Introduction to Demystifying PANS and PANDAS

I don't want to teach you what to think. I want to teach you how to think. You've seen one kid on the spectrum. You've seen one kid on the spectrum. I gave my kid Leucovorin and cured him.

It doesn't mean Leucovorin is going to do anything for your kid because they're all different in terms of who they are. And that's what I was talking about with the, if you're treating a diagnosis, you're going to fall apart with a protocol.

Medicine's protocol driven. You have the decision tree. You really don't even need a doctor. You just need a computer to tell you, you know, type in where you're at on that decision tree.

It'll tell you what the next step is. But look at the results we've gotten from that approach. I mean, we've gotten horrible results. We have the worst health in the world.

People are getting sicker. We have more chronic disease. We have a reduction in life expectancy. You know, we gotta change what we're doing. 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.

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 with Demystifying Pan's Pandas.

And I really am excited to introduce you to Dr. Jim Neuenschwander, who, as we all call him, Neu. He is an amazing clinician, head of a great practice in Ann Arbor, Michigan.

And most importantly for me and for all of you, he is the incredible president director and the hub of Medical Academy of Pediatric Special Needs. New has single-handedly, well, together with our executive director, Honey Rinaselli, turned MAPS around into an incredible organization for root cause medicine.

Dr. Neuenschwander's Path to Root Cause Medicine

So New, thank you so much for being here. Well, thank you so much for inviting me, Nancy. I'm so glad to be here. Well, tell me first, how did you get into where you are now?

And then how did you get into maps? I, you know, I know that may take the whole hour, but the Reader's Digest version is that I went to medical school because I thought they'd teach me how to cure people and believe it or not, they don't do that.

And when I got out, this was, I was actually a resident. I went into general surgery originally because you remove disease from people and it's really cool to do.

And I was good at it. And I was, this is a first marriage. My, my ex was having a bunch of health issues. And, you know, I tried all the stuff I knew and nothing worked.

And a friend of hers said, oh, you need to go see an herbalist. And this was, you know, back in the stone ages when they had this book called the yellow pages.

That was the Google of the time, right? And you look in the yellow pages and she's literally looked up herbalist, found some guy, went to see him, comes back.

I remember the damn box to this day. It had homeopathics and herbs and we're changing what we're eating and we're detoxing. And I'm like, you know, the supportive husband that I was.

And it's like, yeah, whatever. But like within a month. She got better and that really woke me up. So I learned homeopathy. I learned acupuncture. I learned, you know, some of the root causes got involved with.

Detox with chelation actually left my surgical residency became board certified in emergency medicine. Cause I was practicing ER medicine at the time stayed in ER medicine.

Cause I still love the blood and gut side of it, even though it's not particularly holistic. But it opened my practice way back in 1988 with the principle of treating illness at its source.

So, you know, rather than just treating symptoms, which is what we do, I'll find out what's causing the problem and then treating that. And then fast forward to the early 2000s, my current wife had a friend that had a kid on the spectrum, on the autism spectrum.

And, you know, my wife's a nurse and she was chit chatting with her about her son. you know, how's your son doing? And it's like, oh, he's cured. And it's like, I didn't know you could be cured from autism.

What'd you do? And she went, oh, well, we did, you know, B12 injections and chelation therapy and, you know, gluten case and free diet. And she's going, oh my God, new does all that.

And she came home and said, honey, we're saving the babies. She dragged me in my first Dan conference. And then after that, my life was over. So that's what got me in the autism world.

And then of course, Dan morphed into MAPS, you know, Dan fell apart and MAPS sort of rose from the ashes. And then I, you know, became involved with the executive board and then sort of took it over when Dan Rossignol stepped down.

Just had a little bit different vision than what he had of what we were trying to do. So we tried to make maps much more inclusive, but at the end of the day, it's what causes what you're seeing in front of you.

You see a kid banging their head. What is that? Could have a headache, could have encephalitis. You know, what are we dealing with here? You know, you have a kid that has a meltdown.

Well, is that a behavior problem or do they have pants or pandas? You know, so it's understanding the root cause because. I don't even know if it was Sid Baker that said this or somebody along those lines who said there is no disease out there that is caused by the lack of a pharmaceutical, right?

It is not ADD because they have an acute Adderall deficiency, right? They have ADD for some other biochemical reason and our job is to figure out what's causing it.

Yeah, and you do that and talk about that so well. So in our Medical Academy of Pediatric Special Needs, we have a conference every six months coming up.

Well, by the time this airs, no, this will air before our next MAPS conference, which is in Charlotte, March 12th through 14th. And you do such a great job at our foundations, our first day, talking about all the biochemical, biomedical, root cause and synopsizing that for everybody, if that's even a word.

But what does that mean to you? Can you just tell people how you put that together? This is the whole thing. Medicine is supposed to be biochemical, right?

I mean, all the medications, they alter our biochemistry. That's how they work. And unfortunately they do it in ways that create toxicity and they don't resolve anything.

