



Episode 478: Dr. Sheila Kilbane on 7 Steps to Heal and Prevent Common Childhood Illnesses

Child: Welcome to my Mommy's podcast.

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Katie: Hello, and welcome to "The Wellness Mama Podcast." I'm Katie, from wellnessmama.com and wellnesse.com. That's wellnesse with an E on the end. And this episode is all about the seven steps to heal and prevent common childhood illnesses. I'm here with Dr. Sheila Kilbane, who is a board-certified pediatrician, trained in integrative medicine with Dr. Andrew Weil. I love her approach. She uses conventional and integrative medicine to help identify and pinpoint and then reverse the root causes of children's illnesses. And I have known Sheila for years and seen her work in many, many families, and it's absolutely incredible.

And today, we're talking about her seven-step process that she uses to significantly improve or completely resolve childhood issues such as colic, reflux, eczema, ear infections, asthma, allergies, digestive issues, etc. And we go deep in this episode about why we're seeing a rise in some of these problems, the common roots they have that might surprise you, how her cumulative inflammation roadmap can help pinpoint and resolve things like eczema and other issues, some gut health important tips, trigger foods, supplements, histamine. We touch on a whole lot of different topics in this really, really informative episode. So if you are a parent and

you have a child struggling with any of these chronic issues, there's a lot in this episode. There's also a whole lot in her new book that will give you a roadmap if you are struggling with any of this. And without further ado, let's learn from Dr. Sheila. Dr. Sheila, welcome to the podcast.

Sheila: Thank you. I am excited to be here, Katie. I appreciate you having me on as a guest.

Katie: Well, I always love talking to you, and I'm glad we get to record this one to share with others because you are such a wealth of knowledge, and I certainly always learn from you every time we talk. I'm super excited about your new book because I think it's gonna answer a lot of questions for a lot of parents. And to start broad, I know we're gonna go into some specifics today, but you address common childhood illnesses. And so, to start off broad, I'd love to kind of talk through some of the reasons maybe that we're seeing such a rise in childhood illnesses, because it seems that this is relatively uncommon and especially to see as quick of a rise as we're seeing in some of these categories. I know at least on a personal level, that was a big part of my journey into the health world was reading in "Time Magazine" when my oldest was a baby, that for the first time in centuries, his generation was gonna have a shorter life expectancy than their parents, which is a really shocking reversal. We don't see that curve happen very often. So, from your perspective, what's going on here? Why are we seeing this?

Sheila: Yeah, I think that the food that we're eating now is so completely different than what we ate it even, you know, 30, 40 years ago. And I wouldn't even call it food in many regards. It's, you know, we're eating packaged foods. You know, a child might have a pop or, you know, like, a toaster pastry for breakfast, they might have chicken nuggets for lunch and then pizza for dinner. And there will not be a green vegetable, a fruit, anything, you know, any real food that's grown from the earth. So, we've completely changed what we're eating. And we have a lot more things that we're being exposed to. A lot more toxins, a lot more pesticides, herbicides, you know, and we could talk for two hours about this aspect of it, but I think it's what we've done and what we're exposing ourselves to in the water, in the air, and in what we're eating.

Katie: I think I read in the past week a statistic, and, hopefully, I'm remembering this right, but that for most kids over 60% of their diet comes from ultra-processed foods.

Sheila: Yes. Yeah. And when it comes to fruits and vegetables, it's less than 60% of kids get the number of fruits that they need and less than 90% get the amount of fruits that they need. It's really extraordinary. And I think it's something around 30% of adults and children get their meals from fast food on a daily basis.

Katie: Wow. And I know even in schools they kind of shifted the guidelines because that number has gotten so low of, like, okay, well, now ketchup counts as a vegetable and French fries count as a vegetable. And I think the sad part there is because with my background in nutrition as well, realizing, especially with kids, it's not even about the calories. And I think parents, I know I did for a while got kind of stuck and that's what we're

taught in school in the calorie side. And yes, kids have a calorie need because they're growing. But more importantly from what I've read, it's they have a very specific macronutrient need, and they have micronutrient needs, and that's what's missing in this ultra-processed diet. So, we're trying to grow these humans who are growing so rapidly, but we're not giving them the building blocks to grow.

And then to your point, they're also getting all these negative inputs. I've had doctors who specialize in autoimmune disease on here quite a bit, because that was part of my journey. And they've all used various analogies about the bathtub or the rain bucket, or basically how, if you think of our bodies as some kind of container, you can throw a lot of different things into that container. But no matter what you put in it, when it reaches the top, it's going to overflow and something is going to happen, and it's gonna express differently in potentially each person because we're also individual. But is that kind of the same thing we're seeing with kids? We've got too many negative inputs. It's not a single source, but we have all these negative inputs and so kids are reaching that threshold earlier?

Sheila: Exactly. And the way that I always break it down is it's the same thing, that cup of inflammation. And I always talk about five main triggers of inflammation. So we, first of all, have our genetics. And then it's the way that our genetics interact with our food, environmental allergies, environmental toxins, infectious diseases, and stress. And they can all contribute equally to this cup of inflammation. And it's when that cup is overflowing that we get symptoms. And I'll share with you a case because I think it helps to understand it. So, this was a patient, he was about six when he came to see me and his mom just wanted to switch to an integrated pediatrician, I was doing primary care at that time. And he was having chronic runny nose, he was a mouth breather, he was wheezing. And he had had to go on a round of oral steroids for the wheezing, and he went bazonkers. He just did not tolerate the steroids. So, she knew she did not wanna have to do another round of oral steroids for this wheezing.

