Dr. Jill Carnahan, MD - **00:00**

Hey everybody. Welcome to Resiliency Radio, your go to podcast for the most cutting edge insights integrative and functional medicine. I'm your host, Dr. Jill and with each episode we dive into the heart of healing and personal transformation. Join me as we interview medical experts, thought leaders, innovators of all type, bringing you information to help you on your journey of optimal performance and healing. Today is no different. We have a integrative pediatric doctor from New York who trained under some of the best names who I've had on here before, Ken, Jen Bach and Richard Horowitz and more. She has her own protocol called Reset and you'll want to stay tuned. If you have children in your life, if you're a grandparent or you know, if someone has children, I promise this episode will be relevant for you.

Dr. Jill Carnahan, MD - **00:45**

Before we do, I just want to remind you that you can find products and services@doctor Jill health.com some of our best sellers are now back in stock. The Tinted Moisturizer with SPF@doctor Jill beauty.com and you can find products and services for mass selectivation, Epstein bar reactivation, gut issues and brain health and many other things@doctor Jill health.com check it out, browse a bit and you'll get a discount on your first purchase. Also, I always want to remind you because many people think I am not accepting new patients. We have Flat Iron Functional Medicine in Lewisville, Colorado and we are accepting new patients. I have an incredible pa, Fawn Elwood and nurse practitioner Hannah and each of them are well trained. They are brilliant at complex cases and I precept all the cases with them.

Dr. Jill Carnahan, MD - **01:34**

If you want to know or schedule a visit or just even schedule a free call just to get to know our practitioners, you can call 303-993-7910 or you can email info@iron functional medicine.com one of our staff will get back with you and like I said, you can get to know us and see if it's a good fit. Also, if you haven't yet seen the movie Doctor Patient Movie, I like to remind you it's on Amazon Prime. You can also see it@doctor patient movie.com it's inspirational. It's out there for free with commercials and my goal with that movie document is just to inspire and impact your life. If you've seen it, leave some feedback below. Okay, let me introduce our guest. Dr. Somer del Signore is a Pediatric Board Certified, Provider, Fellow at MAPS and AAOT and member of ILADS and ssrp.

Dr. Jill Carnahan, MD - **02:23**

She was inspired to integrate the Depth of integrated care with precision of medical science by creating the reset protocol. We'll talk about that today. To address the root cause of pediatric and congenital illness. She has many degrees, and she's the founder and CEO of Hudson Valley Integrative Health and Wholesome Root Nutraceuticals in Beacon, New York. Let's welcome Dr. Del Signore. Dr. Del Signore. Did I say that right? Oh, it is such a delight to have you on the podcast. We've just talked and we've crossed paths in many different avenues and conferences, and I always love meeting colleagues who are doing such amazing work. We're going to talk about some of the things you've spoken specifically developed. So, guys, stay tuned. You're in for a real treat today.

Dr. Jill Carnahan, MD - **03:07**

But before we dive into all of the work that you're doing and the kinds of patients you're seeing and some of the

complex chronic things in kiddos, I want to hear a little bit about your journey into medicine and into pediatrics specifically.

Dr. Somer DelSignore - **03:18**

Right. So it was an interesting journey. As a young child, I knew that I wanted to practice medicine when I was 10.

Dr. Jill Carnahan, MD - **03:27**

Wow.

Dr. Somer DelSignore - **03:27**

And I've. I've shared this with one other person, but it. My mother was in a horrific car accident when I was 10, and my stepdad at the time woke my brother and I up and said, we have to go to the hospital and say goodbye to your mom. And so went in, and everyone was losing their minds around her. And I was just really calm, and I said, you know, I don't think it's her time. And then I'm sitting there at 10 years old, and I'm fascinated by. With all the doctors and the nurses and the techs who were coming in essentially, to put her back together. And that just sort of solidified it for me. And from then on, it was. That was the focus. Fast forward. The pediatrics kind of came into play during one of my residencies.

Dr. Somer DelSignore - **04:13**

I fell in love with it from day one and said, you know what? I don't want to do anything else. This is where I belong. This is what resonates with me. And I want to help these kiddos reach a healthy adulthood, whatever that means. Yeah. And that kind of LED training and then integratively was sort of a next level, like another step, because, you know, you're trained traditionally in. Yeah.

Dr. Jill Carnahan, MD - **04:37**

Yes.

Dr. Somer DelSignore - **04:38**

Okay. And then we move on, and we keep asking those healthy why questions. And. And that led me to integrative to say, we really have to connect the dots, connect the systems versus that siloed effect. And that led me to doctor Both Ken Bach and Horowitz later on. I'm here in the Hudson Valley and trained and worked with both of them, and then sort of just took the incredible, you knowledge pearls from both of them, sort of meshed it into sort of my integrative, kind of a more holistic view. And here we have Hudson Valley integrative health. So that. That's sort of a Cliff Notes version I love.

Dr. Jill Carnahan, MD - **05:24**

It always does seem like there's this, like, healer inside that somehow realizes that this is the work we're meant to do. And sometimes it's 10, it's 20 and. But what a story. And to be witnessing your mother in that and actually be. And even as you said that, I wonder if that calm was like this innate gift to be calm and ability to see the complexities that other doctors are missing. And I have such a deep and special respect for pediatrics because I know I was in the Chicago area and, you know, with ENT and dermatology and all these amazing fields, and then here I'm family medicine and pediatrics and medpe needs. We didn't get much respect.

Dr. Somer DelSignore - **05:58**

Right.

