Opening and guest introduction

If a parent, typically the mother, says something is wrong, there's something wrong. Yeah, I know. I'm a mother and I'm a doctor, and I know my kid. Backwards and forwards.

He blinks the wrong way. I make and I tell them. May not be what you think. It's the cause. But if you see something different, there is something different.

And, I just hope our colleagues, you know, continue to listen to the parents because they really my parents are very smart. They teach me things. This is doctor talks.

Real talk from real doctors. The issues that matter to you most. Welcome again to the Demystifying Pans Pandas podcast. I'm Doctor Nancy O'Hara, and I am thrilled to welcome Doctor Rosalie Greenberg.

Rosalie is doing such amazing work with our children and adolescents, with tick borne disease with pans, pandas. And I'm really happy to have her perspective today on the podcast, so thanks, Rosalie.

Oh, thank you for having me. Well, tell me, how did you get to where you are today? You know, like making a joke and saying, well, I took my car. Okay, I'm sorry, but it is one of those days.

Now, basically, I did my child and adolescent psychiatry at Columbia, where I went to medical school, and I hit psychiatry right at the time, came very biologically oriented.

Rosalie Greenbergu2019s training and first PANS/PANDAS case

So I trained with some of the pioneers in ADHD, childhood depression, all of this. And so that started me on track. I did more EKGs and read more during my, psych training than my internship.

So that tells you how it was. So I was very into especially mood disorders and, over time, losing something that was different that we call pediatric bipolar disorder.

Okay. But I keep going to conferences and year, the year 2000, I don't remember exactly what I want to hear. Too sweet out talk. And Sue, you know, gave a lecture on pandas at that point.

And three weeks later, I picked up my first case. Now. You know, and actually sent it to her. And she was in one of his he was one of her trials. Okay. Well, but another kid, I had a kid that bipolar and and I got to be pretty good at this.

Okay. And treating bipolar kids. And he had been hospitalized three times in a year. Columbia. Cornell, whatever. They said he was bipolar, but he would just get out of control and aggressive and psychotic and.

Okay, so, his therapist, his psychiatrist told them, you know, why don't you come back when he's a teenager, and maybe we need you to work with him again.

And when they came and told me that, I said, oh, my God, it'll be impossible. At that point. So anyway, I medicated him for a few months. He was really good.

But then he started having behavioral. Outbursts. And I knew he was going to go to residential treatment. And I tried think, what can I do? His mother said he never had a strep.

What the hell? His asshole was 800 something. There you go. And then she did say, oh, yeah. You know, this

sister used to get strep a lot. He's never had a crap.

Well guess what? Yeah. Anyway, so I sent him, to one of the people I work with, pans of candies, and I have placed on antibiotics, and it took a few months.

And then he comes into my office, and I saw something I've never seen in my life before. He comes and says, hi, Doctor Greenberg, how are you? Sitting on my couch, Lindsey's head on his mother's shoulder.

And, you know, Doctor Greenberg, I decided I want to get all A's. I'm really going to do my homework. And I felt like I was in the Twilight Zone. You know what?

I've never, never seen anything like this. And so that and I wrote his case up, actually. And that was kind of the beginning of really getting into this stuff.

So then since most of my practice this I'm known from pediatric bipolar, most of the kids pretty much have that diagnosis. You know, they're coming for a second opinion or whatever.

And I just decided, let's get strep and mycoplasma on everybody who comes in. Let's see, what do you get? Well, more kids were positive for mycoplasma than they were for strep.

And then I heard somebody give a lecture and mentioned that, oh ticks carry mycoplasma. Well, I live in New Jersey. I'm from Brooklyn. We didn't know much about ticks, but okay, let's find out.

And I start reading about ticks and entered the world of Lyme, a Bartonella, which on my head around and changed my whole view of medicine. Yeah, yeah.

I mean, it's done the same for both of us. You know, and you've written multiple publications. You wrote the book on pediatric bipolar disorder. Yes. And and it's amazing if nobody's read it.

