Introduction to Demystifying PANS and PANDAS

he has now finished four treatments and with each one he has seen increasing improvements to the point where now he is communicative, speaking in sentences to his family, telling them how much he loves them, not destroying anything in their house, greeting them when they come and go, sitting at a restaurant or they went to a furniture store for an hour and then saying that's okay mom when when things were taking longer these are things that were unheard of for the decade that i knew him prior to true dose welcome to demystifying pans and pandas the podcast where we uncover the mysteries breakthroughs and hope behind these life-altering conditions I'm Dr.

Nancy O'Hara, a board-certified pediatrician, educator, and advocate with over three decades of experience helping children and families navigate the challenges of neurodevelopmental and neuropsychiatric conditions, especially PANS and PANDAS.

These disorders can feel overwhelming, but here we'll break down the science, explore transformative treatments, and share stories of resilience and recovery.

Meet the TruDose Founders

If you've ever wondered what's possible for your child, or how to find answers, this is the place to start. Let's dive in. Hi, everybody. It's Dr. Nancy O'Hara, and welcome back to Demystifying Pan's Pandas.

I am so excited to welcome two people that I have grown to know and love over less than the past year, and they are the leaders of TRUDOS, Tapley Holland and Elena Herning.

Welcome. Thank you. Hello. So I want to tell everybody that it takes a lot to get me to believe in a new intervention. I need to see the science. I need to see the proof.

I need to believe in the project to be able to recommend it to my patients. And as you both know, I came to TrueDose kicking and screaming. I did not want to do it.

I did not want to recommend it. I did not understand it. But I was willing to try it myself based on the fact that several other physicians who I highly respect, who I have mentored, and who I work with really believed in TruDose and saw its benefits.

And that's how I came to you guys about nine months ago. So I wanted to have you on the podcast because I think this is an intervention that more people need to understand.

So why don't we get started? Tapley, why don't you tell us what is… So true dose is a therapy involving your body's platelets, right? We're all familiar, at least if you're not familiar with the term platelet-rich plasma, what you're talking about is taking a volume of blood from your body.

In this case, you're talking about taking a specific amount of blood. and you're just extracting just the platelets, and you're basically discarding essentially your red blood cells.

How TruDose Works and Why Dosing Matters

And what we've found is if you can take your platelets at the right dose, the right amount, and we can infuse that back into your body, so using your own body's platelets back into you, at the right dose, it's stimulating a healing response at a dose-specific parameter based on the condition or the symptom of why you walked in the door.

So it's very safe, again, your own blood, and it's very easy to do. But platelet-rich plasma is something that's been

around for decades. The safety profile on it is well established.

What we've done with TruDose is said, hey, there's got to be a reason as to why these therapies are inconsistently therapeutically effective. And that all comes down to a dosing issue.

So we take the testing parameters of when someone walks in the door, we test your platelets when you walk in the door, and we determine a specific amount of blood that you need to be drawn.

And that's placed in the centrifuge to extract the platelets. And then we retest it to make sure before you give them the treatment, to make sure we got the right dose.

And what we found is that if you have the right dose for why you walked in, it tends to work for many different things. And I do know that it does work for many different things.

I heard about PRP into joints, and I'm sure a lot of people had, putting platelets into joints when you have inflammation or arthritis. Why should this work when you put it just back into your blood?

Well, let's take the joints, for example, because people can really visually grasp that if you don't take enough platelets and you put it back into your joint, which we've done, there's thousands of articles on that application.

If you don't have enough platelets, there won't be any therapeutic benefit. If you have too many platelets, then there could be therapeutically beneficial effects of it, but the structural integrity of the joint itself might be compromised because there could be hyperscarring and the tissue might not integrate like normally.

But if you have the right dose, then you have the right amount of integrity, the right amount of therapeutic benefit to where the tissue or models like it should have done.

So if you have an overdosing, then you have something that therapeutically works, but you're risking of it re-rupturing for injury later down the line.

If you don't have enough playlists, then there's no therapeutic benefit. If you have the right amount, then it works and it's sound. What we've taken and taken it to the next level is said, hey, what happens when we do this intravenously?

Because we know site specifically, it can work on that application in the joint as like a burst effect, releasing everything into one area. But systemically, it has this ability to master modulate all these different cells that are in the danger response to kill different types of bacteria, to not kill different types of bacteria, you know, say in your gut microbiome.