So, you know, the trouble with pharmaceuticals is if you're taking it for a week, you're probably going to do okay. If you're taking it for the rest of your life, the toxicity of that pharmaceutical is going to meet and usually exceed the benefit of that pharmaceutical.

So, you know, we want to make sure that we're understanding the pathways. And this is what happened to me when I went to Dan. You know, I had already been in practice for a while.

I'd been doing integrative medicine for whatever, 15 years at that point. And I go to the first Dan conference and I remember Richard Dease, he's a PhD, brilliant guy.

And he was going to do an lecture on mitochondria and I'm sitting there in the room and you know, there were multiple rooms going, but nothing looked any better.

And I said, well, I'll just sit here and listen to this guy talk about mitochondria. I know all about mitochondria and five minutes into his lecture, it's like, I don't know deadly about this stuff.

So that really awoke my love of biochemistry and understanding biochemistry allows you to understand how the body works.

Why Biochemistry Matters in Clinical Care

So you really want to make sure that you are that you know those pathways, that you know why this sort of stuff is happening because that allows you to manipulate those pathways and let the body do the healing part.

Right. So if you're deficient in, you know, a methylation in your methylation cycle, we'll support the methylation cycle and then the body will take care of the rest of it.

So that was really what, what awoke in me that love of biochemistry. Cause I love biochemistry. It's what life's all about and, and really allow us to manipulate that.

And I want to bring that into map so people understand. We're not just saying, oh, you should do this because we thought it was a good idea. No, you should understand why we're doing what we're doing so that you can then be the next person to tell us, to tell me what I'm supposed to do with that kid sitting in front of me that's, that's freaking out.

Right. So, you know, I, we want to train people in the biochemistry of medicine. We want to train people in these pathways that are important and then, you know, move forward because those people will teach us.

I mean, you know how it is. You learn more from your patients than you do from a textbook. Absolutely. And I think the biggest thing that I love about it is it is all about the science.

It is all about what we were supposed to learn in biochemistry and organic chemistry and all of that. And we learned it for the test and then promptly forgot it.

But people call it the fire hose of information and it is, but it took us, I mean, at least it took me, you know, 10 times listening to Dick or Jill at James or Sid Baker or everybody and going back and reading it and figuring it out.

But that's what helps us when we're listening to the patients to be able to say, okay, this is where it fits in. This may be something that we can do.

And as you always say, it's not about autism or autisms or pans, pandas. There's more in common between ALS and ASD and pans and chronic fatigue and long COVID and everything else, then there are differences, right?

Right. And, you know, the whole idea is this idea that there is a disease and there's a diagnosis and we're going to treat the diagnosis. I mean, that's where medicine falls apart, right?

So, you know, I always say, I don't treat pans. I don't treat autism. I don't treat ADD. You know, what do I treat? I treat methylation disorders. I treat encephalitis.

I treat immune dysfunction. I treat gut dysfunction. I treat dysbiosis. I treat, you know, nutrient deficiencies and malabsorption. That's what I treat.

Now you can call it whatever you want. You know, you can call it autism or you can call it ALS or you can call it cancer, whatever you want to call it.

There's basic fundamental biochemical principles that underlie all this stuff. And so when you come to a MAPS conference in particular, You know, of course I have to say it's the best conference out there.

I'm a little bit biased. I'm a little biased, but, but still, I mean, what we teach you is not specific for pediatrics. It's not specific for autism. It's not specific for, for a pans or pandas.

It's, it's, it's biochemistry underlies everything that has to do with health. And so understanding that, being able to manipulate that, finding new things, you know, things that I learned at MAPS, I can use to treat cancer patients.

Well, cancer is an autism, no. Cancer is an asthma, no. But cancer is an immune dysfunction, cancer is a toxicity, cancer is a mitochondrial disorder.

Pretty sure we teach all that stuff at MAPS, right? And I think that's so important because people will often say to me, well, I don't go to MAPS because I don't take care of kids with autism and I don't want them in my practice.

And it's pediatrics and special needs, but it's also, like you said, young adults and adults, it applies when you do root cause functional medicine, it applies to all comers.

And we know that in our own families, in all of our patients, in everybody that comes down the pike, absolutely. And the other thing that gets me, and this was something that we came across with Defeat Autism now, is people want a protocol.

And you know how much that gets under my skin. Why don't we provide a MAPS protocol? Tell me, Dr. New. In the words of Bill Victory, I don't want to teach you what to think.

I want to teach you how to think. So here's the protocol kids, there is no protocol. Because, you know, the saying in autism at least, you know, you've seen one kid on the spectrum, you've seen one kid on the spectrum.

You can't say, oh, you know, I did, I gave my kid Leukovorin and cured him. It doesn't mean Leukovorin is going to do anything for your kid, right? Because they're all different in terms of, of who they are.

And that's what I was talking about with the diagnosis. If you're treating a diagnosis, okay, then, you know, you're going to fall apart with the protocol.

