Beyond Sick Visits: A Root-Cause Approach to Pediatrics Transcript

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Intro and guest background

Well, like many people that get into the integrative medicine circle, I got in there for personal reasons. 25 years ago I had a son who was two years old and not able to talk.

And I was taking him to see my partner who I wasn't practice with. They didn't really have anything to offer other than he'll eventually talk and that just didn' sit well with me.

I started him on a good quality cassava oil and within two weeks he was speaking two and three word phrases. Hi, welcome back to Healthy by Dr. Jenn podcast.

I'm Dr Jenn, I am so excited to be here today with Dr Robert Beckman. He is a fellow DO, Doctor of Osteopathic Medicine. And I've talked a lot about that, how we shine and we love DOs and I love fellow DOS.

and he graduated from Des Moines Ostepathic Medical School. Currently he is pediatrician and works at University of Michigan, which You know, U of M versus Ohio State, that's always drama from when I was from Ohio, but he works in an ambulatory pediatric office.

So that means he sees newborns up to 18, and he is going to bring a really interesting perspective on why he's in the integrative space as a pediatrician.

Welcome. Welcome Dr. Reckman. Yeah, thanks for being here. So super excited for our conversation.

Personal journey into integrative pediatrics

I would love for you to just tell the audience a little bit about yourself, why you got into pediatrics, and then why are a board member of ICIM, which is an integrative medical society basically.

Well, like many people that get into the integrative medicine circle. I got in there for personal reasons. 25 years ago, I had a son who was two years old and not able to talk.

And I was taking him to see my partner who I wasn't practice with. They didn't really have anything to offer other than he'll eventually talk and that just didn' sit well with me.

And so I discovered an organization called the National Vaccine Information Center. They were having an international vaccine conference with a lot of credentialed MDs and PhDs.

And, so, I attended that and kind of had my eyes open quite a bit to issues regarding vaccines, risks we weren't taught about in medical school, and ways I can help my son.

I learned a nice little snippet about natural vitamin A and fish oil. I started him on a good quality catheter oil and within two weeks he was speaking two and three word phrases.

Wow. So it was quite dramatic. And so since then I've been down the rabbit hole integrative medicines ever since. I found ICM shortly thereafter because I was looking for a medical organization that would actually help me help my patients get to the root causes of their problems.

Not just get out my prescription pad, treat symptoms and just kind of cover things up. And it's the only organization I keep coming back to and I've stayed a part of for many years now because every conference has something that can help me.

Even though it may seem like it is adult oriented mostly, it was always something I can take away that helps my patients. And so it's the most valuable conference I've ever been to over the years.

And I'd been through ILAD's Lyme Disease Conferences. I been the MAPS, the Autism Group Conference that, you know, helps kids with special needs. But this is the one I keep coming back to because it offers something that the others just don't.

Uh, I noticed that utter sense of humility amongst the people that attend this. Um, and they're so approachable and accessible. I don't feel like a little person who is, you know, not significant.

I mean, their experience is light years ahead of what mine is in many areas, but you're not made to feel that. You blend in right with everyone else and you are made feel very comfortable with them.

Yeah, I agree. That's great. Now, back to your son. Do you believe he had a vaccine injury? I have no way of knowing. I do know that I think he was toxin overloaded between the environment he how he was exposed to things afterwards.

She was high cholesterol during pregnancy that wasn't discovered right away. So I think that was a contributing factor. You cannot rule out vaccines as being a factor, I mean, several of them have aluminum, which is neurotoxin, so you just don't know is the problem.

Working with families in conventional pediatrics

And so there's so many things he exposed I can't pull my finger on any one particular thing, but I know the combination of everything he was exposed to had a dramatic effect.

I'm just thankful that he recovered. Yeah, and a lot of us that are in integrative medicine now, in functional medicine, we do have this pain to purpose story.

But you're still in the trenches, you are still working with kids and parents of kids every single day at a big medical hospital, like a conventional medicine hospital.

So how do you navigate that and what do say to the parents when they bring their kids in for their appointments? I guess I would say I have quite a mosaic pediatric practice because I'll do newborns in the hospital.

Um, last week I had a 33 gestation baby. I have to babysit for eight hours until the transport team can come again. Wow. Routine well child checkups. um, I see parents bringing their kids to me cause they're having problems.

