Podcast Introduction and Guest Welcome

I think there's so much value in being able to see something that is not tangible, because any mental health condition, you usually can't see it. It's not like, okay, you have this rash.

So that is validating. It's almost like data as an intervention, because you're showing them it's not their choice, essentially. And then that creates this opportunity to be curious.

It's like, okay, well, what can I do given this like increased activity I have in my prefrontal cortex? Like, and I think that's incredible. Welcome to the To Curious in the podcast.

I'm Dr. Ali Ahmed. And I'm Dr. Surya Ravan. With the wisdom from holistic, alternative, and these conventional medicines, we are here to challenge the status quo.

We're curious about the connectivity and complexity between diverse fields of knowledge as a relief to consciousness, chronic illness, mental health, resilience, and beyond.

Learning more about the art and science of healing or listening to stories of extraordinary healing, you're in the right place. Let's dive in. Welcome to the Too Curious MD podcast where medicine is more than science, it's story, art, and connection.

And today we are honored to have Julia Dalsher, Julia Meyer, who is a pioneering voice in the realm of psychedelic medicine, leveraging her background as a former pediatrician and physician to champion really education and advocacy in this transformative field of psychedelic medicine.

She's been trained in pediatric medicine and Dr. Meyer recognized the critical absence of holistic and preventative approaches in traditional healthcare.

And now she is a speaker, an educator, a strategy consultant, and a coach bridging the gap between science and spirit and the movement toward integrative wellness.

And today's focus, we are going to really delve into the topic of autism. and how autism is a unmasked diagnosis. Let's say take off the mask off of mental health and just really look at autism as a diagnosis that really comes up in a variety of ways.

So the conversation we hope to explore how I'll let Julia really introduce this topic and I think it's an important one. Thank you, Julia, for being here.

I'm so excited to be here, especially with you two. The reason that I want to talk about this, especially in the context of some of the other work that we do together with the adolescent young adult ketamine-assisted psychotherapy group, is that I believe that there's an overlap between some of the even adult patients that we see in our clinic and the adolescents and adults who have something that is referred to as masked autism.

Masked Autism and Late Diagnosis

And I'll start with a little story of how I started thinking about this because yes, my more recent background has been focused on psychedelics and integration being a really big component of that and how it's not about the psychedelic, it's about what you do with it afterwards.

And while I was working that, I also started getting a number of clients that I was working with privately who weren't there for psychedelics, but they had either masked autism, diagnosis of autism, or suspected.

And in a conversation with a 24 year old diagnosed client, I was going over, what are the things that interest you? What do you enjoy? And his response was, I actually don't know because I've been masking for so long.

And when I heard that, I was like, wow, he actually has the words for what some of the people in their 50s that are sitting in the ketamine chair struggle to find the words for when they say, oh, I don't know what I'm interested in.

They don't have this word masking. But they just say, oh, I've been living for my parents. I did whatever my husband thought was necessary and that I lived for my kids.

And I started to get very curious about what's the overlap? What's up with this similarity? And I started to explore the topic of masked autism. There's a book that I really liked that named this.

I believe it's the Sarah Whelan and Donna Henderson. And we can share all of the resources. But masked autism can look like depression, can look like anxiety.

It can look like ADHD that doesn't respond well to medications. And oftentimes, the people who have this also don't know what's going on. And the reason why I find this interesting is that we have such an increase in mental health problems globally, but also in adolescents.

And the more I dove into this topic, the more I'm like, hold on. Yes, I can understand the general conversation saying that we're over diagnosing people in general, but we're over diagnosing autism.

And I'm like, yes, there's definitely an increase in diagnoses. But I think we also need to pay attention to the nuance and consider those people who are going undiagnosed because they still get diagnosed.

They just get diagnosed with description of their symptoms, but nothing that helps them understand themselves. Why do you think adolescents, particularly as you describe, learn to mask their autistic traits as such?

What do you feel is that part of their way of fitting in or their way of understanding themselves? What about that masking, especially in the patient that you describe?

How does that really show up for them? How do they really recognize this? And is this something conscious or unconsciously seen or understood for themselves?

You're touching on a very important aspect of the diagnosis, the process of getting diagnosed. When somebody goes to a clinician to be evaluated, their behaviors are being evaluated.

The thing that is visible to the external world, what is not being evaluated is how difficult it is for them to fit in or to look normal or to have friendships.

So if you're an adolescent period, especially nowadays with social media and the comparison and all these different groups you could be a part of, to some degree, you're masking, you're trying to fit in.

The question is, how much distress does that cause you? It's one thing to want to fit in, but evolutionarily, you want to be a part of your tribe because, you know, back in the end of times, if you were rejected by your tribe, this was an actual existential threat.

I think we still have that primitive part in us, like we need to fit in or we die. Now, being able to fit into the sports group or the artistic group, that's one thing.

But for these kids, they're trying to fit in to being human. They're trying to figure out what are the rules, what are the social rules. And, you know, we probably remember being a teenage girl.

There's a lot of unspoken rules. So imagine if you're going into this where, let's say you were younger, you had your special interests, which is sometimes what they'll refer to as a very intense interest in a particular subject, and

that was okay because your peers were also interested, very interested in Barbies or something.

But then as you get older and the complexity of social interactions exceeds your capacity, that's when it becomes really noticeable to the person with autism.

Like, I'm not getting it. These people I used to be friends with now, they don't want to talk about this subject as much as I want to talk about it. And that starts this process of trying to fit in.

And in adolescence, the brain is just so neuroplastic, like all of these connections, all of a sudden available. And in that state, imagine trying to figure out who you are when most of who you are is just pretending or trying to learn from what you saw and apply it yourself.

And so I think for them, they really lose sense with who they are because the more important thing in that moment is fitting in with your tribe. Okay, so true.