You know, modern medicine is protocol driven, right? It's protocol driven. You have the decision tree. You really don't even need a doctor. You just need a computer to tell you, you know, type in where you're at on that decision tree.

It'll tell you what the next step is. But look at the results we've gotten from that approach. I mean, we've gotten horrible results. We have the worst health in the world.

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Treating Root Causes Instead of Diagnoses

And part of that is understanding I could have 10 people with heart disease and I could have 10 different treatment protocols because I have 10 different variations of biochemistry.

That's why we don't have a protocol. All right. So you're going to design the protocol for that patient. That's what we're trying to teach you. And that's what we want you to do.

So, you know, again, it does, it gets under my skin too. I just, you know, it's, I want you to think. I want the practitioner to think. I want them to understand.

When you see the symptom, it means this, right? This is what you need to look at. And even if you're going to say, okay, this kid's banging his head. Oh, he must have encephalitis.

Do the testing because maybe he doesn't, you know, maybe he likes to bang his head. I'd do that. Especially when you deal with people like me on the board, you know?

I get that. I get that. Love you, Nancy. I know. I know. I'm just here to always do that little thing that… Anyway, we have a lot of practitioners that listen or watch the podcast, but we really have a lot of parents.

And what we're trying to do at MAPS is train practitioners of all comers. And before I get to the parent piece, I do want to say the other thing that you and Honey have brought to MAPS is that sense of community, that sense of family, that sense of like-minded people coming together.

We may not agree on everything. That's very clear. But we're there, like you and your wife have said over and over again, to save the babies and save the adults.

Right. But, you know, but we are trying to do more to also provide a community for parents. Right. And where are we with that at MAPS? Well, we've been, you know, all these things are difficult to implement, require a lot of planning and, you know, we've exploded and it's put, it's great.

I mean, God bless the success of maps, but it's also put a lot of stress and strain on the people we have that are running things behind the scenes. I mean, it's great that you give me credit for all the stuff, but it's really those people that made Maps happen.

You know, I love the people I work with because I can say I want to do X and then they go do X. It's like awesome. All right. But you know, to bring on a parent track is an additional load on that system.

And so we're really trying to do something in the spring. We're probably going to do You know, none of this is chiseled in stone, but we're talking in March to maybe add a day onto the MAPS conference.

So our conference is 12th to 14th. That's Thursday to Saturday. You know, maybe adding on a Sunday. and then in the fall having sort of more of a formal parent conference.

I don't know, you know, we used to have these big parent conferences like Autism One and, you know, there are a few other organizations that had these big conferences.

They've all sort of disappeared. And so we're really trying to fill that gap because we want parents educated as well. I mean, I'm going to give you a one hour fire hose biochemistry lesson, but I do want you to understand that what we're recommending is based in science and it's based in biochemistry and there's reasons for doing it.

And also just the, you know, the, the concept of, because this worked for your friend's kid doesn't mean it's going to

work for your kid. Right? So, you know, the recommendations we make are based on that kid sitting in front of us.

You know, not, not some general approach to autism. Right, right. And, you know, this is a Pan's Pandas Conference, and we're talking about MAPS, which leads with autism.

And, you know, as I always say, you know, the kids with autism or autisms are our canaries. You know, they're just showing us all the ways that our world is so toxic for all of us.

They are just more genetically, you know, susceptible to all the environmental dietary toxins that we're all exposed to. But our podcast is Pans Pandas, demystifying it.

But there are a lot of similarities between autism and Pans, not just overlapping Venn diagrams, but Yeah. You know, again, you're, you're, you're dealing with basically a type of brain inflammation with pans pan is it's going to be your basal ganglia, you know, with, with autism, it's going to be other parts of the brain, but it's the same underlying process.

You know, you've got inflammation of the brain, you know, how did it get there? So with, with autism, there's going to be multiple causes, including probably infectious causes, right?

I mean, congenital rubella was one of the causes of autism. That's a viral. infection, right? So it's not that far off from what you're talking about with PANS and PANDAS.

And then the approaches are also the same. I mean, you know, the advantage of something like PANDAS is that sometimes antibiotics work, but we also know that that's not a great long-term solution.

You know, back to the whole pharmaceuticals are great in a short period of time, not so great if you have to put somebody on antibiotics for the next two years or 10 years or 15 years.

It's going to create problems. I mean, we have that issue when we deal with line patients, right? You know, how do you treat them? Because it's very different from an acute infection.

Antibiotics work great for that. This is chronic stuff. This is immune dysfunction. You know, how do you deal with that? Oh, well, and you're back to working on the gut and you're working on nutrition and you're working on…

detox pathways, and are there other things in the environment that are pissing off the immune system? And all those things that you know all about, we're dealing with that with all these other states.

And again, it's not just autism. What about eczema? What about asthma? What about all these other immune dysfunctions that we see in kids today? You've always been there, but all these numbers have gone through the roof in the last 20 years.