They can't get help elsewhere and they just don't know where to turn. And so someone may have mentioned, well, try Dr. Beckman. And so I meet them where they are, um, because I have some parents that are very, very interested in integrated medicine stuff.

You know, the parents bring their children to me, they just want routine checkups and want all the routine stuff, vaccines and everything else. And that's fine too.

So I just try to make sure that parents are informed and can make rational decisions and informed decisions regarding whether it be vaccines or any other aspects of their child's care and are comfortable with the decisions they make.

It's not my job to tell them what to do, it's my to make sure that they're informed so they can make it the best decision making is best for their child's interests.

That's great. So, we go back to what doctor means, you know, in Latin, to teach. And Latin's a sore subject in my house because my kids, like, aren't fans and they're doing it at their classical school.

But we back doctor-means-to-teach, and I think that that is missed when we talk to parents of children. We're supposed to teaching them how to train up their kids healthy, right?

not just say, here's the schedule that is probably has some big pharma influence on it, you know, or we've seen that over the years. So I think that's great.

What are your thoughts, your honest thoughts on the new schedule for vaccines?

Vaccine counseling and informed decision-making

And there's a lot of drama with the AAP. I know that they are saying, nope, we're not following these guidelines. We're following our own guidelines, what do you think about all that?

I think the newer decisions coming down are much more rational and based on credible science has been out there for many years. I know there's a lot of groups that don't agree with it, but it's pretty hard to argue against very solid science research that's been done in those areas.

address vaccines from a toxicology viewpoint. Because nearly every vaccine has some sort of toxin aspect to it, whether it be aluminum, polysorbate 80 or anything else that you might want to dig out of the vaccine package insert and talk about.

And I try to spread that risk out over time rather than giving a large amount at once. Any person who's exposed to some sort of toxic substance, they're going to handle it much better and their body's going handle and process it properly much if they get small doses at a time as opposed to a large lonesome dose.

It's funny, I said, because most parents, when I tell them, okay, it's your choice. What would you like your child to receive? Here's what's recommended for their vaccines.

Instinctively, 80% of them do not want to give them all at once. They just sense that it just seems to be a lot. So once they realize they have permission to decide what they want to give, it's quite relieving to them and they seem very relaxed about it.

Most of them will choose to get one or two at a time and just do it every two or three months. They still get them all in in a reasonable amount of time, but it is done in matter to where the body handles that load and the stress on the immune system much better.

And I don't think any of them are being put at any increased risks as a result. But I also give parents simple things that they can do just to help mitigate any possible vaccine side effects.

I think that helps a lot too. I love how you said they instinctively want less. And I think it's hard because when you're a new parent, especially, and I hear that from patients who are struggling with these decisions with vaccines, that they are just trying to like follow the rules or, you know, it is this virtue signaling, do what's best for the kids.

for society and it's like they're fighting their instincts and then they have immense guilt if there is a toxic burden overflow, which is what symptoms are.

So that's really tough. I would love for you to share with the audience those strategies that you give them to help offset some of the toxic effects of when they do get their vaccines.

The simplest thing is I have them do Epsom salt baths, magnesium sulfate, the sulfation pathway for detoxification, get support with that. I had them give vitamin C.

Vitamin C is a natural histamine, helps them tolerate all sorts of toxins. They're always on vitamin D3. Every single newborn and child I see is on vitamin D3.

I check their levels, make sure they're appropriate with the supplementation they get. That's probably the simplest thing that virtually any doctor can be doing, but it's frequently overlooked.

And I just don't understand why. Um, most of my patients are on some sort of probiotic because if I can improve the gut microbiome, I'm going to improve their immune system and how they handle any kind of toxic load at all.

And so those are probably some of the basics things that have all parents too. And there's more that can be done on top of that.

Vitamin D, supplements, and detox support

Sometimes I'll put in omega-3 essential fatty acids. So I try to meet the parent where they are because a lot of parents I see, they don't have a ton of money to spend on supplements or tests.

I tried to be very judicious with what I recommend and give them things I think are most important. It's also a reason I don't do a lot of lab testing.

Right. Many parents just don' have the means of paying for these out-of-pocket expenses, so a lotta clinical decision-making. Right. Well, vitamin D, I like how you said that's overlooked, because I was just talking with a patient about this, and her vitamin-D levels were fine.

