The Hidden Signs of Lyme Disease in Children Most Parents Miss | Dr. Somer DelSignore | Ep. 167 Transcript

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Introduction to Pediatric Lyme Disease

We see about 25% of those kids who are diagnosed with autism have a vector-borne disease, and many of them were from congenital exposure. With Lyme disease in kids, there's a huge neurological impact and a big immune impact with them that you don't necessarily see with adults.

Kids, boys under the age of nine are at high risk. They're outside, they're lower to the ground. That's where ticks live. We also see congenitally where it can be passed from mom to baby and never know.

Can it be sexually transmitted? What we do know is a Healthy Point of View podcast, your top rated show, bringing experts from all over the world to talk about health, wellness, beauty, and mindset.

Today we have Dr. Summer. How are you? Dr. Summer Del Signore is a DNP, board-certified pediatric nurse practitioner, CEO and founder of Hudson Valley Integrative Health, and creator of the Reset Protocol.

She's helping children address Lyme, autism and immune dysfunction at the root. With children that have been dealing with this for several years, what can happen with their health if this doesn't get addressed sooner than later?

I find with these kids is that they will ultimately develop more autoimmune type disorders. I also find that it can affect them neurologically and that is…

What type of detox protocols are you working with the kids? Because that immune system is constantly under duress, I will do things like… Welcome to another episode of a healthy point of view podcast, your top rated show, bringing experts from all over the world to talk about health, wellness, beauty, and mindset.

I'm your host Sam Sahada and today's guests, we will be talking about Lyme disease. This is number six recording of our Lyme disease series. This gonna be so exciting today's episode.

It's gonna a little bit different. We're not just gonna talk about treatment intervention and the different diagnostics, we're gonna talking about pediatrics that are experiencing symptoms related to Lyne disease.

We're going to talk about some of the signs and symptoms. How do we become aware of this patient as a pediatric actually having something like Lyme disease or potentially other type of illnesses that they might be having that could feed into this?

So guys, we have today's expert today. We have Dr. Summer. Dr. Summer, welcome to a healthy point of view podcast. Thank you. I'm excited to be here with you, absolutely.

So we're going to just dive straight deep into it because I know the viewers and listeners, they've been watching the series and they just want to know, especially with this one, you know.

After we've. Been promoting this particular episode for pediatrics with potential Lyme disease. What is Lyne disease and pediatic in your opinion? Goodness.

So Lyme disease is very different in children and understand that children are not small adults. They have a growing neurological system, a grown immune system.

Immune system that's trying to interact with its world, right? And it's still trying kind of develop. And so we see with

Lyme disease in kids that there's a huge neurological impact and a big immune impact with them that you don't necessarily see in adults.

You know with adults you have the tick exposure. And if they have Lymedisease it's, oh I'm fatigued and I have joint pain and may have a rash maybe 25% of the time.

How Children Get Exposed and Why Itu2019s Missed

but kids will present with cognitive dysfunction and they may present kind of mood disorders as a result of it that can be misdiagnosed. And yes, they can have the same things, headaches and fatigues and belly pain and things like that physically, but we see a huge neurocognitive component that develops that affects their overall growth and development.

Wow. Yeah. With children, how do they typically get exposed to Lyme disease? Well, typically kids, boys under the age of nine are at high risk. They're outside, they're lower to the ground, that's where ticks live.

And so there are the traditional ways that a tick bites from that population and many times it will get missed, especially if it's a small nymph tick where it looks like dirt or something smaller than a poppy seed.

Sometimes it'll bite them, feed and then fall off and you never see it. So that's the traditional way. If we're expanding beyond that to vector-borne diseases, so ticks and sand flies and fleas and, you know, mosquitoes of vector borne that can also transmit Lyme disease and other co-infections, we notice that that could happen often as well, and parents aren't thinking about other bites that contribute to it.

We also see congenitally where it can be passed from mom to baby and never know. And that's the tricky one. That's more of the controversial one with things like autism and auto-immunosafelopathy and PANS and behavioral type things where there was an infection that was transmitted from that mom and affected that neurological system and that immune system, and growth development from the womb before birth.

A couple of ways. Can it be sexually transmitted? It's thought to be. So what we do know is that we find it in vaginal secretions. We do find in semen.

What we don't know yet is how much of it has to there and how contact has occur to actually contribute to a transmission. Well, yeah. And with these children that potentially have contracted the Lyme disease, how bad is it?

What are families, the parents? what are the children? It depends upon when they contracted it. So if it were passed from birth to baby, that immune system learns how to live with it, so you wouldn't see something that's over the top from a symptom perspective.

You would see some low-level symptoms. Maybe they get sick a little quicker than their peers, maybe their stamina's a bit less than theirs, and maybe cognition's on point with their peer, but maybe sluggish to reach their milestones.

So those are the ones that get missed from that perspective. And then to the kids who have exposure afterwards, after birth, what you can see is that they'll complain of leg pain, usually long bone pain.

