Introduction to MAPS and Honey's Background

Hi, and welcome to another episode of the Healing Lyme Summit 2.0. I'm your host, Doctor Mariah Hinchey, and today I have the pleasure of interviewing a dear friend of mine, Honey Robinson Senala.

She is the executive director of the Medical Academy of Pediatrics, Special Needs or Maps, which is like my second family. And, I just I really want to get the word out there about maps, about what they have to offer for any medical professional.

And, just very excited for this interview. Honey, thanks for joining me. Tell our listeners a little bit about how you even became involved in maps and helping out children and families with autism spectrum disorder.

Yeah. So thanks so much for having me on the show. I love, love, love that I'm here with you. You're one of our, favorite faculty and fellows. So I have 24 year old twins with autism who were diagnosed when they were 21 months old.

And when they were diagnosed, there wasn't a lot of hope and a lot of help, a lot of support. Everything was, you know, get signed up for this organization and here's your ABA, and here are some preschools.

But there was nothing really about the how or why my kids were developing. Fine. And then they were no longer fine. So I hit the ground running with research, and ironically, an OT suggested I look at some integrative doctors and suggested one at the time, who was a Dan doctor, and I took my child in.

They explained a lot to me and I hit the ground running and my kids, I saw like instant changes with everything that they suggested I implement. My child started to improve.

So when I ended up, you know, moving to a state that was a little bit superior with services for kids with autism. At the time, I was living in Atlanta and I moved to Pennsylvania because they had better services for autism, knowing I was going to have to live long.

I started a I realize not a lot of people knew how to help their children. So I started a, branch of a nonprofit and took on some leadership roles and started doing parent conferences and the National Autism Conference and, it was kind of my passion to educate others that we actually can make a difference in our kids lives.

We can't just we don't need to just accept this. We need to accept our children, but we don't need to accept the internal hurt that they have. And I think the most, critical thing I ever heard was doctor said.

Baker had said, if you're sitting on a tack, you don't want to accept that you're sitting on a tack. You want to remove it and then accept what you look like without the tack.

And if you're sitting on two tacks, you need to remove two tacks. So it kind of became my mission of educating others that, yes, we have to accept and love our kids.

We all do. But we also have to make sure they're as healthy as possible to reach their full potential. So fast forward to I, through the National Autism Conference in Pennsylvania, right after Covid started to get up and running again, and I invited a maps track to be there because I wanted to educate and infiltrate my local community.

And that day, the president had asked if I could take over because they really wanted someone with my drive and passion to help elevate maps, because it was this is kind of a tiny little club that a lot of people didn't know about.

And I obviously being a bit of a loudmouth, wanted every parent to know about this. So synergistically it felt like it

was like created for me. So after 20 years of leadership roles with like parent support, I felt like this was everything that I needed to do at the next level, because, you know, I had a lot of great momentum with my boys under the care of my maps doctor.

So it started with Dan, but then when Dan left, maps kind of took over. And my maps doctor has just done wonders for my child. Both of them, both my children.

Yeah. Maps is a wonderful organization, and thank you for running it the way that you do. And Kathy.

How MAPS Expanded Beyond Autism

Yeah, because you guys do an amazing job and, you know, it's been awesome to see how it's evolved and kind of like growing like wildfire sense. You and Kathy and New are like at the helm of the shop.

So our listeners might be wondering, wait, why are we talking about the Medical Academy of Special of Pediatric Special Needs? And why are we talking about autism on a Lyme summit?

And so without getting into some of the, you know, vast connections between Lyme and autism maps isn't just about autism. So Maps deals with all pediatric special needs, which does include pediatric, Lyme and tick borne disease, as well as other vector borne diseases and other, you know, concerns for the pediatric child.

It also delves deeply into pandas and pans and a lot of times Lyme and vector borne diseases can be the underlying cause of patterns and a lot of children.

So I just want to kind of connect the dots for our listeners, you know, as to why, you know, as to why this interview is happening. So can you go over, for the medical professionals that are listening to this?

I know that it's really important to get the word out there that this is not just for MDS and O's or ends like this is not just for physicians. This is for all medical practitioners.

Right? So we have chiropractors, we have dietitians and nutritionists and health coaches and OTS and pets. Right? There's so many different medical designations that, are a part of the maps family.