She was breastfeeding. But I'm like, it's still just not enough. And I struggle with this because, well, why isn't God's design enough with the breast milk and them getting enough vitamin d?

So I struggled with that. I am like well because we're not outside as much. You know? But it is like we do. They need that extra vitamin. What is your recommendation for formula fed versus breastfeeding with vitamin D for these babies?

For newborns, it's all the same because technically until a baby is getting a quart of formula per day, they're not getting even the maintenance amount of vitamin D3.

So the current recommendation is that every baby gets 400 IUs of Vitamin D 3 daily. But I've done testing on dozens and dozens of newborn who found so many that are low, some undetectable.

Wow. And so I find that they benefit from 800 to 1000 Ius per Day for the average newborn. And they are not getting toxic levels because I check their levels and verify that they're appropriate.

They're all between 50 and 80. Wow. Well, and you are in Michigan and Ann Arbor, which, I mean, it's not super sunny there. But it is interesting because do you think it s microbiome?

What do think the root cause of this? I think we have an epidemic of low vitamin D. It's kind of interesting. Have you had any thoughts about this in your years practicing?

I say most of the time it's just lack of healthy sun exposure. I've had families move up from Arizona and I tested their kids and they've been vitamin D deficient.

They're just not getting healthy, sun exposures. All you would need is 30 to 60 minutes, you know, at key times of day. And that's even probably more than what you really need, but we just don't get enough.

Yeah. Yeah, I find it funny. So we have a bunch of sphinx cats, like naked cats and they get every opportunity to be out in the sun, sunbathing. They're there, right?

Like we all need to more like cats. Right? Just like look in this. Anyway, don't identify as a cat. That's like a whole other podcast topic. But anyway, be like, cats more.

So you also work a lot with Lyme with patients and pediatric kids. And you said, you know, money for lab testing and stuff. So how do you navigate good Lyne testing in the insurance model where you're at right now?

That's a great question. I've had difficulty with that. Yeah. As with Lyme disease and co-infections, my interest peaked because family members were affected.

Yeah. And the testing for that is far less than perfect and adequate. So because I have parents that cannot afford to pay a thousand or $2,000 for the test, I Specific tests that I can do through the local and reference labs that can at least give me a bigger picture.

I could do a Bartonella panel.

Lyme disease testing and treatment in children

A tick-borne disease panel at the least gives me some basic IgG antibodies for some of the key tick borne organisms. Can do Lyme disease western blots.

You know, an immunoblot for Lymes through Mayo Clinic. And so that combined with the questionnaires I give parents and just putting the pieces together and ruling out other possible causes and coming to a clinical decision, what's the most likely thing affecting this child?

Because it's not always joint pain. I have one child that has autoimmune hypothyroidism and she's now doing well in school. Those were her symptoms. And she actually had a positive Western blot full of Lyme disease.

Yeah, and it's all connected, so people come so frustrated sometimes, because I'm sure they come to you and they've spent $3,000 on testing, all this stuff, they're just so stressed.

So a lot of the times I tell them, let's utilize insurance when we can and save that money or bank that for other things. like you said, go based on your symptoms, how we're driving treatment too.

You know, not everything has to be tested all the time, especially with some of these co-infections. So when you approach children with Lyme, it's a little more difficult, right?

If they're younger and they can't do all these big protocols, are you just supporting their immune system so their system can then take care of the Lymen co infections and all of that?

I try to have them on basic supplementation. I call it targeted supplementations to make sure their resistance being supported. The vitamin D3, the vitamin C, probiotic, omega-3 central fatty acids are the key ones.

And I give the parents an option. I say, I think this is what's going on. Your child is being affected by Lyme disease or Bartonella. You have an options.

Do you want to try an antibiotic trial for a month and see if that helps your child? Or there's a botanical regimen I could recommend that I thing is going to be very effective and probably more effective long-term that's I would recommend doing and leave it up to them what they'd like to do.

Yeah, that's great. I think it's a relief for most parents when we dig a little deeper and it is like, yes, there is actually a root cause for this and there's healing.

Do you find it hard though sometimes parents think that it should be a simple, easy fix and you kind of have to support them mentally, it takes a longer time for these root causes to really get under control?