Dr. Jill Carnahan, MD - **05:58**

Like what? Like a smart person like you. Why don't you go into, you know, ear, nose, and throat or whatever? But the truth is, we're at the ground level doing this work with the average people, families, kiddos. And again, for you especially, such a deep respect, because your patients are the parents and the kids and these, you know, parents who love their children so dearly and are seeing them not. Not thrive, depending on what's going on. And then again, you have to be really ab. Have an ability to talk to both parties, the parents and the children. And obviously, the parents control the ability to give them a treatment protocol. So I just have the deepest respect for that.

Dr. Jill Carnahan, MD - **06:35**

And one of the ways I want to start is just I feel like if you're out there and you're a mother or a father or you have grandchildren or, you know, kids, which is 100% of us, all right, you're seen as well as we are, that there is more complexities and there's so many more children that are chronically ill, what do you think it is that we're missing? And I know some of this led to your protocols, but tell us a little bit about your perspective as a pediatrician and what you've seen over the past several decades.

Dr. Somer DelSignore - **07:04**

Well, it's interesting. I think epigenetics plays a huge role in general foundational health. I think that what we're witnessing now is not, you know, faulty genes or bad luck, but it's a collision with human biology and then environmental exposures in our bodies that weren't designed to navigate or evolve to deal with as quickly as it's coming at us. And we're talking about chemical exposures and processed foods and constant stimulation from EMF and screen time and this disconnect and it's replacing regulation because there's not a lot of face to face time. And that really plays a huge cognitive, biological and emotional effect on all kids and how they grow and develop. And I think that it changes their biomes. I think that it changes the way their immune system responds response.

Dr. Somer DelSignore - **07:56**

And I find that a lot of kids naturally, even if we're not dealing with, you know, a chronic illness per se from an infection yet that they're already in kind of a fight or flight situation. And, and that's what I see. And they're just not as resilient as you would hope that they would be to sort of weather those storms. Because we know all kids are going to have infections unless they live in a bubble. They're all going to have. Yeah, right. They're going to share things. They're cough and sneeze and laugh and they're going to have infections. And that's just part of childhood. But it's the way that immune system I find is responsive to it. And I just find it's very, you know, hyper aware, I guess you could say. And it doesn't know how to settle back down.

Dr. Somer DelSignore - **08:41**

So that's what I see. And I also find that once we start digging integratively, that only about 1 in 25 kids within my practice specifically carry one single diagnosis.

Dr. Jill Carnahan, MD - **08:53**

Yes.

Dr. Somer DelSignore - **08:53**

The majority of them have seven distinct diagnoses simultaneously. And of those who may have infections like a Lyme disease, about a quarter to maybe 30% have all three Bs. Really? A, you know, Babesian Bartonella is sort of like the posse that travels together. And that's. And that's what I see. So it's always very surprising when parents come to me and we dig and they ask, well, why are you testing for this? Or what? Why are we doing this? We came in for this problem.

Dr. Jill Carnahan, MD - **09:26**

Yeah, but.

Dr. Somer DelSignore - **09:27**

And you have to explain, this is the tip of the iceberg. Right. We need to dig and understand why your child is still ill and why they can't seem to overcome whatever this particular symptom may be.

Dr. Jill Carnahan, MD - **09:39**

What a great overview. I remember years ago, this is decades ago, where I Was like, I don't do mold and I don't do Lyme disease, but it's haha right, haha on me.

Dr. Somer DelSignore - **09:48**

Right.

Dr. Jill Carnahan, MD - **09:48**

Primary driver, the environmental toxic load. I would say toxic load, infectious burden. And these two things come together and create immune dysfunction. And then this, what we see in children and adults is unprecedented rates of autism and ADHD and anxiety and allergies and autoimmune disease. The A's, right. All these things. And then like you said, if you're not looking and you trained with two of my heroes and you're among them now, Ken Bach and Richard Horowitz. I, you know, trained with Richard as well and have the deepest respect because he was at the early years really starting to investigate how these infections in particularly affected kids and kids brains and adults and all of that. And we're seeing more and more of that. So like you said, we almost can't go there. And I had that same conversation.

Dr. Jill Carnahan, MD - **10:32**

Like first of all, if you just ask someone, is there mold in your home? Most people will say no.

Dr. Somer DelSignore - **10:35**

Right.

Dr. Jill Carnahan, MD - **10:35**

So you have to ask, has there been any water damage or dishwasher leaks? And on and on. And the same with these tick borne infections. Many people will right away, oh, I've never got a tick bite. My child has never had a tick bite. Right. And we know. Do you want to just maybe let's start with that framework because we don't have to focus only online, but we know that's a big portion of people. And like you said, the Borrelia, Bartonella, babesia is at the root of many of these. What questions do you ask to get to that? What kind of responses are you getting from patients and how do you kind of go deeper to look at these as possible causative agents?

Dr. Somer DelSignore - **11:07**

Right. So interestingly, having trained with Rich Horowitz utilizing his MSAIDS protocol, so what we did within the practice when I opened this one three years ago was I digitized that MSAIDS protocol and then we additional questions to it that were more pediatric specific and more neuropsych specific. And that was for my Pans autoimmune cephalopathy kit. So that's kind of over here. We'll talk that there.

Dr. Jill Carnahan, MD - **11:30**

Okay, you got it.