So essentially, it's essentially master modulating your immune system and your repair system at the same time. Wow. And it is important that you're also doing it based on the person's problem, whether it be arthritis or pan's pandas or cerebral palsy.

Is that correct? That is correct because because the body is going to display symptoms of what it's telling you what's wrong at that time. So somebody may have a diagnosis of chronic fatigue, but two people with chronic fatigue have different symptoms.

One may have brain fog at that certain moment. Another person may have skin issues. So you need to let the body tell you essentially at a high level, what's wrong with me right now and come address that problem.

And so the skin issue dose is much different than the brain fog a dose. And it's not that any dose is going to be harmful to one person, but if you give too high of a dose to somebody, then it could lead to that excessive healing response that just makes healing uncomfortable.

Okay. So like more pain if you don't have the right dose, for example. Right. Okay. All right. So basically based on

the child or the person's weight, size, blood counts, platelet counts, disease or symptom profile, and anything else?

And really there's got to be an interaction with the provider. Okay. Because a lot of times we've become conditioned to say, well, what's the diagnosis?

And the body doesn't really recognize diagnosis. It recognizes the fact that I'm showing you problems that are underlying and I'm giving you symptoms to say, hey, this is what's wrong with me.

But we've kind of, you know, bucketing those symptoms is how we kind of communicate externally in the real world. but the body doesn't know that. So, filling out the different symptom sheets and then getting the intake from the provider kind of comes up with a game plan as to, okay, well, what are we going to tackle today?

Got it. And what's going to drive the treatment decision? Because six weeks from now, your symptoms should be different. Got it. Got it. And so this is an IV.

And, you know, if we're not BSing and talking and all of that, it really should be less than an hour, right? Right. Correct.

Treatment Timing, Preparation, and Recovery

And my understanding is that usually the benefit can be seen immediately or after two weeks, but usually wears off at six to eight weeks, unless you repeat it three to four times.

Is that correct? Right. Cause, cause you have to understand, not you, but just, you know, what's going on during that time point. Right. So during that six weeks, there's a lot of cellular kind of reestablishment happening.

There's, there's, there's, there's things being fixed. There's, you know, think of your, your inside of your cell is like a computer system where you know, it has to delete files to upload, you know, new improvements.

And that time point it takes for it to delete files to upload new improvements is about a three to six week window. And then it carries you into that six to eight week period where things start to kind of peter off.

So what that means is, as new repairs, new immune functions are basically uploaded and modulated, those repairs are fixed forever. Unless you do something that's unexpected and you're not following the provider's kind of treatment guidance, then it can't…

Got it. Okay, so I came in March of 2025, kicking and screaming and thought, well, I have arthritis. And that was what I was coming for. And I just walked in thinking I would feel absolutely nothing.

And as Tapley knows, he didn't follow my directions. And so I gave him a hard time about it, but that's okay. But my reaction, my detox, or my HERX reaction or my DIOF reaction was intense.

And so you talked a little bit about working with the practitioner. It is important to prepare the body, correct, to have a protocol for the days or maybe even weeks before and after the administration.

Is that correct? Yes. Yeah, you have to because everybody, you know, one person who's got, let's say Lyme disease, another person has Lyme disease with mold.

You can't really attack those two people the same way or have some sort of, you know, cookie cutter approach to where I'm going to say this is what all Lyme people get because one person may need to be addressing mold before and after the treatment differently.

Right, right. So then the second time I did, and by the way, my arthritis went away. And I thought, well, that great. Okay. Well, maybe it's just, you know, whatever.

And then you offered to do another one. I said, no, I'm good. And then at eight weeks, I was in Australia and my arthritis came back with a vengeance.

And, and, uh, but I thought I'm traveling. I'm not sleeping well. I'm, you know, working too hard anyway. You then very graciously gave me another treatment in June of last year and my arthritis went away again.

I didn't accept your next invitation because I thought I'm good. I couldn't accept the invitation after that because I was working too hard my arthritis again.

came back again and yet the third time I am now again arthritis free and we'll see how long this one sticks because that's what I do I can't follow your protocol you have to prove it to me every time but anyway one of the things you know I still I worry with any new intervention that we're not doing enough research.

That, yeah, you have the N of one of me, and by the way, dozens of my patients that I have now referred for this treatment. As you know, I don't do it in my own office, so this is not about me making money off of this treatment.

This is about me recommending something that I have found really works in a large majority of my kids. And by the way, my own husband, who is now your biggest fan.