And like you said, you know, you found out through an OT. Okay. Absolutely. And it's interesting. I'm so glad that you brought up the fact about the pans and the Lyme.

And my kids have had both. And my maps. Doctor again, you know, she she had great discernment on when we were looking at a Lyme issue in each of I actually have three children.

I have twins with autism, but I also have a typical daughter who one day was getting dressed and I saw Bartonella rash on her behind and she was like, oh my gosh, don't look.

That's a those are stretch marks. And I was like, honey, you're 14 and 90 pounds. You don't have it. That's a bad rash. Like so we have been I mean, I feel like the one thing about maps when it first started, first let's go here.

So when it when maps first began, it was created by a doctor that had two kids with autism. So it was primarily focused on autism. What then started to evolve from maps is okay, well, what might be exasperating the autistic symptoms would be Lyme disease or Pans.

And you might be looking at pans and not autism and pans. Autism and Lyme might all just be neuroinflammation. So it was really more so about getting the physicians educated on what modalities could be potentially triggering the issue at whatever they're staring at, so they can rule out a lot of underlying issues.

It was primarily more so for MDS when it started, because it was more autism focused. And the gentleman who started it up was very heavily into research, probably the most, I believe, the most published researcher doctor I

know in autism.

But then again, as we started to realize more of this autism paired with pans and Lyme, and it just became synergistically loud and clear that that needs to be looked at as a whole, not just the autism lens.

So it kind of that right there broke down like the whole MD component. And then when Doctor New Englander took over, who I absolutely love, he does a ton with Lyme.

And the one thing I should point out really quickly is he is not a pediatrician, right? He's an he's an internist and he's an ER doctor, as is my doctor.

So this is like birth, infancy through adulthood. So the pediatric component is our specialty because nobody ever looks at these pediatric kids because they're a moving part.

Right. It's different if you're an adult and your brain's already developed and you have Lyme, you treat it one way. Whereas if you're a PE, you have to be really careful in how you treat it because you're developing the microbiome, your brain, there's so many different variables.

So I feel like it's critical to to let it be known in our board. We do have some that are just pediatricians that are hyper focused on the children, but we also have those that have a broader range because our theory has always been do you can treat that moving target, you can treat anybody.

So that's why a lot of people, even though they're not pediatricians, work their way into us.

Who MAPS Serves and Why It Matters

Now as far as like the MD switching over into the broader range Doctor Who was like, I have a nurse practitioner who they are amazing and a little more care based and nurturing based.

So he was like, we need to open up the door for all these NPS and these and these, and we need to bring in more, not just the MD. So he really encouraged us to get out there.

And what you already know this a lot of our and these and dos and whatnot, I already speak this language. Right. So a lot of MDS have to be retrained on the root cause medicine, whereas a lot of naturopaths and naturopathy doctors and our, you know, physician's assistants and our homeopathic minded, you know, practitioners already get this.

So it's just something that they we feed them the next level. And the most, you know, prevalent research is to get them to get results fastest. So this is something that was just like a perfect marriage, like Doctor Newell say all the time that if you have any kind of a degree on your wall, you should be coming to maps, any kind of a degree, because we want to, you know, we want to just hit these kids as quick as we can and help them, because I know that there are a lot of our kids that a doctor didn't know it was Lyme, and they went through like a year of injury and internal trauma while their body was trying to develop.

And by not getting that proper care, then, you know, it's really hard to backtrack ten years, right? And fix what you should have fixed right at the get go.

So really important that we get all, all ages and stages immediately and everybody up to power on what we can do to help everybody reach their full potential.

And I think I should share, you know, this, but maps does a foundation course, which I feel like is critical and really the point of the foundation course.

Some people are like, that was really too intense and it's really drinking out of a fire hose. And then you can go on to our fellowship program and learn more about metabolism, GI and nutrition.

You know, methylation, neurology, you can go on like you had done to go through this allyship. But the foundation course, it's really more so to say we're going to throw everything at you that you need to be aware of when anybody walks into your office, if they are in the pediatric realm.

So that way your mind goes to, oh, was it this was it, this was it, this was it, this that they mentioned in the foundations course. So you're better prepared to recognize what it is even if you don't know how to treat it.