It's usually brushed off by their pediatricians. Oh, they're growing, the growth spurt. So it's growing pains, yes. headaches, tummy pains, and so then they get the work ups for allergies or it's behavioral or its a parenting problem.

So it kind of gets brushed under the rug quite a bit and no one's really thinking diagnostically should we be looking for infectious triggers and other root cause triggers.

We're looking at their behavior and then just some of those more common things. So I find that when we do reach that Lyme diagnosis, it's pretty well embedded in there.

And so then those kids are suffering. So when you look at the allopathic traditional world with pediatricians, percentage wise, and I don't need an exact number, but how many pediatrician are actually looking at potential Lymes disease in children?

I can only speak to my area. And I think in the Northeast, maybe 50% of the time, which is unfortunate, because that's sort of a Mecca. That's ground zero.

I'm still using conventional labs. that are out there that only about 50% accurate. We have data showing that now to prove that it's only 50 percent accurate in being able to capture Lyme disease or Borrelia brictiferae.

So many times it is just a very quick screen and it you know not listening to their body and not looking at those symptoms and saying well your labs are negative so you're fine.

Now, I can only imagine as working with pediatrics, you have to not just listen to the child, but you. Have to listen. To the parents. So most of the time, how are you kind of diagnosing or figuring out that there is something wrong with a child?

Is it typically the. Parents that are bringing them in? Or is it the? Child or is. It the Child that has consistently been complaining about something and then the Parents, they can't really figure it out by the Time they come to you?

Yeah, so I find that with kids, again, it depends upon the time of exposure. So they may learn to live with it and just think that a headache's normal or that that pain is normal for them.

If it's later, because again developmentally, unlike adults, right? Where they're all going through these transitions.

Long-Term Effects on Kids and Teens

And if, I usually will start though with parents and their intuition. because that's why God gave us an intuition so that we pick up on those things with our kids.

And I will begin the history taking with those parents. It's about having a really great history and physical and a background. So I'll dig into their history, and work all the way back to pregnancy with mom.

Say did you know did little Sammy have XYZ? Did they have a weird illness? Are they constantly getting sick? Do they kind of have weird rashes or inflammation?

Or are they complaining about certain symptoms that you can't get ahead of? And then I'm asking mom and dad. Well, what's your history like? Oh, did you have some some odd autoimmune type things or some?

You know symptoms throughout your your family and maybe throughout Your childhood that weren't explained. Did you? Have exposures to vectors ticks and did You have lice, you know anything like that?

And so i'm looking at that and getting a really good history to kind of bridge it and piece that all together because kids have a very interesting way of describing symptoms to you when they do recognize that there's something there.

So you definitely have to be that medical detective. I was just gonna say that. Did you know you were gonna become a detective? I didn't, no, the journey's always kind of a zigzag, right?

It's never a straight line. And that's definitely what drives you, are those kids who can't really tell you what's going on. You have to figure it out.

you have put the pieces together. With children that have been dealing with this for several years, and the kids are becoming teenagers, adolescents, What can happen with their health if this doesn't get addressed sooner than later?

Well, I find that, you know, because that immune system is constantly under duress, under attack, it has an infection there that knows how to wiggle out of the traditional pathways that the immune will use to kill it off.

So you've got this low level inflammation all the time. And what I find with these kids is that they will ultimately develop more autoimmune type disorders later on.

You know, the things that we're very well aware of and girls, things like PCOS and thyroid disease is a big one. And then I also find that it can affect them neurologically from a PANS or autoimmune encephalopathy perspective.

So it could severely affect their cognitive growth and development, and then a lot of kids can develop neuropsychiatric conditions that are unexplained, that aren't responsive to traditional medications.

Absolutely. So, you know, talking about that detective work and you mentioned earlier that a lot of the physicians that do look for Lyme, they're using some of traditional methods, using our traditional labs, Quest, LabCorp, whichever ones they are.

What are the diagnostic tools that you're utilizing to be able to take that deep dive to figure out if this person is positive for one of these type of diseases?

All right, so there are specialty tests that I will use, things like iGenX testing, Galaxy, T-Lab, an assortment. And I make that decision based upon history.

Mm-hmm. Then I also make the decision on the ability of the families, because these are unfortunately out-of-pocket tests, right? Right. So I'm very mindful of that.

There are several that use urine that uses finger sticks that are easier for kids, especially young kids. You don't want to take a lot of blood from them and there's a trauma associated sometimes with that.

So there are a lots of things that go into it. I have my little tool kit of all of these specialty tests and I kind of cherry pick from the strength of each test.

So I find that things like iGenX testing and Vibrant are really strong with the Borrelia strains, where a T-Lab is better with things, like certain types of Babesia and Bartonella, along with Galaxy for Bartinella.

