

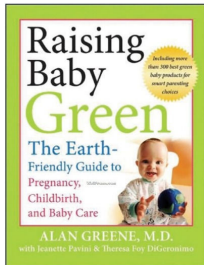


111 – Raising Baby Green

Interview and transcript topic

Transcript:
Interview with Dr. Alan Greene

HEALTH QUEST PODCAST



Dr. Alan Greene

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- Steve Lankford:** Hello, and welcome to Health Quest podcast. I'm your host Steve Lankford, thanks for joining me, I'm glad you're here. My guest is Doctor Alan Greene. Doctor Greene is a pediatrician, who has focused on how to raise babies more healthfully, how to look at the environment that you live in to create a better space. He's written a book called, 'Raising Baby Green' the earth friendly guide to pregnancy, childbirth, and baby care. It's in that capacity that I've invited Doctor Greene to be our guest today on Health Quest . Doctor Greene, good morning and welcome.
- Dr. Alan Greene:** Good morning Steve, great to be with you today.
- Steve Lankford:** It's a pleasure to have you. I know you do a lot of speaking, a lot of educating. It's clear from your book what your passion is. Before we get into our topic of raising healthy babies, give our listeners a little bit of your history and how it is that you became interested and focused on this particular aspect.
- Dr. Alan Greene:** Well a few pieces to that. First, the reason pediatrics grabbed me, when I was trying to decide in medical school what course of study to follow, was I got a glimpse of how many of life's main health issues start in the pediatric years. Even things you look at and think of as a disease of the elderly, like osteoporosis, or something that the pattern is really set early on. It's really a disease of teenagers and young kids. It's early in life that we start building our bone density up to the full peak it's going to get to, the rest of life it gradually goes down. Now later in life there's lots we can do to slow it going down. The real determining issue is how much bone density you put on as a kid. That made me excited about kids, and excited about taking really early steps at ensuring good health and preventing problems.
- Steve Lankford:** It must have been a bit challenging as well, because if you see that there are these things that you can do, obviously a lot us of don't do those things with our children. We're either not aware or we think that they're not important or we're just really going along with the conventional ways of doing things. Do you find this a challenge with young families?

Dr. Alan Greene: It is a challenge, but getting less so all the time. I think you're right Steve when you say that it's people are unaware of it or aren't convinced yet that it's important. We know that pregnancy and when you have young kids is a time for real changes in health. For instance, more people stop smoking on the day they see their baby on an ultrasound, than any other day in life. It's just this natural thing where they understand, I'm pregnant, I don't want to be smoking. That's pretty recent. A number of years ago, people smoked right through pregnancy without thinking about it. Once they got that this was a real issue, then it naturally changed.

Today, there's a lot of different health issues in kids that have been rapidly rising. Asthma has doubled or quadrupled in the last couple of decades. Autism went from one in 10,000 kids to now one in 150. Diabetes is on the rise in kids, high blood pressure. With all of these different things, cancer in kids, allergies, ADHD, a bunch of them that are going up very, very quickly. With all of them, it's not our genes that have changed, it's our lifestyles. It's how we eat, it's how we move, and it's the chemicals that we're exposed to.

Steve Lankford: Are you suggesting we should actually start looking at these things prior to a mother even becoming pregnant, but certainly during pregnancy?

Dr. Alan Greene: Absolutely. There's more and more research actually backing that up. With asthma for instance, we know that if a mom is eating a Mediterranean style diet during pregnancy, even if she's got a family history of asthma, the odds of her child getting asthma go way down.

Steve Lankford: What do we know about the triggers for these things? Do we have suggestions as to why a mother on one diet would be less likely to have a child with asthma than on the average American diet? What are these differences that are so important?

Dr. Alan Greene: Well there's a few different things that are going on, taking asthma as an example. I think there's three things that are conspiring to make this all happen. We know that certain pollutants in the air can trigger asthma, air pollution makes it worse, but air pollution is actually getting better overall and smoking is decreasing. Smoking exposure can cause asthma too. Why is asthma rising when those things are falling? Part of it is that we're exposed to more toxic chemicals in our homes than we used to be. Since the 70's, there's 20,000 new chemicals that are on the market, many of them have not had real safety testing yet. A lot of those are chemicals that, up to 900 of them, that can be found in the home; in the air inside our homes where indoor pollution is often worse than outside. We have these chemical exposures.