You should know. Oh that's Lyme. Oh that's pants. Oh that might be a seizure. That tick might be XYZ. So it's really to give you the tools to know what to look for.

And then we have the resources to kind of backfill in wherever you need more knowledge. Right. So for a medical practitioner who doesn't necessarily want to specialize in pediatric special needs, you're kind of saying that it would be helpful for them to be able to recognize, you know, what a potential root cause may be, or even a syndrome like panzer pandas that they just don't even know exists, because there are a lot of medical practitioners still who have never heard of it, don't know what it is, and think it's like some crazy made up diagnosis.

But even if you have no interest in learning how to treat that, you can refer, you know, to the database of maps practitioners or other practitioners that are literate in that realm.

So like for example, if you have a child come in who has like an abrupt onset, sort of like OCD or fear or anxiety, you know, you should recognize that as potentially pans or pandas, which would be an underlying infection.

And set of referring off to, like a behavioral psychologist or a psychiatrist to be put on medication, potentially for the rest of that child's life. Yep. And then you're leaving that child at the root cause it's just continuing to grow.

And then you just change the trajectory of what their life is supposed to be. Exactly, absolutely. So for everyone listening, you hopefully saw the interview with Doctor New earlier today.

So that is Doctor New Quander. He is the president of maps that we keep referring to. And if you missed that, make sure that you go back and check that out because we had an amazing interview this morning.

So honey, tell us a little bit more about the structure of maps. So there's always a fall and a spring conference. And at each conference, there's the offering of the foundations, but then also like innovations and then there's also clinicals.

Kind of explain the breakdown of the basic comp and then go into a little bit of an explanation about the fellowship program. Yeah, absolutely. Okay. So we try to hit both coasts right.

So we do an East coast West coast kind of conference. We do a spring typically is on the East Coast. We're going to be in Myrtle Beach coming up and we do a fall.

Typically it's in Arizona and it's usually in September. And what we try to do is we find one core plenary that is the most pressing need in our community.

So this one coming up is going to be on neurology. So like pans, Lyme, everything, anything that can cause neuroinflammation is going to be presented at this conference.

It's like all hands on deck. How are we looking at everything that these kids are being hit with. Right. What's the latest. So previously we have done mine.

We have done pans and pandas. We have done seizures. We have done, you know, we have done toxins and mold. We have done, you know, whatever our board is typically seeing is what they pick as a plenary.

So that plenary is all the entire conference together in one room on Friday and Saturday. On Thursday, we always have three tracks. So this is where people get a little confused.

Now, our main people that come to our conferences regularly like yourself, we have something called innovations. So our innovations track is anything that's new up and coming like.

I'll give an example.

Conference Structure and Learning Tracks

Koichi Tangi is an amazing physician who speaks on I believe it's more of like an internet autism. He talks of the gaming addiction rewiring our brain in an innovative idea.

Right. So we're going to present that. So anything that we believe that our community really should understand and learn a little bit about, we have that and our innovations track now this is Thursday.

Now for anybody new to maps, we suggest anybody who has never been to one of our conferences. It doesn't matter if they've been doing medicine for 30 years, or if they've been doing medicine for three months, they should be coming to our foundations track because it's the first foundational core of going through our fellowship, but it also gets the stamp of us to trust that you understand that fire hydrant that we just threw at you, and you understand if somebody walks in your door, oh, that might be pans, that might be lying, that might be a seizure.

That may be whatever, might be. And then that is critical for anybody coming. That's new. And then we have something called MC P, which is maps in clinical practice, which I believe you have been in before.

So Maps and clinical practice is an interactive case study where we ask our faculty and our fellows to do a presentation of something that was a wow, right.

So we ask anybody who's attending that it's the final step of their fellowship, and we ask anybody who's attending that to participate. So Doctor Eastman, I know is one of our board members, and she will give a presentation.

She did a great one actually on mold, and she will stop in the middle of it and be like, okay, so this is what presented. What would you think this was?

So it's really putting your knowledge to the test after you've gone through our foundations, and it's challenging you in a private, quiet, safe environment to say, oh, that looks like this or that looks like this, and everybody can interject to what they feel it might be.