Yeah, most fairs have already done quite a bit of Google research on it. So I try to help them to understand. that these are pretty stealthy organisms and if there's a way of evading the immune system, they'll do it.

That's why a simple two weeks of an antibiotic or another regimen is just not adequate and try to help them understand that it's long-term treatment regimens for these kids when they're not in the acute stage.

And most parents can grasp that and they understand it and their willing to do what's ever necessary to hope their children. Yeah, that's really great.

Now, you had told me that you also treat a lot of mold in kids. And I mean, this is something that is devastating, because it's not just what's going on with them, it is their environment and their home.

That is so expensive for remediation. So take us through what you would do if you thought mold was a problem with the patient. Again, I became much more interested in that aspect of healthcare because our family was affected.

Yeah, sad choices, bad housing choices. And after becoming educated, realized this is an issue. So once I realized how it was affecting our families, my eyes were open and I could see much clearly how was it affecting my patients.

Mold exposure and environmental health

So I started getting those environmental questions in my history taking real regularly and started making sure that was a piece of the puzzle that we tried looking at as well.

It's difficult because most parents, if they have an old environment, they can't move. So I have to try to help them figure out how they could help their children in their current environment.

A few can, but most cannot. And most can not afford the expensive out-of-pocket tests as well. Right. It usually comes down to a clinical diagnosis. If I can get them to do something very basic like an aminolytics.

A culture-clate test to see what's in the environment at home, maybe a dust test. That certainly helps as well. But based upon where they live and other patients in similar environments, I can usually tell if there's mold issues going on just by some environmental questions about what is going at at-home.

And if I haven't been able to figure out if any other reasonable explanation, do they have a chronic infection? Do they some other toxic exposure? Sometimes everything else is an O and so what's left is it must be a moldy environment that's contributing to their health issues.

So it's very difficult. I try to mitigate it as much as possible. If they can remove themselves from the environment, great. Otherwise, I tried to help them nutritionally at least try tolerate the toxin exposure that they're getting as Air purification is so important.

Yeah. So I try to educate myself on some of the best air purifiers to get at home and certain non-toxic chemicals they can use to spray at-home and try and mitigate the effects a little bit while they're still in the environment.

That's really great. I like that. Now, in your opinion, you've been practicing pediatrics for 29 years. How have you seen the health decline of children?

There's definitely much more chronic illness issues in children than there was when I started for sure. I will say that if the parents will follow my recommendations and do what I think is best for the health of their child based on my experience, the incidence of those chronic illnesses are less in my practice than what I notice in the general pediatric practice out there when I see children in ER or come to me from other practices as well.

Yeah, that's good. Hi, Dr. Reckman. We are going to do some rapid fire questions if you're okay with that. What is your favorite biohack that actually works?

Help me out. like red light therapy, sauna, or meditation. What's your favorite biohack? I think the most benefit for the dollar comes from far infrared sauna.

Child health trends, rapid fire, and closing thoughts

And so if a parent's able to, I'd have them get a far-infrared sauna Yeah, that's great. If you could eliminate one toxin from the world like today, what would it be?

Airborne or are we talking? Any toxins you want. I would say mercury is probably the worst one. Oh, okay. Yeah. And with your son's… Because there's plenty of food sources for it as well.

That's a good one, that's good. Do you have a favorite scripture or book that you go to to lean on during hard times? There's plenty of scripture verses that I turn to because I try to stay immersed in the word regularly.

It's just to help me cope and help through my day and give me a purpose to my life. invigorate me and encourage me as I try to take care of my patients every day.

So there's multiple ones because it gets pretty difficult. And some days you wonder, am I doing any good? Patients come back, they're not following recommendations or child's getting worse.

What's my point in being here? And then you get that next patient that they are so thankful because I did something that was able to help their child get to a better level of health.

That's great. That was beautiful. And then one word only. What's one you want to leave our listeners with today? One word. Hope. Hope, that's great. There is always hope because there's always something you can do to help yourself and help your child.

It's all this hope. That's Great. Well, Dr. Beckman, I wonder how long your wait list is, but for those listening, and if you're in Michigan, there you go.

What an amazing resource, where can everyone find you listening? I know you, do you have a website? They can find me by going to the My Michigan website.

I practice up in Sault Ste. Marie, Michigan and am listed there with a brief bio. Great. Well, thank you so much for your time and expertise today. Thank you.