Dr. Somer DelSignore - **11:33**

So we utilize that one for, to maintain a degree of objectivity and also to be able to gauge. Right. Moving forward with treatment. So I'll start there. And it's a clue because the kids don't always respond. Exactly. And sometimes asking those questions, very objective by parents and Sometimes the kids can't answer some of the physical because they've always had it. You say, does your head hurt? And they'll say, well, no, know, I'm good. But they say, well, you know, do you wake up with pain behind your eyes? Well, sometimes, yeah, but that's always there, you know. And then they'll say, oh, I guess I have. So there's certain symptoms that they have. So it's a little trickier with kids, especially if it was something from a young age. So I'll start with the symptoms.

Dr. Somer DelSignore - **12:16**

I'll start with an mc, which is a very good validated tool. And then I work backwards. And then from there it's, you know, asking the parents, well, what were the exposures? Not immediately, but any time in their life, have they ever. Any weird illnesses that didn't match with what may have been going around. Do they seem to chronically, you know, have colds compared to their peers? And I was compared to their peers, yes. Do they seem that they're the stamina, Is the stamina there? Is there a fatigue issue? Is there a concentration issue or their sleep issues? And we kind of go through all systems and then I dig in with the parents and they're usually surprised to say, well, what were your exposures? And you know, what was dad's exposures? Mom, what was your exposure? How was your pregnancy? How was your childhood?

Dr. Somer DelSignore - **13:00**

And they scratched their head a bit. And I have to say, you know, genes translate inflammation translates to the baby and can shape the way the neurological system develops, it can shape the way the immune system develops. And by the way, there are certain, you know, bacteria and other pathogens like tick borne that can be transmitted congenitally. And we are watching that and we are showing that now. And then there's other viruses and other bugs that, that you may have had that didn't necessarily transmit, but the inflammatory response that you experienced passed along to that developing child as well. And that can kind of shape the way that immune system responds in real time once they're born.

Dr. Somer DelSignore - **13:43**

And so I kind of take that and create that picture and it gives me a good indication of what we have on board based on the symptoms. We, we started with the other potentials what I need to do to test and kind of round that out because I am a diagnostic person, but I try to b how much I'm testing at once because it can be very overwhelming. And then I'm looking historically to try to gauge if this was a more of a lifelong something for this child and perhaps they were already on this alternative pathway from an immune and neurodevelopmental perspective. And that gives me insight on how much I may be able to move that and, or how much effort I need to spend on not only treating whatever XYZ is, but supporting them from a detox and anti inflammatory.

Dr. Somer DelSignore - **14:28**

So it's this sort of process and web that kind of goes on in my brain. So I have this beautiful structured incense protocol and then everything else is like a spiderweb in my head to kind of connect the dots and you know, and then kind of move them forward.

Dr. Jill Carnahan, MD - **14:40**

Gosh, I have so many questions but maybe it's a good time to introduce you developed this Reset protocol. Is that the digitized like taking that and creating this program. I can't wait to hear more about it because I know people listening are going to want to know and it's always nice when a clinician sees a pattern like you did, learns from some of the greats like you did and then actually creates a reproducible way to see patients because we all know in our brain how we do it. Tell us about the Reset protocol.

Dr. Somer DelSignore - **15:08**

Right, so the reset was born, you know, from utilizing the MSITS protocol and then having more of a 10 point system within the practice that's focused on all body systems and then neurologically immune and then infection. So we tried to condense it in a way that was, is more digestible for parents to understand and patients understand. So reset's an acronym for reduce inflammation, eliminate toxins, support gut health, eradicate infection and transform health. So it's a, an all encompassing sort of comprehensive approach to say not only we're going to deal with whatever appears to be broken, but we have to look at all of these other domains and ensure that they're optimized as well for you to ultimately achieve, you know, quality health. And, and so that was pretty much the way that that worked out.

Dr. Jill Carnahan, MD - **16:03**

I love it and I'm very familiar with msds and even as a clinician it's complicated, right? It's amazing, it's brilliant and I love the simplicity because you're still covering those points within what you've just created. Right. And for me it's sometimes just a very toxic load infectious burden. That simple. Although we know that immune inflammation and inputs and there's way more than that. But I really love that. So let's go to like say we have a kiddo, you know, say it's a seven year old kid who's had some trouble in school, trouble with focus and attention, probably diagnosis of add. Maybe the parents are concerned about some symptoms that are worse after in sore throat or infection. So maybe in the line of where would you start with them? With the kinds of questions you mentioned, a few of them.

Dr. Jill Carnahan, MD - **16:48**

But how would you start to dive down? And then after that I want to say where would you start with testing? Because that's always just a, a big huge amount of things we could do. Like you mentioned, where do you focus in, on in the first, you know, one or two visits?

Dr. Somer DelSignore - **17:01**

Right. So the first visit is a data collection and really creating a, a story, a very comprehensive story history for that kid. And again that's where I'm asking with you know, exposures, food allergens, mold toxin exposures, if they're aware. And then I'm also kind of evaluating the parents too and kind of how their responses are me, how are they cognitively, how are they emotionally? Because you pick up a lot of things. What's the dynamic with the mom, the dad, the child or the parents and the child, whoever the caregivers are. And so that clues me in quite a bit.

Dr. Somer DelSignore - **17:40**

And if, you know, the entire family seems a little inflamed, I'm starting from the environment and I'm going to say let's look at testing for mold, heavy metals, VOCs, plastics, and we'll look at all of those things and there's some really great tests out there that can kind of pick up on many of those toxins. And then I'm also asking about exposures, you know, if you know, did your child have infections like strep, common things, how did they respond with, you know, within a week or two weeks later when we get the heightened, you know, inflammatory response that happens, what was their behavior like? What were they physically like for you? Did anyone else in the house react? And that gives me an indication too, sometimes genetically if there is something from autoimmune cephalopathy, MTHFR mutations and onward.