And so, we just went back through his history, and he'd already been allergy tested. So one, we knew he had a really big dust mite allergy, and it turned out he was sleeping on a mattress that had been his uncles's from when his uncle was in college. And so, that is going to be a big dust-mite factory, right? Which just collected a lot of dust mites. And then, he also had the classic history of a dairy sensitivity, a cow milk sensitivity. So, he had reflux as a baby, he was uncomfortable, fussy. And now, he had dark circles under his eyes, he had some bumps on the back of his arms. So, all we did is we took dairy out of his diet and we threw out the mattress, and they came back three weeks later and he was, like, a different child. And I always describe it, he was one of those Darth Vader breathers. He had his mouth open, he was like [vocalization], and when we went through his history, you know, his mother just said, "How come nobody ever told me this before?" And it's, we don't get medical training. And I know that you've talked about this with many of your guests. When I trained, you know, in 1998, we did not get any nutrition training. You know, we learned that vitamin C deficiency creates scurvy, but we don't get into any depth about this. So, that's where I also educate families about knowing what to expect and from where, you know, how your doctor was trained.

And it has been really eye-opening for me, this journey, because you just...I remember it when another patient, the mom came in, it was just a little baby who had eczema and recurrent ear infections. And she was

still breastfeeding. He was about six months of age around the time, and he was getting recurrent ear infections, so many that I'd had to refer him to get ear tubes. And that was around nine months of age. And she told me around nine month visit, she said, "Dr. Cobain, I took dairy out of my diet and his eczema improved." And I just remember I said, "Well, I don't know why, but keep it out of your diet, and I'll figure out how we're gonna get fat, vitamin D, and calcium into his diet once he turns a year of age." And, you know, if she was gonna stop breastfeeding at that age. And so, the eczema had improved, it had didn't fully go away, and he still had fluid in his ears. Mom was really dragging her feet. She didn't wanna get the ear tube surgery. And there was an insurance glitch and so the surgery was canceled. And at his one-year well-child check, he still hadn't had the ear tube surgery, but she had a big plate of eggs the day before and he had a huge eczema flare. And so, we said, okay, "We'll keep dairy and eggs out of the diet." And I said, "Come back in three weeks, let me recheck his ears."

And so, she came back three weeks later, and his eczema has at that point in time, fully resolved, and then the fluid in his ears had cleared up. And it's so funny to think about it in retrospect because now I just know so much more about these things, and that's that cumulative inflammation. And we know that with eczema, you know, about a third of the time food can be a trigger, and the two big culprits are dairy and eczema. And he went on, he never had to get ear tubes because the fluid cleared up and he did great. So, those are just good examples of when we look at all the pieces of the puzzle, we just decrease that systemic inflammation so that the body's immune system is able to work more effectively and efficiently, and we get really good cellular activity. So, and that's how we want the immune system to be able to work optimally. Does that make sense?

Katie: It absolutely does. And I love that more holistic view of addressing systemic inflammation, like you said, because long-term, that helps the body be able to function so much more optimally. And I had my fifth child, she didn't handle eggs well for a long time, and she would get eczema and just kind of itching her elbows in the backs of her knees. And when we figured out that food piece, the other thing I like to tell parents is kind of a little bit of hope is it doesn't necessarily mean it's a lifelong thing. I did very intensive focus on her gut and now she eats eggs without a problem. And so, that's the other thing I think it's important to remember is, like, if the body's in this state of inflammation, it's really important to address, but that doesn't mean your child is forever gonna necessarily, certain times, yes, but necessarily gonna have to avoid these foods forever. Do you see that with patients as well, that as you address, I would assume you're focusing a lot on the gut and you're looking at inflammation from various sources, but do you see it resolved sometimes as well?

Sheila: Absolutely. And for the book, we created a lot of really great colorful graphics for the book. And one of the things is I call it the cumulative inflammation roadmap. So, we wanna decrease that systemic inflammation at least for three to six months. And I always liken it to a sprained ankle. Is think about if you've ever sprained your ankle or jammed your finger, it takes a good three to six months before it feels like your joint again. So, we wanna do that with the gut, and I know most of your listeners understand gut inflammation. And so, we have cells along the line of our GI tract, and when they get inflamed, that creates...we start to absorb food proteins and particles into our bloodstream that we shouldn't necessarily be absorbing. And then, that creates this cascade of inflammation, and inflammation in one part of the body is inflammation everywhere. And that's where you might see whether a child, if they have an eczema flare, an allergy flare, maybe they haven't

had a bowel movement three or four days, their behavior often gets worse because they haven't been excreting things.