I can understand in that frame, that developmental age, that can definitely happen, especially if that diagnosis hasn't really been recognized or seen earlier in life.

And I've diagnosed and probably Simi, you have as well diagnosed many young children with autism, even before they could speak, just from their behaviors and just from their medical history and just from their responses to stimuli or to physical sensory sensitivities.

Yes. So listen, I would like to kind of step back into what is autism? The definition that I really like is because when you look at the wording in a DSM-5.

There's deficits. It's just deficit lens. And in simplest definition, it is a mismatch between the nervous system and the environment. And there's obviously a spectrum.

And when I dove into the science, I was really hoping to find the juicy stuff of like, okay, autism is this thing in this brain area, or autism is this genetic difference and across the board, the heterogeneity of the spectrum.

is so enormous that scientists who spend decades and millions of dollars on research cannot agree on what is the cause.

What Autism Is and How It Is Diagnosed

So most of the diagnosis that's made of the diagnostic criteria used to diagnose autism really looks at norms that were collected from the more obvious autism presentations.

And so you have the most recent DSM-5, which is used by providers to diagnose mental disorders. It talks about repetitive behaviors. So that is intense interest in something.

It could be motor repetitive behaviors, such like, you know, they'll call it stimming. So the other part that was added to this particular subset, like diagnostic criteria, was sensory sensitivities, which historically has not been in the DSM.

And I say that to highlight it, just to touch on it in a little bit. And then the other part is impairment in social and communication, ability to make relationships, ability to understand verbal, nonverbal language.

So those are like the two main areas that are required to diagnose autism. So the most recent DSM also separated into level one, two, and three. So think of level three as the children or adults who are nonverbal.

They really need help with their daily activities, and they require a lot more support just with anything. Level one autism, as it's now called, it identifies more like this masked autistic population.

But within this category is also Asperger's, which is what Hans Asperger, who originally defined these, called them little professors. So this is where the DSM is now.

Until 1987, I think, with the DSM-3, autism was not even called that. It was called childhood schizophrenia. And the evolution of the language in the DSM has now led us to this point where, yes, we do see an increased number of diagnoses.

Children are oftentimes screened at their well-baby visits, like 18 and 24 months. There's now something called an mChat, which doctors will administer to the parents, and they will screen for potential.

But like I said, these are tools that are based on the typical presentation of autism, and the sensory difficulties, this is what I really think is important.

If you are a child whose shirt tag feels like nails on your skin, please tell me how you're going to pay attention in class. And we don't really talk to our peers about how we feel.

Like, hey, does your shirt bother you? Because it's really kind of like, I can't think of anything else. And so the fact that sensory has not been part of this conversation until recently, like the last 2013, that is an issue because we are really not paying attention to people's internal processes when we're looking at them from a mental health lens.

We're looking at symptoms and not what might be going on underneath. That's a big one. Thank you for expanding this out, bringing the definition and how the definition has evolved and how it's become more inclusive.

And then I'm being reminded that description that you just said about, they're still trying to figure out how to be human, that really connects. It's not that they're just trying to figure out how to be a freshman in high school.

It's hard to describe that, but I think you came as close as adults can because it seems like you're just in this way that you've opened it up to go back to first principles, look at, well, what do we know?

How have we defined it? How we've defined it, move the needle. And then how does it impact the presentation that we're seeing? And how does it crisscross with mental health in this age group?

And the sensitivities that you mentioned, they can be so subtle. They can be, I don't like my hair touched. My daughter always said, no, that outfit's too scratchy.

You know, and we just had to respect it. But imagine being in a world in which that's not respected. And I love how you said that it's a mismatch with the environment.

Because if we can have an environment that being different in that way isn't pathologized. Instead, it's supported and understood. and said, well, you just have a different dial on your sensitivity of your perception, but it also is something that gives you a gift.

The sensitivity also comes with sometimes a hidden gift that people only discover later. And some of that masking becomes about achievement because they discover the hidden gift and then they live for being that gift, but nobody sees the other part, the iceberg that's underneath.

that's in pain and unrecognized and feeling lonely because they're feeling that their people only see them for this one marvelous thing. I mean, there's also that that we're finding in the adult population who are in middle age and saying, well, I don't even know who I am.

You know, so you just really connected that all up into a story, a life story that if you put enough of these dots together, you start to see how all of this has interacted with, yeah, adolescence, with the socialization, you know, matrix.

I'm sure in different cultures, this presents differently. In cultures where it's much more cohesive and multi-

generational, the person just fits in to the everyday.

They get a role in the family and they fulfill that role in the family and they actually thrive and they're beautiful. The family supports it and appreciates it, but there's none of that pathologizing language.

We're really talking about this scenario of a person's life and what they're born with. this envelope that they have and how it's disconjugate, you know, with sometimes the reality.

And I remember this book called Neuro Tribes that came out right around the time where my daughter was born. And I was dealing with some of these questions, right?

It's still like how to deal with neurodivergence. And it made me make sense that this is part of our evolutionary kind of awakening or moment or always has been.

And we're just grappling with the enormity of the diversity of the human genome, too, as a culture. It's really coming out in these beautiful ways, right?

Gender fluidity and autism has an overlap, you know, just sensitivity and how people who can feel things in their body also have a really deep sense of justice.

right, and are really embodied. And we see those traits coming out, right? Like, this is something that's kind of larger too. So I'm really kind of resonating with maybe that next step of the question that I can ask you.

So let's say somebody's had massed autism all their lives, right? And this has led to that sense of disconnection. What's the story? What starts to be the story that they end up telling themselves that we find that we then unravel when we're doing psychedelic therapy with them?

So the main story is that there's something inherently wrong with me. And this is the message that they internalize because they say the wrong thing. They have a group of friends and all of a sudden they're not friends with them, but they don't understand why.

And they'll ask, you know, did I do something? And somebody will says, no, everything's fine. But like you said, they feel they pick up on subtleties, but they may not be able to make sense of that subtlety.