Dr. Somer DelSignore - **18:28**

So I'm kind of looking at the family unit as a whole and if there is inflammation and we're seeing that as a key diagnostic component and typically I do see that with adhd, behavioral, it's inflammation. So then I'm looking at, well, what could the root cause be of these things? So yes, environment, and then I go down the path of infection. Let's look for these infections. If there is suspicion of a tick borne infection either based upon the area where they may Live or exposures. Like we're constantly outdoors, we're camping, we have animals, you know, we're, you know, that type of thing. Then then I'm testing for full tick borne but I'm at least getting all viral panels and then a lot of the common infections like mycoplasma and coxackie and you know, strep and other things.

Dr. Somer DelSignore - **19:18**

And so I'll put that in a bucket to determine. Okay, is this part of the root as model as the environmental. And then now let's look at gut. Let's see what's going on with gut. That's a big component and that gives me, and you know this too, that the degree of inflammation that the body may produce, how the immune system may be functioning, you know, from that perspective. And then look at shoring those things up. So I'm pretty much looking at all things but then the emphasis will be placed based upon the history that I'm getting and then the responses that I'm seeing in front of me when speaking to that family.

Dr. Jill Carnahan, MD - **19:54**

Hey guys. Just a quick interruption to the show to remind you if you haven't yet visited Dr.jill health.com we have all kinds of products and services for adults and kiddos. Things like the Epstein bar bundle, the mast cell activation bundle, tick borne prevention treatment. If you're concerned about tick bites in the summer and many other resources, some of our very best sellers are in the Dr. Jill Beauty line. Check it out. If you don't know where to start, I suggest checking out the Ha Coll booster or the Vita CE serum. Okay, let's get back to our show. Makes so much sense and toxic load is kind of inevitable. It feels like most all of our patients have some form. Not all of them have mold, but a lot of them do. And then and the infections.

Dr. Jill Carnahan, MD - **20:38**

And again if you start to ask about exposures, parents will start to click in like oh yeah, every since he had this really bad strep throat at three, he's never quite been the same or he gets flared or so does. I love that you know, ask those kinds of questions. And I love what you're also doing is you're including the parents and kind of giving them aha moments as you ask and they're like oh yeah, I also had that trouble when I was his age or you know the kind of. You've seen that okay genetics which is so huge. I always felt, I mean I have family medicine so I'm not primarily peeds but of course I would see pediatrics and it was so interesting because for me it would mostly be like the mother, father would come in, mostly the mother.

Dr. Jill Carnahan, MD - **21:14**

And then later, like, would you also see my daughter? Or would you also see my son? Or would you. And it's so

interesting because I loved doing that because already knowing whatever patient I treated their family member, I could already predict some of the gut microbiome things. And maybe we start there real quickly because tell us a little for the listeners. How might the gut, the mother's gut microbiome affect the babies, especially through vaginal birth and that. And, and how do you look at that piece?

Dr. Somer DelSignore - **21:40**

Absolutely. So again, a lot of history there and we know that if it's a C section baby, they probably didn't have well seated, healthy bacteria there and they're going to struggle a bit. And so I do find that's a component of it. I also talk about any antibiotic use, certain types of diets that the mom may have ascribed to. And I know that's challenging sometimes having two kids of my own, it was a very different picture. But, but that certainly plays a huge role as well. And I do find that again, that inflammation plays a big role, April, with how healthy the microbiome is in that child even before they're getting started, and then certainly evaluating the foods that those kids are eating afterwards. How long did they breastfeed? Did they get that colostrum?

Dr. Somer DelSignore - **22:32**

Did they get those, you know, the immunoglobulin to kind of help line up that inner wall lining and help, you know, feed that system, generally speaking. So it plays a huge role. And again, I mean, I'm sure you experience this too. The parents kind of scratch their heads, like, why are you asking me?

Dr. Jill Carnahan, MD - **22:50**

Exactly, exactly.

Dr. Somer DelSignore - **22:52**

So you have to connect it with them, you know, and say that, you know, what you do translates, what you do after they're born also translates from a dietary perspective, from a stress perspective, all the things, all of them. And we only, you know, seem to view the gut is just the bacteria in it when we have to be concerned too, about the nervous system and how it innervates, I mean, all these things. So, yeah, it's an interesting discussion.

Dr. Jill Carnahan, MD - **23:20**

It is complex and of course you need the parents to be on board, so involving them is so crucial. Which brings me to one of the things I think is most difficult about probably most of your population in any of the children that I've ever seen. They tend to be, especially in the spectrum or any of these kiddos, a Little bit more picky with their taste or their texture issues. So how would you take a kiddo who maybe has some of those things already and maybe a restricted diet and then how do you like to prescribe diet and do you go just gluten free? Do you try to go more

strict with their food sensitivities and how do you navigate that with the parents?

Dr. Somer DelSignore - **23:55**

And that's an interesting one. That is probably the most challenging component of treatment, right. It's easy to give them, but it's difficult to take away their chicken nuggets and their Mac, which is the ongoing joke out there, you know, because that's common, right. So we talk about depending upon how restrictive they are. I will in the beginning kind of let it slide. If there are many other things that we need to address. And the hope is that if I can get neuroinflammation down, if I can nourish the cells in a different way and get a little less resistant from them, then I can start tackling the diet and perhaps also allow the parents to find a nice rhythm and cadence with the treatment. They're chronic, they're multi system issues going on and it can be very overwhelming.

