## Introduction to Practical Nutrition

It's not the reality, you know, for most families to grow their own food and cook completely from scratch. And I totally get that. One of the things that I teach kids from the beginning, really, and parents is how to read food labels, be really, really savvy, because there are ways to take advantage of faster packaged foods that are still good for you or at least better for you and not going to wreak havoc on your microbiome or your kids' brains.

So that in our world, as we're ready to send our kids off in middle school and high school to go out with their friends or in college, cooking for themselves, buying their own food, I think that is one of the most important skills that we can teach our kids.

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Hi everybody. I'm your host, Dr. Ed Park, and welcome to another Recharged Biomedical Podcast.

Today, we're thrilled to be joined by the one and only Dr. Alisa Song. Dr. Song, thank you. Thanks for having me. So Dr. Tom is a couple years younger than I, but she went to Stanford, NYU, and then prestigious UCSF for her pediatric training.

And through the years, being a mother and a practitioner, she's kind of expanded her arm and tear. So today we're going to learn about what that means, mainly through her book, which you can see in the back, which I've reread today.

Healthy kids, happy kids. And so Dr. Song, I went to your conference last year. It was a beautiful alternative health sort of thing. And I met a lot of interesting people and that's really what got me started on the podcast.

So thank you. And so what we're trying to learn from this MD, UCSF trained MD is how things like homeopathy, how probiotics, how nutrition, these kinds of things and just learning to be human can help us.

So tell us a little bit about your journey. What made you think that just pushing vaccines and healthy kids, it wasn't cutting the job?

## Dr. Song's Background and Holistic Medicine Journey

You know, I actually started my medical career really wanting to explore integrative work. And I would say, I don't know that you're necessarily a few years older than I am.

I finished, let's see, in medical school, I started in 1993. At that point, I already had kind of found what was then called alternative medicine as an undergrad at Stanford.

I was just kind of wandering around campus. I was all set to be a lawyer, public children's rights advocate. I was going to work in DC and do lobbying and, I mean, really all the political stuff, right?

And then I came across this flyer for the American Holistic Medical Association, an annual conference. It doesn't exist anymore in that form. No, I know the guy who found it.

He walked up to my booth, Norm Shealy. And so he talks a lot about essential oils. I mean, your book is like a compendium of all kinds of great stuff.

So you joined the American Holistic. Well, I went to their conference as an undergrad and I just, my mind was totally blown. I was like, what is this thing called holistic medicine?

And I never intended to go into medicine because I saw my mom who was an OB GYN. I mean, back then she had a solo practice and, you know, I mean, delivered all her own babies.

And I mean, it was, it was, I did that too. And that's crazy. So what class was she at Yonsei? Cause my dad also graduated Yonsei. So she graduated at Yonsei.

She would have been 67. Oh, yeah, yeah, yeah. That's, wow. She's young. Okay. So, but then she, crazy OB-GYN story, she ended up delivering you and then another one popped out shortly thereafter.

Well, that was, yeah, Erica was first and I was number two, completely surprised because in the 19, late 1960s. No, there was no ultrasound. Yeah. They did not.

They listened to the heartbeat and that was it. They heard one and that was it. Well, it's funny, I had magical thinking delivery when I was a resident.

I reached in after the baby came out and I joked to the woman, like, oh, did you know you were having twins? And her face turned white. And I was like, just kidding.

And then something kicked me. And it turns out that the practitioner, who was kind of old school, didn't do an ultrasound. She just measured her three, four centimeters larger.

And it literally in that moment, I was like, oh my God, I must have manifested that. But yeah, no, we did an internal podalic version or whatever and pulled the second out.

That's my favorite thing about being an OBGYN. I delivered my two kids, which are horrendous deliveries. But when you can grab the feet and pull it out, that's probably how you came out.

I don't know. Probably. I mean, it was just that I think they were all in shock at that point. Oh, yeah. No, it's hilarious. And then you had a third.

And was your father a physician, too, or just your mom? He was not. He was a Korean business person, isn't how they all do that. Well, anyway, enough about us.

So we are in the midst of a chronic disease epidemic with our children. And I know there's a lot of theories about that. But they say up to 20% of kids have some kind of thing like eczema or stomach problems.

What do you think is causing it? Is it not just one thing? Is it many things? I mean, there are many factors, but, you know, and the numbers now is really close.

