that was like my huge moment. But okay, so we've talked a lot about the immune system and immune dysregulation being at the core of these conditions.

Can you walk us through like the immune inflammatory mechanisms that you see driving patterns. And then when you're done with that, Pots.

Immune and inflammatory mechanisms behind symptoms

So the immune mechanisms that happen or first there's a dysregulated immune response. So let's think about strep for example. You get a strep throat infection or you get exposed to somebody with strep throat.

Rather than the antibodies or the proteins within our immune system attacking the strep in the throat. They instead in susceptible kids cross the blood brain barrier, the broken down form played by all the toxins in our world and by all the infections in our sinuses, etc.

cross the blood brain barrier and attack the basal ganglia. That part of the brain that's important for tics, anxiety, OCD, and speech. You know, there can be speech, dis fluency, so many different things.

And that immune system attack in the brain causes inflammation in that area of the brain. And then that causes the symptoms, the reasons for that are multiple one genomic or snips.

Single nucleotide polymorphisms like to tremor necrosis factor alpha to to to 17 to to many cytokines interleukins etc.. So there's genetic susceptibility.

And then in addition to that, in those genetically susceptible kids those cells are different. There's differences in the 17 cells. For example there's increased cytokines for example and that does several things.

One, it increases your your gut inflammation. So that decreases your ability to effectively absorb nutrients, etc.. And it increases your, your brain inflammation.

And then when that happens, particularly like with the leaky gut, you'll get symptoms, some of which are called pots like nausea abdominal cramping things like that.

But the the autoimmune disease again not just hits the brain but also attacks the thyroid attacks the adrenals attacks other areas of the body, which leads to inflammation in those areas.

We have a lot of moms with thyroiditis. We have a lot of kids with pot with pans and pandas that have autoimmune thyroiditis. It's not, and nothing wrong with her thyroid.

It's the inflammation there. So that inflammation in those areas then leads to the the disorder Noumea and in addition, the the immune intolerance in the gut leads to the vagal nerve being dysregulated.

Also. And that leads to a lot of other symptoms. Think about all the things your vagal nerve is supposed to do. It's supposed to rest and digest and keep us calm and when it's dysregulated, we're anxious or frantic or, you know, stomach's upset or hyper agitated, all of those things.

So that's how it all goes hand in hand. Are you suffering from Lyme disease or another complex chronic illness and aren't sure who to trust when it comes to herbal supplements?

Hi, I'm Doctor Mariah Hinchey, founder of Lyme Core Botanicals, as a naturopathic physician specializing in complex, chronic infection driven illnesses like Lyme disease, I needed herbal medicine I could truly trust.

That's why I formulated Lyme core botanicals, where our herbal tinctures are handcrafted in small batches. Right here in Connecticut, we use the whole herb never isolates to preserve the full spectrum of medicinal compounds.

Every single step from sourcing to extraction is done with precision to ensure maximum purity, potency and consistency. These are the same herbal formulas I used to heal myself and have used for years to help my patients and family members heal too, and now I'm making them available to practitioners and patients everywhere.

Lyme Core Botanicals herbal medicine you can trust from a doctor who lives this work. Learn more at Lyme Core Botanicals. That's Ali and e c o r e.com.

Okay, so I want you to share with our listeners how you approach your treatment from a functional medicine lens. So can you break down your framework for modulating inflammation, restoring immune balance and supporting neurological healing?

Functional medicine treatment framework

Yeah. So first I do a lot of detective work figuring out what the underlying trigger or triggers may be. Again, by the time a child may be seeing me, it may be multiple triggers, but I look at the one that first started the symptoms and I want to treat that.

And if it's chronic especially, I want to think about treating it verbally. Because of the immune modulating properties of the herbs. Then I want to look at, where is and how is the inflammation affecting this child.

And often want to try to find anti-inflammatories or immune modulators that do more than one thing. So for example, one of my favorites, turmeric, which is the anti-anxiety anti-inflammatory anti oxidant, I may want to use essential fatty acids.

Again those help cell to cell communication. May well help mitochondrial dysfunction, which is also a part of this and definitely decrease inflammation and provide support for immune modulation.