Dr. Somer DelSignore - **24:46**

And I'd rather save the biggest fear for last, which is diet changing, you know, changes in a kid. So that I get them kind of get the buy in up front to say we're going to work towards that. The diet can stay as it is now. However, we need to work through these things and we're going to tackle that later. So it may be the third visit in before we start to really tackle it. And I, and visits are about every six weeks. So I give them several months of onboarding of the things and then we start with well, what is their absolute comfort? What do they have to have, what soothed them the most? And then we talk about potentially alternatives to that, you know, vagal nerve stimulation, other things to help stimulate that reward center a little bit more.

Dr. Somer DelSignore - **25:32**

If it's, you know, play time with mom, a special trip somewhere, something that's going to kind of reward that center in the brain and then maybe start to slowly take away that food source that they rely upon. Almost like the binkies or the blankets, whatever the comfort is. So we'll start with that very small and then I'll ask the parents to start with more of a whole food diet. Unless there are signs of really needing to be severely restricted because of an allergy. Or, or something to that effect. But I'll say stick with protein sources, fresh fruits and veggies, and try to eliminate grains. No processed anything, no dyes, no extra sugar. Just stick with whole foods. It's very simple. Shop the perimeter of your market. Don't go in the middle, you know, and just stick with those whole foods. Gluten wise.

Dr. Somer DelSignore - **26:19**

I do try to cut out gluten with most people. We do talk about how gluten is very different in the United States versus Europe and the top tolerance and all of these things, but we talk about the inflammatory response there and then also trying to remove cow's dairy, unless it is an organic A2 or in some areas, highly tested raw milk, which. That's, there's. That's a little tricky, but it exists. And so we talk about those things and then it's sort of a gradual change. So make exchanges every week, make one exchange in that diet, and usually by that second week we have something that looks acceptable. So it's just encouraging those parents that going cold turkey with anyone won't

work, child, adult or otherwise. Right. We all will kind of fall off the wagon.

Dr. Somer DelSignore - **27:10**

So gradually, just make an exchange every week and put something healthy in there and try to clean up as much as you can and distract.

Dr. Jill Carnahan, MD - **27:18**

So it's a process that was one of the most beautiful balance. I love it, every bit of it. I worked years for with a pediatric registered dietitian and I really loved working with her because unlike especially back, I've been doing this over 20 years and in the early days, like I'm elimination diet, take out every, you know, and adults or children, it was so hard. And I loved what you said about those exchanges because even with adults, it's like, get your pantry set with things that, you know, you can eat and you love. Otherwise you open the pantry and it's, you know, cheese puffs and bars and things that you can't have, and you're like, well, what do I eat? And then you feel deprived.

Dr. Jill Carnahan, MD - **27:55**

And again, adults or children, and then the parents filling the burden because so often parents unbeknownst to them are giving rewards like ice cream or, you know, chicken nuggets as a reward because a child feels soothed by that. So you just really address some really important things. I mean, then of course you have to get the parents buy in too, because if they love some of those foods, it's going to be extra hard because, you know, they probably have to change. Otherwise if they're eating that in front of the child, it's not going to go over well. So that was really balance. And like I said, I always love that dietitian because she would never be like so strict. I think that strictness because then it feels like a punishment and you don't want to do that. Yeah.

Dr. Somer DelSignore - **28:32**

Again, their nervous system's already, they're already in fight mode.

Dr. Jill Carnahan, MD - **28:36**

Exactly.

Dr. Somer DelSignore - **28:37**

Let's not add to it. Yeah, right.

Dr. Jill Carnahan, MD - **28:40**

So that's such a beautiful. So many good tips there. And especially I loved what you emphasized that food can be comfort and many times it's the number one comfort. And so if you're taking away something that's soothing, you have to think about what's the alternatives and what could we do to soothe your system. I really like that. And we know maybe you talk just a little bit about gluteomorphine and Casey morphine because these foods can actually act like a drug on the child's brain. Right.

Dr. Somer DelSignore - **29:03**

They do. And ours too. Right. And you got to rewire that system for those healthier rewards.

Dr. Jill Carnahan, MD - **29:11**

Absolutely amazing. So one thing I think that it's getting better. But the more I'm in functional integrative medicine and depression, anxiety, even severe disorders like bipolar and schizophrenia, the more I'm convinced that there's almost always an organic cause, whether it be infection, toxin, gut issues, etc. Parents, I think nowadays are seen in the school systems. You know, they're putting together these plans for behavioral disorders and mood disorders. And I think children as young as three and five are getting diagnosed with bipolar, which is really sad. But you and I look at it differently. Right. The brain and the body are the same.

Dr. Jill Carnahan, MD - **29:48**

How do you start to have that conversation with a parent about a behavioral disorder that may actually be organic and not blaming the child and also giving them resources and then looking deeper, I feel like that's a really big thing that we, you and I do differently than the classical maybe psychiatrist. And so it's great for the parents to hear that. But how do you start that conversation?

Dr. Somer DelSignore - **30:09**

Well, I start with hope. We're going to approach this biomedically and biomedically gives us something to hold on to. It gives us a nice strategic plan to move forward. And I don't make false promises. I do say sometimes genetics can align in a way that yes, there may be something psychiatric going on, but we could still mitigate that as well. But the majority of the time I find that it is a biomedical issue, either related to an infection, which we see quite a bit, not just tick borne, but viruses like EBV, HHV6, those types of things that can make their way over. And we see a lot of inflammation and autoimmune is a big component of it. Things like autoimmune encephalopathy, which is very different from encephalitis. And I have this argument all the time.