And we take the foods out for a good three to six months, sometimes longer. And it depends if it's a really significant improvement in symptoms, sometimes we might need to make that a lifestyle change. But for a lot of kids, we are able to add it back in, and maybe we don't do it as much as we used to. Maybe she doesn't have eggs every day, but maybe she has them a couple of times a week and the kids are fine. But the one thing I do wanna say about that is, and in particular with dairy and gluten, because those two are, I kind of consider those in a different category because they are both inflame...they can be inflaming whether you're sensitive to them or not. And when we're looking at, like, headaches, if I... Years ago, I had a patient who we took dairy out of her diet and the headaches improved significantly, and she was doing great. And seven or eight months, they came back in and the mom said, "You know, I just can't figure out why the headaches have come back." So, we went back through her diet, and they had introduced yogurt a couple of times a week into her diet. But it was yogurt a couple of times a week over a seven-month period of time, that seemed to be enough cumulative inflammation that then the headaches started to come back. So, we just pulled it back out. And again, that doesn't mean that that little girl won't be able to have dairy and won't be able to go to a birthday party and, you know, have treats and things like that. We just have to be cognizant of that.

And I have another really good case that I'll share with you. So, this little boy had...he was soiling his underwear, and he was about eight when they came to see me. And, you know, for a little boy that age, you smell, you know, because he was leaking stool all day long. And we took dairy and gluten out of his diet. We had to take some more thing, some other foods out of his diet as well. But we did that for about three to six months. Within a few weeks, he started pooping again, and this had been almost a lifelong, you know, this had been a long time that he'd seen two GI doctors, he was on chronic MiraLAX, which is a laxative, and was pooping fine. And then, we just had to work through figuring that out even to this day, you know, he's a teenager and he can have pizza, but if he has it two days in a row, then he'll start to have...he'll have constipation and stomach pain. But he's able to manage it because they understand how foods impact his body. So, it's really powerful to really understand. And I don't think there is any one diet that fits everyone. I think we've got to figure out how our systems are put together. And I always describe it with the families, we understand as best we can together the child's biochemistry, their physiology, and the way their nervous system is put together. We don't ever change the kids, but we change the environment that their cells are in so that their cells can function optimally.

Katie: I love that. The idea of, you know, if a flower's struggling, you don't change the flower, you change the soil or you water it, and change the environment. And I think what you said is so important that there's not one diet that fits every child. I think that's also really important to understand because often I know I did this when I had Hashimoto's, it was like, I looked for all these approaches hoping I would find some blueprint that would work. And what I found long-term is that we each have to figure out our own specifics base on our body, but working with a doctor like you who understands the holistic view can really fast forward that process, especially when you have patients who are willing and invested in making the changes for themselves. And I know what a question we're gonna get anytime we talk about making changes with kids is, you know, what about my kid doesn't wanna eat these foods? Or my kids will only eat these specific foods and

how do I make him or her make these changes? So, I know you've navigated this with so many kids, any tips for the parents in helping the kids to make the switch when they're used to eating maybe some of those ultra-processed foods.

Sheila: Yes. This is one of my favorite questions because it, most of the time, happens organically, and I never make a big deal about the food at the beginning. And what we do is we just, we make it fun and we start to make one little change at a time, and we really focus on digestion. So, we take, first, sugary drinks because usually even if it's juices, so we wanna get out sodas, we wanna get out, you know, straight juice. A cup of juice has almost the same amount of sugar as a cup of soda. And we have somehow in our education, we are thinking that juice is healthy. So, we take out the sugary drinks, and then the next step we take out the artificial dyes and colors, you know, and then we work from there. And then we start to really decrease packaged foods, packaged snacks. Can we replace, you know, that bar with an apple, you know, with some carrots and hummus, things like that. And then, we'll start to talk about clean proteins and getting rid of, you know, the processed hotdogs and deli meats, and then processed fats, which we're gonna see a lot of the process fats in snack foods, packaged foods, fast foods. And it's the oils that we're cooking these foods in that can be some of the big culprits.

And as we're taking out the processed foods, it actually opens up space for other things. And when the kids' palates are no longer bathed in all of that sugar, they will often naturally start to want other foods. And the other thing too is because especially the kids that come and see me, a lot of them have something going on, whether it's constipation, loose stools, eczema, so they're uncomfortable for a lot of the day. And when we get them feeling more comfortable, it's like their hunger cue wakes up and they're able to eat more. And it's also why with my program, I do, you know, we start supplements. The way that I supplement it's one at a time for five days, but we really focus on digestion because we want that good...

Anyway, I jumped ahead of myself there, let me get back to the food. So, we get that processed food out, and then the kids naturally start to eat the other foods. And it's that gut-brain connection, especially with the younger kids. And it's one of my favorite things to watch that gut-brain connection kind of wake up, especially with a picky eater, is always, like, the first time that the picky eater comes to mom and says, "I'm hungry." We're like, "Yay." And we also will look at things like zinc because that can impact the palate. And if we have these nutrients, these mineral vitamins, these nutrient deficiencies, once we start to give those back to the kids, then that also is gonna help them function better on a cellular level, which is also why sometimes I will let supplements do the work while we're getting the kids feeling better so that then they'll start eating more.

Katie: That makes sense. And that was gonna be another question I had for you, because I know supplements can be a controversial topic in any case. And my opinion is, there's a time and a place, especially for certain targeted supplements. My personal approach is that I don't take anything every single day. I often cycle things or I'll take the weekends off of supplements. But I think certain ones, when you know what you're doing, especially when you're talking about deficiencies from ultra-processed foods that have potentially been there for years can make a difference in that curve and to your point, help kids to make that switch much more easily.