It's closer to 50% of kids, you know, having some sort of chronic health issue. And that doesn't even count the kids who aren't completely well, but they're not going to the doctor.

They're just, they have like daily tummy aches or headaches, but it's not bad enough to it would be debilitating. So I think it's actually many more kids than that, unfortunately, but lots of factors in our modern world.

But really, I think it distills down to the fact that kids' microbiomes have changed drastically in the past century. And you've had microbiome experts on the podcast, but it really, really comes down to how kids' infants and kids' microbiomes are interacting with the outside world.

And by the outside world, we have to remember we're one long hollow tube, all the way from our mouth down to the other end. And so our GI tract is really our largest interface and interchange with our environment, from the food we eat, the air we're breathing, the toxins that are getting in through our gut, the pathogens we're breathing in.

interchange and that relationship between what's happening with the gut and then subsequently informing how immune system is developing, subsequently informing how kids' brains are developing, is having all of these ripple

effects.

I think so and you mentioned it's our second nervous system but actually evolutionarily speaking it's our first one before we even had a higher reasoning we had a feeding tube so yeah I mean people reiterate that the neurotransmitters come from there and then obviously if you have a leaky gut that can lead to a whole host of immune problems.

I hear that often. At least once a week, someone consults me about mast cell activation, leaky gut.

## Childhood Chronic Disease and the Microbiome

And so, you know, that was like the most successful case I ever had using exosomes was when a guy healed his leaky gut and his mast cell, his allergies, eczema went away.

But I think that let's break it down for the audience. Like what things in the environment can be causing this? Could it be, you know, on a scale of one to 10, the usual suspects, what do you think glyphosate?

Is that a one to a 10? I'll tell you, you know, the factors that affect our gut microbiome because, you know, there are factors before babies are born that impact their microbiomes, right?

There's mother's gut and vaginal microbiome. Even the father's paternal gut microbiome impacts and shapes how the baby's microbiome is going to develop after birth, right?

But then after birth, The other factors start to take over and diet plays a huge role. It can affect up to 40 to maybe 50 percent of what's going on in the gut microbiome, at least some studies.

So what we eat really matters. And so in that sense, yes, I mean, glyphosate, you know, non-organic foods, glyphosate for many people. don't realize that, yes, it's used as an herbicide to kill pests basically in the soil, but it was actually patented also by Monsanto as an antimicrobial, so an antibiotic and an antifungal.

And so when they've looked at the gut microbiome of humans, they found that glyphosate can preferentially kill all the good bacteria and preserve pathogenic bacteria like Clostridia.

And then we have all of our ultra-processed food additives, food dyes, artificial sweeteners. Now, you know, there's enough press, you know, media now about, you know, the food industry that people are aware, okay, ultra-processed foods aren't great either.

Yeah. I think if something can last on a shelf for years and you can eat it, it's probably not that natural. Yeah, that we want to look specifically, what is it doing to the microbiome?

And let's say emulsifiers in particular. Emulsifiers are a food additive that's used to keep food together. So you find it in protein bars, in barbecue sauces, you know, different sauces, ketchups, even ice creams, so they're not a goopy mess, even in liquid ready to feed infant formula.

Well, emulsifiers have been shown to directly harm the tight junctions in the myxagustin, right? And cause and trigger leaky gut. And so we see this rise in certain countries.

They've correlated the rapid rise of emulsifiers in packaged foods. I think that's smoking gun. Yeah. Yeah. One thing I love about your book, and people should really take a look, is that it's a cookbook, literally.

I mean, you have, you know, dozens of real cooking recipes for people to make their own. And I know that a lot of people don't feel like they have the time to do that.

It's a lot of effort, as you know. But I think you bring up a good point. All the ready-to-eat, like forever foods, probably not great for you. Well, and to that point, it's not the reality for most families to grow their own food and

cook completely from scratch.

And I totally get that. One of the things that I teach kids from the beginning, really, and parents, is how to read food labels, be really, really savvy, because there are ways to take advantage of faster packaged foods that are still good for you or at least better for you and not going to wreak havoc on your microbiome or your kids' brains.

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Absolutely. And you taught that to your two kids. Tell us how your son Bodhi had a challenge and how you found a way to address that. Well, so his story, I mean, this kind of, you know, the pandemic seems like a different time.