Dr. Somer DelSignore - **31:00**

So it's just more of like a basal ganglia cephalopathy and that can be triggered from an infection. So we just talk about biomedically. We're going to work through this, we're going to shore up any deficiencies we may have. We're going to look at D levels, we're going to look at folate, we're going to look at thyroid function, we're going to see what we can do to support any other genetic snips. We'll look at infections and we'll start treating them. And then we're going to start with some natural anti inflammatories, things that are going to hit that cycle and are nourishing to the brain. And then we're going to kind of step back and see how things go. But it's just a very, you know, gentle but directed stepwise approach and find that the majority of the time it is biomedical.

Dr. Somer DelSignore - **31:40**

And we do lift those bipolar or psychiatric conditions that they really don't have. It's just sort of a byproduct behaviorally of something else that needs to be managed. And we talk about it. I, you know, I usually see patients, half the patients that I see come in from other states. And it's interesting, we were looking at numbers within the practice just to kind of get state of the state, what's going on. And most of these parents are managing their kids because they're not getting anywhere. It's.

Dr. Somer DelSignore - **32:10**

And, and I get those heartbreaking stories that my child has been on four or five different SSRIs and their affect is so flat that their personality has disappeared, but they're still not better and they still have OCD and they still have ruminations and they still have intrusivity and all of these things and it just breaks your heart. And these are very young kids. So. And then we talk about, you know, just to kind of put in perspective for parents if there's sort of a flip of the switch with their child, that if it truly were organic psychiatric, it wouldn't just happen overnight. It wouldn't just, you know, out of the blue, you wouldn't just develop this. So, and then, you know, we talk about trauma as well.

Dr. Somer DelSignore - **32:54**

But generally speaking, there are certain patterns of behavior that would lead you to believe that it's not organically psychiatric, that there was a trigger along the way that led to this, and we have to find it. And that seems to, you know, translate well with the parents. And they seem to be on board with certainly exploring it. And again, I don't make the promises that 100% because again, these are growing children.

Dr. Somer DelSignore - **33:20**

Personality wise, they may be a little more type A, I know that I would was, but they may be a little more higher strong than, you know, other family members and perceived as anxious, but it's, you know, normal to them, but at least, you know, lifting things in a way that they are functional and they're not on these heavy medications for the rest of their lives and they understand their bodies more and how to mitigate it. And saying that perhaps I just need to have a little extra corin or maybe an ibuprofen, or maybe I'm coming down with something burnt is, you know, I need that so loft. Or I need, you know, so that's kind of how we approach it.

Dr. Jill Carnahan, MD - **33:54**

Oh, that's so beautiful. You mentioned ocd, obsessive compulsive disorder, which of course our listeners are familiar with. But I find this is particularly interesting because it can be a hallmark of certain infections or brain inflammation. Encephalopathy, as you mentioned. What would parents notice? What would be some of the common things that are maybe a little different from adults that might be considered in this bucket of ocd? That if a parent's listening and they just think, oh, my child's a little strange. And then you would say, wait, that could be actually infection. What behaviors or things have you heard from your parents about children with this kind of presentation?

Dr. Somer DelSignore - **34:29**

Right. So it is a little perplexing to a lot of parents to say, well, they, you know, they'll only play with this friend. So they seem to be social, but with just this friend. Or they seem to be able to go to dance class, but they can't go to gymnastics any longer. So it's sort of the rules in their heads. The parents. Well, you're just being stubborn, you know, just being obstinate. What's your, what's the problem? And so it's really interesting with that. Or they'll repeat themselves over and over as if to remind themselves or that or, you know, tap the door handles before they walk through a threshold. And it's just these quirky things. But to say those are rules. Those are ruminating rules in their heads or you know, like the movie Rain Man. Right.

Dr. Somer DelSignore - **35:15**

They have to have this many fish sticks on the plate or boots have to be this color or you know, things like that. So we see some of those behaviors and the parents will say, yeah, they're a little quirky, they're just a little challenging, a little awesome, but OCD doesn't necessarily resonate with them. Right, right. You know, it was interesting. Yeah.

Dr. Jill Carnahan, MD - **35:35**

And then if you had that presentation, obviously you could be dealing with brain inflammation. But what are some of the infections that you see most likely present with those kinds of symptoms?

Dr. Somer DelSignore - **35:45**

I do see strep quite a bit. I also see coxacky is a big one. Wow. I think that's a rather common and then certainly tick borne illnesses. All three bees I find do contribute, honestly from a neurological perspective. And again, when most of them are riding together, it's sometimes it's hard to differentiate which in particular I find that Babisi ot in particular has a lot of OCD and in Bartonella as well. So a lot of common things and then not so common to it.

Dr. Jill Carnahan, MD - **36:25**

So there's all kinds of wonderful labs for tick borne infections. I'd love to know your top two or three. And then also viral titers can be complicated. Do you test T cell function? Do you test blood igg, IGM titers and look at numbers? What is kind of your gestalt for looking at the infection in a kiddo?

Dr. Somer DelSignore - **36:44**

Right. So I utilize tlab and Galaxy as well as ige and then sometimes vibrant and just depending upon the situation, depending upon the size of the child, compliance, that sort of thing. They all use a little bit different platforms. So that's why I get the, you know, some, some tests will pick up on certain bugs and others won't so much. But that's the best way to try to capture it. And so I will look at fish tests, I will look at IGG IGMs. If it's a congenital, I'm not focused as much on IGG and IGM because that immune system developed alongside those bugs. Right.