But what are you doing to help prove that this really does work? Research protocols, et cetera. If you've tried everything, medications, treatments, lifestyle changes, but still struggle with chronic symptoms, it's time for something different.

Thousands of patients have already discovered the power of TruDose, a revolutionary therapy that uses your own blood platelets to target inflammation at its source and jumpstart your body's natural healing.

No guesswork, no unnecessary treatments, just science-backed personalized care that works. Ready to take control of your health? Find a TrueDose provider near you at TrueDose.com.

We're now heavily into doing, you know, the more objective research. And you have to understand, anybody's listening, that when this was launched, let's say 2018, you know, for me to say, okay, we could have done this type of evidence then, which is totally true.

But really, you know, this acceptance of integrative style medicine wasn't what it is today. And everybody's now seeking this. So we had, you know, we made the decision to kind of let the patient, you know, testimonial really drive the foundation of what this is, because everybody's going to trust somebody else who has the same condition, or at least to a degree you are, because you're actively seeking those treatments.

and those therapies. So you flash forward to today, and what are we doing? Well, now we're going to give the evidence in an objective way. For example, we're doing an oncology study.

Why? Because we've seen too many patients with, I'm not going to go into this subject, who are having too good of benefits with oncology problems. And we need to say, OK, we've got something here.

We need to do it in a very rigorous format. With the PANS and PANDAS kids and autism, We know this works, but we're going to take it a step further and say, okay, how is this affecting the microbiome?

Because I can tell you anecdotally, we're doing a study with Dr. Hazen, Sabine Hazen, and you know her, and we just did a pilot study on 15 kids, and we saw, I believe it's eight or nine of the kids, their bifida bacteria increased.

I know off the top of my head, it had a significant impact on Prevotella, and it had a significant impact on C. diff, and the one thing- E. coli. An E.

coli. Yeah. So those are a lot of opportunistic bad bacteria. And the one thing that I saw was that, hey, you know, isn't a good response. Can that also mean that it affected all the bad bacteria and it didn't touch the good bacteria?

Right. And it got Sabine's like, well, you know what, now that you're saying that, yeah, that is a yeah, because because all the therapies we have right now, like antibiotics, they don't discriminate.

They kind of, you know, do they hurt the good and the bad bacteria. But what if you had therapy? that just attacked the good and say, hey, sorry, the bad and said, hey, you're the good bacteria.

Research, Microbiome Findings, and Ongoing Studies

I need you. Let me leave you alone. So that's kind of interesting. We're also doing a study with sexual dysfunction where I think we're close to 170 or 80 patients into that one.

The results on that are nothing short of really good. We are doing a study on autism. Sports medicine. And sports medicine. As well as a lot of different areas in women's health.

Wow. Lichen sclerosis, the chronic UTIs, endometriosis, the whole nine yards. And then we're going to get into the TBIs. So I think we actively have five IRB studies going right now.

And you know, you know, why it's, or what made us kind of choose one or the other. And it's kind of like, we have kind of a, um, a mission to solve kind of things that are really impactful, you know, things that are related to the moms, females.

kids, because you look across the specialties, I think we just feel those are just underserved. And yeah, can we choose a number of other things? Absolutely.

But we have a mission right now to kind of solve those things. Wow. Well, go ahead, Alaina. And not even just looking at the good, looking at the, okay, why did this not work for this particular child?

That's a good point. Right. Let's figure out why. Was it a diet situation? Was it something that they had taken that they shouldn't have? And how do we increase?

the good, decrease the bad, but taking that percentage of patients who… Why is it not working? Across the board, it works so well for so many things, even with mold patients.

Yeah, I think that's a good point because the one thing that's good and bad about this therapy is that it's… is that it works really, really well. But how does it work well with the other modalities that are needed in the integrative space?

So what you're talking about is developing ideal therapy protocols. And to really understand what is the ideal way we could treat, let's say, a mold patient or a Lyme patient, you kind of have to look at, like you just said, you know, what is working, but also what's not working and what's not different.

time points. So that way these, these therapies that are inherently good, like ozone and hyperbaric and different types of things, we could, hopefully one day we'll be able to say, hey, listen, we've done studies in the research to say, this is the ideal way you put these several things together with TrueDose to have the best option of effectively, you know, a therapeutic journey.

Right. And I think that's a really important point because you said, like in this small pilot study with Sabine, with Dr. Hazen, that eight or nine out of 13 improved.