Cell Danger Response and Chronic Illness

You know, something's going on. And again, this is back to this idea that, you know, let's say I have a methylation disorder and I'm going to stress that somehow.

So I stress the system. This person's going to get asthma. This person's going to get, you know, gut dysbiosis and IBS and those kinds of symptoms. This person may get PANS.

This person's going to develop autism. It's one biochemical intervention, but you're going to get multiple diagnoses. And again, I think the big problem with medicine is our diagnoses are not really diagnoses.

It doesn't tell us what caused it. It doesn't tell us what to do. And it doesn't tell us what the outcomes are going to be most of the time. And what Sid calls it, name it, tame it, blame it.

Medicine. You know, we give it a name, autism. We tame it with a medication. We blame everything on it. I always tell the story, the first three kids with autism that came into my practice had hepatitis, autoimmune thyroiditis, and nephrotic syndrome.

Because they had autism. And, you know, we have to look at those things. Now, one of the other things that I've heard you talk about so much as sort of a way to frame all of this, whether it be autism or Pans Pandas, is in the cell danger response.

Right. And can you talk about that a little bit? Because I think you do such a great job in explaining that to people. The cell danger response, this is something that the body does to protect itself.

I mean the classic example would be an infection. So you get an infection, a cell gets infected and the cell being a noble cell wants to protect all its neighbors.

So this cell will send out danger signals and these danger signals are things that shouldn't be in the circulation like DNA or ATP. ATP is the energy producer that we use for fuel for the cells, things like that.

So these are danger signals, they're recognized by other cells, and when a cell sees a danger signal, you know, warning Will Robinson, danger afoot. All right, so what the cell does is it changes its physiology, and this is mainly in the mitochondria.

So the mitochondria make energy for the cell, they do a bunch of other things, as I learned from Dr. Deeth a long time ago, But what they do rather than using fuel to make energy, they use the fuel to make an oxidative gradient.

So, you know, we would call it oxidative stress because that's what it looks like. But the cell is using it to shield itself. Why would it do that? Well, because the cell can handle it.

The cell won't die with that oxidative stress. But whatever pokes its head in there, like a virus or bacteria, it's like, whoa, you know, it can't handle that oxidative stress.

You create this hostile environment and the cell doesn't get infected. The other thing the cell does is it disconnects from its neighbors. I mean, literally the cells become autistic.

They're not communicating, right? And this is supposed to last for two or three days. The price you pay for it is you're not making ATP because that's where all that oxidation is coming from.

You're stopping the ATP production. and you're creating a whole bunch of oxidation. So that lasts for two or three days? Great. Lasts for 20 years? Not so great.

So really behind all of these chronic diseases, just take anybody, whatever the chronic disease is, look at where they're at, measure their oxidative stress markers, they're going to be elevated.

Look at their mitochondria. How many of them mitochondria dysfunction you can measure? A lot of them, right? And it's not that they were born with a mitochondrial disorder, because those are a different animal.

This is cell danger response. So we all know what it's like to come down with the flu, right? You know, before we have symptoms, we have brain fog. We can't put two and two together.

We're exhausted. All we want to do is go home and go to bed. We, you know, have no memory. We can't process and we ache all over and all that. And then we wake up the next morning congested, sneezing.

I have the flu. That's why I felt like crap yesterday. That's the cell danger response. Imagine if that's turned on. 24-7 for years and years and years.

You know, that's what chronic disease is really all about. And most people don't understand that. Most people, I

mean, when did Bob Navio publish that paper, like 2013, 2012? You know, it's like, come on kids, you know, do some reading.

This is not new stuff. In our world, everybody knows about it. You know, it's just in the rest of the world, not so much. And that's the problem with mainstream medicine.

This is one of those root cause things that can explain a whole bunch of chronic illness. Exactly. And even though Bob talked about suramin and ways to turn off that purinergic receptor, so we're not in this persistent cell danger response, it's not about, again, that one cure.

We're getting back in a name and blame it if we just say, well, suramin will cure everybody, or leukovirin will cure everybody. It's about understanding the underlying problems in the cell and then doing everything we can to decrease that stress, to get rid of that infectious trigger or chemical trigger or whatever, not about the one thing that's going to turn everybody into a healthy person.

I think it was a 2016 paper, you know, metabolic features of cell danger response. You know, he has causes, like what sets off the cell danger response.

And, you know, when I do lectures on it, I sort of highlight that box and what's in that box, it's going to be infections and toxins and, you know, nutrients and those kinds of things.

That's really what I try to get people to focus on. You know, that's how you shut down the cell danger response. You remove the thing that's setting it off.

You know, otherwise you're interfering with the body's attempt to heal itself, not doing a very good job, but that's why we have a cell danger response, so we can heal the problem, right?

Right. And it's back to the three Rs or five Rs or whatever Rs you want to do, you know, it's still What do we need to get rid of that the body has too much of?