Another leg of it, is we're not getting the normal natural exposures we used to get. It used to be that people would spend time on farms. You either, lived closed to a farm, you were a farmer yourself. Most of the country was or at least you had a relative that was. In the last couple of generations that's really disappeared. We know that if a child spends even one trip to a farm in their first year of life, their odds of asthma decrease, just from being exposed to natural stuff when their immune system is trying to figure out what to react to.

Steve Lankford: When we're talking about natural stuff, are we talking about the types of bacteria or organisms that exist in those environments or are we talking about if they get exposed to

pollens and hay and things like this, that this might enhance their immunity? Do we understand what the connection is?

- Dr. Alan Greene: Actually there's lines of evidence showing both of those as connections. Part of it is that the organisms that live in us and on us are more of those cells than there are human cells. It's a very important ecosystem. By getting exposed to the beneficial bacteria and organisms, and other organisms actually that are on the farm, that helps to set your immune systems directly. Apart from that, those early years before birth and the first couple years of life, are own immune system is going out, it's almost like it's in school, trying to learn what's normal and what's not. Getting exposed to pollens and other things early on, helps you not overreact to it later when you're exposed.
- Steve Lankford: One of the interesting things that I have heard, and maybe you can clarify this for me, is that we have begun to use too much in the way of antibiotics, too much in the way of antibacterial soaps. We see commercials encouraging mothers to make sure that everything is sterile and clean in the house. Does this attention to fighting bacteria actually create issues that we should be concerned about?
- Dr. Alan Greene: Well there's a whole school of thought called the hygiene hypothesis. It says by getting too clean, we actually create more immune problems and allergic problems. There's some degree of truth in that. I think that part of it is that we do need this interaction with healthy bacteria and other organisms in the environment, by sterilizing everything you miss out on that. It's not just cleanliness, it's the sterilizing other bacteria that we have a problem. Yes, we should absolutely minimize the overuse of antibiotics.
- Steve Lankford: Would you suggest that the bacteria that's found in our normal environment, in our house and around us, those aren't the things that normally make us sick, it's not like say a pneumonia bacteria or something? Those are not what we need to be afraid of, it may be more the chemicals around us. I know you pay a lot of attention to that in your book.
- Dr. Alan Greene: Often what people use to try to kill the bacteria is more dangerous for our health than the bacteria themselves. Bacteria in the home, by and large I agree with you. Often, because of industrial farming techniques that are used today, people end up bringing some dangerous bacteria into the home; Salmonella and E-Coli, some kinds of staph, just because chicken products, for instance, tend to have a lot more Salmonella than they used to have. Some cleaning is important in good practices and preparing food.
- Steve Lankford: As a pediatrician, you're dealing with children's health issues all the time. What are some of the most common ones that people can actually have a lot of positive impact on? What advice would you give to new mothers who said, "What things should I do?"
- Dr. Alan Greene: Finishing up on the asthma thing, we talked about the exposures, but nutrition does play a big role. Again, in a couple directions. We know that there's a lot of things that are in kid's diets today that can make inflammation and inflammatory diseases worse. Especially trans fats and over dependence of Omega-6 fats, and other food that can make them better, especially the Omega-3's. Which many kids are not getting enough of. That's actually a common thread in many health problems that we have today. They tend to be associated

with too much inflammation, and in our diets we tend to get way too little in the way of Omega-3's.

Steve Lankford: These Omega-3's play an important role, not only in the elderly person with arthritis or cardiovascular health, you're suggesting they're important for what? Mothers, pregnant mothers, and infants?

Dr. Alan Greene: Absolutely, and in a couple of different ways. One of the Omega-3's, DHA, is actually a building block of babies brains. People often don't think about it, but the brain is 60% fat, but most of the fats, the structural fats, are Omega-3's, and DHA is the primary one that's there. People think of calcium, say as a building block of the bone, you can think of DHA as a building block of the brain. We know that kids who get too little, their brains are literally built differently.

Steve Lankford: That's a very intriguing statement right there. What you're suggesting is that if a mother doesn't get these fats adequately when she's pregnant, if the child doesn't get them when they're infants, their brains actually develop differently.

Dr. Alan Greene: Yeah, it's structurally differently. We learned about it in a sad way, in young kids who had died from other reasons, in accidents and such. Looking at the autopsy, the brains of the kids were structurally built differently; you can see the difference in their brains. Then going back we learned, that the difference was just not getting adequate DHA during pregnancy or in early infancy.