I mean, it's so hard for people, including myself, to put yourself back in that time where there's so much fear. And, you know, in hindsight it's 2020, but we didn't know in the beginning of the pandemic anything about what was going on.

And we especially didn't know how kids would fare. I mean, thank God that, you know, kids now we realize that for the vast majority of kids, COVID is a milder infection typically than adults, right?

But back then, if it was going to be similar to influenza, we all feared as pediatricians that kids were going to do a lot worse. And so, you know, this was back in March of 2020 when, you know, we didn't even have the capability to test for COVID.

I was waiting for my swabs from Quest to get those first, you know, swabs to be able to actually test for COVID. And, you know, we were just hearing about the, you know, COVID and spreading and not really, I mean, there was a lot of fear.

And this was the week after our schools shut down, so after lockdown. I mean, my daughter had been a little sick with like a minor cold. I had had a really, you know, a headache and, you know, which is unusual for me.

And then a week later, my son comes down with fever, you know, cough, hypoxia. His oxygen levels were low. He developed all of these neurologic symptoms, hallucinations, tics, personality changes.

I mean, scared the heck out of me. And we finally got a COVID swab and tested my daughter, and she was positive. My son was equivocal at that point. But I took him to the hospital, and we were hospitalized at UCSF, at the pediatric hospital there.

for a few days because his oxygen was too low, and even they didn't really know what to do. I mean, they knew, okay, this is a COVID thing, but what's going on?

And we had no idea about this neuropsychiatric complication. Now we know that COVID can trigger PANS or make PANS worse in some note.

## Food Additives, Labels, and Gut Health

We also know that COVID itself, the rare complication for COVID in children is called MIS-C, multi-system inflammatory syndrome in children. And both all of the signs of MIS-C, which wasn't even described until May of 2020, after a few cases in Italy brought together and then other countries were starting to notice this.

So what I had done in February, when all like kind of really everything was hitting the fan, right? I dug deep into what do we know about SARS-CoV-1, MERS-1 from a functional medicine standpoint, and I wrote this huge long blog.

It's like 8,000 words on, you know, what an integrated pediatrician wants you to know about COVID. I mean, within

an hour, our website was shutting down.

And I mean, we had like over 1.3 million views of the article because it went through in February, like, the role of potentially high-dose vitamin D melatonin, you know, specialized pro-resolving mediators.

What are the ways we could help reduce this activation of the NLRP3 inflammasome? And I was learning so much and I was like, okay, well, if we need to do something, we have no answers in conventional medicine, let's see what else we could do.

And so I was in this, it's like, you think, okay, there's a message for you to learn in this world. And I think that when Bodhi got sick, it was really on the heels of having done all of this research.

And I'd literally brought a suitcase with me of supplements. in the hospital. They were leaving us alone because nobody wanted to come into a room where there was COVID, right?

And, you know, when, when his oxygen started to dip, I actually, I gave him SPMs and that immediately, like he was able to wean off his oxygen very quickly with an hour.

What's SPM? the specialized pro-resolving mediators. So those are, we can talk about those a little bit because those are my favorite supplements, one of my favorite supplements ever.

And then, you know, when he started to have, his hallucinations were worsening and his tics, like his eye blinking, eye rolling tic, I gave him melatonin and that immediately stopped the tics.

And so, you know, all of these things that I was able to learn in that first month, you know, after lockdown really then informed how I was able to help support families through COVID.

I mean, it's great. Watch a crazy time. Happened for a reason. Yeah, I mean, you know, now that we have the benefit of hindsight, I guess what you're saying, you know, is that the child morbidity mortality is not that great and that You know, maybe, you know, people have different opinions about mRNA vaccination generally, but I deal with a largely adult population and a lot of them, when they get their COVID wild type infection, some of their cells are so primed or their immune system is so primed that they can get these long COVID things, you know?

And so we're seeing a lot of, probably in the statistics, bumps in things like Alzheimer-like diseases, Parkinson's ALS. So I think there is kind of a nonspecific immune activation and some neurological sequela that I'm seeing, at least anecdotally.

They're like, oh, I got three vaccines and then last year I got COVID and then all of a sudden two weeks later, blam. So with the benefit of hindsight, it wasn't.