I'll utilize that. And then I will also look at opportunist infections, which you can't forget. You can kind of be locked into just tick-borne. Right.

you've got to look that full terrain of that kid and say, why are they sick? Because there are some people who are exposed to tick borne infections or vector bornet infections and they live a happy, healthy life because everything else is optimized.

So I'm looking at that to say, well, what other infections, whether the viruses are here, is this child carrying strep or mycoplasma, which are very common.

They're not exotic. We all get that every now and then, right? What does their toxin level look like? Kids are like a sponge. Like adults, they will absorb every plastic, every metal, and every mold that's out there.

And so I'm looking at that entire terrain to kind of determine what's really keeping this kid sick. Yeah. And I can only imagine when you actually take that deep dive and utilize these different diagnostic tools, it gives you the ability to see how compromised that immune system truly is and why it's not able to really fight off whatever is going on.

You know, you mentioned about the the patient's toxic load. Yes. with these children, how are you detecting what they have in their system when it comes to toxic load?

I'm utilizing a urine test. We do start with that, and it gives me a great deal of data. Sometimes I provoke it,

sometimes not, just depends on the age of that child.

And so I find that I get an assortment of mycotoxins that i can show through those tests. I can look at glyphosates, I I can look at microplastics and kind of make a decision based upon that and their symptom and what may be going on.

If there are roadblocks with treating, meaning that we're clearing the infections, both opportunist infections and tick-borne, but that kid's still down with a count, what's holding them there?

So that's why I'm looking at all of that terrain and looking those toxins and then that helps me determine how heavy we need to go and how deep we go in that treatment.

So, you know, we hear a lot of talk about these different type of infections when it comes to adults. Now we're talking about children. What in your professional opinion, what makes the biggest difference between how we diagnose that diagnosed adults versus children?

And then follow up question of that is treatment interventions. How do those look like between the between them? Right. So diagnosing is the same types of testing that we certainly use.

They're applicable for kids as well. And then, like I said, the good history, just a really great history. You know, as a clinician, that's our job is to definitely go through that and then treatment wise, treatment varies.

So it depends upon what's on board. I am looking at kids, again, from an immune perspective, knowing that when they're going to be a little hyper reactive, they haven't regulated yet.

So I need to very careful about how I onboard things. And everything is weight-based. We can use the exact same medications over a certain age, but just titrated based on their weight.

Testing, Toxic Load, and Diagnostic Strategy

So as long as they're tolerating that and we're detoxing them and keeping the liver and kidneys happy, we can kind of move them through with medication, antibiotics.

I utilize other things too, like herbals, biofilm busters, fiber nest buster, those types of things as well. But I find that detox is huge with them because that immune system is going to be a little more hyper reactive than you see in an adult.

So the die off reaction can be pretty severe with kids. And they don't quite have the mechanisms on board to kind of self-regulate from a behavioral perspective or otherwise.

You see them have like a hercostomy reaction. The kids are pretty, pretty significantly. Absolutely. And I find that that oftentimes is neuro. I'll see a lot of OCD, anxiety, they ruminate.

They get depressed. There are sleep issues. It hits pretty hard. So when it comes to the different treatment interventions that you're doing with the children, are you doing a lot of alternative treatments like high dose vitamin C or ozone or EBO2, any of these types of treatments?

I am doing alternative treatments, yes. So what I do is definitely comprehensive and integrative. Yes, we use medications and antibiotic combos when you need to, especially if there are things that are very active.

You definitely have to kind of wrangle it a little bit. Absolutely. Knowing that it's not curative, if it is something chronic. Acute is a whole different story.

But in a chronic kid, you know that we're just going to beat down the pathogen a bit to get ahead of it. I utilize a great deal of herbals as well. And that kind of creates some nice synergy for us.

Additionally, we use ozone quite a bit, and I will use MAH ozone. Take the blood out, a small amount, you ozonate it and you give it back. But that's the safest that I can do with kids.

I utilized IV PRP therapy to kind help modulate that immune system, but usually at the end of this journey. So we can kind hype them up a little bit if we give too soon.

EBO2, I can't do EB02 because they typically don't have the blood volume to fill the chamber, so we can quite go EO2. But I could definitely use hyperbaric oxygen with them.

High dose vitamin C or high dose nutrients, yes, absolutely. As long as G6PD levels are normal, we don' have any anemia going on and they can tolerate it, and I absolutely can.

And that certainly does help from that perspective. And then other things we use are SOT therapy, which is more of a gene silencing therapy. So that one's kind of the new kid on the block to combat some of those infections.

It kind sterilizes that bug and prevents it from replicating. You're hearing a lot more that actually now. Now, what about TP? The plasmapheresis. Plasmaphoresis I do use and IVIG.

Absolutely. Yeah. So I use both of them. All those things in concert. Wow. You know, you hear a lot about these different treatments on adults. But as you mentioned earlier, a of the stuff on kids are weight based.

Now, these are definitely more alternative type of treatments. Where do we figure out the dosaging and whatnot when it comes to the children? You know, do you participate in any kind of like special fellowships that's focused on children on the functional medicine side?