And I think the other important part of what you just said is the value of teaching kids about their food and about the nutrients and about how food affects their body. Because you said earlier, you know, even in medical school, they weren't explaining this to you guys.

Which is so sad, but kids especially are amazing sponges. And I've gotten to witness with mine when you educate them, they are so capable so young of making good choices. And I think we underestimate just how good they can be at that. And you educate them gently, not from a fear-based perspective. And I try to avoid languaging about foods being good or bad, but talk about food being fuel. And if you're this machine, how do you best fuel this incredible body that you have to do all the things you want to do? They really do understand.

And people ask me, you know, do you let your kids eat these other foods? What if they're not home? Or how do you make them? And I'm like, "I don't make them, I have educated them their whole lives." If they choose to go to a birthday party and eat cake, I know, first of all, that they're gonna be fine. That also that they're probably gonna have a stomach ache and not want to. And how that's played out is that they understand about how food affects their bodies individually. And I don't have to enforce a food policy at all. In fact, if I've seen them out in public or at parties, and someone gave one of my kids a little thing of veggie straws and she opened it, and then someone else asked her, you know, something about what was in it and she looked at the packaging and she's like, "Oh, canola oil." And she went and threw it away and I didn't make her do that, she just understood how seed oils can be inflammatory.

So, I think it's just about not underestimating our kids and how capable they are. But also, you brought up the processed fats and I think this is another important topic to just touch on briefly because when we look at the graphs over time, this is something that did not exist in our diets about 100 years ago. And that now we are consuming and really, really large amounts. So, can you just talk a little bit about the processed seed oils and what those are potentially doing in this inflammation puzzle?

Sheila: Yes. So, I wrote a ton about this for the book. It didn't make the cut because I don't think some people don't find it as interesting as you and I do. And it is so, so important. So, when we were hunter-gatherers, we got omega-3 fats, and then we've got the omega-6 and 9 fats, which are pro-inflammatory. And then the omega-3 fats are more anti-inflammatory or neutral. And when we started to develop these seed oils, these other things such as corn oil, those are all the omega-6 and omega-9 fats. And we've shifted the ratio of what we're eating. So, we're eating, in some cases, it can be, you know, for every one omega-3 fat we're eating 15 of these omega-6s and 9s or 20 or 25 of those, and fats make up our cell walls. And if we don't have the correct ratio, that cell is not gonna work as well.

I always describe it as think about a can of lard and how it's hard at room temperature. And then we have something like olive oil or...that's not the best example, but that is more fluid at room temperature. We want

this. We want our cell walls to be nice and fluid, we want nutrients to go in and out. And when we've got that correct ratio and the good fats in our cell walls, we're gonna have really good functioning cells. And when we get cell signaling, which we do for, we have so many kids with attention issues, with anxiety, we have receptors on our cell walls that send our signals out like our dopamine, which helps us to do our math homework. It helps us to think. We want that dopamine to be able to hit that receptor or want that message to be able to send.

So, we need to go back, and we need to make sure that our kids have the natural resources they need in order to make healthy cell walls. And when we're eating so many of these omega-6 and 9 fats, we don't have enough room in the diets for the omega-3 fats. And it's really, there are not a ton of foods that have those omega-3 fats, right? It's the cold-water fish, like wild-caught Sockeye salmon, tuna mackerel, and then, chia seed, flaxseed, hemp seed. You know, we've got some in walnuts, we've got, you know, some in blueberries, but it's really, if you're not doing those omega-3 food fats, which are not high on the diet of a lot of kids, especially in the U.S., we're just these little inflammatory bonds. And that's where, when I have a child who's coming with one of these inflammatory issues, whether it's reflux or eczema or asthma, constipation, or loose stools, chronic runny nose. One of the first things that we do is we start to shift the fat ratio in their diet so that we have an overall decrease in inflammation. And it's extremely important.

And the other thing with fats to remember is that fats make up our hormones. So, if we don't have good strong digestion, we are not gonna be making our estrogen or testosterone. And for a growing child, that's extremely important, which is also why we take that first step in optimizing digestion. Because even if we're going to, whether it's a food or a supplement, if we're putting food and supplements into an inflamed gut, we will not be digesting and absorbing the nutrients effectively and efficiently. And that's where I talk a lot about digestive enzymes, but that's one of the reasons because it's extremely important that we have good strong digestion so that we're giving our body the natural resources again, for what we need in order for these kids to grow and thrive.

Katie: Yeah. And I think...and the digestive enzyme for a big piece for me as well with autoimmune disease, which I had obviously gotten much further down this path of inflammation as an adult than hopefully our kids are, and hopefully, we do this early with them. Same thing with some gut-specific things like probiotics and prebiotics, changing my omega ratio with food was a big component for me. So, kind of like a two-part question here is, are there any other common trigger foods for parents to be aware of? So we've talked about dairy and gluten and eggs and seed oils specifically. And then, after you answer that, focusing on the positive, are there kind of, like, amazing foods that parents can focus on to help their kids reverse those deficiencies and fuel their bodies really effectively?