It's great to make ourselves express spike protein at a high level. Well, and I follow that with kids, too. I mean, I check when I have the opportunity, check an ANA, an anti-nuclear antibody.

And sometimes I'll have a baseline one, sometimes not. But what I have seen, again, it's not a study, but in my patients, I've seen that many kids will have a rise, a spike in developing a positive ANA, autoimmune marker for the list that then over time, you know, once we see that we can work on it and we can have it go away.

But we know that the COVID vaccine can trigger these autoimmune… I mean, why shouldn't it? Yeah, it's freely incorporated into angiotensin to binding kind of vasculature cells.

But yeah, I remember in Hawaii, to your point, they shut down Queen Kapiolani Hospital because someone had COVID. which would be like shutting down a fire station because there was a fire in it, right?

I mean, so the paranoia was real. And I remember my son was so proud to get his vaccine. I said, did you read this penultimate paragraph where it said it could cause myocarditis?

And my brother's a pediatrician too, and he's seen several cases. So, you know, my son was having some chest pain, especially when in altitude, but thank God, you know, the body and its intelligence can clear a lot of stuff.

But yeah, every once in a while, as with any vaccine, and I will pivot, there could be adverse reactions. So let's talk about the fact, I mean, I know FDA is removing red dye number 30, which used to be illegal to use on a scan, but you can ingest it in your Cheerios.

So what about this firing of all the FDA Pharma Associated Advisors for vaccines? Do you think that the current regime will be able to restructure the way and the regime and the regiment?

Because I think it's valid to say that we are very vaccinated as a population compared to other industrialized nations. and that because of the legal protection of these companies, that the safety studies are not let's say robust or even done.

So anyone comes up with a vaccine for HPV or hepatitis, it's going to get incorporated without much review.

## Teaching Kids Healthy Food Skills

And so explain to me, I know that this is something that is kind of a religious thing, but why are vaccines the only kind of thing that the FDA will approve without like safety review?

I mean, there's so many different potential reasons why, but I think in terms of who will be put on to the vaccine committees, I think we're going to have to see if they can help us pave the way forward.

I mean, one of the things that I think it was time for a shift. I definitely think that, you know, we can no longer sit back and, I mean, this is for decades, right?

I have many patients who, you know, I have concerns about potential risks for adverse vaccine reactions. And I'm not just talking about a sore arm after the tetanus shot.

We're talking about, you know, neurologic sequelae, autoimmune sequelae. Yeah, but it's such a low level that society has decided it's okay if some people get hurt.

Like, even I've met people who've gotten polio, and if you get polio from a polio vaccine, they don't call it polio, they call it transverse myelitis.

But it's still polio from a vaccine, so that's kind of like a sleight of hand. But, you know, over the years, you know, because if A then B, the sort of transitive logical property, You know, if smallpox is bad, you know, and then all the vaccines are good.

And even if you call something a new technology with mRNA expression, that's because that's a vaccine. Let's all embrace. Yeah. So, but I think it's disturbing that, you know, They put mercury, right, thimerosal in these things, maybe aluminum.

I get it. You have to make the immune system react. But, you know, can you really justify putting mercury into vaccines, into people? I mean, we age because our telomeres shorten and our stem cells deplete.

But what if we could support both? I've been taking TA65 for 17 years. It's the only supplement I trust to support better mood, better sleep, and exercise recovery.

At age 57, I don't have any gray hair and I don't need reading glasses. TA65 is available now. Go to rechargebiomedical.com slash TA-65 and enter promo code RECHARGE10 to save 10% off.

Yeah. So I think this is where we, I mean, it is a unique opportunity to bring more science into this whole field of what's called adversomics. It's really, you know, trying to identify, I mean, there's two different, you know, vaccine

research arms.

There's vaccinomics, which is the study of how to make a vaccine more effective. Right? And there's many, many studies on that, but not as many studies on adversomics, which is trying to identify, and this is where it comes down to not public health, but individualized factors of who is at risk for the most serious adverse vaccine reactions and trying to identify genetic snips that may put someone at risk.

I mean, we have. I've combed through the literature and I've found Some adversomic studies, I mean, I'm a pediatrician, I look at it relative to kids.