I do. I. Do. And there is science behind all of them. They're definitely in the alternative realm, but there. Is evidence based to support it. and I won't use therapies that don't have that evidence base behind it because we're dealing with kids.

Right. Very sensitive. Absolutely. So many things have to deal with weight based upon infusion rate. Plasmapheresis is just as safe for a child as it is for an adult.

Just the volume's different and the rate's a little slower for them, so we just maintain that. IVIG is a gram per kilogram weight so we definitely do that and the cadence is about the same.

SOT is kind of a one dose thing and it's using that person's own blood and they're just replicating these oligo peptides to kind support and go and bind to that DNA.

So that's not really an adult versus kid kind a situation. And then things like PRP or ozone, again, it's all weight based so that we're not, you know, bringing so much volume out.

So things, like ozone. An example would be you may take about 50 mls tops from a kid where an adult could be what? Up to about 200 of blood. It's not based on.

You know a lot of I know. A lot. Of functional medicine practitioners. And the majority of them won't even touch kids. You know, it's funny. So thank you for what you do.

Because the children definitely need help, not just with with these type of, you know like Lyme disease, but just in general, right, the way that we practice medicine.

What you're doing is completely different than a lot of what we see in the allopathic world. Which leads me to the next question. Like, you're going to just wake up one day and say, hey, this is what I want to do with children.

I can't see that being the case. There has to be some kind of story behind of why you decided to leave the allopathic traditional world and focus more on what you are doing specifically with the children and these types of

diseases that are out there.

Yeah, no, you're right. I was never the babysitter. Growing up, I never wanted kids. So it was kind of funny. And I always wanted to be in medicine from the time I 10 years old.

My mom was in a car accident, pretty severe, and I fascinated with everyone in the hospital when I walked in. And they were putting her back together.

And I thought, this is where I need to be. This is what I needed to do in one day, just watching that concert and play out so beautifully. Later on in my journey, my first residency in pediatrics blocked me in.

These kids were sick. particularly in the oncology unit, they were sick. And no one said no to them. They just had this life to then and this drive. All that they wanted to do was play.

I remember that there was one little boy in particular who just wanted certain types of gluten-free cookies and magnetiles. He didn't care about his cancer.

So they just have sort of this charge forward and the zest for life. And that's what won me over with them. I thought, you know, I need to protect them, to help them and from that day forward, it was always kids.

Do you notice, you know, that's something that I guess you just kind of made me think on that. It's what with children that are sick at that level, some of them that a terminal terminally sick, do you find that that you will find more adults in that position that they're willing to give up versus kids that just keep on pushing forward?

Absolutely, absolutely. And I'm very appreciative of all of those adult providers out there because I don't like taking care of adults. I prefer the kids.

But I do, I see that it's a mindset. Again, they haven't learned no. They didn't learn no yet to give up, so they keep calling. So what are some of the cool technologies and modalities that you have at your clinic that your working with?

Oh my goodness, pretty much everything we just mentioned. So we do IV PRP therapy, I do provide SOT, we an assortment of nutrients, We do ozone.

Treatment Approaches for Children

We utilize plasma freezes in IVAG, but I typically send that through home health companies and through outpatient hospital clinics to actually try to get it covered through insurance for them.

Okay. I don't bring that in the office on purpose for that reason. But yeah, so that any technologies like hyperbaric chamber or like red light bed light therapy.

We definitely do Hyperbarica haven't brought in yet. It's on the list infrared sauna. I do have infrared sona and redlight Yeah, and those detox protocols that you're doing before you go into anything aggressive What type of detox particles are you working with with the kids?

I? So to start them pretty low and slow, so we talk about it's a marathon and So I will do things like glutathione and I'll do bitters things that kind of start to push the liver and the kidneys to detox a bit We'll Do some very gentle binders a couple of days a week just because you bind every single day You're gonna pull the healthy nutrients with it, right?

I'll use things like molecular hydrogen, which is my go-to. Oh, nice. Yeah, so it's like, I don't know if you know the old Chris Rock, all Robitussin, give Robutussins for everything.

That's what I do. So it is molecular, hydrogen for every thing. It's that beautiful detoxer, helps with the nitric oxide

pathways, doesn't worry about any kind of underlying genetics that may be sensitive to B vitamins or sulfur or anything like that.

Which just goes in and it cleans things out. yeah i love the molecular hydrogen therapy myself i've had the opportunity to uh interview uh dr paul vertero behind echo technology and also dr tyler lebaran okay um behind all of it and um you know we utilize it at our longevity clinics as well too and you understand how it's a selective antioxidant it doesn't pull everything out when it comes to the different free radicals It's powerful, especially for children, you know, where they need something that doesn't pull everything out, right.

When it comes to the molecular hydrogen therapy, what technology are you utilizing? Are you doing inhalation? are they drinking it? They're tablets. We're doing the tablets, yeah, so tablets and water.