So they know that someone's like, you know, the pattern in their speech, their pattern in their facial expression, something's different. But what is the difference?

Oh, there's something wrong with me. So the opportunity and again i'm not saying this from a standpoint of this is for sure how we do things but knowing what i know about psychedelics and hearing what i hear from people on the spectrum and not there's.

probably an amazing opportunity to reopen those critical learning periods. In adolescence, when you decided there's something wrong with me, you started to strengthen those loops.

Sensory Sensitivities and Social Masking

And when the pruning happens, when the brain starts to kind of chip away at whatever is being used, any gift, any skill, any understanding of their place in the world may have been pruned away.

And what stays is this anxiety, depression, the hypervigilance of, am I saying the right thing? and potentially you get to reopen that in especially probably the older ones you get to really open this up.

I think there's also an element of the psychedelics being for the parents. If your child was diagnosed with autism or your child isn't quite doing what you wanted them to do, achieving what you wished for them, seeing their potential and they're not meeting those expectations, I think it's helpful for the parents to reset And then perhaps be, you

know, in their integration, ask them, what are the cool things that you've seen your kid do that nobody else can do?

And start shifting them from a deficit lens to a strength-based lens, which is something that Klain Udi, he wrote the book Rebranding Autism, really talks about.

And when it comes to, you know, any mental health treatment, but psychedelics, especially with younger adults who are still living with their parents, you have an opportunity to change everything at home.

And this was also in that book, Rebranding Autism. It's like you could want to change culture, you could want to change how we talk about it. But until you change how you talk about it at home, it's an uphill battle.

And I'd like to touch on something else you said, different cultures, you know, if you have a very supportive family, sometimes the autism diagnosis is missed because the family is able to be the support and almost they make the play dates, they create the friendships for them, they understand that certain textures are uncomfortable and they don't put them in it.

And then these kids go into the, you know, school world and they don't have those same supports. And that's when it starts to become evident that something's not working.

And That's a big thing, too. When you diagnose kids, you usually get the parent's perspective and the school's perspective. And one of the things that comes up in the How to Diagnose Autism book is that they might act completely different in different environments.

These kids will oftentimes really get along with the supportive older person and the nuance becomes how are they with their peers? So they can have great friends that are a couple years younger, an amazing peer, like friends that are a couple years older, adults, they're doing great, but something happens when they're amongst their, like, people at their own age that they're not able to figure out how to be.

And so imagine going through life with that confusion. Like, who am I? Okay, I'm good here. I'm not good here. Where do I belong? Where do I not belong?

And so psychedelics perhaps can also help with that too. It's like, I belong exactly where I am. And it's not that there's something wrong with me. It's that my nervous system is wired differently.

And that I think would be the best takeaway. It's like, it's wired differently. What do I need to support myself? or understanding like, okay, it's going to be very overwhelming for me to go on this cruise.

I will give myself three days afterwards to not be around people. Yeah. Well, the whole world is trying to figure out what is the cause of autism, right?

It's caused by this. It's caused by that. It's caused by time and all or stress or in utero effects or genetic or trauma. It's not in some places of the world.

It's in some places higher and incidences. And we are looking at this from a global context now since we opened that door, right? We talked about cultural stories, narratives around what is normal, what's not normal.

You've mentioned, you know, is this the wiring issue? Is this something innately misfired or wired differently? Is this something that shows up later because of something becoming, again, unmasked?

Because they're high functioning or they may be able to compensate and that unmasks the diagnosis and shows up. So I love how this whole topic is so complex and we really don't even have the answers.

And what we're seeing now in psychedelics is psychedelics bring us back to authenticity, right? Help us to connect to ourselves, truly regulated way, right, to see ourselves when you're most attuned.

And I can tell you also that in our QEGs, more and more as I start to read them, you see the differences in functional waveforms. The theta ratios are off.

There's some area of the brain that's sensory-oriented and it's hyper-coherent. They're not communicating in the same station, right? There's not the communication back and forth.

It's not attuned. So you can see that on EEG. So my question is, what is autism truly? Where does it come from? Is it a genetic thing? Is it something that happens in trauma?

Or is it all of that? So in the literature, there's a few things that have been mentioned over and over again that this does something that they see. So one, very early on, I think before age two, there can oftentimes be increases in brain volume compared to someone who does not end up with a diagnosis of autism.

And it's like the sharp increase and then the idea that because the brain gets so big so fast it's not efficient to be connected across this larger brain volume.

So there's more local brain circuitry that gets activated and strengthened. And so that could be, you know, some of the repetitive behaviors that could be some of the sensory sensitivities.

There's this belief that some of the executive functioning looks different because the brain isn't able to make those longer connections at an early age.

And then when the pruning happens, there's almost like a more deficit that becomes apparent. And again, I say this with the biggest grain of salt because I would read half of the chapter and it's talking about all these things that they see and then three studies that did not see this correlation, which touches on what you said about all the different ways that this can happen.

If you think of it as, you know, from the genetic perspective, yeah, there's some genes that seem to correlate, but it's not the genes that cause the issue.

It's something downstream where it's again something related to the wiring that is or isn't happening. Or again, like there's so many notes I have in the book, I'm like, blah, blah, blah, because it's like we're saying all of these scientific words, but it's not actually explaining much.

And there's other theories about detox pathways that the body isn't able to clear as much of the toxins that come into our environment. The thing that I really kind of took away from this, and I'm going to get a little bit on the woo-woo side, So if there's all these different things that are leading to this presentation, and I say this presentation acknowledging fully that, you know, if you have a child that's nonverbal and not able to function and like daily activities and yes, you'd want to fix that.

But to me, if there's all these different things that are causing this evolution of the human consciousness, like they think differently, If you talk to them, like you said, they believe in justice.