Leucovorin, Folate, and Individualized Treatment

Is it gluten? Is it toxins? What do we need to replace that it's not getting enough of? Vitamin D, zinc, and all of that. And what homeostasis do we need to restore?

So it's always about those. So is leukovirin going to cure every child with autism, Dr. Neu? All right. You know, it always cracks me up when they do this stuff.

And I mean, I understand why they did it, right? This is the, you know, Tylenol and Leucovore are things we've got a boatload of data on. So that's why, you know, I say it's not just a low hanging fruit.

I think it's the fruit on the ground rotting. I mean, we talked about Tylenol at Dan conferences and, you know, look before and, uh, I mean, the papers are from what?

2012. I mean, you know, we've been teaching it at MAPS since, I don't know, 2015, 2014, something like that. So we really, we really have a lot of data on that now.

But so, you know, is that going to cure everybody's autism? No. You know, is it going to help? Yeah. I mean, it helps 70, 80% of the kids I put it on.

Uh, and then for some kids it's phenomenal. You know, I mean, just from a personal point of view, my granddaughter, you know, when she was weaned, uh, she was weaned on the cow's milk and she's not autistic, but she started losing words.

I mean, this kid had, I don't know, 25 words at a year old. And all of a sudden she, you know, like duck, duck was

one of her favorite words. And, you know, every bird was a duck, but she would say duck, duck, duck, duck, duck, duck, duck.

And she couldn't say it anymore. You know, and so it was like, honey, can you say duck? And she like tears in her eyes going, she couldn't do it. She knew what the word was, but she couldn't get it out of her mouth.

And, of course, being the brilliant clinician that I am, I'm freaking out that she's becoming autistic. And, you know, my wife said, could it be the dairy?

And I said, oh my God, yes! Dairy creates those autoimmune antibodies and those autoimmune antibodies attack the folate transporter, the folate receptor alpha, which transports folate into the brain and the solution that has leukoborne.

So we got her off the dairy, got her on leukoborne, still took six months to regain her language. And that was just language. That wasn't behavior. That wasn't anything else.

It was just language. So yeah, I mean, it does cure some people. The earlier you get to it, the better, but I mean, I just put a 27 year old kid with autism, severe autism, non-speaker on it.

It's helped him. You know, he's sleeping better, he's less, he's better regulated. It's not reciting Shakespeare, but still he's doing better on it. So I don't want to discount the importance of it, but again, back to this whole thing of the answer.

Luke of Warren, we need Luke of Warren because there's an autoimmune disorder. We have the autoimmune disorder because of the environment we're in. You know, we're treating a symptom with Luke of Warren, even though it's a, you know, folate, but we're still treating a symptom and that's, you know, Yeah, and it's not just language.

It's not just brain fog. In the study that Lindsay Wells and I did last summer on, you know, leucovorin and cerebral foley deficiency in kids with pans-pandas, that was 60% of those kids that improved with giving them flenic acid to bypass this, you know, autoantibodies that block.

But there's also multiple genetic markers that even if you don't have those antibodies, there are snips, you know, pieces of genes that can also make you have less folate in your brain.

And we see a lot of improvements in anxiety and ticks and OCD. And people say, well, give me my don't my kid doesn't need lukewarm because they're speaking.

No, there are many ways that folate metabolites of folate in your brain are helpful and many reasons to consider it. This is back to that whole thing about the diagnosis, you know, ticks versus cerebral folate deficiency.

So, obviously, the autoimmune antibodies are not the only cause of cerebral folate deficiency, and that's important to understand. So, you know, again, there are places where these vitamins are going to be helpful, even if you don't have the autoimmune antibodies.

I mean, that's a big cause with non-speakers, right? Non-speakers, like 80%. But it's not the only cause of cerebral folate deficiency, and that's important to understand too.

So again, the diagnosis should be cerebral folate deficiency, not pans, tics, autism, whatever else, you know, non-speaking, you know, expressive language aphasia or whatever you want to call it.

It's cerebral folate deficiency, if that's the cause. Right. Exactly. And it's not the cause in everybody, but it is a benign medication, but also available as a nutraceutical.

But the research is showing that it's not a tiny amount. It's one to two milligrams per kilogram. Building up slowly,

that's the other thing that you and I always teach.

Don't go and give them a boatload of it the first minute, right? I mean, low and slow. You don't do that, really? Only to my husband, you know, and that's another story.

Sometimes I have to tame that cowboy in me. And I was like, maybe we'll start with a quarter of the dose and then go up here. And of course you mentioned acetaminophen.

And one of the things I've said to the people that I train and to my families, you know, This isn't a political statement. This isn't something to believe in or not.

It's not, at this point, even a correlation, though it's not the only piece of the puzzle. Can you talk a little bit more about it and sort of take us out of that realm of, you know…

Acetaminophen, because, you know, again, in the world that I live in, it's so obvious you shouldn't take acetaminophen. I mean, you know, an adult can probably get away with it doing it here or there.