If they can't take in about 12 ounces within, you know, 20 minutes, 30 minutes or so, there's molecular tablets for the bath so they could absorb it that way.

Yeah, the bathroom's lower level, yes, but it's a way to start. Again, that low and slow and then we kind of build up from there. And then I speak to moms and dads about tricks to say, dissolve the tablet, spike it with a little juice and have them chug it.

Just go for it, and they eventually get used to it yeah. What is it in the industry that you would want to see change throughout your years of practicing medicine and working with these pediatrics that, you want see our system truly change when it comes to Lyme disease?

I think, you know, not just Lyme, but broader from that perspective on those controversial infections or conditions is I would love to see a biomedical approach to all of it.

And I just think getting back to those basics of good diagnostics, good history taking, and not viewing Lymedisease or other infections as something completely separate from the body.

How can we get there? Everyone needs to tuck their ego. Everyone has to check their egos and get back to being a scientist is what I think that it needs be.

We have preachers, politicians, and scientists. And there's way too many of the others out there right now. we need scientists just being very humble and asking those why questions until they find that answer and being humble enough to know that we don't know everything.

Right. Yeah. Would you say there has to be a redevelopment of the architecture that we have currently in place when it comes to a lot of them infectious diseases that are out there?

I think there has to be. I Think we definitely need to wellness focused with that, meaning that not just giving band-aid treatments to patients and you find that.

And I find even kids come in with multiple SSRIs on board and multiple pain meds and people who are willing to give them humera when they have an infection and we need To treat that infection.

So I that we just need start from the basics and build that terrain and work up from there. Do you think that we live in an algorithmic, pharmaceutical driven medical system?

I think we do, unfortunately. I. Think that there's a huge movement and many of us are real. Well, I've always lived in this space like a lot of my colleagues, but that it's starting to catch on.

People are much smarter these days and have access to technology and research that they haven't had in the past. What would you say to the doctor or any medical professional out there that is watching this podcast and looks at both of us and says, these guys just, they don't understand medicine.

They know nothing of what they're talking about. How can they sit here and say that it's just an algorithmic pharmaceutical driven system? What do you have to say?

I have to say that you were given a brain and you should use it. Yeah, absolutely. I would say you're doing the best that can within the system that your working in at the moment.

But we can all do better. We should always be challenging ourselves to do. What's one part in the way that we've created our medical system? That's lacking the most, you would.

I think wellness focus, I thing health focus is a huge issue. Addressing lifestyle. And lifestyle, all of it, that plays a role. What does that look like when we say addressing lifestyle?

And I'll give you an example. You know, and the reason why I bring this up, just the other day, the social media platforms, The Algorithms did something with one of my videos.

Oh. and it just pushed it out to like almost every allopathic medical doctor you can think of. They started going to town and I love it. Let the algorithms do their thing.

And for them, a few of them started commenting, oh, you're crazy if you think that your traditional medicine doctors are not addressing lifestyle. The first thing they do is tell people that they have to reduce stress and exercise and eat healthier.

That was the response I got. Right. And that's a preacher. Right? That's right. Yeah. That was my response back and says, OK, that cool. They're telling people what they already know.

It's like telling a smoker, hey, you need to stop smoking. they know that. You've got to break it down further and you have to treat everyone like they're five.

Give them the steps. Step A, B and C to get there. And it's about education and reinforcement. And I think that the rule is if you can do something for 14 days, then you could adopt that change.

So you start with a low-hanging fruit. You know, if it is a dietary change and You can't go to a person, and especially kids, you can say, no, they're off of gluten, their off a dairy, because everyone wants mac and cheese and chicken nuggets, right?

That's standard American diet. But you look at parents and say you know, I know your life is busy and you're not gonna be able to turn that world upside down at the moment, but why don't we clean it up a little bit?

Why don't we make sure that it's at least organic? Why do we maybe look at making it yourself if you have time? Make one exchange each week of something healthier, right?

So those types of things and back off those carbs until maybe that gluten is a treat once or twice a week versus a staple. So we work that way. And I think that that's a good way to really kind of address it is being really supportive rather than just kind dictating them and say, well, you gotta stop doing this.

We'll show them. Here's your map. Here is your plan. And this is what we need to do to correct that. Same with things like sleep. Lifestyle, huge. No one's getting enough sleep, the kids are not getting sleep enough.

It's to talk to them about what does sleep look like? What does, sleep retraining is one of those words out there. Parents will look at you and say, I don't even know what that means.

You know? And it's, okay, after dinner, what do you do? We go through that to highlight those habits that may be contributing to poor sleep in that child.

And oftentimes I will say, well, no screen time for anybody after dinner. That means if you're telling them they're off

their tablet and their phone, that means you are off your tablet, your phone too, right?

Because kids will call you out. And then it's what can we do to bring that nervous system down? you know, and let's read books, let us listen to music, less take absence of baths, lets have some quiet family time.