Steve Lankford: Now, do we have suggestions that these differences in the brain contribute to other kinds of issues, that they actually are significant in how a child develops?

Dr. Alan Greene: There's been a lot of research going on with that, and in the last several years some really intriguing things turning up. In particular, it looks like not getting enough DHA tends to slow development of the eyes, vision development. That makes sense, the retina is part of the brain, and there's a lot of DHA typically in the retina as well. Then also just overall development, kids are cognitively just a little bit better, they think better, they perform better on developmental test when they're getting plenty of DHA.

Steve Lankford: Is this something that parents should look at as a nutritional supplement for children, or should we just try to feed children more fatty fish? What would be your recommendation for parents to make sure that they get adequate amounts of these fats in their infants and children?

Dr. Alan Greene: This is something I'm actually very concerned about them getting. It is possible to get during pregnancy by getting plenty of fatty fish, wild salmon 6oz, twice a week should give a woman what she needs for herself and her baby. It is important for her too, to help prevent prenatal, postnatal depression for instance, it's good for mom's health. The reality is, in the United States, that most women, even though it's the time in life we have the highest requirement for DHA, 300mg a day on average, it's the time in adult life where people tend to get the least. They don't eat fish for one reason or another, they have revulsion to it during pregnancy or they're afraid of the mercury or other toxins. If you're not getting enough, a good clean supplement is I think very important.

- Steve Lankford: Your suggestion is that the moms take it when they're pregnant and what? Then also if they're breastfeeding?
- Dr. Alan Greene: During breastfeeding, you can get a direct amount. The amount the mom gets in her diet changes the amount that is in her breast milks, which changes the amount her baby gets.
- Steve Lankford: I've heard it's suggested that one of the reasons that women struggle with mood issue, either during pregnancy or after pregnancy, is perhaps associated with not getting a sufficient amount of DHA or these Omega-3 fatty acids. Do you have any evidence that plays a role?
- Dr. Alan Greene: Absolutely. We know that levels tend to build up in mom's body throughout pregnancy, and then they plummet right after birth, because part of it goes away when the baby comes. That swing seems to be associated with a lot of mood swings when she's getting back to her normal level. The more she's getting in the healthy range, when she's getting a really good amount early on, and she's much less subject to these traumatic swings.
- Steve Lankford: Well let's talk about the nutritional support that a woman can take when she's pregnant and what she can do with her child when it's born. We understand the importance of good diet. I don't think that many of them have recognized the importance when a woman is young when she's pregnant and when she has a young baby. Let's focus on that a little bit, give us some guidance as to what a woman should look for during those stages.
- Dr. Alan Greene: That is perhaps the most important time of time to be getting great nutrition, because the baby is going to be built entirely out of what mom eats and what she's eaten before she's pregnant. A few things to pay attention to, first, I do think it's important to be taking a great prenatal vitamin, preferably starting even three months before conceiving. That early nutrition, that can make a difference in the baby's health too. By good, what I mean is something that is clean, that doesn't have artificial flavors or chemical preservatives that are in there, which there's questions about their effect on a developing baby. It has solid amounts of the recommending vitamins and minerals across the board. You don't want super high levels, in the 100, 200% range of the most of the requirements; not really high and not missing out on key things.
- Steve Lankford: A good balance of the essential nutrients?
- Dr. Alan Greene: Exactly. The Omega-3's I talked about, is something on top of that, not usually found in the prenatal vitamin. Then the other one that's very important on top of that often is calcium. The baby is going to be born with about 30,000mg of calcium in the body. If mom is not getting enough calcium during pregnancy, then it's going to come out of her bones. Even if she's getting a pretty good amount calcium, it's going to circulate through her bones. It will come out of her bones, go back into her bones from the diet. That's important from an interesting environmental thing people don't think about.
- When we're exposed throughout our lives to lead, where it ends up is getting locked up in our bones, almost in jail in our bones to protect our blood system and our nerves from it. During pregnancy, when the calcium is coming out, lead can come out too. Studies have

shown that if moms get plenty of calcium, the ones that took an extra calcium supplement, their lead levels were lower in their blood and in their baby.

Steve Lankford: Are there other things that women should avoid, that they shouldn't take that can be detrimental during this time?