But it's really about trying to find in an individual kid the those immune modulating factors and the biggest of which is diet. Right. And so looking at their diet, you know, it makes a difference if the child is 2 or 3 versus 12 or 13 as to how much you can implement the changes.

But at the very least, trying to get more protein and less carbs, getting rid of sweets, trying to make it as much of an anti-inflammatory diet as possible.

Removing things that a child may be sensitive to or craving. And then also with pots, especially the very natural interventions are first plenty of fluids, at least an ounce per kilo per day, and often much more than that.

And I'm not talking about soda or fruity juices or milk, you know, I'm talking about water. Maybe flavored water, you know, things like that. And then salt.

We do not give our kids enough salt. We have so much taken salt out of our diet because of partially erroneous, information we were given about heart disease, etc..

But children need iodized salt. They need the iodine for their thyroid. They need the salt for so many different pathways, but mainly to, to help these, these pots symptoms.

And then the third thing is, is actually exercise. And usually when they have these symptoms they don't want to do that. And and there's many reasons for that, some of which is our, our right EMF stimulation and screen time simulation that is addictive in and of itself and causes that horrible cascade.

But that's a whole other subject. But they're often lethargic or fatigued, don't want to move or feel. Every time they do, they get worse. But the lack of exercise exacerbates the symptoms.

So I often have them start with what are called isotonic or isometric exercises or, you know, like cables, like clenching and releasing, clenching and releasing their, their muscles, making it into a game, trying to figure out if they could do some yogic moves with mom, getting out and getting in the dirt, building a garden.

If you live in the middle of New York City, getting a garden box and doing it just in that, working with their hands, just getting things started. Swimming is a great way to exercise without expending a lot of energy just getting them started at least.

So all of those are really important. I'm sure I'm forgetting 20 others, but you'll remind me. Well, I was going to say just being outside, you know, breathing fresh air and being in the sunshine. Right.

Our, our sun vitamin is one of the absolute most helpful, you know. Yeah. Yeah, yeah. So how long does it generally. And I know it's different for every single patient.

But how long does it typically take for you to recover someone that has patterns? I think that it is very individualized in that it depends on how long they've been sick.

You know, if they've been sick for seven years, it's not going to take me seven days. It may take seven months. It may take a couple of years in my own sun with Bartonella that I had missed for at least seven years.

It took five years to treat it, you know, and some of that had to do with inconsistency. You know, you know, the shoemaker's kid has no shoes, but also he was off to, to to boarding school and things like that.

So there are factors that I know happen in every family's life. So that affects it. Also, it affects how much disorder know me you have because with the disorder.

Recovery timelines and common misconceptions

No Mia, it's sometimes it's harder for kids to take the herbals botanicals, nutraceuticals because of nausea. So you have to go more slowly. And it also depends on dye off her eczema reactions, how many triggers they are.

But I think in general we need to think about months, not days. Yeah. And and and think about the marathon putting one foot in front of the other, knowing there will be improvements but will also be back slides but that it's really not days or weeks that it really is longer than that.

And it's also just providing the foundation, because if you're not drinking, eating, playing well, pooping, sleeping, nothing's going to get better. So building the foundation of those things first often takes a couple of months, you know, before we're even going to start any of the other stuff.

You know, if you put a lot of nutraceuticals in a kid that's chronically constipated, all you're going to do is increase the die off in her reactions.

So you you've got to, to, to build up their, their healthy lifestyle, build up their healthy guts before you go in with the the killing and the and the real healing.

Yeah, I couldn't agree more. So. So what are the biggest misconceptions that you've encountered for either of these conditions, from whether it be the medical system or the general public or other colleagues?

So one was what we just said, that you can't just go in and kill these germs and expect it to be all hunky dory. You've got to do the whole picture. Two that this is a waxing and waning disease.

The child can be just fine. One minute and a puddle on the floor or looking autistic the next. And we have to allow

for that fluidity, both in ourselves as parents but as teachers and, and, and, practitioners and all of that.