Please do.

Broadening the diagnosis to tick-borne illness

But, you know, you have such a great way of looking at these children from that biological approach as a psychiatrist. And I love that. And, and it's interesting.

I just read one aside. You know, I ended up going to Penn. Both my parents had gone to Columbia, and they really wanted me to go. But when I went to interview, the, doctor that was head of psychiatry, I was a teacher at the time.

I was teaching children with autism, and I was going to be a psychiatrist. That's what I was going to medical school to do. I had worked with a psychiatrist at the Timothy's School in in Philadelphia, and that's what I was going to medical school to do.

The gentleman that was the head of the pediatric psychiatry department at Columbia at that time, still believed in the refrigerator mothers theory of autism.

And that was 19. I started medical school in 1984. And yes, so this was 1983 when I was interviewing. And so he said, you know, I'm the one that has to present you to the committee.

What do you want me to say? And I said, please say that I'm not interested because I don't want to work with somebody that still believes the refrigerator mothers cause autism.

I and I ended up going to Penn, but it was, oh. It was quite an eye opener at that point in time. But anyway, I digress. So so when we talk about pans and pandas, certainly pandas is the nurse psychiatric disorder associated with strep.

And, you know, it's a clinical diagnosis as much of as tick borne diseases. But what we see is that it is really an immune modulated disease. It's an immune intolerance.

And so these children that may start with strep, often in the areas where you and I practice and live, they get tick borne diseases. Bartonella baeza.

And how does that change the picture for you? Psychiatrically. Well, very much because what actually I had done after I found my new patients, kept having tickborne disorders and treating them, you know, by, antibiotics to whatever help them and help them be more responsive to psychiatric medications.

I said, you know, I've got kids that I've treated for ten years for their pediatric bipolar since they were four. Could they be positive? Yes. Yeah. So I wound up a publishing.

I published my newest one. I haven't published it yet. I present that it's 37 bipolar kids. Yeah. And 75% are positive for tick borne illness, which is crazy.

Yeah. But it's crucial to know that because that makes such a difference in treatment. The key to a treatment resistant, I would say if you're treatment resistant, you're just looking at the problem the wrong way.

You're missing something. Yeah. Yep. Absolutely agree. Yeah. So if they're not responding to match what are you missing out. And it's amazing because once they get properly treated they really most of them become more responsive.

Right. Right. And but parents are always afraid of psychiatric issues. So even though they're coming to me and don't really want psychiatric meds, but they know that kid is suffering and they really care.

Immune-triggered psychiatric symptoms and treatment approach

And, I mean, I just had the stuff the other day with some lovely parents. The youngster, she's now 14, and they tell me about the. She's got really bad OCD, but it's, it's it's especially the intrusive thoughts about wanting to harm somebody that you love, you know, or death to them or whatever, which is such a torture.

Yeah. And so I said, well, had she been ill, she had three sinus infections in the last year. And I said, the sinus is the weight of the brain. That's it.

That's how the immune system does it. And and I said, look, you got to do homework for me. You got to go back, look at your medical records. Because they said the first time it occurred she was in first grade.

Oh, look at your medical records around that time. See what you see. And she wrote me last night. Gee, you were right. She did have a, you know, a nasal infection.

And it was really a problem. And then soon after that, that's when it all happened. Yeah. Yeah. And it's amazing. I think people look, but they don't see.

Yeah. You know. Or they don't take the time to look. I mean, one of the things that we have in common is we're really detectives. We're really trying to get at what the underlying triggers are, not just medicate but figure out, are there triggers we're missing because, as you said, they're resistant to medications, etc..

So in this three pronged approach, and we always, you know, Sue and I were talking about that in an earlier podcast, you know, the the treating the triggers with antimicrobials, antibiotics as appropriate, treating the immune system with immune modulating agents as appropriate, and then treating the symptoms.

And certainly I try to treat those symptoms with nutraceuticals, other things. But we we do have to go to antidepressants. So talk about the role of antidepressants in treating youngsters with this with these disorders okay.