Whatever that may look like for your family, but what can we do to kind of bring you down and prep that body to go to bed? You know those types of things.

You just give people steps. Yeah, that's so important in today's very high paced lifestyle that we're living, you know, with all of the different devices.

We're always on the go, go go. So that is definitely important. When you decided to become a medical provider and you were going through all your schooling, how much education and nutrition did you receive?

nutrition. Actually, maybe three months. And was that an elective or what was it? It was integrated into the program. But three month and I guess training for me was total about 10, 11 years.

Wow. It was three solid months, but in the grand scheme, it was very small percentage. Do you feel like it wasn't enough for you to be able to actually treat your patients with what you learned during those three months?

It was enough to pique my interest. And I think that's an individualized thing. Right. So it was. Enough to say, yes, we definitely need a wellness focus here.

Detox Support and Molecular Hydrogen

A lot of preventative kind of steps to ensure that we're not dealing with chronic illness later. But that was more personalized. That was a more of a choice that I made.

Which part of schooling did you like the most when it comes to the educational portion? I really enjoyed the clinical component, putting all of that into practice.

Yes. And and getting that real world experience and seeing how that really played out in an actual live person. OK, I like that. Now, what about like if I were to go into more of the biology and physiology of a human body and we're talking about, like the metabolic pathways or the cellular molecular processes?

Are those parts of medicine that you enjoyed and enjoy tapping back into it now? I do. I because it makes more sense and there's more gravity to it. And when you're going through the first time and you like, hey, this is kind of cool, you know, and your fascinated with how things work.

But then when it kind really plays into a person and kind looking at it in the body and then being able to affect change, it means so much more. Yeah.

And actually bringing that clinical component to it where you're actually running all of these different diagnostics and you matching it up to the crib cycle or wherever else in the process.

It makes a lot more sense. So that's where he cracked the code. Where's the missing piece of the puzzle? Exactly. Yeah, yeah. Awesome. So right now there's a lot of stuff that's happening in government.

I'm gonna go back to Lyme disease. Lyne disease is one of those things where people in the medical world, they haven't even recognized it as an actual disease, right?

And now certain committees have been put together, things are happening with the different governing bodies. RFK Junior's actively talking about it. What do you think about what's happening now?

Is that something that excites you? I am excited about it. I Am. And it's common sense. It really is. it It's nothing that

is this sort of left field idea.

You give parents the choice. Let's look at the individual. Its more precision medicine focused, actually, if you think about from a perspective. and it is recognizing the data that's out there.

For decades and and those of us who are practicing this know it we're just kind of shaking our heads saying glad you could catch up now, you know and But no, absolutely.

I I love what's going on right now Absolutely You know with adults At our longevity center, we use a lot of different wearables. A lot to capture a their data on a day-to-day basis.

On children, are you utilizing any kind of wearable, any continuous glucose monitors, anything to monitor their HRV, their sleep data? Right. So, our rings aren't quite working for them yet.

Their fingers are too small. We haven't been able to tap into that. That'll be an expensive one too when they lose it. And that is too, when I lose them now, and that's been a discussion.

There are wearables that we do utilize that look at the PVE in the air, the parts per million of whatever the toxins are. And we're also definitely looking at the glucose monitoring.

That's one we can do at moment. But to capture their HRV right now, it's a little rough. We're using devices to help them, but not necessarily capture that data.

So like vagus nerve stimulators, they'll do like Apollo neuro-respans at night to kind of help him with that. Is that your go-to? You know, there's other devices like the Pulsado that people use.

There are. That's one of my go tos because it's the easiest and it is the cheapest. And I'm asking parents to buy something that that kid may take off and just toss somewhere.

Absolutely. Yeah, absolutely. But they can use it on their wrist and they're small enough they could put it in their ankles too if they needed to. When it comes to lifestyle and lifestyle habits, what are one of the things that you've seen parents give to their kids that's a big red flag?

They need to stay away from that. I mean, I know everyone's heard this, but tablets, screen time. Oh, the screen tablet. The screen. Yeah, their tablets.

I think that the the issue there is that they're not interacting socially with others. They need to make that eye contact. they need that oxytocin release and those dopamine hits from that that are not getting.

You're getting it from something that's artificial. And so they are learning those verbal cues and, you know, those social norms. That's one thing. And then they're not out and about and playing.

That is another issue. They're outside, they are not playing, and they aren't as active as they need to be. We see that that screen time can relate significantly to things like ADHD and a lot of neuropsych conditions in kids.

So that's my big no-no. Yeah, that's it's just significantly different than like when we were kids. I used to remember, it was like, I actually hated when the streetlights came on.

It's I knew I had to go back home. Yeah. Right. So yeah, but it is like now, you know, my wife and I will go out for a walk and it'll be late at night.