It's a toxic drug, and the only thing about acetaminophen that got at its reputation, it doesn't cause stomach ulcers. That's it.

Acetaminophen, Vaccines, and Immune Susceptibility

It doesn't cause gastritis. The way aspirin or ibuprofen or any of those nonsteroidals can do, it doesn't do that. And so everybody thinks this is like the world's safest drug, and yet it is the only drug.

I think they reduced the bottle size, so what I'm about to say probably isn't true anymore. But it was the only drug where you could walk into any pharmacy over the counter, buy a bottle of extra strength Tylenol, and it can kill a healthy adult human being.

That's how toxic this is, right? So this idea that it's a safe drug, no problems. Number one. blow that out of the water because it's not. I mean, the evidence is it's not.

It depletes glutathione. And again, back to the genetics. You have a kid that is genetically susceptible because they don't make glutathione very well, or their glutathione has transferase enzymes that use glutathione don't work very well, so they need more glutathione to get the same function.

If you take that child and you put them under stress and induce their cell danger response, that's called a vaccine, you know, vaccines induce an immune response.

That's how they work. So you're going to create inflammation and you're at the same time when you need more glutathione to deal with that, you're going to deplete the glutathione by using Tylenol.

Why do you think you're going to have a good outcome with that? You know, and when I learned, you know, that the kids were given Tylenol prophylactically before they even got vaccinated, it's like, so you're walking in.

to an immune event where you know you're going to have an immune event and you're depleting the body's defenses against that before you ever induce that immune response.

I mean, that sounds like a disaster waiting to happen. So we knew about this long ago. Again, you know, for Dan conferences, we were talking about this stuff, you know, five, 30 years ago now.

And I know you mentioned vaccines, so I'm gonna ask you to do your, what I've heard you say many times about, we're not anti-vaccine, but these are what vaccines do.

Can you say that? Listen, any time you are doing a medical intervention the same way for everybody, you're going

to harm some people. And the idea is, can you distinguish who those people are?

Now, vaccines have become this religion. I don't know what you want to call it, but you cannot say anything bad about a vaccine. You can't study a vaccine.

You can't say, is this group of people? susceptible and maybe they shouldn't get all these vaccines or they should be spaced out or you should be giving them something to dampen down their immune response or a smaller dose.

We don't know any of that stuff because nobody can study it. Because if the dogma is safe and effective, safe and effective, safe and effective, and this is a vaccine, the vaccine, my kids stopped speaking after getting their vaccine.

Well, it couldn't be the vaccine. Why is that? Because it's safe and effective. So if it's safe and effective, it couldn't have done that. But if we can't study it because we know that there are a group of kids that are susceptible to injury from these vaccines, we need to identify those kids and then determine what to do.

Or we need to figure out a safer way to vaccinate if there is such a thing. And we need to stop doing things that make them worse. And I think Tylenol is one of the things that makes vaccine injury worse.

You're more likely to have an injury from a vaccine But again, if you believe vaccines are safe and effective and injuries are one in a million, and I don't have a million patients in my practice, therefore this couldn't be a vaccine injury I'm seeing.

You know, if you have that belief system, then of course you'd use Tylenol, right? Because, you know, they're safe and effective. So I'm, you know, again, I'm, I'm all about science and the problem with vaccines is, is if you believe they're safe or you believe they're not safe, you really don't have a lot of science behind it.

And just a simple question, go on there, sorry, but do vaccines cause autism? Right? Everybody thinks thousands and thousands of articles. No, there's not.

You know, and I will challenge everybody out there. Show me one article that says the prebnar doesn't cause autism. Show me an article that says Tdap doesn't cause autism.

Show me an article that says IPV doesn't cause autism. Show me an article that flu vaccine doesn't cause autism. They don't exist. All right. So for you to say it doesn't is a belief.

It's not, oh, well, we've been using it forever. And, you know, if there was a problem, we would have noticed it. Have you noticed the incidence of autism?

And I think the other things, you know, one, as you said, vaccines induce an immune reaction. That's what they're meant to do. That's how they work. And so if you have a child that is susceptible either genetically or environmentally and their methylation or their immune system is not working the way it should, then individualizing any intervention that you give only makes sense.

Yeah. And we should be doing that. I mean, you know, I understand the vaccinologist perspective. It's like, you know, we have to vaccinate as many people as we possibly can.

If we don't, we're all going to die of polio. I mean, that's really what they're worried about, right? So it's really, this is, this is a place where customization matters.

where we should understand the susceptibility of the kids that we see. And yes, vaccines, by definition, induce an immune response. You know, one of the big things, there's something called an NLRP3 inflammasome.

We need that to fight infections. Most of the vaccine adjuvants stimulate that. Live virus vaccines like MMR and varicella stimulate that. But how much do they stimulate that?

Right? You know, go back to COVID, COVID-stimulated analog P3 enflamazome. And you know what? Most people got COVID originally, they didn't even get sick.