I'm not a big fan of antidepressants. I know I really am not like, and I think that's the mistake people often make. They see these kids, they put them on antidepressants.

The kids appear worse. Well, especially if you're one of my kids, you start becoming manic and mixed dates, and you want to kill yourself. You want to kill somebody else.

And psychotic, possibly. Or you just have such disinhibition that they can't stay still. They can't pay attention. They can't. Oh, you know, maybe I had an underlying ADHD.

Okay. Throwing meds for that. Well, if you want to make a kid who might be bipolar psychotic, I like the combination of anti-depressants and stimulants accurately.

That's for one. That's in case anybody didn't get it. That's listening. She was being facetious. Oh, yes. Thank you very much. Please, please. Because the thing with anti-depressants, if you use them and if you use them really first to check is the bipolarity in the family.

Yeah. I think that's crucial. And even if there is, that's not a contraindication. But it tells you watch that kid like a hawk. Start very slowly. Go up very slowly.

And I've had kids on one milligram on Prozac. I mean, you know, it's a quarter of a milliliter. But that's what they needed. And it worked. Yeah. And then I took it away. They got depressed.

So and the thing is, since the infections bring out your biologic predisposition, and many times we don't know what that is. All the more reason for caution and I'm not a fan.

If you have something and then you get a side effect adding another medicine for the side effect. And our goal is not to, you know, have somebody and need a pharmacy every day.

That's why I think nutraceuticals are wonderful. On the other hand, the kids I see are pretty sick, right? If they're making it to a psychiatrist, generally they're pretty.

Yeah. Okay. Yeah. And you know, parent. Oh, is he going to be on the medicine, you know, forever or what. And let's get them off right away. And as a parent, I really I totally get okay.

But the most important thing is for your kid to be able to function. Yeah. For your kid to be able to. My goal if I do it right, is to give a kid a childhood.

Let them have a childhood. Yeah. And what greater thing can you, you know. Right. Yeah. That's like the best thing we can possibly do. Exactly. That's what I for.

Yeah. So, you know, I just, I wind up, I do if it's a kid throwing things at his parents and threatening every day, I don't care what infection he has.

If you can't control that rage, you can't have him at home and you can't treat him. Yeah. Yeah. Absolutely. No, I mean, and I think people, you know, it's like either you treat the infection or maybe we'll go to psychiatric.

And like I said, many times they've seen psychiatrists, but the kid hasn't responded again. Why did they miss him? Right. And and I can't emphasize that enough for what I do because I really biology is destiny.

I really. Believe. But but but you just said it in the, in your publication or about to be published, article 75% of your patients with bipolar have tick borne disease in the background.

It's a staggering number that are being missed. You know, and I was just at a pandas foundation meeting and several parents who were there with their, you know, their children had committed suicide, and never had found any of these problems.

And fortunately, there is a brain bank. They all of the parents that were at this meeting had donated their child's brain. And I know it's a very difficult subject, but, they had found tick borne disease or basal ganglia inflammation, evidence of an infectious triggered inflammatory, you know, condition within the brain.

And it had been missed. Well, I think also the sometimes people they confuse things. I mean, we all do. But with strep we know it's clearly it's more an autoimmune reaction.

It's not that the pathogen it's not that strep gets into the brain. That's different with tick borne illnesses. Yeah. And so that affects your treatment too because well you want to give steroids perhaps to someone who has strep.

You're not going to do you're not going to run to do that. If you have somebody who has an infection already in their brain just to help the spider Keats, multiply just doesn't sound like a good idea.

You're right. I am very sarcastic. Okay. Well, you. It's just because I think people want a simple answer, and. God, I wish it was so simple. I know.

Medication use, caution with antidepressants, and symptom management

But that's why sometimes I'll have a kid that comes to me and they have been on work, talks to Mab or something else, and that wasn't the best choice for the child, because they really needed to get rid of the bugs, not to dampen their immune system.