And that's great, but it is really important for all of us and as practitioners especially, why didn't this kid get better? What was different? You know, if I brought you 13 kids, that I have been treating for X number of years and nine of them got better, that's fabulous.

But what about those four that didn't? And that never seems to get looked at. So I think that is wonderful that that's being looked at also. That's more of the, I don't want to use the word fun around it, but the driving factor of, we

know it's helping all these kids.

We know that it raises bifida bacteria. So that goes into Lyme and all of these other things, pans and pandas. But what about the four? And how can we tweak different things?

And can we give them these various things beforehand where this really will come in and work and shift the patient? If we even want to talk about the one patient with the stem cells, I think it just goes to that there's a lot of these therapies that are inherently good, right?

And the one thing that Trudeau's I think does do is I think it will hopefully reveal is what therapies do you build around it and when do you use that particular therapy?

Because the one thing that I, I don't like hearing from parents that are struggling is there's a sea of information out there, uh, that it's hard to weed through it when you're trying to heal your, your child that has pants and pandas or autism.

And you're like, okay, which of these therapies do I start with? And which, why did that therapy work for him? And will it work for me? I mean, I was there.

I mean, you were there with Lyme disease. Um, and I think the one thing that, you know, what's interesting is that, uh, you know, we can measure this in the blood.

And I think that's good, but I like the fact that we're doing it in a microbiome because there's so much that we don't know that's information that can be revealed to us based on the individual, based on the species.

of their individual kind of biome that's, you know, kind of, okay, ozone worked perfectly for this kid. So any kid that potentially looks like that kid, this is an ideal way, you know, ideal, you know, microbiome to do, you know, ozone or maybe hyperbaric or so versus the blood, which can dynamically change.

Whereas your microbiome, it's kind of like, that's your signature. Hmm. Okay. Okay. And so how do you really see this working? Let's take a kid with pans pandas.

What is it working on? Is it working on the particular symptoms that they have or is the general that it's anybody with inflammation, basal ganglia encephalitis, autoimmune encephalitis, arthritis from tick-borne disease, whatever.

What is it working on? How is it working in them from your perspective? Well, you have the immune system and then you have all the inflammatory markers and then you can use let's say some sort of drug to target one specific marker like inflammation marker, right?

And that's great. But how does that one therapy influence that marker downstream affect other things in the body that it has to basically accommodate for?

Whereas what the platelets are doing is they're packed with all the different ways to say, I'm going to raise this, lower this, fix this, raise that. And it can do it real time very much like a universal adaptogen that's constantly and continuously modulating different things.

as someone's going towards a healing during a healing, you know, six week period. So that's why you see different things happening. And it's not just impacting one thing, but it's impacting many, many different things.

Right. Okay. Inflammation, whether it's caused by bacterial, whether it's caused by viral, whether it's caused by just over excessive immune system. You know, there's all different types of reasons, but it's, you know, if you just say, okay, if I can just remove dysfunction that's being caused by many different ways.

And if I could put one thing in there that kind of just level sets a lot of things. that would cause me to have to use five or six or seven different things to get to the same point.

This is kind of what the true dose therapy is doing. Okay. Okay. So again, we know that platelets are an acute phase reactant. They're elevated when there's inflammation in the body.

Clinical Outcomes in Autism and PANS/PANDAS

And in giving them in a concentrated and correct dose, we see that in many different ways, it's decreasing inflammation and therefore symptoms in multiple different types of diseases, people, et cetera.

Yes. And they, they always start and they always go brain heart lungs. So they always target the, the way our body reacts and responds. So Herring's law of cure, which goes back to the 1800s.

Yeah, what's interesting is that what we've seen is that our body tends to, in a hierarchical fashion, will heal itself in what's most important. So as we have, let's say, a condition like autism, there's many different things that are dysfunctional in the body, but at all cost, the body will try to preserve and protect the brain, the heart, and lungs.

you know, as its, as its three operating organs. Whereas, you know, as we face it towards, basically we push ourselves towards survival. So when you get this treatment, it'll have an impact on those three organs first because those are priority.

And then basically the downstream organs it affects that are dysfunctional will be dependent on you, the individual. So it could, it might affect someone's insulin numbers and because they're diabetic.

as the fourth organ of importance or fourth priority, whereas somebody else who doesn't have that, it may regulate their thyroid and all their different thyroid markers.

It's sort of like why our mothers always told us not to go swimming after we ate. You know, it's the same sort of thing, you know, or, or why people in, in malnourished environments, camps, concentration camps, why they don't have their menses or why the kids don't grow when they're sick.