Or, or, before it becomes dark. But I don't see any kids outside. No one's riding a bike or nothing. You know? It is kind of weird. When it comes to treating a lot of the children in your office, success rate when it comes to what you're seeing treating these infectious diseases.

How long is typically these treatments for any parents that are listening to this podcast and understanding that your child might have to go through a certain process?

Right. What can you tell those parents in regards to how long something like this might take to get them back to homeostasis? Got it. I usually tell them to find their patients.

It is going to take some time.

Lifestyle, Nutrition, and Sleep Habits

About six months is when we really start to turn the corner. And that's when everything lines up and those kids are able to tolerate whatever medications we're giving them, detox processes or what have you.

Usually by a solid year we are cruising. And then after that, it's maintenance. And that is, again, in a perfect scenario where those kids will onboard with all treatment and are tolerating it.

For congenital kids, though, you always kind of flip back and forth because it's such a different ballgame with them. So with some of the kids who were exposed in utero, we're dealing with a neurological system and immune system that's already formed with that exposure.

Sometimes there are more lifelong treatments that they may have to do. Absolutely. Now, one of the things that we hear a lot in today's world of health and wellness is about gut health.

And the importance of gut, health, and we here people talk about the gut brain access. Now I know in adulthood we have a of issues when it comes to gut.

Health of people suffering from IBS, leaky gut all kinds of different things. How much gut issues are you seeing with children? A great deal of it. Absolutely.

Yes. And, um, I do see a great deals of candida. Um, do you see, a lot of leaky gut as well. If a child was a C-section, they kind of start off with a leeky gut issue because they didn't get the right bacteria that they need to kind seed to grow.

I think that the standard American diet is part of that too, that we're not giving the correct amount of fiber. We're giving them the wrong amount nutrients.

But those kids have a lot of leaky gut issues from a very young age. Again, all of these adult issues started probably in childhood and just sort of started to build over time.

And we sort stack other ailments and then you have this very unhealthy adult that was probably not a great child from health perspective at some point.

Absolutely. What's one of the most toxic foods that you see children diving into and at these birthday parties and everywhere else? Anything with preservatives.

Preservatives are awful. So when kids dive into Cheetos and things like that, non-food types of substances, it's awful for them. It dies and those preservative are very foreign to the body and can also contribute to that great deal of inflammation and then just sort of start the spiral effect from an immune perspective and a health perspective.

Yeah, the Cheetos cheetos are bad. Cheeto stay away from the cheeto. Stay away for this. Yeah. They got the healthier ones now. The healthier one's that are not Cheetobrand.

Like these are completely different. It's the off brand. Off brand that you have to go to the actual fresh market and they're made out of real organic ingredients.

I know. I I'm with you on that. I always tell people eat real food, right? Right. Anything that's processed, especially the ultra processed heavily processed foods.

This is the stuff that skinning people take. this is stuff. That's affecting how your genes express themselves. And that how these these are starting to develop.

So we got to get back to eating real actual food. Exactly. And even that, you know, eating real food, sometimes you're not getting that nutrients dense food how we did back in the day when grandma and grandpa had a farm.

You know you get a lot of these fruits and vegetables that are called hospitality fruits. They look beautiful, but they have no nutrients density. But at least we got to start somewhere.

Eating real foods is a good start. Right now there's a big movement that's happening. It's called the Maha movement. Make America healthy again. What are your thoughts about this movement?

I love this movement. And this is common sense medicine. This is commonsense lifestyle approaches. It's eating those whole foods, right? It is keeping it very basic.

I think that it's a non-sexy, non shiny way of approaching things and it is fantastic. And my hope is that certainly that it catches on and that we're growing these healthy children with healthy habits and can squash a lot of those, you know, senseless adult issues.

Right. Some of some of these chronic illnesses that don't have to be exercise. Yes, of course. Are we lacking exercise with children? We are, we are. I think I'm starting to see a shift, at least with the patient population that I have in the area that have, where kids, parents are realizing this and are starting engage them more with sports activities, structured sports activity.

The free play is still a little little rough just to say go play and they'll say, well, what do you mean? You know, but but exercise, you know we could definitely improve it.

And I think that, certainly we need it in schools to kind of help reinforce that a bit more. But there should be more play time in school. Would you say that parents exercising themselves is a good start to get the children to exercise as well?

Well, I lead by example. Absolutely. Healthy foods, no screen time and exercise. Let's move our body. Yeah, absolutely. So what is one thing that you would like to see with the MAHA movement?

If you had a magic wand and you can just go ahead and put that magic one on R. F. K. Junior to make a certain change that will benefit some of the things that do, what would it be?

Oh, goodness, there's a list. I think the first, because we have a mental health crisis in this country, we see it in children quite a bit. taking a biomedical approach with any illness from a neuropsychiatric component, particularly with autism.

I want to see more of a a bio medical approach. With that, we see about 25% of those kids who are diagnosed with Autism have a vector borne disease. And many of Those were from congenital exposure.