We have to understand the ups and downs. And then the, the third is that, this, this can get better, but that it does take time and it takes off in a village that, that, you know, in addition to all the things I said sometimes, you know, the addition of physical therapy, cranio sacral therapy, osteopathic manipulation, you know, physical movement, occupational therapy, all of those may be really helpful for the child.

And finally, do not blame the child. This is not their fault. They're not lazy. They're not stupid. They're not all the negative words you can think of.

They are sick and they need our support, our understanding, and our help in getting better. So as a parent, one of the things that I was taught very early on is even when I don't to say I get it, you know, and, and and taking that breath and pausing because it allows the child the benefit of being able to feel a little bit more understood, as well as being able to just take that pause themselves and, and say, okay, somebody gets me and I say it to the kids in my practice to whether I do in that moment or not, they just need to be heard.

And, you know, you've heard me say it many times. The best instrument in my office is a tissue box. Yeah. You know. So yeah. And that's so true. Yeah. You've helped so many people recover.

What gives you the most hope right now when it comes to treating pans and pots? I think there is more understanding. There is more recognition of the disease, even though, you know, it may not be done.

Well, more people are hearing it, more people are are aware of it. And there's research, you know, as we know, the AARP, the American Academy of Pediatrics, came out in December of 2024 and said it exists. Yay.

Yeah. But they said there's nothing we can do about it. And that was that made it even worse. But what was very clear is they hadn't looked at any of the studies since 2017 and since 2017 until that time, there were over 200 new studies.

So as long as we can fund the research, we will find more and more information, more and more connections about why this is happening and how we can better treat it.

So the research is there. There is information about this, and you just need to find the right sources. And there are tons of sources, you know, not just you and I in our very busy practices, but you know, podcasts like this one, conferences like the one you're doing in November at Lyme Bites and and others like med maps.org and the CME online course with psychiatry redefined that I'm doing and all of those different things just to try to get the information in digestible forms to as many people that are willing to listen.

And I just think there are more people willing to listen. We just have to keep trying.

Hope, research, and finding the right practitioner

Absolutely. You know, it's. It's encouraging that these diagnoses are being heard and are being, I guess, accepted. I'll I'll use that lightly. But, you know, it's funny, I had a parent the other day, you know, come on, come on to the call.

It was a telemedicine. And they were like, hey, great news. We found out what's wrong. My child has pots. And it's like, wait, what? Like, yes, that that's great that you feel better, that you're being acknowledged because now there's an accepted diagnosis.

But it's like to me it's like that's describing a cluster of symptoms. What are you going to do about it? Like what's the pediatrician's plan to now treat this.

And it's like, well, there isn't a plan. They just have pots, you know, and and it's like, well okay, but what do you do? Like you still have to understand what is causing it because again, I feel like and no offense to other pediatricians,

but it's like just because you can put a name on something doesn't mean that you're now going to be able to resolve this using conventional medicine.

And so, you know, to me it's like, well, great, there's a name for a cluster of symptoms and a pathophysiological process going in the body. But now what do you do to resolve it?

Because this doesn't just mean now you have this for the rest of your life. And then on the flip side, you know, with pans, it's like, okay, well, you have this diagnosis, or, you know, God forbid you've been diagnosed with just depression, anxiety, OCD, you know, some other sort of neuropsychiatric disorder, or Tourette's, you know, misdiagnosis.

But it's like, what are you going to do about it? Right. And so that's the piece where I feel like organizations like maps, which again, is med maps, dot org or even islands, you know, is starting to bring in a lot more focus on pediatric, Lyme and pediatric vector borne diseases.

And then, you know, because it's like, well, what do you do about it? Because these things are reversible. They're heal the right. Like you can recover that child and bring them back to having, you know, a pretty typical life, right?

Absolutely. Sid always called it name it, blame it tainment medicine. We name it something, we blame everything on it, and then we tame it with some, you know, pharmaceutical or other intervention that only suppresses the symptoms.

And, and, and the thing that happens with pens is, oh we have mycoplasma. Oh we have Covid, but yeah, that's only one piece. You know, nobody's asking about the tick borne diseases or the mold, etc..