Those are luxuries. So we're going first in that hierarchical fashion to our brain or heart and our lungs, and then other places. Got it. You know, you bring it up a good point.

I mean, that's why we're doing a lot of the studies, you know, in women. We were having one in infertility. It's kind of like you're bringing up the thing of, you know, why are so many women, let's say in their mid to early thirties, having trouble with infertility problems.

Maybe it's not because of, uh, you know, that's just their predisposition to have these kinds of issues. Maybe it's because their body is in such a fight or flight response that it's saying, Hey, listen, there's other problems that you're not ready.

I'm not ready to help you have a baby yet. But if you can get these problems out of the way, you're totally ready. Right. Right. Exactly. You know, as I said, thanks to Sid Baker and God, I had a son.

But maybe if I had Trudeau's, I would have had him five years sooner. Anyway, and I have a lot of questions that either patients or other practitioners have asked of me to ask you.

So if a child has previously done, for example, IVIG or plasmapheresis, and they have not gotten any improvement or full improvement, are they still candidates for TrueDose?

100%. I would say this would be the treatment you do do. I would because- In lieu of, honestly. Oh, absolutely. If they haven't done it, I mean, I have a hierarchy with my patients and I always try oral anti-inflammatories and gentler ways to decrease their inflammation first, because this is IV, and nobody wants to stick an IV in their kid.

But if I'm thinking that a child needs to go on to IVIG or plasmapheresis for pans, pandas, then this is something I certainly would consider first, because it is safer, it may be as or more effective, It's easier and if insurance doesn't

cover the other two, it is a heck of a lot less expensive.

Yeah. And I totally, yeah, 100%. And I totally, whenever I'm asked this question by like say a mother, it's hard to, because I know the IVIG has been the one thing that's been kind of like the crutch, that it's hard to go off of that.

and to kind of put your faith into something else because like the fear of the unknown or whatever that saying is. But the short answer is yes, this totally takes the place.

And then it actually enhances further because IVIG would be very much a defensive type of strategy. If this was a game, this would be more of an offensive.

And I would rather be fixing the immune system and going on the offense than kind of dampening the immune system and saying, let's just keep you under control.

Because that's just going to keep the immune system. I mean, you're not fixing anything. You're just kind of dampening the problem. OK. OK. And one of our pediatricians, he's gotten all of her kids off of IVIG, because all of her pans and pandas kids were getting sicker and sicker on the IVIG.

So she's gotten them all off, and she's recovering them, the likes of which the stories that come out of Dr. Dickerson's are Unbelievable. And I have to share one with our listeners and viewers that I know personally, and he is a young man in his 20s now with autism and develop hands from mold, as well as tick-borne disease, as well as viruses, including COVID.

And although he was doing well for much of his life after all of those, He devolved into a young man who was non-verbal and also non-communicative. He was a speller, but he had shut down completely.

He was incredibly anxious and incredibly aggressive, destroying literally their whole home, ripping up every electronic ripping up their home, not able to leave the house and go anywhere because it was very intense agitation and anxiety.

And we literally had tried everything that we could. And we had thoroughly treated the mold, had left no stone unturned there, had found it in the washing machine gasket and the dishwasher filter.

And all of that, there were little improvements, but never as much as I wanted. And I sent him, to Dr. Dickerson for true dose and he has now finished four treatments and with each one he has seen increasing improvements to the point where now he is communicative, speaking in sentences to his family, telling them how much he loves them, not destroying anything in their house, greeting them when they come and go, sitting at a restaurant or they went to a furniture store for an hour and then saying, that's okay, mom, when, when things were taking longer.

These are things that were unheard of for the decade that I knew him prior to true dose. And that's not an isolated story. Um, that, that is one I'm sure you guys hear over and over again.

It never gets old. It never gets old. But it's family dynamic changing, right? So when you're able to get to the root cause with these kiddos who have been suffering, and they don't know why they're suffering, and then for the family dynamics to shift, you know, moms go back to work, kids go to school, they're able to socially engage in life again, have friends, have jobs.

I mean, the list goes on and on and on. And we get those stories all, you know, every day, something crazy. And I never want to give false hope on this podcast, in my practice or in any.

There are certainly children who, and adults, who do not have this kind of dramatic improvement. So there is nothing that is 100%, including Trudeau. Sorry, Tapley, I just got to say it, you know.