## Bodhi's COVID Illness and Integrative Support

And, you know, for instance, when the MMRV, measles, mumps, rubella, varicella vaccine was first put on the market, there was an increase in febrile seizures.

So was that related to the MMRV or not? Well, it turns out that in the adversomic studies, there is one study looking at these, you know, these rare but still present genetic variants that show that these kids were the ones who had the increased risk.

I mean, if we can… Yeah, that's plausible. I've heard cries for people to separate the measles mumps rubella so it's not a triple whammy, but to add the fourth one in there, yeah, that's probably not…

You know, people think of it as a time-saving thing, like a checklist thing, but I don't think your immune system appreciates that, being loaded with, like, you know.

And frankly, parents, too. Like, I've heard from other physician friends, well, parents don't want to come back in multiple times. I'm like, that's not true.

I mean, the families in my practice, they would come in and space things out as often as we need to because their interest is the safety of the child, right?

If you explain it that way, if you think, if they are just blindly accepting that all vaccines are good and the more the better and it's time-saving yeah no it can be but like what do you think about okay HEP HEP Because I hear adult people that are like, oh, everything got messed up when we did this.

And it's all anecdotal. But HEP, surface engine, that was introduced. And then Gardasil in our practice lifetimes was for HPV, that was introduced. I mean, without much of a consideration of the risk benefit, it was more like, oh, it's profitable and it probably won't hurt.

But, you know, what are we really preventing? Penile cancer in young men? I mean, so it was kind of questionable. But like, is there a path towards rolling it back or does that require kind of courage that people don't have?

Like no one wants to say we all vaccines aren't good. Some might be, you know, depending on your SNPs or your genetics, not great or not worth the risk.

Can we do that as a society or? I'm not hopeful that many of the vaccines are going to get rolled back. What I am hopeful, cautiously, is that there'll be more empowerment of parents and also physicians.

Well, because in California, if you're not fully checked boxed out, you got to move to Tennessee. I've had people call me. I had one heartbreaking call a few years ago.

They're like, our daughter's six. She, it was COVID or whatever. And I thought it was a patient who I knew had autism, which is rare in girls. But as they were like explaining, they're like, oh no, we were locked down.

So we didn't give anorexies. Now we have to get like 12 to catch up. And what should we do? And I said, you

know, if it's me, I'm homeschooling or moving to Tennessee.

Cause like, I'm not going to get my perfectly normal, happy five-year-old 12 in a month, just so she can sit there and drool with other kids and figure painting.

I mean, Yeah, I mean, I do. I mean, this is what I work with families to try to come up with. I mean, I'm in California, right? Just like you and like our parents really don't have an option unless they can homeschool or move to another state.

And so, you know, I try to help parents figure how do we space things out? How do we support with supplements to support methylation, mitochondria, detoxification, That's so awesome.

Because, you know, most pediatricians just drink the Kool-Aid and they're just like, oh, I've never met a vaccine I didn't like. But then, you know, towards the end of the career, like all kinds of scientists, they'll revise their religiosity about it.

But I think everything. Fascinating. I feel like. The pediatricians I know who are much older school, right? They've been around the block. They've, they've, they've seen it.

I mean, they're in their seventies and their eighties. There's so much more. I mean, huge generalization, but many of them are just more like they've seen the vaccine schedule really increase.

And they've also seen a lot of the adverse effects and they've also seen like how much we didn't know. And then now we know. And then, but we've had to backtrack.

I mean, we remember not only Vioxx, we remember DES, we remember Thalidomide, you know, olders. Like you don't just always trust the cute young man or lady handing you the pens and the coffee mugs.

You know, it's like, it's a problem. But anyway, okay. So you're open-minded to that. Yeah. It's really sad in California. They used to have, pediatricians could give like 10 vaccine exemptions and religious beliefs and stuff.

But that's all been kind of gone now, right, in California? Well, it's interesting because, you know, for as, you know, co-liberal as California is, when it comes to vaccines, it probably is the most restrictive state.

So there's no more philosophical beliefs exemptions. There's not a religious exemption anymore. Didn't you used to get like 10 or something? Sort of. I mean, it used to be before SB 277. physicians actually could write exemptions based on their clinical judgment.

So, if I had a kiddo with a huge history of neurodevelopmental concerns or pulmonary immunity, I mean, I could say in my judgment, I believe this child should be exempt, whether temporarily or permanently.