And the ones that did get sick, they got over it. And then you had this small percentage of people that died. And did they die of the virus? No, they died of the immune response to the virus.

They overreacted. Why wouldn't that happen with anything we do, including vaccines? And unfortunately, it's become that place where people can't do research.

You're vilified if you say anything bad about a vaccine, meaning we don't know the outcomes. We don't know the answers. Do vaccines cause autism? The correct answer is, I don't know.

Right. Right. And none of us do. No. And it's also, the other thing is, all vaccines are not the same. I mean, let's not, that's the other, you know, we can't put everything in the same bucket, just like we don't put everybody with autism in the same bucket.

Every child, every adult that has autism is different. There may be subsets, and it's the same thing with vaccines. We have to look at them, think about them, and study them differently, whether they're a live viral vaccine, whether there's something that are needed at that time of life, whatever it may be.

Yeah, and again, one of the other big things that we don't study is just the cumulative effect of these things, you know, because, you know, I mean, you know what it was like when I was young.

We had DT or DTP, depending on which one you got. We had oral polio. And then, you know, I'm young enough, I didn't, I got the measles. I never got the measles vaccine.

That was it. I mean, we didn't get 50 vaccines. They didn't start vaccinating. I don't think I got a vaccine until I was a year old. You know, so I mean, you don't get this welcome to world.

Here's your happy shot. You know, I mean, it's, it's, it's become insanity, what we're doing. And, and I disagree with it, you know, and nobody's studied, you know, you know, how it is a medicine is supposed to be risk benefit, whatever we do should be risk benefit.

So somebody needs to show me the risk benefit analysis of vaccinating a newborn baby for hepatitis B. You know, what is the negative that can happen from that?

What is the positive that happens from that? Put them on the scales of justice. Should we be doing that? Nobody's studying the negative, right? Well, yeah, 27 years ago now when Hep B was first added to the newborn screening, I was in a conventional practice.

I was a partner, regular pediatrician, all the things we as regular pediatricians do to help kids, do no harm, all of that. And one of my colleagues was noticing that since we started doing the Hep B vaccine in newborns, we were doing more sepsis workups.

We were having and we looked at it and none of our moms were Hep B positive. They had all had prenatal care. We were in a Fairfield County community, well-educated, well, you know, good prenatal care practice, and we stopped giving them in the newborn period just for that reason.

And that's the type of thing that with everything I think we need to be looking at. to say what changed, what was the factor that affected this child, and what can we do differently.

It wasn't that we stopped giving the Hep B vaccine, that's another story, but we didn't give it to newborns and decrease their sepsis workups just with that change.

Yeah. And it's, you know, again, it's a matter of what do we need to be using? What are the risks for that child?

Does it make sense? Because right now, there's none of that thought process going on.

It's just everybody gets the same thing. You follow the schedule. If you don't, you're an anti-vaxxer, you're ostracized, you're ridiculed, you're thrown out of all the clubs and all that stuff.

So I don't know. Somewhere there has to be some rational discussion on this. There has to be real research in terms of what are we doing? Are we trading a week's worth of measles for death from heart disease or a life of debility or immune dysfunction?

Is that happening? I'm not saying it is or isn't. You know, but there's evidence that getting, having the measles and mumps reduces your risk of dying of a heart attack by 20%. Well, heart disease is a much bigger killer than measles was before we started vaccinating.

You know, we really have to look at doctors, be scientists, look at the positives and negatives, but do it in an honest, open way where we can have a discussion, not, oh, are you suggesting I should let everybody get the measles?

You will have a heart attack. You know, it's like, that's where we're at right now. It's like, you know what? If it meant that we would reduce the death rate of heart disease by 200,000 people per year, yeah, I'm going to recommend we all get the measles and let's teach everybody how to treat it because we used to know how to treat measles.

Nobody even recognizes it anymore. And then again, measles doesn't cause everything, right?

MAPS Community, Parent Support, and Closing Thoughts

Two of those kids that died in Texas, I reviewed their medical records, they didn't die of the measles. One died of an E. coli pneumonia, for God's sakes.

That is a hospital-induced, iatrogenic pneumonia. That's what she died from. That's not on her death certificate, by the way. You know, it's crazy. It's crazy.

So, you know, we have to be rational. We have to bring it back in. Twenty years ago, we could talk about vaccines. We can't anymore. Right. And that's the thing.

One of the many, many things I love about MAPS and the people that we have there is that everything is talkable. Everything. We can discuss that. I don't necessarily agree with every word that's coming out of your mouth, but I can hear it.

I don't often tell you that, but you know, anyway, but we, we don't have to all agree on everything, but we can discuss it. We can look at, we can go back and say, okay, show me the science that proves what you're saying.

Well, there isn't any. All right. So how can we form that study? How can we work together to try to find those answers? But I'm not damning you because you feel one way and I feel another way.

We're trying to have a community where we can discuss these things. Right. And I think we're missing that overall. Go ahead. No, we are. We are. And, you know, we have a big problem because there are a lot of parents out there, and this is how vaccines cause autism.