And those need to be asked about thought about not just where you and I live in, you know, Lyme Central in Connecticut, but also, throughout the world because it is ubiquitous.

It's in every state in the United States, in most countries in the world. And and the other thing, about that is, is that it really is being a detective, because so many of the tests that are done are either inaccurate, incomplete, downright wrong, or, you know, they're not testing for, you know, they may test well for Borrelia, but forget about Bartonella and bibs.

Yes. So we need to to do all of that for our kids and really be the detectives that that they need us to be. Absolutely. So what would you say to parents that are listening who maybe have never heard of these disorders before and are feeling overwhelmed or lost?

Yeah. So first of all, do listen to this podcast, as well as mine. Mr.. As well as yours, especially if a parent thinks there's pans, pandas going, and Doctor Hinchey is on there also. So, you know, demystifying pans, pandas.

There's lots of good information on it. I have a book. Doctor Scott Antoine has an excellent book. Doctor Jill, Krista has a couple of excellent books and a great one on mold called Breaking the Mold.

There are multiple different conferences, like med mad story, like AI labs, like Lyme bites, where practitioners go to get trained. So look at those sites for a like minded, practitioner, you know, somebody that's speaking there or is a fellow in one of those organizations, and, and trust your gut as a parent, you know, if somebody doesn't feel like they're listening to you, maybe you need to find somebody new.

If somebody isn't looking for all the different reasons that your child may not be getting better, maybe it's time to to look for another practitioner.

And there are tons of them out there. You you just need to use those organizations to help you find them. Yeah, absolutely. And if someone wants to work with you, how do they get Ahold of you?

Well, as of last week, as of right now, I'm not taking new patients. I have and over year long, maybe even two year

waiting list. So you can go to Dr.

O'Hara dot com. And we would give you other practitioners in your area that that may be helpful. We can also set up a mentoring consult, that where I can help you and your practitioner, or you can join my membership, which has, you know, is an annual thing with lots of monthly teachings, Q&A, videos, lectures, all kinds of stuff to learn and apply directly to your child.

But, I had to make that very difficult decision. It may change if I can get ahead of it, but, given the busyness right now, I'm not taking new patients. So.

Closing advice for parents and episode wrap-up

So, doctor O'Hara, tell us how Lyme bites differs from other conferences in terms of quality or education or engagement. Why do you like speaking at Lyme Bites so much?

Well, besides, it's led by one of my favorite people, Doctor Maria Hinchey. It is a wonderful conference that really helps to bring home the practical application of a lot of the research is out there.

There are excellent speakers at Islands and many other conferences, but often we are given the research without the practical application of how to apply it in our practices, in our families, at home.

And so you get very high quality researchers, without, you know, everybody, duplicating each other. And, very high quality practical application to come home with.

And there are wonderful vendors, people to connect with and, and just a very, communal and welcoming, format for everybody. So I'm excited to be there again.

We're excited to have you again. Wouldn't be the same without you. You've been there since its inception and glad to do it and glad it's in Florida this year.

I know, me too. Can't wait. Thank you. Well, thank you so much for joining us today. Any last words of wisdom you'd like to share? As a parent, take care of yourself too.

Putting on the oxygen mask is not just a trait phrase. It means take a deep breath, know you're doing the best you can today and every day. And if you mess up, apologize to yourself, to your child, to your spouse, to anybody you want to, and make the next step.

And we all mess up and it is a long road, but you can do it. Your child can get better. And, we're here for you one way or the other. Thank you. Excellent advice.

So for all of you listening, if you would like to learn more and actually see Doctor O'Hara's in-depth presentation on pots and pans from the Lyme Bite Symposium, you can go to Lyme bites.com and sign up for each will either the virtual or in person Lyme Bites Conference this November 14th and 15th in Pompano Beach, Fort Lauderdale, Florida.

So thank you so much for listening to Lyme Bites. We hope this brought you one step closer to true healing. If it helped you, share it with someone who needs to hear this too, because together we heal stronger.

We'll see you next time. 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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matter to you most.