They have a hard time lying. So for them, even people lying to each other, it's like, why are you doing that? Just say what you mean. They thrive in nature.

They really do want connection. It's just the connection that they are exposed to in early childhood isn't really great because children are jerks. They're bullies.

They find differences and they highlight them. But the traits that these people have are immensely human. In fact, more so than many of us. So they cannot tolerate injustices the way that we've learned how to tolerate.

The other aspect in how they process information, you know, we have top down and bottom up. The top down is like, because I'm a girl, I like boys, and these are the things that I like to play with.

Autism, Identity, and the Story of Self

And Simi, you mentioned the gender fluidity. Well, because for them, it's like, well, here's the bottom-up stuff. It's like, okay, I feel this way. Today, I want to play with this.

There's nothing instructing them what they should or shouldn't be doing. But this applies to cultural norms too. We say, oh, it's fine. We're just cutting down the trees.

That's like what we do. But why? The trees have to be here. So their perspectives can probably help us rethink what we've considered normal. A lot of the things that, you know, the mismatch between their nervous system and the environment, it's stuff that is a mismatch for us, but we've learned how, you know, our own form of masking.

We've learned how to either take our antidepressants to not see what we're seeing. It's the stories that we tell ourselves. Oh, it's okay. It's how it's always been.

but they're not able to do that. And when you look at the microbiome, the effect of certain foods on their nervous system, I spoke to one father, he said, anytime I give her sugar, game over.

He's like, I'll still indulge her because, you know, like give them the joy. But I know for the next 24 hours, like this is gonna be a challenge, there's gonna be mood swings.

And that's probably what most kids are experiencing. We just don't see it so blatantly. So we're able to ignore it. And this is where the woo-woo comes up.

Perhaps people with autism are the canaries in the coal mine. They're alerting us to what's not working. So profound autism, as the DSM will call level three, if you look at it, there's probably some kind of soil contamination, food things, stress in the family, something happening that Is saying that this is not okay for nervous systems and what if we listen to these populations what if we learned how to help them.

I would imagine that anything we learned that can help them could help all of us because maybe. They can handle certain food out the gate but for us it turns into auto immune conditions in our fifties.

And if we can just like listen to what the message here is, they're playing a much bigger part if we just allow them to, if we can make growing up, okay, long enough for them to connect to their gifts and really help us see things in a different light.

I really appreciate that kind of genome wide recognition, that adaptation, diversification, something that's so heterogeneous, right? And if is impacted by so many different things, environment, genetics, culture, normative standards, safety versus no safety.

And then I think the human genome has definitely had individuals like this throughout our entire evolution. You know, they went on to do great things.

They turned into seers and prophets and, you know, sages and also probably made those leaps of innovation or seeing differently or interacting differently that then allowed for our survival.

And in this way, I really do think that this is like a really deep take on can we understand this from a very holistic, interconnected, respectful of the fact that we are impacted on all these levels and very sensitive to the content of the plastic and the mercury in our water and how We don't even know yet what we're doing today and what kind of impact that's going to have on our genome to come.

We're just maybe at the beginning of understanding and being able to quantify. We can't see things that we can't quantify. We can't have a story about something until we can You know, delve into the data and thank you so much for summarizing your findings in that way, because it really helps us to clarify in this time that we live in.

Aliyah, you mentioned that, you know, we're reaching for straws. We're reaching for answers because we want to decrease the chaos around this question.

You know, we really want to understand a root cause. I think the Tylenol conspiracy or whatever it is, is actually telling us something. It's saying that we need to know.

We need to have a coherent story so we can all act together to understand, you know, and how to then help. Well, I'm going to highlight just for our audience all of the indications of what etiology has been known to be assigned to the cause of autism.

And one is, which is what they teach us in medical school, advanced paternal age, the father's age, the prenatal exposures that the baby may have in utero, low birth weight, preterm birth.

We often see that even in very low preterm births, that's a risk factor. Sometimes there's genetic, there's twin-twin studies that do show, yes, there's no higher linkage of autism in twin-to-twin studies.

Then there's the disparity we've seen in the world, right, where we have high economic, the incidence of autism is greater. in high economic nations. And diagnosis is often made earlier when there is an emphasis of that diagnosis in certain regions where there's prenatal screening or there's postnatal screening and there's a developmental screening that's really followed through.

And there's several different countries that do that earlier and that diagnosis shows up earlier. But my question is, yes, there's spectrum. Talk about the spectrum.

It's like a rainbow of colors. then there's this end and that end right the low functioning and then the high functioning end but what you're describing julian and what we're talking about is the myth of normal right is there any normal if we're talking about this this group of the unmasked group, right?

That they are just unique individuals with their quirks in there and sometimes it affects their social function and sometimes because of, you know, where they are in the world and their needs aren't met or they have trauma and it shows up and becomes pathology.

What's your opinion there? I think that, again, I went from regular medicine that puts everyone into a box, then I went into psychedelic medicine and I'm like, oh, personalized care, how amazing.

Then I did a little deep dive into this health tech and all of these things that really want to fine tune personalized care. And then when I started diving into autism, it's like, if ever there was personalized care that was a necessity, not a choice, not a luxury, but a necessity.

It is with these populations and if you can personalize their care if you can personalize their upbringing. Then they're able to thrive many of them will go on find their career jobs are very important for them like finding their place and they become like functional members of society because they know what they need to thrive.

we all need to know what we need to thrive. I think normal is collective masking where we just like, you know, group think, whatever you want to call it.

And I actually think that they're showing us that we are all different and we can't deny it. And the same way that perhaps a child with autism is overstimulated by a kindergarten wall that's covered in animals and bright colors, Maybe the kid who gets diagnosed with ADHD also just needs a white wall so that he can focus on the classroom.