Dr. Somer DelSignore - **37:24**

So you're not necessarily going to get a strong response, but we'll at least do some fish testing to see if something's active there and then once you sort of start test, you know, treating and you retest and sometimes after you've corrected, then the IGG IGMs will pop up positive and then that gets very confusing. Right. But so those are sort of my specialty tests that I'll utilize and then viral tests Quest LabCorp Many times I can get reasonable studies from them and I am looking at full ebv panels and IGG IGMs for most of that and then looking at immunoglobulins and T cell responses and things like that. So putting it all together, brilliant.

Dr. Jill Carnahan, MD - **38:06**

Couldn't agree more. I think it's so important and it's complicated. So people need someone like you who's really going to that deep level and understanding because there's T cells, there's B cells, there's you know, the IL6s and Nile 2s and TNF Alphas and all kinds of immune signals. So I love that you're so comprehensive. You touched on toxic exposure and one of my favorite topics is mold related illness. How often do you find some toxic exposure, especially mold in the home is related to some of the kiddos presentations?

Dr. Somer DelSignore - **38:34**

I would say nearly all, yes. Some level of mold exposure and you know the. There is surprise from the parents to say well our house is new. And when the same discovery that you had mentioned earlier was there water damage. Anyway, where are you close to a water reservoir. What's the humidity level generally in your house and surrounding. And then I'm asking, well, what kind of foods are you eating? It's in nut butters, it's in coffee, it's in teas, it's in chocolates. All the things we have a reason to live for. Good things, right? Grains. It's in all the grains. And I joke to say, well, do you want, you know, molds organically or do you want glyphosates? Which one do you want?

Dr. Jill Carnahan, MD - **39:19**

Yeah, I know, right?

Dr. Somer DelSignore - **39:20**

Which one do we want to deal with of here? But because it is in my families who are really organic, they're like, oh, but we're doing sport. How many PB and JS are they eating a week? You know, what are you giving them? And so it is a great deal I find is really in food source. Once we really nail it down and have the parents testing the house and there's nothing we find it in food. We find that's usually if we change the diet up, it does help us clear it quicker. And I also had that discussion with the mold that new houses have sheetrock and Sheetrock has paper and mold grows on the back of the paper really nicely. Yes, almost. Sometimes those older homes with like horsehair plaster walls are safer and more mold resistant.

Dr. Somer DelSignore - **40:02**

And so it's not about the newness of the house. It's about that moisture level and that exposure beyond.

Dr. Jill Carnahan, MD - **40:09**

I love that you say that because that's even today in clinic, you know, when I'm seeing patients frequently I hear, oh, but I have a new home or we even built the home or ourselves or it's a multi million, you know, the very expensive home. It doesn't matter, does it? It just doesn't matter as far as the. If there's drywall, if there was one moisture shoe. And what I see, like I'm driving all the time on these areas where they're building up multi family homes or even just beautiful new custom homes and the sheetrock or the wood is sitting out in snow and rain and not drying. I'm like, oh my goodness, that's going to have mold. You know, so people don't realize. And again, we're using materials that are much more porous than we used to, like stone.

Dr. Jill Carnahan, MD - **40:46**

It's like the three little pigs, right? The stone and the brick and that would have been much better, even strong concrete than the plastic and. Or not the plastic, but the sheetrock that you mentioned. So super common. And I'm in Colorado, which is a very dry, kind of not humid state and we have just as much issues and like crawl spaces are an issue. So you have to be pretty good detective to ask the questions. And many parents I'm sure, just like my patients are kind of like in denial smile that there's not an issue. So I'm glad that you said that because I would agree. I years ago when I had my mold illness and then learned how to recover and started asking questions, I was very careful not to project any of my experience onto patients and assume.

Dr. Jill Carnahan, MD - **41:26**

But I kept finding mold. I'm like, wow, this is like I kept being surprised because I was so careful not to project that everybody has mold, right? But the truth is, so many of our patients have mold related illness.

Dr. Somer DelSignore - **41:39**

Absolutely. Yeah. 100.

Dr. Jill Carnahan, MD - **41:41**

So as we kind of wrap up, I love that you've, you know, have this clear reset protocol. We'll make sure and let people find. Know where they can find you and everything. But for the page, for the patient or the parent out there that's listening and they have a child with maybe some behavioral issues or some complex issues that they're not sure what the root is. How would you speak to them if you were speaking to them as far as finding hope, finding answers, finding a practitioner like you, or coming to see you, what would you say to that person out there?

Dr. Somer DelSignore - **42:11**

You know, I, I would certainly say that you know, root cause medicine is a category. It's not alternative, it's a category. And it's a mindset. And many of us have trained inside that, the traditional medical model and experience that it's great for so many things, but in certain conditions, maybe not so much. And we have to just show you what is actually happening inside your kid's body and understand that it's not one thing and it's never just one thing. And we just have to be really comprehensive about our approach.

Dr. Jill Carnahan, MD - **42:42**

Fantastic. I know this is full of hope. Before we end, I have a few kind of more rapid questions I want to ask you.

Dr. Somer DelSignore - **42:49**

Okay.

Dr. Jill Carnahan, MD - **42:50**

What is one lab test that you wish other pediatricians would either order more or understand better?