Right? Right. I hear you, I hear you, and I think, you know, I reinforced to parents all the time, you know, this is an infectious triggered, but immune disease.

And we need to do that. But we also need to treat the the symptoms that they're having. And some of them they come in nobody in the family sleeping. We got to get them sleeping.

You know nobody's going to be able to function. You know there there are many symptoms we need to treat. Well mothers quit their jobs, right? Haven't you had that a lot?

Think one person just has to be there for this kid, right? Right, right. Now, you mentioned a minute ago, you know, that people are worried I'm putting my child on a psychiatric drug.

Will he or she needed forever. And it's a question we get asked all the time. There were already. You know, the child is seven. They're already thinking about when they're going to prom, you know.

Well, how do you usually talk about that with families when they ask those questions? Well, I'm very I'm very honest with them. I said, look, there are studies that can answer that question for you.

I can tell you from my experience, you know, working with hundreds of kids that they're probably three groups. There is one group that they need the psychiatric medicine to help them kind of be in control, maybe go to school and function a bit, but they once they get treated for the bugs, they actually may not need that at all and don't need psychiatric medicine.

Right? Then there's another group. They will need to stay on some psychiatric medicine. Probably not as high a dose as when they were at the sickest, but they may well need it.

And especially like the ADF stuff that doesn't go away easily. So they would need the stimulant if that works for them. And then there's another group that.

Absolutely. I mean, they're very ill. They have, you know, the infections, they have schizoaffective diseases usually you'll find it in the genes and they're gonna need to be chronically on psychiatric meds and monitored.

To me, the most amazing thing I think of what I do is seeing the Herc thing occur. Psychiatrically. I love that,

because who would have believed that?

Somebody comes to my office and they're enraged and upset and I said, okay, go home, give them to Motrin and the come in three hours. Let me know how he is.

Oh, he's gone back. To. What he did. One ever see something like that go. Yeah. I mean, it's that inflammatory condition. That's right. Yeah. It is just astounding.

But that. So the psychiatric condition. Yes. It's there, but you got to have the kid cope with life. You got to provide all the supports as you deal with the infections and see what happens with the psychiatric stuff.

Yeah. And what about, you know, we talked a little bit about antidepressants. There are lots of other psychiatric medications. What about antipsychotics, you know, or those sometimes required.

Absolutely, absolutely. If you have a youngster who, is hallucinating. There was that case that I wrote up for one about the boy, a 14 year old who was diagnosed schizophrenic, who had Bartonella, and three people said he was schizophrenic.

But it was a fairly sudden onset. He was seeing things. He was hearing things. He thought his dog was a devil. And this poor kid, it wasn't. But he was on every psychiatric medicine known to man.

Nothing worked. And then somebody noticed a hysteria. And that changed everything, because then he got treated for the Bartonella, and he really was able to get off the psychiatric medications.

I mean, you know, he was able to go to college and, and do well now, and that's we were that. Right. And for those of you who were new to the podcast or don't know anything about Bartonella, the story that Doctor Greenberg is talking about are blanching, stretch marks that don't follow dermal lines.

Usually they're vertical or horizontal. They don't follow those lines that we usually see when we've got weight changes. And as I said, they blanch, they change color when you press on them.

So that's a classic sign of Bartonella. And I've seen it, Rosalie, on the NE. On on for a run the press. Yeah. Not for arms. Yep, yep. Not just on the trunk.

And other symptoms that you see psychiatrically also or otherwise, with. Let's start with Bartonella. Well, Bartonella people often think of is associated with rage.

Yeah. Because often these kids are angry, irritable. You look at them, what they think is the wrong way, and they start screaming at you. You don't even say no. You're just talking.

Why are you yelling at me now? And everything is perceived as a conflict, and that's for parents. It's hard enough, you know, you got a kid, you can't even get him to school.

And then he's fighting you on everything, taking the medicine, doing what he needs. It's very, very hard. So, Bart, the classic thing that if the strike.