Sheila: Yes. So with foods, we can break it down in several different ways. And one of the first things I always talk about is that there are 11 foods that cause 90% of our food allergies or food sensitivities. So, that's dairy, soy, wheat, corn, eggs, peanuts, tree nuts, fish, shellfish, citrus, and sesame. Citrus and sesame are much lower on the list. But if we're having an inflammatory issue and, you know, we think food is a part of, it can be one of those. It does not mean that those are all unhealthy foods. It just means that those should be on your

radar. So, if you're paying attention, you can kind of notice, okay, you know, we had ice cream last night and, you know, maybe we had, you know, a whole bunch of cheese and, you know, Sally is constipated the next day, or she's got a big runny nose or she didn't sleep well. So, paying attention to those.

But then we have categories of...I had made a big chart in the book and I called it Five Ways Foods Trigger Inflammation. So, we can have a food allergy, which is what we classically think of, you know, like peanuts, things like that. And it's a really quick, rapid, very serious issue. We can have a food sensitivity, which is more so what we're talking about here, and that's where just taking the food out and you can see if you notice an improvement and then if you put the food back in and notice a flare-up, we can say, okay, that can be a food sensitivity. And then, we have things like a food intolerance, which can be lactose intolerance. Lactose is the sugar that's in milk, and that's what you get a lot of bloating and gassing, which most adults, not many people can drink a milkshake or have a glass of milk as an adult and not feel bloated and gassy. And, you know, that's that aspect.

And then we have something like celiac disease, which is an auto-immune condition to wheat, where your body is creating antibodies to the wheat molecule. And that creates inflammation in your gut and the rest of your body and then we can have a histamine intolerance. And high histamine foods are really healthy foods and they can trigger inflammation for certain people. And it doesn't always mean that's another good example of these high histamine foods, where it doesn't always mean you have to be off of them forever, but it may mean we need to get this systemic inflammation down, and then you can tolerate them.

And I go through this list because it's healthy foods, such as avocado strawberries, dairy is on there, cured meats, deli meats. We go down that list and because somebody might be feeding their kids and especially somebody who's got eczema, they might be feeding their child a lot avocado because maybe they're already off dairy. But, you know, maybe they noticed an improvement in the eczema, and then it's flaring again. So, just paying attention and knowing those foods. And that's where I created the chart so that, you know, moms could have it right at a glance of, okay, this is what I need to pay attention to. So, when we figure that out, you know, and decreased some of those things, what I love to start with is a green smoothie in the morning, because, one, that will get the kids off of a bagel and cream cheese, off of cereal and milk, which are just a lot of carbohydrates. And in a green smoothie, we can get a lot of greens into the kids. We can use microgreens, we can use lettuce, we can use bok choy, we can use kale, spinach you wanna...if you have a sensitive gut, you wanna be careful with raw spinach for a little while. But then eventually once the system is stronger, the raw spinach will be fine.

So, we put some greens in it, some fruit, and I would make it more fruit-heavy in the beginning so that it's sweeter for the kids. And then you put some chia seed, flax seed and/or hemp seed, and, you know, a little bit of water and you can, you know, a banana will give it some creaminess. Avocado, if the kids tolerate it, we'll give it a little bit of creaminess and it doesn't give a really strong taste. But that will give you a powerhouse of nutrients right in the morning. So, if you can just change one thing, that's what I would have families do in the morning.

Katie: I'm so glad you brought up histamine because that one I don't think is well understood and seems to be also a problem that's on the rise. And to your point, I'll share from personal experience. When I figured out dairy was causing an issue for me for a while, I'm actually fine with it most of the time now, but I removed dairy completely and replaced it with coconut. And because I probably still had a lot of gut inflammation and probably some leaky gut, I've actually become intolerant to coconut for a long time. And so, I think that's always an important thing. And like you said, I think you put it perfectly is, this doesn't make a food bad or mean you're not gonna be able to eat it forever, but especially when you're in that inflammatory period, you can, it seems like, develop intolerance is more easily because of the inflammation, especially if you're eating a lot of something.

Sheila: Yes. And thank you for saying that about the developing more and more food intolerances. And this is why we really, I don't love for people to keep pulling tons of foods out of the kid's diet, like dairy and gluten, that's great. But if you're having to keep to continue to pull a lot of things out of the diet, I really encourage people to work with an integrative or functional medicine pediatrician, a good health coach, a nutritionist, because we do run in...I've seen many kids over the years that they're off of a lot of foods, and they're not...it's a wide variety of foods that we need to eat in order to get all the nutrients that we need. And I will see zinc deficiencies, I'll see iron deficiencies. So, you wanna make sure that we're doing this in a smart way that we're gonna keep the kids, you know, getting what they need and not, you know, just not getting into trouble in terms of deficiencies.

Katie: So, to go a little deeper on that, and speaking of deficiencies, walk us through what some of the most common ones that you see are, and what are the supplements that you most often use with kids even in the short term to help correct those? Because I think, like, most kids aren't gonna wanna do what I do, which is to try to get most from food. And I eat raw liver and I eat lots of sardines and my kids actually will eat those things now. And my five-year-old recently told me, "Sardines are my life," but most kids don't start there. So, in the short term, like, what are some of the most common deficiencies that you see and what are some of the supplements you turn to most often?