Dr. Somer DelSignore - **42:58**

I think that MTHFR mutations are a good one and we can get those very easily without specialty tests. Right. And I think that if. If pediatricians could manage that, and they should BE in that 15 minutes of seeing, you could absolutely manage it. And that would help so much from a neurological perspective, from an inflammatory perspective, from a neuro health perspective, from autoimmune, all of it. If they sort of understand the. That that genetic enzyme process that's not working so well and help to correct it, that certainly could. Could help that child.

Dr. Jill Carnahan, MD - **43:34**

Brilliant. That was such a wise answer. Gut and mitochondria are frequently issues. Where do you start?

Dr. Somer DelSignore - **43:42**

Typically, I will start with the gut. I think that the mitochondria is fatigued out for a reason and we can throw all that we want at that mitochondria to support it, but we're just going to wire that kid a little bit more and not get them anywhere. So I find that we definitely need that gut to work. Work. It seems like a boring, you know, organ system. Right. It's like, oh, the gi. Right. But it's meant for so many other things other than digestion and elimination. And that's sort of like our source. Our source of health is right there.

Dr. Jill Carnahan, MD - **44:13**

Oh, I couldn't agree more. If you could give in the first visit just one nutrition habit that would change a family's life, what would that one bit of wisdom be on your first visit?

Dr. Somer DelSignore - **44:22**

Nutrition. Stick with whole foods.

Dr. Jill Carnahan, MD - **44:25**

Good with whole foods.

Dr. Somer DelSignore - **44:27**

Very simply, yes.

Dr. Jill Carnahan, MD - **44:29**

Oh, very good. There's so many great supplements and herbal remedies and things. If you had just one vitamin or nutrient or herbal thing to give to a, a patient in the first visit, where, what would that look like?

Dr. Somer DelSignore - **44:40**

Given our. The environmental exposures, we say, I think it would be glutathione. If they tolerate it's my. It's like my Windex. You think freque. It's like the Windex. It's. Give it to everybody. It works for everything.

Dr. Jill Carnahan, MD - **44:51**

I love it. Every one of these are like, yes, go.

Dr. Somer DelSignore - **44:54**

You get glutathy. Yes.

Dr. Jill Carnahan, MD - **44:56**

Oh, my goodness. This one's going to hit home. And then we'll let people know where they can find you. But the healthiest children of the future will be those whose parents. What, what, what could the parents do right now? Or people who are wanting to have children.

Dr. Somer DelSignore - **45:09**

Parents who let them play. Experience.

Dr. Jill Carnahan, MD - **45:14**

Yeah.

Dr. Somer DelSignore - **45:15**

You know, and keep life simple. Absolutely.

Dr. Jill Carnahan, MD - **45:19**

Oh, I love that. There's a man I know whose children. I. I watched him father them before. And one thing I always loved, he gives them these safety containers. So he gives them instruction. He gives them things like that. But he lets them do crazy things. But he's there, he's safe. He knows exactly what he's doing. He's watching them. And I always admire that. That may be a little different what you're saying, but I always, when I see that, I'm like, how cool is that? That it's not like this helicopter parents say, don't do this. Don't touch the water. Don't jump off that rock. He's there, he's got safety measures. They know what to do, they know how to do it. And I love watching that in action because.

Dr. Jill Carnahan, MD - **45:56**

Because he's creating that container of safety, but he's letting them really explore the world and do boy things that could be kind of dangerous. And I, I think that's, you know, really powerful to experience that. And then the bravery they experience, like, oh, my gosh, I did. I jumped off a big rock or whatever thing they did. And I really admire that.

Dr. Somer DelSignore - **46:14**

So, yeah, it's very empowering. It's, you know, very good for their neurological system and to learn and their

autonomic nervous system to help them. Themselves soothe when. When things don't go the way they want it to let them get a little dirty.

Dr. Jill Carnahan, MD - **46:27**

Yes.

Dr. Somer DelSignore - **46:28**

Important.

Dr. Jill Carnahan, MD - **46:29**

It's good for the immune system. Right?

Dr. Somer DelSignore - **46:30**

Good for the immune system. Yes. That microbiome, that immune system. They need that exposure. Absolutely.

Dr. Jill Carnahan, MD - **46:36**

So good. This was just full of practical stuff and just really appreciate what you're doing in the world to change the lives of adults and their kids. Where can people find you if they want to know more about your practice, or the Reset Program critical.

Dr. Somer DelSignore - **46:51**

So they can follow me on Instagram @Doctor Somer DeLore. And my website is www.hudson valley integrative.health.com awesome.

Dr. Jill Carnahan, MD - **47:02**

And if you're watching driving wherever you're at, this will be in the show notes. Thanks again for coming on the show. It was so fun to have you.

Dr. Somer DelSignore - **47:09**

Thank you, Jill. It was a pleasure.

Dr. Jill Carnahan, MD - **47:12**

Hey guys, wasn't that interview with Dr. Del Signor absolutely fascinating? I don't know if you're a parent or you have kids or grandkids, but hopefully you found some really practical tips and tricks in that interview that are helpful because so many of our kiddos now are suffering with mood disorders or behavioral disorders. And I do not believe that prescriptions are always the answer. There's so many other root causes and I hope that this was helpful. Great information. If you know a parent or a grandparent who has a child who's suffering, would you please share this interview just for helpful information that they know that there's more hope and ability to find a doctor like her out there to help. You can find all the show notes below. You can find her website and all the links there as well.

Dr. Jill Carnahan, MD - **47:56**

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