Really? How does that happen? You know, but it was the parents that said, you know, it was immediately after not even the MMR. I mean, a lot of times it was Tdap or Dtap.

that set it off but it was you know after the vaccine high fever and they never came back. Okay well that is an immune response and it sounds like encephalitis and you know if you look at the package insert for every vaccine encephalitis is listed on almost all of them you know and that and then they became autistic after that so there's a mechanism there for it to happen.

But it was my parents that telling me this that made me start researching it. And then I realized, well, you really don't have things that I believed.

I believed these things, but it was a belief. You know, it wasn't based on science. So, and by the way, for your listeners, we have Nancy on the board because I'll say, I want this.

And Nancy will go, no way. No, you're crazy. So we need somebody to balance my craziness. That's why we have Nancy on the board. She has her own craziness, but we balance each other.

We do. But even more than that, and I mean this seriously and I think this is important for us as a society, even though we may disagree on certain things, we love and respect each other.

And I think we can, we really have to listen to each other, to our parents. to everybody. And along those lines of the kid that devolves into autism after a vaccine, that may just have been the tip of the iceberg.

It's not the sole factor. It may be, yes, they were also taking acetaminophen. Yes, they had low folate in their brains. Yes, their metabolism wasn't working.

They didn't have enough glutathione. They're still dangerous, you know, on and on and on and on. It's a total load theory that we're talking about. And that's why, again, back to the same other thing we talked about, there's no protocol because you got to look at all of those pieces of the puzzle for each kid to figure out how to help them be better.

Absolutely. Yeah. So, so new, how do people find you? Because now that they've heard you talk, they all want to come see you. Even all my patients, they're like, Oh, I'm going to go see him instead.

Let me start with this. I'm hiding. You can't find me. No, I mean, my, my practice is called bioenergy medical center. So it's just bioenergymedicalcenter.com.

You know, maps is medmaps.org. You'll know you have the right website because you will not only see my smiley face, but you'll see Dr. Nancy O'Hara's smiley face on the landing page.

So those are the two ways to get a hold of me. You know, I do, I'm still seeing patients in my office. So, you know, and we're mainly dealing with chronically ill patients.

So we see a lot of kids on the spectrum. We see kids with autoimmune disorders. We also see adults. So, you know, about 30% of my practice is peds, 70% is adults.

So that's where I'm at. Yeah, well, you take care of those adults now. I'll stick with the kids. I don't like adults. That's not happening. Things I love about you.

I don't know. Well, what last words of wisdom, of hope, of intelligence, I mean, do you have for our listeners and viewers? I mean, and this is more, you know, for practitioners, it's like, you know, if you're frustrated with what you're doing, come to a MAPS conference, learn about root cause medicine, because it will change your life, it'll change your practice.

I love what I do. I'm 65 years old and people say, you know, my patient's like, hey, you're not thinking about retiring. No, I'm not. You know, because I always say I would do it for free.

I don't do it for free, but I would do it for free if I could figure out a way to survive because I love what I do. And I will do it as long as I can do it.

You know, I mean, you need a good brain to be able to do this stuff. And, you know, if at some point my brain's not working the way it's supposed to, then I'll have to hang up the cleats.

But, you know, I love what I do. So that's for the practitioners, for the parents. Don't give up. I mean, don't give up. There's always something else that we learn about.

I mean, you know how it is. We've been doing this forever, but you go to a conference like MAPS and you sit down and you listen and it's like, why didn't I know that?

I didn't know that, you know? And it's like, okay, well, here's a new avenue that we can use. And, you know, Luca Vorin was like that 10 years ago, 12 years ago, whenever, you know, the cell danger response was like that.

When I first heard Bob Navio talk about it, it was like, This is earth-shattering. This is game-changing information and prior to that. I didn't know anything about it You know, I'm a student of biochemistry.

So both of those things for the parents There's always something else out there. Don't give up on your kid or on yourself, you know You you want to be with somebody that is that is going to take that journey with you That is going to work with you and keep looking for what else we can try And for practitioners, you know, if you're fed up with, with what you're doing, it's probably because of what you're doing, not the profession itself.

You know, you need to get back to why you went in, why you became a practitioner in the first place. All right. For me, it was, I want to learn how to cure people.

I don't want to heal people. And, and I'm just all about that. Yeah. Yeah. And, and the energy, the excitement, the brilliance really that you bring to the organization makes me as well as many others want to come.

So I just so appreciate that. And again, medmaps.org conference, March 12th to the 14th, Charlotte, North Carolina. Our plenary is on toxicology. Right?

And all things like that and many, many other topics. And Niu, thank you for being here. Thank you for what you're doing. I really, you instill such confidence, but also such joy and joy to vivre into the organization.

I really appreciate it. Well, thank you, Nancy. I really appreciate you. All right. See you soon. Bye, everybody. 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.

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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.