We're working to find that percentage of why. Right. Because it's important to us as well. Exactly. And that's why the research is so important to get at why, like we were saying earlier in that 13 kids, why four or five did not

improve their microbiomes and why it is that these other kids don't improve.

So one of the questions one of my parents asked was, are there optimal supporting modalities pre and post, or do you leave that to the individual practitioner?

So from your perspective. I'm glad you, A, you got to leave that to the individual practitioner because they're really every, every, this is not a cliche, but everybody is different when you're talking about these types of conditions and you can't, you can't attack there.

There may be some similarities and overlaps, but maybe, you know, maybe somebody's doing a particular preparatory modality at the one week prior to treatment, whereas somebody else chose to do it at four weeks.

And those are kind of provider discretion based on what the child or the adult is going through. But in adding to that, TrueDose isn't something that you need to prep for, for three, six months prior.

You can really use this as a tool to kind of, it lights up the dashboard and then work at reverse. Where, where, you know, detoxing beforehand, yes, especially with the kiddos, you know, you don't want to send somebody in a flare out the gate with not knowing anything, you know, from a history standpoint.

But you definitely don't need to wait until the body is so cleaned up because this does clean out various things and works really well with other modalities.

Right. I would say that the best way, the way I commonly explain this to parents or even some providers, the way you need to, you know, look at true dose, especially post-treatment, is what are the symptoms it's showing you?

Because it's going, it's not going to do bad. It doesn't do bad. It only, it does good to the body, but that good may become in form of kind of bad symptoms.

Maybe it's an upset stomach. Maybe it's triggered the strep. Maybe it activated some sort of viral replication or something, but those are all indicators.

Okay. Well, why did, why do you now have this viral outbreak? Why do all of a sudden is the lymph nodes. becoming swollen. It's not just to, you know, panic.

It's like, that's the body telling you, address me, address, right? Right. It's sort of like the bad good or the good bad. I never know which way to say that, but sometimes when you get a reaction like a viral outbreak or a detox reaction, it's showing you that that's something that still needs to be worked on more, both through true dose, as well as other modalities that you have within your practice to help that person.

Right? Yeah, let me, let me give you an example. We just saw this earlier today. This was, this was somebody text messaging us back and forth. Let's see.

Patient Story and Family Impact

There it is. You know, what's your advice on, this is from a provider. What's your advice on people having antibiotics, having a, you know, on having a treatise appointment scheduled.

This is the boy we treated in California. He has strep and they put them on antibiotics on the 12th. on the 12th, which was 10 days afterwards. And then all of a sudden she catches herself and she says, well, I just talked to the parents and they said he was doing really well until the strep kicked in and he was treated for it right before he had true dose.

I just spoke to the mother again. She said this time with the strep infection, he didn't have all the behavioral issues that he normally did in the past.

They only knew about the strep because his throat actually hurt and his ears hurt. And it's like, okay, we'll address the strep now. Right. And it is part of what we want to see in our Pan's Pandas kids in getting better.

You know, what we see when they're not well is that their sibling has strep. and they just blow up with ticks or anxiety or OCD or some type of flare of their symptoms.

What we want them to have is an appropriate response to the strep infection, get a sore throat, get a slight fever, get, you know, other symptoms and get that treated appropriately without the neuropsychiatric flares that show us an inappropriate immune response.

So yeah, you're showing that an appropriate response. And I think that's how the text came in was like, oh my gosh, he was doing so great. And then all of a sudden he got strep.

What do you do? It's like, and then as she was working it out, texting it to us, it's like, okay, well the strep came back, but there was no behavioral issues attached to it.

Right. You're not going to cure somebody of getting strep from their neighbor. That's not what this is about. What you're trying to do is decrease the inflammation.

And in our kids with Pan's Pandas, particularly the inflammation in the brain that causes the anxiety, the OCD, the RFID, the ticks. They're still going to get exposed to viruses and strep.

You want them to be healthier, certainly, but it's really the neuropsych symptoms in Pan's Pandas we're trying to help. No, and that's what we find is more treatments with this, the response and the reaction to being exposed to other viruses, lessens.

So, you know, in adults, you know, even in myself, you know, having COVID didn't reactivate EBV. So after all these years, you know, that finally has calmed down.

So especially with the kiddos, the neuroinflammation stops. So they can have a normal, if you will, strep response and reaction that can be treated and you just continue to go down.

And I think that's the one thing that I would encourage any parent that's listening to this. If you're considering this as a treatment is, you know, use your gut intuition to kind of think through some of this and don't really discount your gut intuition.