Sheila: Oh, nice. I'm gonna recruit your son to be one of my patients. So, how I listed out and I write about this in the book, and I've created a chart because it is different when we're getting started versus the long-term roadmap of supplements. And the first thing I always tell families is if you don't know what you're doing with supplements, I actually would rather you don't do anything because you can cause harm. So, we wanna know what we're doing. And when I'm starting supplements, I start one at a time for five days before starting the next one, because we can have treat supplements just like a treat medications. You can have reactions good or bad, and we wanna know what the child reacted to. So, the first thing, I start with a probiotic and then a digestive enzyme.

And then, I'll add in the omega-3 fats, you know, in the form of either fish oil or, you know, we can do vegetarian. And we wanna have those digestive enzymes, because if we're putting fat into a gut that's

inflamed, that fat is gonna go right through the kids, and we're gonna have expensive stool and urine. So, then we do the omega-3 fats, and then, we'll add in either a whole food supplement or a multivitamin-mineral, and then vitamin D if it's in the wintertime where the kids live.

And then the two additional things that I talk about on a very large basis are magnesium and zinc. So, magnesium is the mineral that makes things relax. And it works in conjunction with calcium and we get magnesium through green leafy vegetables and pumpkin seeds. Those are another biggie. Most of our kids are not eating adequate amounts per day. And when it comes to constipation is one of the things when I started to understand about nutrition and I realized I was putting kids on laxatives for years at a time and never asking myself, well they don't have a laxative deficiency, what are we doing?

And so, now the first thing we wanna do is add in magnesium, and they'll help with bowel movements and, you know, we could talk for hours about the different forums and things like that. But for the purposes of this that magnesium is gonna help things relax. Magnesium is required for over 300 different enzymatic processes in the body. It's also important for something called methylation, which is what helps to produce our neurotransmitters. And again, if we have a child who's on a stimulant medication for attention challenges, we always want to make sure that they're on a magnesium, and a lot of different medications, including asthma medications, they deplete our magnesium levels, so we need even more. And when...magnesium and calcium work hand-in-hand.

So, what happens is calcium goes into the muscle cell and it causes it to contract. And we have to have magnesium to stop that flood of calcium into the cell so that we get that relaxation. And this is where we get our heartbeats, our muscle contractions. So, you know, further on down the line, if we can start having things like heart palpitations, and in conventional medicine, what we will do, it's often we'll do things and we'll do a lot, a little bit too late. So, I always think about with, with asthma, so kids who are in a serious asthma attack, and they're in the hospital in the ICU, we will give IV magnesium. And why don't we say, "Okay, let's look at this much earlier on and make sure that these kids are getting magnesium." So, magnesium is a really big part of, you know, most my practice are on magnesium, and then, zinc is the other one. So, we don't store zinc in our body. So, we need adequate amounts throughout the day, you know, throughout our life. And we get zinc in a lot of, like, oysters, clams, bone broth, things like that, some vegetables.

So, if we're not eating those things, we're not getting it. And low zinc can impact our immune system and it can impact our palate, you know, kids who are really picky eaters and we can developmental challenges. So, we always wanna make sure that our kids are getting adequate amounts of zinc. So, that's how I kind of lay it out that way. And once we get the kids repleted and we get really strong digestion, then we're often able to stop a lot of the antibiotics. I also talk about supplements kind of on a three to six months cycle as well. And then, how we look at them seasonally, you know, what you're gonna do in winter versus summer is different.

Katie: I've definitely heard from a lot of parents and from the kid's side as well, magnesium being relatively life-changing. I feel like for a lot of people, because it doesn't exist, like you said, in our food supply, in the

amounts that used to, even if you are eating those foods. We know from the data that our soil is depleted of magnesium often. And so, even the same foods that for our grandparents had a lot of magnesium might now have a fourth of the magnesium. So, it's sad to think, but there are times and places when that supplementation makes a big difference. And I know in my kids, I see a big sleep improvement when their magnesium levels are optimized. And that's a big encouragement for a lot of parents if, you know, kids are having sleep issues that affects the whole family. So, another endorsement for magnesium there.

Sheila: Absolutely.

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Katie: And a little bit, top of mind for me right now, we talked before we started recording, but I got to be at a friend's birth last night and witnessed that, which is always such a miracle. And it made me think, this particular baby is gonna have an incredible start because the mom has lived an incredible life and has been so intentional with everything she puts in her body. But it made me think, you know, you mentioned even breastfed babies, having eczema or having some of these issues. So, there's obviously a connection there with maybe the mom's inflammation level as well. but it makes me wonder what are some of the ways we can optimize from the very beginning, maybe it's during pregnancy for the mom or during breastfeeding to hopefully help give kids the most solid start and not run into these problems?

Sheila: Yes. And that's Katie where I think you do such a beautiful job also educating moms is that we wanna start, if we can start before moms get pregnant, that is awesome. And don't worry if you're pregnant, or if you already have your baby, that's great. We have so many tools now. So, if we start and we just start doing all the things that Katie and I have been talking about, when we clean up the diet, we take out the artificial dyes, we start to think about healthy foods, getting enough omega-3 fats in the third trimester of pregnancy, the baby's brain grows extremely rapidly. And mom needs to have adequate amounts, otherwise, the baby's going to take mom's omega-3 fats, and then mom's will get depleted. So, that's one thing we wanna make sure of, and then, you know, cleaning up what we're putting on our skin, deodorants, beauty products. I know you have your line of products, which are awesome.