And when we talk about how kids are jerks, that's because differences are not normalized. And if we can start to shift the conversation around autism from a deficit to a difference, there's a difference in how you experience the world.

then perhaps we start to shift like not just in the home, but in the school and then culture. And the kids wouldn't

have to go through this experience of feeling so other.

It'll be more vocabulary for it. And there's something else that you just mentioned that I wanted to, oh, if you were born before 1990, you might be in what Simon Baron Cohen calls the lost generation.

parents who were a little quirky, they had a couple of friends, became very successful in some kind of, you know, usually STEM field, they wouldn't notice that their kid is struggling.

Root Causes, Spectrum, and Neurodiversity

But when they grew up in the 90s, in the early 2000s, we had what, a few TV shows that we all watched collectively. You had the same movie that came out and we all saw that.

The burden of social dynamics was not as high as it is today. My niece said to me, she's like, I don't like TikTok. But if I don't have TikTok, I don't know what we're talking about in my friend group.

And now I'm an outcast and now I can't keep up. Can you imagine this? So yeah, back to what you were saying. I think that they're showing us without a shadow of a doubt that we're all different.

And how can we normalize this conversation? I think having everyone. take the self-assessment. And I say this because I wrote a piece about this and I had people message me like, oh my goodness, it makes so much sense now.

Like I always thought I had this and this, but like now this makes so much more sense. And that starts to help people change their story, change their narrative.

And the reason why I think it's great for people who for sure know that they're not on the spectrum to take this test, because some of the questions If it's an absolute no, never, that's never an issue for me.

Perhaps it can make you pause for a moment and realize, wow, this is something that people struggle with day to day. Like they might not understand these little nuances in conversation, or it feels like this for them to be around this kind of environment.

You know, for the population that is able to put ourselves into someone else's shoes. Perhaps this is a moment to do that. Put yourself in the shoes of a person with autism and be like, wow, it's amazing that they, you know, like, oh, of course those meltdowns.

It makes sense because all day long you're over-simulated. How else are you going to react to like that last thing, the thing that breaks the camel's back, the straw?

I think that's how we do it. If we can stop being afraid of this term. and make maybe a self-assessment part of standard care for adolescents, young adults, adults in mental health care, like offices.

Maybe we can start shifting perspectives just enough to make being different normal. Yeah, absolutely. I want to just bring in that as you're describing this, not just the benefits of diversification of the genome, right?

We're in this great moment of expanding human consciousness and the arrival of artificial intelligence and just this awareness of we need all of our different resources in different ways.

We're all in medicine. How many times have we met with a really brilliant physician And they're fantastic at their job, but they're absolutely have no bedside manner or ability to connect.

And that's because an environment where those gifts were, you know, supported And yes, then you have a staff member doing all the human touch stuff and that's okay because you're a wizard in the OR.

Like that's been normalized, right? And that person's gifts are very necessary because in some ways their ability to disconnect from that part of, you know, to actually focus, hyper-focus on something else is maybe what's been called for here.

And so there's that. And then I know that there's this, you know, when we talk about the explosion of an autism diagnosis, my mind always goes to, oh, is it in the pediatric population?

And I think that's the bias we have. But how much of this new diagnosis of autism is happening in the adult population? Right? Very often. Very often, the end of the mask falls off.

Right? Very often. Right? When the mask is happening, kind of taking off. And this is when ketamine, I want to put ketamine into this conversation. Psychedelics, ketamine, unmasking of our normal features, right?

What we're supposed to look like. We were supposed to look this way. So now we take off this mask. How do psychedelics do that? How does that happen? We oftentimes hear when people are in the ketamine session, it's like, I connected to who I truly am.

Like, I think I was just there with me and my essence. And if you have belief systems about who you are, who you're supposed to be, those kind of fade away in that moment.

they might still come right back if you don't start doing different things. Sometimes an experience in the ketamine that you just can't unknow, you can't unsee that, oh, maybe I was never broken.

Like, and then there becomes this curiosity about, well, who am I? Or what do I like? And I think this would be the case with anyone, doesn't matter, like spectrum, like on the spectrum, not on the spectrum, like that's across the board with ketamine.

What I'm very curious to do is actually implement the screening for our clinic and see how much correlation is there with potentially a missed diagnosis and chronic pain, treatment resistant conditions, and see what that can do for people in terms of changing their story.

And then I say this because we think of children diagnosis, well, why? Because in 2007, the American Academy of Pediatrics said, hey, do this mChat questionnaire with your patients at 18 and 24 months.

Imagine if we do that in mental health, like adolescent adult mental health. If we start doing that, how many more people would be able to capture? And there's a lot of things happening right now.

You have this increase in kids who get screened. There has not been that much of an increase in the providers who are technically trained to diagnose autism.

So you have a huge delay because of a wait time. And you miss these critical windows when the kids could really benefit from social skills. My dad's a pediatric neurologist.

He said, 80% of the kids I diagnosed with autism don't need medication. They need understanding, they need support, and they need skills. And the same thing goes for adults who get diagnosed.

I think there is this fear that therapists have. It's like, well, if I screen them and they get diagnosed, then I don't know how to help them. I don't know too many people who just have a diagnosis of autism.

and depression and anxiety and PTSD because living your life constantly feeling like you're doing something wrong, that creates that same hypervigilance that could be traumatic.

So it's like shifting things so that people know, yes, screening is good. A diagnosis does not mean that you are no longer, you know, the person that was your therapist for 15 years is no longer qualified to treat you.

They are. It just gives more context to what you've been experiencing. When I first started taking care of adults, maybe you've had the same experience and this idea of, oh, this patient is neurodivergent or is ASD or has autism.

And I was like, I would take a step back and say, well, shouldn't they have been already diagnosed? Like, why are we waiting? Why was this diagnosis so late?

Why was this not done before? Throughout the book, it says one of the biggest things that providers think is it can't be because they would have caught it.