So it's an interactive case study. It's not them just getting up and showing you a case study. It's stopping and pausing and saying, did you learn from what we taught you?

And that's our maps in clinical. So they all run at the same time. The biggest issue that we get is people don't want to miss something, but we tape our innovations.

It's recorded and anybody who attends our conference always has seven days. Postcard conference to watch the entire conference again, or the innovations, if they didn't see it for seven days afterwards.

Now anybody can become a member. It's very inexpensive to become a member for like a third of the cost of like anybody else out there. But we really want this information to everybody.

We're a nonprofit. And when you become a member, you have access to 30 days, so you have 30 days to go back and review anything. This also allows you to get extra CME if you needed it.

So we have 18 CME typically, but you can get up to 24 if you want to watch the innovations after you've done the foundations. So it's just a wonderful program.

So that's kind of like how our conferences work to a year three tracks on Thursday. Everybody comes together Friday and Saturday for whatever is huge and prevalent right now.

Neurology is going to be our spring. Fall is going to be, genetics. So when people go through our foundations, our hope and prayer is that they'll want to learn more from those shoots, right?

So with that said, we offer a fellowship program where you can then go online and we have five Acm's advanced clinical Matrix where you can take the courses like you have done, and you go through each one and you learn about metabolism and neurology and GI and nutrition a little deeper and at a slower pace at your own rate.

And once you do that and you've done maps and clinical in person, then you would shadow one of our fellows and faculty and you would get a stamp of approval that you understood how to properly treat, and then you would become.

And that's fellow. And it is a process that I enjoyed thoroughly. And, I'm very proud to say that I'm a fellow of maps, so thank you. Yeah. Well, I think that it should be noted that you probably went through it faster than any other doctor we've ever gone through.

You were like, on fire. But that's the point. I feel like you are like the perfect, the perfect contender to to discuss maps because you realized, wow, look at this.

Oh, I want to know more. And then you instantly signed up. You were hungry for the knowledge. You got through all of it. I think you said you listened to them while you're driving back and forth to school or whatnot, but, you know, they're they're really there to empower any practitioner to know how to handle whatever walks in their door.

So it's good that you actually understood that that was why you're listening to them and taking them, because you were just so hungry. You want like rapid fire here.

Yeah, I mean, I, I think I said this to you earlier, it was like, you know, going through it really helped to solidify a lot of the things that I, you know, was already doing and have already been doing for like 17 years.

But, you know, it brings you back to the basics. It brings you back to biochemistry. And that's what I loved about going through this is like, you know, it's it's connecting all of the dots and solidifying what we've all learned, you know, as at least as physicians.

But it's really giving you like, what is applicable to your current patient. Like, I couldn't wait. It's like, oh my God, a list of patients that I was going through, like wallet, you know.

Oh, this person I need to talk about this, I need to talk about that. And so one of the best things about maps is that it gives you actionable steps, not steps, but like tools that you have for when you go back to work on Monday or Tuesday.

Right. Like you have these tools, it's not a bunch of theory that you don't know what to do with. It's actually like, okay, now I know how to go back and reexamine, like the case for this patient.

So it's just very, very practical. And then something we haven't talked about yet but did say to Doctor New like the support, you know, the support from, from the organization, but also the support from the other medical practitioners that attend and kind of like this, this family cohesive unit that, like, everybody has each other's back and, you know, I have to say, I don't think I've met anybody at maps that isn't there for the right reason.

Like, these are genuine human beings. All they care about are getting these kids better. And, you know, you don't have a lot of the ego that you get at a lot of these other organizations.

And it's just amazing. Like, it's an amazing feeling to be able to really come together. And do you know what's best for for these kids who are literally like the future?

I really think that's a good point that you touched on, because the ego component was was something that doctor knew was like, no egos. 90% of the people in the audience could be up there speaking, right?

So we don't want people.

Fellowship, Community, and Practical Support

A lot of times you meet doctors that will say, oh, I only come to a conference that I'm speaking at. Well, then you're not our doctor, right? Because we're like, all hands on deck.

So we want half of those conversations that are going to bring forth healing are going to be in the opportunities that we provide when it's our fellowship dinner or it's a newbies dinner or our, you know, we have our, you know, members have a newbie dinner where anybody that goes through our fellowship, you know, that's starting the whole foundation track can come and, you know, rub elbows with all the elders and the faculty and kind of pick their brain of whatever they need.