But that doesn't occur. My observation, at least until after puberty. I've never seen it on a pube. And at vast round. Okay. Have you. You got to. I got I'm thinking. I'm thinking.

I don't think so. Okay. I'm going to have to go back to my records. That's interesting. Yeah. I haven't seen it on a pre pube. Interesting. Okay, okay. Yeah.

So. Okay, so we got the sprayer. We also got these temper outbursts. Of course they can have the OCD and and tremendous anxiety. Yeah. And the mood swings. Yeah.

You know it's, you know, the thing that people don't realize or not don't realize, but I think we all don't appreciate that the whole body's connected.

Bartonella signs, neuropsychiatric effects, and whole-body inflammation

So, man, if something's going on up here, it's something's up there in your gut, too. Yeah, yeah. And it's very interesting because I have a young man who has, he's had multiple tickborne issues, okay.

As well as psychiatric. And he wound up having ulcerative proc Titus, which means, you know what, the end of the rectum. By the anus. He was having some flooding, in his stool.

And I had them take some of the biopsies, and we were able to find the Bartonella in the biopsy. Okay. And he's got a lot of striae. It's a case that I'm actually presenting, and I'll write a but and so it may actually be involved in some cases of inflammatory bowel disorder.

Yeah. Okay. So he and I were talking last week and I don't know how he got to it, but he said yeah last December. Remember when I wasn't feeling well he was more depressed.

He was more tired. And whatever. That's when he bled for the second time. And that was just his whole body saying, I'm inflamed. Guys, look at me. Yeah.

And that's what we see all the time, whether it be eczema or asthma or inflammatory bowel disease or, you know, arthritis of different forms. And I, I always caution people when we hear about arthritis, arthralgia is in our kids with pandas.

I, I really feel we're not looking far enough and close enough for any of the tick borne diseases. You know, where, you know, it may just be autoimmune reactivity.

However, when we have joint pains heal pains in Bartonella, for example, or sores, soles of the feet, we really need to be looking for these tick borne diseases in my opinion.

Well, what's very interesting, I've done some work looking at Polly Murray's writings. Okay. Polly Murray, for people who don't know, she was the one who first presented Lyme.

The long symptoms, to the doctors at Yale, to the rheumatologists, as well as another mother called Judy Mensch. Yeah. Okay. So they presented it was a gift, basically saying, look, you can't have four cases of rheumatoid arthritis with double rheumatoid arthritis in three blocks.

That makes no sense. Right. And so the rheumatologist went and studied it. But they weren't psychiatrists as well as other kinds of physicians. And so that created a more narrow view and focus, right, of a, you know, Lyme.

Right. Focus on the arthritis. Polly Murray actually wrote down notes about everything, and one was so smart. It was amazing. And she wrote about how many people in her neighborhood had neuropsychiatric issues, from strokes to psychosis.

Just amazing. Yeah. And it was there. It was there was just, you know, something I'm trying to put together again, not love her article. But we have to keep putting together. Right.

But I think that's so important because it was there. Yeah. Yeah. And I think medicine is one of my, you know, big, complaints I guess, about medicine these days is we have become so fractionated.

You know, in my parents days, they were both GP's. They were the medical home. They were at that, you know, there weren't all the other practitioners as as we refer to today.

And I think as we become more and more specialized, you know, we're not looking at the whole body, particularly

the connection between the gut in the brain, but the whole thing is not looked at together.

I agree with you. And yet you really need that if you're going to properly diagnose and treat right, the whole body really is connected. It doesn't, it doesn't, you know, cut off at the neck.

Right. And and Risley, I'm seeing a lot more boobs in the last few years. You know, we know 41% of our chicks in this area carry babies doses. Are you seeing more of it?

And and what's symptoms with that or are you seeing particularly. Well the easy baby to you? Yes, I'm seeing more of it. But the truth is I've seen a lot of it since I did the work with the bipolar kid.