But like literally, like every 30 pages, they mention it again, because these are not, you know, the Kanner and Asperger who separately described children on the spectrum before even this word in the 40s.

They both made it a point that these are people who have a difference in how they think, not an inability to think. And so they are actually very astute.

They pick up on patterns and they can figure out how to mask well enough to not even be considered with this diagnosis. Because again, we're looking at behavior externally and not internal experience of that.

So we don't know how exhausting it is for them to maintain eye contact and keep their friendships. unless we ask, right? And I think that the fact that it's missed is because they oftentimes do really well in a one-on-one with the support of adults, which is usually your therapist, your doctor, anyone that you're going to see.

And if you don't take into consideration the context, the other experiences, how they are with their friends, what are their interests? Of course you're going to miss it in that one session, few sessions a year.

I wrote a note to myself here to acknowledge that when we do miss it and there is trauma, the social anxiety component part of it, when people notice that their autistic kid went from being really happy as a three, four, five-year-old and then all of a sudden went to school, and then shut down.

They noticed that change in behavior. It's like, oh, we gave the MMR shot. And, you know, that's also the same time this child started, you know, being in pre-kindergarten.

And then we make that correlation without really thinking about, well, it was actually the entire environment that changed. And maybe why your child is exhausted and wired and tired and unable to learn is because nobody can when they are in that state of mismatch with their environment and not getting their needs met for comfort when they need it and stimulation when they need it and the level of stimulation.

I love how you mentioned that, you know, colorful walls. Every single elementary school is chock full of colorful walls. There's not one place that's uncovered, but the white walls.

so necessary for just calming, right?

Personalized Care, Screening, and EEG Validation

I know we're learning a lot about how to calm the nervous system and I know that there's a lot more now that we do in these environments where teachers do know how to, you know, manage and be sensitive to, but it's nearly not enough.

Absolutely. And I think one of the things that happens and the disservice to the child, right, and I've had clients like this who it's hard to bring up the autism diagnosis.

because it'll lead to a grief sometimes. It may lead to relief, but it may also lead to kind of almost a retraumatization unless it's done well. and done through support.

And I think in this reframe that you're saying, reframe to the strengths for the whole entire system in the family. And

I think we always come back to supporting the love that the family has, the awareness that they bring and the care.

You know, at the end of the day, no matter what the label is, what the diagnosis is, the child still belongs in this family is like a really important thing.

that we can be with. And yeah, you know, some of the great people that the names are coming up, Temple Grandin, you know, Greta Thunberg. I mean, some of these personalities leave an indelible mark, you know.

on our development in our consciousness. I think I'll admit to my own experience with raising my second child who was different, who wouldn't do things normally like my other child would do.

These are the words in my head really at the time. And I would try to do all sorts of things to make him have friends and make him feel normal, make him feel go to school.

When there was didn't want to touch the food didn't need to touch couldn't sit in the car seat had to train him six months to sit in the car seat and these are the things these experiences and then one day my sister says did you ever think about him having autism and I was like what and I'm a pediatrician.

I'm trained to do this. I should know better. And when he was five, I took him to testing and that's the day he talked. He wanted to impress his psychologist and he talked and she came up, you know, with this question mark was nothing's wrong with him.

This is the unique persona, this uniqueness that was, for me, was very beautiful at the same time. He's like, oh, wow, these are the things that he can do and these are things, okay, he can't do these things, but this is what makes him so beautiful and so enriching and enrich our lives.

And I've seen this with mothers of children with Down syndrome as well. that you give them the diagnosis, it's like you're feeling like, oh, I'm going to give them a death sentence, or I'm giving them this family, this horrible news.

And I had to myself come to terms with this. That's not horrible news. These children are beautiful. They're just different. And they bring some joy and love in the family.

And there's this uniqueness. It changes the whole morphology of the family structure, especially when I was overseas. It was taken in as, oh, OK. Well, why are you telling me this isn't something wrong with my child?

I said, oh, no, no, there's nothing wrong with your child, just different. And so this dialogue that we have, for me, I had it in my own head and then working in a space, this is a stigma.

Is it a stigma? Is it something wrong to be autistic? What do you think? I think what's wrong is the word. And like, cause it's been through the wringer.

You had the refrigerator mother hypothesis where a diagnosis might suggest that now people will think that you didn't love your child enough, which is why they're behaving this way.

This was like in the sixties. And even though a book was written on the neuroscience of this culture is culture. That's going to stick. There's also, I think, even with well-intentioned providers, they don't have enough information.

We don't get taught this in school at all. And I actually shadowed my dad for a day in the pediatric neurology clinic. And every person that got a diagnosis, I gave them a book recommendation.

And there was one woman I said, you know, just figure out what he enjoys. And she goes, you know, he actually watches all of these shows in Portuguese and Spanish.

We don't speak that. And there is this proficiency in languages that, you know, that show telepathy tapes. They talk about these different skills that they have, but if you're looking through a deficit lens, you're not going to be able to

see their strength.

And the other thing that kind of comes to mind is if they live in a community where they are accepted, they are welcomed as they are, they are given their task, their purpose in the group, their deficits are not as noticeable.

It's in our hyper independent society that we're like, what do you mean you're 18 and you haven't left the house? What do you mean you're 23 and you still want to live at home?

Are they wrong? Or have we strayed from this communal living? And it takes me to the point of where we see this. We see this in a hyper-industrialized world.

Perhaps the communities that are still living in alignment with nature to the best of their abilities, who have intergenerational families, like units living together, who depend on each other, are there for each other, who eat less processed foods because it's just not available.

Maybe they don't need as many of these cultural whistleblowers. maybe that's why the numbers are different. And I love to change my mind with new information.

So everything that I'm learning, I understand that it will continue to evolve. But even the Tylenol conversation, what a gift to have attention brought to autism.

Like that's the perspective that I choose to take with this. It brought the attention. So now how do we get more people talking louder about the strength-based perspective, the difference, not deficit conversation.