In that example that I was just articulating. You know, it was the mom through that kind of back and forth was able to work it out and say, okay, well, you know what?

The streps back, but the behavioral issues aren't there. That's a, a, that's a great sign. And B, um, you're not dealing with the same problem anymore.

You're dealing with something that you've now, you know, you're, you're now tackling this stuff one by one and you're on your way, hopefully towards some improvement.

Right. Now, you had told me previously, Tapley, that you did have some outcome data from both autism and PANS Pandas. Is there any of that that you would like to share with our listeners or viewers?

Yeah, give me one second and I'll pull it out. Okay. So I think while you're pulling that up, one of the other things is, is that when we look at this modality, it is one of many that I consider at least.

I mean, we still, you know, we don't want to look at this as only go do true dose and it will cure us all of our autism or pandas. What we're all saying is that we still need a whole child, whole body.

in my opinion, root cause approach that treats the triggers, the symptoms, and the inflammation slash immune

system. And this is part of that full picture.

Okay. And this can sort of be the catalyst that gets the patient to the other side. You've gotten them to this place and then it's just, this is that extra little push that they need to completely shift out of some of these behavior symptoms.

Right. Right. So you have that data? Yeah, go ahead. So this was in a case series with two pediatric doctors, one of them's a MAPS doctor, and these were 27 kids all with autism.

And we measured these kids with the ATEC score, the Autism Treatment Evaluation Checklist, before and after treatment. And so there were the, let's see, The before average A-Tech score with all of these kids, and these were not just kids, but it ranged up into adults as high as 22. So the average A-Tech score overall was 84. Okay.

After treatment, this is after, you know, it's different treatment numbers, but after about three treatments, the average score dropped about 45%. So, from 84 to a 43. Now, if you look into the individual domains of the ATEX score, you have sociability.

Overall, that improved by 51.6%. The sensory and the cognitive awareness domain, that improved 50.3%. The health physical behavior, that improved 46.4. And the speech language improved 29.5. So if you look at the speech, language, and communication domain.

Why is it so low? It's because what we saw after about treatment number three, it goes from about 29.5% as far as improvement to over 50%. So it's a little bit delayed from some of the other improvements, which we see with every modality that we use.

We often say that speech and language will come later after other pieces have improved. And with this, it's really important, too, to know that when the kids are having these treatments, their ability to learn increases, their language, their penmanship is amazing, but you have to practice all of it.

So you have to immerse them differently into education, whether it's reading, flashcards, games, memory games, and all of those things.

Who May Benefit and How to Find a Provider

And then once you start doing that, the way they shift and their little minds, they're like sponges all over again. So the ability to learn starts shifting as those vascular pathways shift, and they've shift from serosympathetic back to the parasympathetic.

If you, I'm going to take the data a step further and kind of go granular and say, what if we looked into the individual symptoms that the ATEX survey is measuring individually on the, you know, however many questions it is and say, what are the different things that I can expect as a parent?

What can I expect after a single treatment? What would significantly get better? Okay, and these are the things across the board that we saw was significant improvement.

Bedwetting, not wearing diapers, diarrhea, sleep, hyperactivity, self-harm, energy, sound sensitivity, affection, and seizures, shouting, stimming, ignoring, eye contact, self-isolation, cooperativeness, and unhappiness.

So those are all things after a single treatment that you could probably say those will probably have a significant improvement. Right. And then similarly in Pans Pandas, as this is a demystifying Pans Pandas podcast, you get that data up.

Yep. And I'll give you my data because we now have about 48 patients all of whom are Pans Pandas that I have sent for Trudeau's. And we have about 60 to 65 percent of those that have improved.

And we have what's called a Pans Pandas Questionnaire that was developed and is a standardized questionnaire developed by Sue Sweeto, Tanya Murphy, on a scale of zero to four, with four being the worst, in all of the symptoms that include bedwetting, that include tics, OCD, brain fog, sleep disturbances, aggression, a whole list.

And it's, as I said, a standardized Pan's Pandas questionnaire. And we have seen marked improvements in that 60 to 65 percent. Most of the kids we're at three to fours, and of that 60, 65%, most of those parameters are down to zero, one, or at most twos.

So it's nothing that I'm ready to publish yet, but it certainly is a wonderful trend that we're seeing within our population. And again, I'm not doing it in my office.