We also have an incredible fellows dinner, which we just started. It's different than our fellowship dinner. We have a fellowship and everybody is welcome on Friday night.

And that's where we want we want our vendors to be there. Half of our vendors are physicians that have, you know, you know, this, that have devoted their life to finding products that can really help the community while they're there.

That means that we have vetted them and they're our partners in healing. So we rub elbows with everybody. Our fellowship dinner Friday night is everybody.

We have cocktail hours so that you can chat with somebody. You know, if you want to talk to one of our Marcel experts and you have a child who has an issue that you can't seem to get Ahold of, they're in the hall ready to talk to you if you want to talk to, you know, doctor O'Hara about a severe pants case.

She's available at all of these opportunities. It's one of the reasons we're really big on bringing everybody together. And a lot of people. You know, we really.

I did have one of our doctors say. I really prefer not to speak at the Maps conference because the best conversations are when you're in the hallway. And so that's really, I think, one of our strengths.

And that's where you mentioned the family. I think that's kind of where we're different than anybody else. It really is. We just had somebody yesterday email us and say, all right and ready to come see my maps family.

So it's wonderful. He's been coming for like 16 years, so it was great. Awesome. So what else would you like to share with our listeners about maps? So I really think that anybody who truly has a heart, I think you touched on this, they're all there for the right reasons.

So I think anybody who really has a heart to help a child reach their full potential, if they have that goodness, they find their way to maps. And that's what I really want us to be known for.

So we have people reaching out all the time, submitted abstracts. We typically, you know, we are a nonprofit, and our goal is to get every single health care practitioner trained with the tools to help all kids reach the full potential.

That's our goal. And if you have something that you can contribute and you only want to do it on a stage, we're probably not your people. We want to do it in like the family atmosphere.

So what we even do on Sunday, I think you know this. I think you're were you there in the fall? On Sunday? We do a conference wrap up. Now, we started this last spring and we did it again in the fall.

In the fall there were standing room only. It was crazy. But we are now advertising this. We just lightly advertised it last time, but this time we're getting a little louder with it.

And what it is is your opportunity. Like you said, you want tangible, take home, actionable tools, right? So when you go to work on Monday, you are thinking, oh, this patient, this patient, this patient, applicable, applicable that lecture, this lecture, you know, you want those tangible tools to be able to hit the ground running.

Well, we realize that a lot of people left, even though we have all these opportunities, they still had some questions they needed answered. So Sunday we do a wrap up conference wrap up Q&A.

You can ask our faculty, our speakers, our board, any question. I mean it, it's probably one of the most powerful wraps wrap ups I've ever seen. So people can say, I don't know about this protocol and what would you do about this?

And it's an open, honest dialog. You can ask from the room with anything. And this year, actually, at this upcoming conference, we will have a conference wrap up.

But we're actually going to have doctor here is going to be heading up our faculty. The faculty will be in one room heading up, you know, one, one area of all things of the conference.

But we're also going to have a few people there with doctor O'Hara to do a panels wrap up. So this is a neurology kind of component. So we have a full day for like our main faculty like Doctor Who will be there.

And Doctor Gaitan is a doctor fry those type of people. But Nancy's also going to host a side strictly for those with complex pans pandas cases. So I feel like that is a gift that we just give people.

Like, if you really have a tough case and you want to talk to somebody about it and say, what would you do in this situation? It's definitely, you know, use what you just learned through our conference book, bring it there on Sunday and say that I use this for X, Z.

And she's going to be like, absolutely or no. Or have you thought of this? And that's where people in the room can interject. So you're getting our you know, our faculty is there to share and our board members are there to share.

The best way to help you use these tools. So even if you have questions that you think this might work, they're there to solidify how it may. So and I think, you know, out of all of the various organizations and, you know, medical organizations, that there are maps is one of the most engaging and most affordable.

So, you know, if you have questions and you I think you should just come and try it on. You know, if you see kids at all, just sign up for one of the conferences and come.

It's very affordable. It is not intimidating. And honestly, I think you'll be sold after one conference. You'll be all right because we feed you constantly.