How do we leverage this interest and actually give people enough information to come up with their own perspectives on what happens or what's happening and what they're seeing and perhaps increase the likelihood that people get screened at least.

That would be how we best use this attention. Wonderful. Wonderful. Thank you, Julia. To hear you speak about this is to realize that change through learning about, you know, the information to put it together to bring that ability to see differently to the everyday problems around us can lead to us envisioning a new way of doing things.

You know, you're inviting all of us, you know, parents, physicians, pediatricians, therapists, all of us. And I think we all, to some degree, extent, we see it, we believe this.

But to bring, like you said, the attention that this Tylenol conversation controversy is bringing up is an opportunity. And I think your attention to this is really beautiful, the way you've kind of led from pediatrics through psychedelics to kind of looking at this next stage of where we need to pay our attention.

And I guess as we wind down our conversation, maybe to ask you a little bit about what you're curious about, you know, what are the next questions that are coming on the horizon for you maybe.

And just even how you would like people to interact with what you're putting out there. I know you're on Instagram. You've got mirror notes. I just love that.

I love how you share your learning and your, I think integration is one word, synthesis is the other. In education, medical education, we talk about that pyramid, Bloom's pyramid and taxonomy.

And there's knowledge we acquired. you know, we imbibe, then we compare, and then actually synthesizing, making something new out of what's already known is that highest level of how, you know, medical education works.

So this has really been a beautiful conversation of just how, as a physician, we can train our minds, our intellects, our ability to see patterns, but also to lead with humility and compassion and solve the problems that we see around us.

I love how your near and dear ones have informed your conversation. Your dad and your conversations must be a hoot. I can't even imagine. I was going to ask you a curious question.

What would your dad think of doing EEGs? Because when I do EEGs on patients, and they see their functional brain map and they can understand the waveforms and they feel so validated.

They're like, oh, wow, I can see why noise bothers me or I can see why I'm a better visual learner. I can see why I'm depressed or sad or why my signals are offset because I have ADHD, you know, and they feel so validated.

So I'd be very curious about your father's or your impression of something that is considered abnormal really is just different. So yeah, our conversations have evolved because at first there was this resistance that he kept telling me, he's like, not everything is autism.

I was like, I know. And pediatric neurologist, it wasn't until the summer that he realized that yes, my 19 year old niece does have mass autism. And as soon as we called it what it is, she started to just share more, step into it more.

My father got her trained to actually do EEGs. And this gave her purpose and a sense of, you know, she has a skill, she's in college, but she does this thing that's very adult.

It changed a lot and very good at it. And that also feels really good. In terms of EEGs in general, I mean, every child that has autism will get an EEG.

That's like part of the workup. And because a lot of them will also have seizure diagnosis and I think there's so much value in being able to see something that is not tangible because any mental health condition, you usually can't see it.

It's not like, okay, you have this rash. So that is validating. It's almost like data as an intervention because you're showing them it's not their choice, essentially.

And then that creates this opportunity to be curious. It's like, okay, well, what can I do given this increased activity I have in my prefrontal cortex?

And I think that's incredible and also much more valuable because of how every brain is different. As I was reading this information about the autistic brain, I was like BS, how many normal healthy people are getting scanned just to see?

Do they have left brain dominance or right brain dominance? We don't actually know how you are wired based on the fact that you are a female this age, this national.

We pretend, but we don't know. So I think that personalized approach is great for anything.

Parenting, Acceptance, and Reframing Difference

And some of the work that you mentioned that you'll be moving forward with, the sample size of one person, just you with yourself, any shift you can show in that is way more valuable than any study that shows averages.

Correct. Yes. No one is an average number. I say this to patients. You're not average. Why would you even accept that you're average? You're not average.

You are your own person. And this medicine is going to act uniquely on you. There's no way to see that. And we think we know. We think we know that this is what it will do.

And it should do it this way every single time. And that's just not going to happen. There's going to be a variation. But back to your As we close, we say your curious question.

So the biggest one is how much of the increase in mental health diagnoses and treatment resistant conditions is because there's a misdiagnosis of autism early on.

That to me is fascinating for a number of reasons. One of them being that their increased sensitivity. It could manifest as a low, but they're able to tolerate a lot of pain if they don't feel it, or increased pain.

They might be more aware of their organs. They might be more sensitive to things that we don't particularly even notice and the chronic conditions, whether it be fibromyalgia, any kind of like nervous system, like connective tissue, anything that is currently considered like, we don't know where it's coming from.

I wonder if there could be an underlying nervous system wiring that makes them more susceptible to these things and in this constant state of distress and inflammation.

And if we can give them a different story about it, if it can change their relationship to their body sensations, can we start to make a dent in the very real increases in inflammatory and mental health conditions?

Well, to quickly answer your question, I have a couple of patients who we did the ASD assessment on the adult patient, and now we do TMS treatments and do QEGs, and we can see the ASD score improve with treatment.

So is it the chicken or the egg like is the behavior as we described the diagnosis that we're labeling it's a label but really what's the story around that and how does that change and it does change and it can change.

And this I love that you said this so there's the rads are it's a self assessment eighty questions. And obviously, he sent it to almost everyone I know.

And what's interesting is I have a friend who scored 66, which is just, you know, 65 and up is where you might consider autism. But he's been in therapy for 30 years, all different kinds.

And when I spoke to his mom, she said, oh, he would go nonverbal as a kid. And, you know, he's like, I was remembering these because some of the question this question say like, is it true now or was it before I was 16? And what that says to me is the score doesn't matter as much as the story it allows you to tell yourself.

And the fact that somebody who was very significantly affected as a young child could score this low suggest that as time goes on you learn how to cope so you may not feel comfortable in certain situations but you know if you have your one buddy.