I am referring these children out. So this is not something I'm doing to just bring in the cash flow. So I just wanted to be clear about that. And that 30 whatever percent, that's the percent I want my hands on.

Exactly. And I want to see the data on to see, okay, what can we shift? How can we shift it? The study we did with Sabine, I just need to point out that all of that data was just four days later.

Four days after. So we're going to be extending this study and really, really watching it on a long-term effect versus this really short. But we know that by day four, all these things have already shifted in the gut.

Amazing. Especially with the pans and pandas kiddos, taking that percent that it's not working for as well out the gate and shifting it and seeing what we can tweak and add to it.

These are only stool samples. That's a good point. These are only stool samples, you know, four days after treatment. C. diff, E. coli, Prevotella, a significant improvement in the BIF, you know, increasing the good, decreasing the bad.

And there's so much within that data as far as species that we had to hire somebody who has significant, you know, you can't weed through the data. It's so granular.

But, you know, what would it look like for any childhood out to 30 days? out to 90 days, et cetera. And then how does that affect, let's say, their diet and nutrition?

How will that need to become modified? So hopefully, I think where you're going with this, what we'll be able to learn or at least be able to say one day is like, hey, this is what ideal looks like.

And this is, and you're starting here at this spot and we, and this is what it could look like if you make these changes, these changes absent of TruDose.

And then you insert TruDose at this time point. And then this was hopefully how we can help your son or daughter. Yeah. Amazing. All right, so everybody's anxious to hear how do they find out more about Trudose?

Where should they go? Trudose.com. There we have a provider list. We have a lot. We've revamped the website. It's got a lot of different types of information that's really kind of patient facing.

And, you know, and we've, I think we're up to close to a hundred providers now across America with a lot more coming on. And, you know, one thing, since this is a Pans Pandas podcast, we're making sure we're doing it, you know, at least on our end to make sure that all the providers who want to treat kids In the future, we'll have a very level set understanding of how Trudos works across the board.

If there's a way that all providers could use Trudos and do it the same way and do it the best practices, we're moving towards that. Yeah, that's amazing.

And I think the other thing that we are really focusing on now is having our doctors become mouse trained because the education that you all do is miraculous.

and having just a general base knowledge. We've got some of our doctors, we had 23 that showed up last spring, and some are, they've been in practice for 30 years and plus, and they were so blown away with what they learned.

how it was delivered, the ability they had to access the speakers, the family that MAPS is. So when we're, you know, we're really, really pushing and we're going to be pushing more so moving forward.

So, you know, those looking for Trudas also know that their provider can handle some of these things.

Closing Thoughts and Episode Wrap-Up

And for our listeners and viewers that don't know, MAPS is the Medical Academy of Pediatrics and Special Needs, a premier conference and fellowship for practitioners of all sorts that want to get at root cause medicine, functional medicine for children and adults.

not just with autism, but all chronic illness. So that's medmaps.org, M-E-D-M-A-P-S dot org. And again, TruDose is T-R-U-D-O-S-E dot. I had to think for a minute.

I see it along the ticker tape of my brain. And any last words from either of you or both of you that you want to leave the families or the practitioners that may be listening with?

You know, I was a patient, so I really have found Trudos to be my body recognized hope for the first time. And so whenever you have something that gives you that little bit of hope, you take it and you run with it.

And this really is been a mind, body, spirit healing. It's not just healing Lyme or autism or whatever it is. And we have created and developed this sort of family type, you know, with all of our doctors in treating all these kids.

And it's just, you know, it's the why, it's the why we get up in the morning. Yeah, absolutely. We got to fix these kiddos. Well, thank you both for pushing me to do this nine months ago.

Your favorite. And thank you both for being on. I appreciate learning more, and I appreciate the passion. As you know, I share that in helping our children and our families to get better.

So thank you both. You're welcome. It was good seeing you. And we'll see you next time on Demystifying Pan's Pandas. Thanks. That's it for today's episode of Demystifying Pan's Pandas.

I hope you're walking away with insights, tools, and hope to help you and your child on this journey. If you found today's conversation valuable, be sure to subscribe so you never miss an episode.

Share this podcast with anyone who might need it. It could be the lifeline they're searching for. And if you have a moment, leaving a review helps us reach even more families who deserve answers.

Also, for more information, training, and community, check out our website, drohara.com, and join our annual membership. And remember, every step forward, no matter how small, brings us closer to healing and understanding.

Until next time, be present, be hopeful, and we look forward to seeing you next time on Demystifying Pan's Pandas.