Dr. Alan Greene: You want to minimize your exposure to unnecessary chemicals in general. Pesticides seem to have their biggest impact during that time, so if you're going to pick one time in life to eat organic that's when I would do it. It's a good time to choose non-toxic cleaners around the house. A lot of the cleaners have very, very harsh chemicals in there. In, 'Raising Baby Green' I give recipes for homemade cleaners and plus a whole bunch of recommendations for companies who are doing it right.

Steve Lankford: Well certainly that's one of the things that is so excellent about your book, is it does bring to a woman, resources that she has, guidance in what choices to make, and what companies that you're aware of that make these product. What do you recommend that a women do either nutritional or supplement wise, with an infant?

Dr. Alan Greene: For a women who is breastfeeding, one of the problems we've learned about recently is the babies are often not getting enough vitamin D. It's not that there's anything at all wrong with breast milk, breast milk is fabulous, but historically we've gotten vitamin D from the skin, from our sun exposure. Because our habits have changed, because changes in the ozone layer and rising of skin cancer rates, babies are slathered with sun screen when they're outside. It used to be, for most of human history, kids would spend a lot of time outdoors every day, and that's not so much the case anymore. We're indoor people a lot more now than we used to be.

Vitamin D levels have dropped, and vitamin D is important health in lots of ways. It's another link to asthma we were talking about before. The lower vitamin D levels, the higher the asthma rate and other connections with eczema, even cancer.

Steve Lankford: We're hearing so much about vitamin D and its benefits. As you suggest, one of the reason we're not getting enough of that, is because we've shied away from being in the sun and we don't put our babies in the sun very much.

Dr. Alan Greene: Yup, and some sun exposure is very good. We don't want sunburns, but sun is very good. In general, for breastfed women, getting a liquid multivitamin for the baby with vitamin D in it, with 400IU of vitamin D, is now recommended by the Academy of Pediatrics, and I really agree with that. If somebody is drinking formula, there's vitamin D in the formula, but once they drop below about 17 ounces a day, which often happens in a seven to eight month old, then a vitamin D supplement is important for them too, they're no longer getting enough.

Steve Lankford: Did you mention a multivitamin drops?

Dr. Alan Greene: That's one great way to get the vitamin, would be multivitamin drops. In particular, when kids start not to have as much breast milk or formula, often around a year old or so. All of a sudden the core of their nutrition is gone away, and in the US toddlers are notoriously picky eaters, they're not likely to be getting the DHA that they need at that point as their brains

continue to grow really rapidly. There's many vitamins they might be missing out on. I strongly urge, certainly by a year old, to be doing a multivitamin drop for kids in the US with DHA.

Steve Lankford: Do the multivitamin drops have DHA in them or is that a separate supplement?

Dr. Alan Greene: They do actually have DHA in there.

Steve Lankford: A mom can take DHA and the child can take DHA?

Dr. Alan Greene: That's correct. Throughout the childhood years, in the United States, the nutrition that kids are getting is often subpar. At the same time we have this obesity epidemic going on, where kids are overfed and getting too many calories; they have a micro-nutrient malnutrition. They're getting suboptimal levels, so at least 13 important nutrients often in the United States. This is just a great safety net, so you can relax and not have to worry about them getting enough in, instead you can teach them to love great food.

Steve Lankford: We're getting close to the end of our time. I'd like to give you the last word. Is there anything that we didn't cover that you'd like to make sure that our listeners hear?

Dr. Alan Greene: Well we talked at the beginning about how all the problems that are increasing in kid's health are linked to the environment one way or another. Actually all of them are linked to nutrition in a core way. That's actually really, really good news. That means that we have environmental solutions, we have nutritional solutions for the most pressing problems in kid's health. For from being a peripheral optional thing to do, great nutrition is at the core of life-long good health.

Steve Lankford: Well certainly you have made that the center of your message. Your book, 'Raising Baby Green' is an excellent resource. You have a website, Doctor Greene dot com. (DrGreene.com)

Dr. Alan Greene: That's right.

Steve Lankford: It's a wonderful resource, I've been there. There's extensive information, I encourage our listeners to go there and check out the resources, certainly take a look at your book. If you're a parent or if you're a grandparent or if you're going to be, this is an excellent resource. Let's get our kids started on the right track. Well Doctor Greene, it's been a most interesting interview. I'd like to thank you so much for taking the time to be our guest today.

Dr. Alan Greene: Thank you so much Steve. I'm very excited about your show, and a delight to get to be with you on it.

Steve Lankford: Thank you very much. I appreciate all your good work. Take care, bye-bye.

Dr. Alan Greene: Bye-bye.