You'll be okay so that stops being so impactful you start learning where is that mismatch for you learn how to. support yourself, especially as you become an adult, you can learn, okay, I'm going to bring a change of clothes because eventually this tag is going to start bothering me.

And so you are able to be an active participant in how this unfolds for you instead of being told, as oftentimes we are at a young age, this is what's wrong with you and it's just going to be this way.

So I love that you mentioned that. Like the score is fluid. It's a starting point. I love how this makes me think, okay, you've got the system, right?

You've got a system. You've got like this bunch of connections. It's a game board. Then you layer on the developmental piece, which is that we go from more neuroplasticity to less neuroplasticity over time.

right, ability. And then you layer on some trauma and trauma has its own interaction with neuroplasticity and rigidity. And then Alia, what you described is if you marry the TMS, if you like look at the QEG and you see incoherence, Right?

Basically things are like not firing in the nice rhythmic way that they should be. And then you're doing ketamine to make it more neuroplastic. And then you're aligning the TMS and you're doing sound and you know, all that

wonderful stuff that we have now proving that nerves and sound and coherence have something to do with each other.

And aromatherapy, right? You're bringing in all the ways that we have of saying, you can get back to balance. Your plates have been spinning out of whack.

You've been spending a lot of energy trying to keep all these plates dancing. Hey, let us improve your balance a little bit so that you can still keep those plates dancing, but you need less energy.

you're doing less work, you have more joy, you have more life force that can show up for you. And I think that's where we're at here in this conversation, all the different threads of lining up neuroplasticity and that sense of self, right?

Like when that adult has that opening and all of a sudden they realize this is my authentic self. Why am I so mad at myself? Why do I think there's something wrong with me?

It's beautiful. It's lovely. I can finally see it in all of its beauty without those stories that I've been told or somebody else has told about me. I can actually see myself and really appreciate like I'm a really cool person.

I'm not average. Then they can really rewrite that story of self. Then you've got that piece. I'm really excited for this new chapter. that were entering in the neuroscience.

One last thing I've got to tell you, this is funny, but it's so weird that my son, he's the one I was talking about earlier, he did his EEG and my tech comes back with the EEG and he goes, Dr.

Ahmad, Dr. Ahmad, look at this EEG. And I looked at it and I said, wow that's a very nice EEG like it was all matched the alpha frequencies were all aligned there was no noise around the signal and I use my son's EEG as a model for comparative when I show normal when I say normal I say when I show I say this is this is the most attuned EEG that the And I use my son's, it's so bizarre in terms of compensation or unmasked or he can, he can really meditate and he can really separate.

You know, he's got these skills and it shows up in the EEG and it's bizarre. And it helped me to think, wow, that's pretty neat how that was thought of as abnormal or.

And so here we are. So I just had to tell you. It's just bizarre. And I'm not here to brag. Can I tell the patients, I'm sorry, I just want to show you something.

This is kind of what we're trying to get to. This is what's possible, right? Even if your pediatrician mother somehow feels that, you know. You're a pediatrician, you've had the mothering experience, you've seen where it can go, but you're absolutely right that neuroplasticity was there, did change, did arrive when it was necessary through maybe ways that weren't as directed, right?

Through ways that were kind of intuitively reached at as a system and there is that coherence. And it makes me think of this quote from the book, The Conscious Parent, that the parent-child relationship is primarily about the evolution of the parent, and only secondarily about raising the child.

Did you take that into me? I did. All mothers out there. Because Julia's about that. Julia's about that. Just drop that bomb, because you're absolutely 100% true.

And this happens even with the gifted children. I have a friend who's a pediatrician, has a very, very gifted child. And gifted children can be challenging in a different way, right?

And she herself is a gifted mother. And I say, hey, wait a second, she's here for you to do your inner work as well. And you both are doing your work together.

And that's the beauty of this relationship, right? And I love that, Alia, in your healing center, you found the technology for the receipts. Yeah, it just comes full circle.

This whole conversation has helped me more than I imagined. It really helped me. I can feel it in my body. Acceptance, this kind of struggle that was, there's a tension here that I carried.

And I know I've seen many mothers out there who struggle with this. My child is different. My child is different. What do I do? What do I do? You do nothing.

You just love your child as they are and they'll be fine. And you will be better because of it. Right. I've had to learn this myself as all mothers out there, you know, that's the job of the pediatrician.

And that's the job of the healer is to really let the patients see themselves. And seeing the child and the connection. Both of you, the experience that both of you had with your children, just think about how it impacted the lives of your patients.

What you're able to bring to that conversation that might be a difficult one, but how you're able to frame it as a result. And that's how change happens.

It's not top down, it's bottom up. Yeah. It really does change. It's totally radically changed why I'm as a pediatrician, radically changed why I'm as a mom, and expanded my perspectives on myself too.

As we kind of end on this conversation, I really want to remind the moms out there, there's nothing wrong. There's so much of an anxiety there about when something is not perfectly normal, the myth of normal is not occurring.

in your bond with the child or anything, there's nothing wrong. It's just that that's an opportunity for your own growth, but also for everybody around to gather together, to bring more love into the less of the self bling, right?

We moms, we tend to take it all on. and say, well, if something's wrong, it must be my fault or what can I do? And there's that fix it mode. That's what I think is preyed upon in our society with all these tools and supplement, you know, just, just sometimes people can go down a rabbit hole so deep from a place of fear and not enough.

And I think our conversation describes that we don't have to go down that rabbit hole. We can source from the science, the technology, the compassion, the lived experience to know that our children grow up to be amazing adults who do amazing stuff.

And they're just starting, you know, so I'm just really dedicating this to the next generation that are teaching us. Thank you. Thank you. Thanks for joining us on the Two Curious MD podcast.

We hope today's episode inspired you to ask new questions and explore fresh perspectives. We challenge you to ask us those unasked questions that you're curious about in your medical practice, condition, health, and wellness.

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