Wow. Okay. Because what happened is, you know, I learned about specialized testing, and so I started using Organics Lab, and there's the VPC of fish and people who don't know it's fluorescent inside you.

Hybridization. Fancy name. But basically you look at the slide under the microscope. If you have three red blood cells that contain the organism, you call it positive, right?

Well, that's direct visualization. You're using your eyes. That's a pretty good test. It's not because something else got abnormal. And then one of my patients told me how they went to see someone to get the antibiotics, whatever.

And the doctor said, oh, how unusual. I never get positive on this, and I thought I had 17. What is he talking about? So I called up the head of organics.

I called up Doctor Shaw, and she went through it with me, and she was like, oh my goodness gracious. It was outrageous. So and actually, that was the most common infection tick for an infection in my group.

Yeah. And it is the most common now in our area. Yeah. And I think, yes.

Testing, Lyme history, and rising Babesia and Bartonella cases

What is in the literature, there's just a little bit about its association with depression in adolescents. And well it's a little bit written about it and anxiety.

Yeah. Okay. But there really hasn't been a good strong focus on it. Right. Yeah. And it's so missed. And now we're, we're seeing a lot of it post-Covid activation too.

Okay. I think Covid has reactivated some of our dormant viruses, maybe some of the dormant tick borne diseases and from our perspective, I think that's why we're seeing so much more of it.

Maybe we just weren't looking as well. But, you. Know, I agree with you. I think I've found that my colleagues have, too. You get reactivation of Bartonella.

Yeah. Or the Lyme, the policia or all the above. Absolutely, absolutely. Well, Rosalie, we in the northeast are so lucky to have you as as one of the psychiatrists that are there to see our kids.

But how can people find you if they're if they would like to, to see you? Are you still taking patients? Still taking patients. You know, the rule is you can't treat people in other states, right?

Well, if you don't have a license, what I do is I try to be a consult and work with somebody who's on the ground in that state. Yeah, okay. Discuss it with them.

Because these kids are tenuous. They can change in ten minutes and they can become suicidal. And I wouldn't want that responsibility anyway. If you're out in California, I want somebody who can be there for you, who can look at you, who can, you know, make the right moves.

Right. So I serve more as a consultant. I would say, but, you know, it's it's great. I've had some very, very interesting kids, you know, from all over.

Yeah. Well, the mentoring is great. I do it a lot also for practitioners all over the country, all over the world. You know, we're both lecturing for islands.

You know, you're you've lectured all over the world for them and, great lectures. If you've never heard Rosalie talk really, a wonderful, lecture to to listen to, Rosalie, are there any, tidbits any, pieces of hope, anything you would like to leave families or practitioners with about the kids that you take care of?

With pandas, pandas, or tick borne disease? Well, I think for everybody, if a parent, typically the mother, says something is wrong, there's something wrong.

Yeah, I know I'm a mother and I'm a doctor and I know my kid backwards and forwards.

Listening to parents and closing remarks

He blinks the wrong way. I may, and I tell them, may not be what you think is the cause. But if you see something different, there is something different.

And, I, I just hope our colleagues, you know, continue to listen to the parents because they really my parents are very smart. They teach me things. Yeah.

I mean, I was lucky enough that one of my mentors or my main mentor, instructor, Sydney Baker, and, and his main motto was, you know, if you listen, they will come.

The parents are our greatest teachers. And I think that is such a great piece of advice because as practitioners, we need to listen to the people on the front lines.

You and I are just there. We we may give them a good route to go down, but they're still driving the car. They're still on the front lines with the kids dealing with the rage and the anxiety and the intrusive thoughts and all of that.

So absolutely, if the mother says, who's getting more depressed on the antidepressant? Listen. Yeah. Listen. Those are the kids that wind up, you know, making suicide attempts and whatever.

They're telling you important information. But it have to listen. Yeah. Well, yeah. Thanks for talking to us. We've been listening, and I really appreciate it, Rosalie.

And I'll see you soon in the future. Great. Thank you for having me. Thank you. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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