So, the way that I lay it out is we, we breathe about, you know, 10,000 plus liters of air a day. So, we need clean air. We drink, you know, anywhere from one to three liters of water a day, we wanna make sure that we've got clean water. And the water supply isn't going to be tested. You know, when you get your printout of what your city water supply is, they're not testing it for antibiotics and hormones. And we know that we have found these and there was a great study done in the, I think it was the mid-'90s by the Environmental Working Group where they took 10 babies, and they checked their cord blood. And so, this is before a baby has ever stepped foot on the planet, and they tested for about 400 different chemicals. And they found that every single one of them had almost 300 different chemicals in their blood stream in the cord blood, including pesticides that had been banned 30 years prior to when the study was done. And they found things like asthma medications, antidepressants medications, hormones. And if you think about it, what we do with our medications, people either flush it down the toilet, or it goes into a landfill and that seeps into our groundwater. So, a really good water filter is extremely important. And then our food. So, we eat, you know, three meals a day plus, and we wanna make sure we have really good clean food. So, that's the first way.

And what that Environmental Working Group study showed for us is that the placenta is not filtering out. We used to think that the placenta filtered all of that out, but it is, in fact, the babies can be exposed to that. And I think, Katie, that's also part of what we're now is we, you know, we like to find one silver bullet of what's causing everything, but I think it's just this combination of things and cleaning things up so that we have that good start. And then, as you know and all the listeners know that when we have a vaginal delivery, the baby goes through the birth canal and starts ingesting all of that good, healthy bacteria. And then, we get skin-to-skin connection, and then we get breastfeeding and the kids are getting bifidobacterium, and this is setting the kids up. And what research shows is that we can have two kids, one that was a vaginal delivery and breastfed versus one who is a C-section and bottle-fed. And they're gonna have a different set of gut bacteria. And again, it doesn't mean that we can't shift and we can't support the baby who is a C-section and bottle-fed.

And that is totally fine. We're glad we have a healthy baby who's breathing when they were born, and we just take them where we are. And when I was doing primary care, as soon as the C-section babies were born, we were starting probiotics in the baby. And if the mom was, if they were bottle-fed, and if the mom was breastfeeding, we gave the mom the probiotics because the baby would get them through the breast milk. So,

those are some of the ways that we will start to really improve the outcomes of the babies and give them the absolute best start that we can give them.

Katie: Yeah. So many good points there. And I know you also layout so much of this so clearly in the book, and have really actionable clear plans, which I think for moms is so helpful because we're in the trenches of being a mom and so busy. So, anytime we can have a roadmap, it really helps that. And I think for our kids and for ourselves, I've said this before, the best outcomes are when you have a patient or a parent who is invested in taking ownership for their own health or their child's health, working with a practitioner or a doctor who understands the holistic approach. And that that partnership together seems to be the one that creates the long-lasting changes. And I love that you are making that information widely available to all parents. And as we get closer to the end of our time, a couple of questions I'd love to ask is the first being, if there were any areas that are commonly misunderstood or misinterpreted about your area of expertise that we haven't already touched on?

Sheila: Yes. I think that, you know, the one biggie is what we've been talking about is that nutrition matters, and that many, many physicians are not trained in nutrition. So, that's where when we're talking about taking ownership of our health really, you know, start reading, getting educated about it and, you know, supporting one another in this. And I listened to one of Ben Greenfield's podcast recently and he talked about is we're changing kids' diets. We were kind of expecting that kids are gonna be eating a lot of junk food. Is it like, when did that become the norm? Because we're wanting kids...people will say, I want them to have a normal childhood, things like that. And it's not that need to be the norm. So, that's the first, because I think a lot of pediatricians are worried and they don't want kids to be singled out. So, that's the first thing. And I do know a lot of my colleagues in pediatrics, they're shifting their diet for themselves, but not...they don't necessarily know how to do it with their patients yet.

And then the other thing is we learn medicine in a reductionistic fashion. So, we learn about the heart, we learn about the lungs, the gut, and so many kids will have been from doctor to doctor is we will go to a dermatologist for the skin, a GI doctor for the gut, ear and nose and throat doctor for chronic runny nose, you know, an allergist for allergies. But we're not trained really to look at that big picture and to look at the common threads among symptoms. You know, so a child with asthma who's got pretty significant constipation, we're not gonna start see improvements on their asthma until we've got them pooping every day. So, if symptoms are related and it's always, again, it goes back to that cup of inflammation. And the one other thing is that labs don't always tell the entire story. I mean, you can go on Amazon and you can see all of the books that are written up. My labs are all perfect, but I feel terrible. So, in functional and integrative medicine, we're looking at functional levels of labs. And then we have a few more tools in our toolbox to look at gut health and to really look at the biochemistry, the physiology, what are we doing? You know, what's happening with the microbiome and to start making those changes.

Katie: And then I will, of course, link to your book in the show notes. People can find it. I know it's also gonna be available everywhere books are sold. But other than your own, I'm curious if there's a book or a number of books that have had a profound impact on your life. And if so, what they are and why?