Are you guys doing any kind of brain mapping or neurofeedback? I do, we do. I send out for that. For some of those cases, I'll send to my friend Ebony.

So I will send some kids to the Amen Clinic.

MAHA, Mental Health, and Future Directions

But there's other work that we have to do before that. Because again, to that brain mapping and that

neurofeedback or biofeed back, we need compliance from those kids.

And so that's usually like a tertiary level of treatment. So we're kind of working on getting the inflammation down, getting infections under control, Getting that kid feeling better so they start to see the light too.

Oh okay, what I'm doing, even though this might be yucky right now, it's helping me, I feel better. And then that's sort of that that secondary or tertiary kind of treatment that then we'll go to.

Yeah. All right. Also, we're going to have a little fun here so people can get to know you a bit better. So these are cool conversation cards by Steven Barlet, who is the host of the diary.

OK, the Diary of a CEO. If you open that up. And. Then you're just going. To take two random cards out of anywhere in there. Two random card. Let's see.

Do these two together? OK, so you're going to read the card and then answer it. OK. Right. If you could be part of any brand or company, past or present, which would it be and why?

And I call a friend. Can I? Hmm. You know what? This sounds a little campy, but I would say Chick-fil-A. Not that I eat it, because their branding is so consistent across the board.

You their mission, you know their values no matter what state you're in, no Right. Like they're branding their model. It's phenomenal. Yeah. With all the cows and with all.

The cows, right. Eat more chicken. All of that. Right? Like I said, even though I don't, but I love the branding. I get it. OK, so this one. So what topic is no one talking about now that historians will study in the future?

A few years ago, I would have said Lyme disease, right? But I think that, hmm. Goodness. This one's kind of stumping me a little bit. There's so many things.

Maybe. the long term effects of COVID we're going to see out on the line. We're not really talking about that yet. Yeah, we are starting to. And it's, um, We've seen a lot, you know, my business partner, Dr.

Christopher Davis is an interventional cardiologist for training. Right. He's a functional medicine doctor. Yep. and he's seeing a huge uptake on younger people having cardiovascular disease.

Like he has never seen before. Absolutely. So, and, he relates it to folks. And I'm seeing it too from the kids from young women particularly. Really?

I am. And the teenagers and young 20s. So I see kids up to about 22 to 26 years old and they're developing PCOS and other autoimmune disorders at a very young age.

Wow. Yeah. That's scary. We'll see what happens in the next few years with everything that's happening. So to get to know you a little bit more, you love to treat, your patients and take care of their health.

What are the top three things you do for your health? What do I do? I meditate quite a bit because I am by nature a Little tightly spun and it takes a lot to kind of bring me down.

Self meditation or guided meditation, self meditation. OK, so I because I have to work a little harder on it. It was more like an overachiever thing. So today I can't do self-meditation.

I've tried. Have I studied it? I read books. Well, I'm brain tapped with from Patrick Porter's brain tap device. And I use that on a daily basis. And it works, but I give a lot of kudos so people can do self-meditation.

Well, it took me a while. My daughter, who is now 20, she was eight and she can totally zen it down. That's just how she is. So she's like, mommy, I need you to, why don't you meditate with me?

This was when she eight. And she sitting there and I'm with her and fidgeting, and looking around. She's, like you're really awful at this. so that was my challenge at that time.

Then I started working on it. But it's taken me years to be able to do it Absolutely. Yeah. So what else? You got meditation? What a meditation. Red light.

One of mine. I have red light and infrared. It's on at home. Almost every day. The red lights inside of the infrared? Yeah, absolutely. During the month of March, I watch basketball games, March Madness.

Who I'm sitting in there behind the panel and it's infrared, you know, the light, and the redlight there being infrared sauna. They say it's that infrared sauna, you know, with the red light in there.

It's like the number one biohack for detoxification. Exactly. Yeah. So those are my things. Those are those things that are three top things doesn't make that make sense.

Yes. Love it. Right. so as we wrap up here, if we have any viewers or listeners that really resonate with today's message, hearing exactly what you've seen and what's happening with many children out there.

And one of the parents say, you know what, I really resonate with this, we might be experiencing some of this. What is that last thing that you can leave them off with?

I would say to trust your instincts and to never give up. Never stop looking for those answers. Because oftentimes, you know, the medical system can be tough and have their own opinions of things and you trust you gut as a parent for giving those instincts for a reason.

And if people want to find you, how can they find it? They can find me on Instagram at doctor dot summer del senior. And they can Find me On my website at Hudson Valley integrative health.com.

Amazing. and we'll have all those links listed down below. Okay, that was a pleasure having you on the podcast. This is very powerful, informative information that the world needs to know.

Thank you. thank you for having me. amazing. Guys, As you heard the doc say, don't stop searching. The answers are out there. There's people that will help you, will guide you through that healing process.

If you know someone or if you are personally dealing with some of the things that we talked about today, make sure you take this podcast, share it with those friends and family.

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