Oh gosh, we are the that's the one thing people say it is the most food they've ever seen at a conference. We're like, we don't, you know, we've hungry.

And healthy. Answered and yeah. Healthy food. Great. We we practice what we preach at maps, you know, for the most part. So, honey, tell our listeners if they want to find out more information or if they want to attend a conference, how do they find you?

Yeah, they can go to dot med maps, dot org, med maps.org that prevents you from getting a Google hit of maps. Google maps. So med maps.org and you can click on the information of the upcoming spring conference.

We always update once our spring is closed, we'll add our fall conference. We only do one conference focus at a time. It's a lot to you know, we're like you had said, we are growing.

We are growing at a rapid pace. You used to be like we would have 4 or 5 people attending that had never heard of maps. We've never been to maps. Now we have upwards of 90, 90 brand new people who have never heard about

us are coming, you know, and then we're.

Twice a year. Yep. Yeah. It's it's amazing. It's amazing. It's what we need to do to truly help, you know, help heal tomorrow's future. Absolutely. Well, thank you so much for joining me today.

Any final words of advice or thoughts you want to share with our listeners?

How to Join MAPS and Get Involved

No, but if you have never been to a maps conference, I would just beg for you to go to at least one. Just learn the foundational course. If you don't ever come back, that's okay.

But you will at least know how to help a child that walks in your door. And as a parent of twins with autism that are now 24 who have been getting this amazing treatment for 22 years and one is become like a very well known, inspiration to his community through the movie spellers.

If if you know any child or have any child and I can't imagine any health care practitioner doesn't have somebody in their practice within the spectrum or with Pans or with Lyme.

So I just feel like our foundational track is something that every health care practitioner really needs to learn. It's just planting the seed that you might have it in your back pocket, in case you ever need to pull it out.

So even if it's not your primary, you know, management of your daily practice, you are going to have people with these complex medical cases walking in your door.

So at least one map should be critical for anybody in the health care world. I agree, I think every pediatrician should be forced naturally. Like they should be forced. I agree first, But for all of the listeners, like for parents, for aunts and uncles, grandparents, caretakers of a child who has any sort of special need, and I mean, even beyond what we're talking about, chronic disease, like the chronic disease epidemic in these kids is horrific and it's unacceptable.

And, you know, letting your pediatrician or the child's pediatrician know about maps because a lot of them don't know also would help thousands of children. Yes.

Can I speak to that for just two seconds? So when I started this, I came from the parent support. Right? I was leadership roles in the parent support through in the National Autism Conference for families.

And what I did not expect when I came and I took over maps was the amount of parents that knew about maps that were desperately seeking a maps provider.

So for every five hits, we got to our website. For parents looking for a trained maps doctor, we have a wonderful clinician directory. We're trying to streamline that so people can go in and search for Lyme and search for, you know, specific modalities that they need that their child has.

Is it a seizure? You know, is this pans? Are you an expert in something? So I feel like that's a great resource for families. But we even took it a step further because I myself, as somebody who tried to educate her entire community where I live, I know there's hundreds of thousands like me out there, and they have a passion to educate their people.

And a lot of these doctors just don't know about us. So we created an Invite Your Doctor campaign, and if you go into our website under the parent link, you will see we have a doctor that you think might be willing to help you with your child.

Don't go searching somebody across the state, somebody across the country. Just educate the doctor that you live next to. And so it's an invite your doctor campaign to have a printout of why they should come and why they should

join us.

So I feel like that's something that gives parents a tangible tool that they can, you know, they might have family members that are in the medical field.

They might have, you know, I had two great doctors. I know when we had our conference locally in Pennsylvania, I had 18 local physicians come 18 because they all had the heart to help.

They just didn't know it existed. And when I brought it to them, they're like, oh, I'll go to that. Right? Who wouldn't? Who wouldn't want to? Yeah. And right now I feel like this year it's all hands on deck, all hands on deck.

We need everybody coming together, and we all need to. This is the year. I mean, they just removed red dye. This is the year we make. We make kids healthy again.

Robert, thank you so much for joining me, honey. And thank you to all of our listeners at home. I hope that this information was helpful and helps you or your child on their journey to healing from Lyme. We'll see you next time. Bye bye.