Sheila: Yes. So, one, I love these questions, Katie. So, one of them is "The Untethered Soul" by Michael Singer. And he talks about that voice in our head that we are constantly narrating life through. And, you know, he talks about meditation and he just started to get into meditation when he was a young person and just did it. That was the primary focus of his day. And he, you know, ended up creating this big multi-million dollar, billion-dollar company. And it really helped me to keep in the moment. And if you think about the amount of time we spend thinking about either what other people are thinking or we're worrying about what's gonna happen in the future, what happened in the past. It's just the way that he writes it. And it's a really, it's a small book, he wrote that book and then "The Surrender Experiment." And, like, if anybody wanted to read anything to get...because I think that's what we're all, at least for me, it's that internal piece is the biggest thing. And that makes the most differences when we're comfortable and, you know, just not worrying about things.

Katie: I wholeheartedly echo that recommendation. That's like you said, it's a short read, it's so good. And I think for parents, they pay attention to so much of what we do and a little bit of what we say. And if we're the example, when it comes to any of the things we talked about, healthy lifestyle food, any of that, that makes their process so much easier, but even more profoundly to your point, just now, when we can be an example of that inner calm, that is a gift we can give to our children for their whole lives. And so, I love...I'll put those links as well to "The Untethered Soul" and "The Surrender Experiment." I love that you brought those up. And then lastly, any advice that you would like to leave with everyone listening today?

Sheila: Yes. So, I would love, Katie, you and I talked briefly at the beginning as that we talked over a year ago, and you shared with me something that, you know, an experience that you had with yourself and with your daughter. And I would love if you don't mind sharing that. And then I'll piggyback on it and tell you one of the biggest things that I have found that impacts our kids' health in my life and in my practice.

Katie: Absolutely. So, when we talked, it was over a year ago, time flies. Part of my journey and I've shared some of this in pieces on the podcast before was, through Hashimoto's and through six pregnancies and a lot of weight gain and also a lot of unresolved past trauma. I, for years, was struggling to kind of figure out and put those pieces together and solve them for myself. And largely, that was a big reason I got into health, which I'm forever grateful for, but the moment that it became...you know, they say we change when the pain of staying the same is more than the pain of changing. And I vividly remember looking in the mirror and all those scripts running in my head, those voices, like we talked about with "The Untethered Soul" and the self-judgment and that was common, I was used to that. But then for the first time, I saw my daughter who was almost 12 at the time, see me look at myself in the mirror. And I saw it register on her face, the look that I was giving myself. And that's when it became so important for me of, like, "Oh no, I'm not passing on this mental prison. I'm not gonna give this to my daughters. I'm gonna figure out how to work through this and resolve this." And that was one of the cascade of changes that led to finally resolving all of those issues. But, yeah, so that, I think that just on a lot of the things we've already talked about, and I know you have somewhere else to take it as well.

Sheila: Yeah. So thank you for that because when I start working with families, I always talk about it as the family dynamic and you know, that's where that stress piece comes in and we're always going to have stress, right? We're never gonna live in a world without stress. But if we, as the adults, the kids are gonna resonate with the predominant adult in the household. And, I mean, you know it, you feel it. Like, you might leave and interact with a person and say, "Oh my gosh, that person sucked the life out of me." And so, we can either enhance the situation or we can negatively impact it. And what we bring to the table is so important. And one of my good friends, Kristen Oliver, she is an author as well, she wrote a book called "The Connected Parent." And one of her quotes is "Kids feel what we feel, not what we say." And Katie, that is the best example. And so, I really encourage families, like I will help, my mission in life is to help get the kids out of crisis mode and healthy so that we, as the parents can do what we need to get our, you know, our inner selves clear and straight. And that is what the kids are going to resonate with.

And I have had parents, like, parents will come into my office. And if I feel the tension, like sometimes the tension is so thick between the parents that you could cut it with a knife and it gives me a stomachache. And, you know, if the kids are coming to me because of a stomachache, I will just say to the parents, you know what? If you're willing to go to counseling, you know, then call me back, and then we'll get started because we sometimes we'll take our kids from doctor to doctor or therapist to therapist. And it's really, we wanna take a look at ourselves first, and then that's where we start to really see that magic happen.

Katie: I think that's the perfect place to wrap up and so important. Probably potentially, like you said, more important than anything else that we've talked about it's that overused metaphor putting on your own oxygen mask first, but we can't give what we don't have. And I think moms especially are at risk for depleting ourselves in the name of taking care of everyone else. So, that was certainly another lesson I had to learn the hard way. And so, I think anytime we can fuel ourselves to model these things better, that ripples and affects our whole family and all of those around us. I love that that's where you brought us to in the end. And like I said in the beginning, it's always a joy to talk to you. You are such a wealth of information. I know I've sent people directly to you who had children with different health issues, and they were so happy to see them resolved. And you've worked with thousands and thousands of kids and now you're sharing all of that research and work in this book, which I highly recommend. But thank you for being here and sharing so much today and for all the families that you help.

Sheila: Oh, thank you, Katie. I appreciate it. And I love chatting with you as well. Thanks so much for having me.

Katie: And thanks as always to you guys for listening and sharing your most valuable resources, your time and energy, and attention with us today. We're both so grateful that you did, and I hope that you will join me again on the next episode of "The Wellness Mama Podcast."

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