Now, physicians can It's kind of reminds me of that COVID law, AB 2098 or something. It was two paragraphs, poorly written, it says you can't spread COVID disinformation.

you know, what does that even mean? And, you know, just put a chill through the entire practice of medicine. Like, what does that informed consent even mean?

Luckily, it's on there. I wrote a whole blog on that too, because I wanted families to know, you know, just discussing and trying to have open dialogue is not fueling, you know, misinformation or disinformation.

Yeah, but it's so funny how the tables turn, like that guy at Stanford, the epidemiologist Bhattacharya, I used to think, oh my God, this poor guy, he's going to get in a lot of trouble.

And now he's in charge of an agency, right? HHS or something. So it's weird. But yeah, I think that it's hard for people to really understand or believe that there's such a partnership with industry and government and lawmakers

that really doesn't align well with patients and doctors, you know?

They can't believe the world works that way. But anyway, So you have this amazing book, Healthy Kids, Happy Kids, and you gave a lecture at your conference about homeopathy, which is something that, you know, sort of is like a punchline, right?

We use it in real medicine, allopathic medicine, as a punchline, right? I'm going to give a homeopathic dose, but you gave a brilliant lecture why this could actually work and I still don't really understand it.

But I would say that the people I met, the lecturers in this conference were so mind blowing to me. Again, thank you because I've had them on the podcast.

I'm learning more. Because like you said, if we just retread the same old standard theories and treatments, then we're not really expanding.

## Vaccines, Adverse Reactions, and Individual Risk

And I really appreciate your conference at the American Academy of Anti-Aging Medicine, Peds Division, because she brings in these thought leaders, these original thinkers.

So that was really helpful. Thank you. Yeah, yeah, no, I love putting that on because we just, you know, I think that the way has been paved for adult integrative and functional medicine and everyone's talking about longevity, but we have to remember that longevity starts when you're a kid.

And so if we don't wanna backtrack and, you know, do all of this biohacking later, we need to make pediatric education in this integrative way a priority.

I mean, this is like, we are not gonna have a healthy world if we don't do that. I really love that. I wrote a book called The Teal and Unmiracle where I talked about six cylinders of health, you know, sleep, nutrition, diet, exercise.

But you break it down for us in five practices. And I love that you're empowering the young people, the kids, to read the labels, to learn how to breathe, to relax, to understand what function sleep has.

And so it's really empowering for them because you're right. I think that's really It's so sad. I mean, we could talk all about devices and dopamine addiction and all that self-esteem on social media, but at the end of the day, the public school system and schools in general, they don't really emphasize life skills.

Yeah. And so I think it's really great that you're doing that, you know, both for your family and for the kids in your practice. Yeah, thank you. And, you know, what I've been really blessed over this, I mean, the book has been out for over a year now.

I am having other practitioners, pediatricians, conventional pediatricians, and even, you know, schools like UCLA and UCSD reach out and want me to come and educate and, you know, talk big on rounds because when we understand the foundation of the microbiome and the practical and simple ways that we can help families live in a microbiome-friendly way, their whole health trajectory can change.

And I love that, I think the microbiome is becoming obviously more and more, I don't want to say mainstream, but people, I mean, certainly are hearing about it more and more, even in a very conventional world.

And when we bring that science to it, it becomes less woo-woo, and we realize, yeah, I think so. I mean, it's a plausible thing, supported by many experiences.

And, you know, there's one FDA-approved fecal transplant indication for C. diff. But, I mean, the premise is, I think, robust. Like, you know, there's a lot of, if they outnumber yourselves, these little critters.

So, you know, you and we're both Koreans, so you know the Yakult. But I was a little sad that you didn't mention kimchi in your fermented foods, I don't think.

Did you? I did mention kimchi, but I mentioned it in that a lot of kids are not quite into kimchi just yet. But I have a fermented blackberry lemonade recipe that kids love, so we have to start where kids are at.

We grew up with kimchi, so that's a no-brainer. But kimchi is fascinating. There were studies during the H1N1 flu epidemic, which was the kind of, I think, the first taste of what panic was like, right, long before the COVID.

But I remember even then, like, we were waiting for vaccine shipments, and you had to log, and everyone was in, you know, a tizzy about, oh, my gosh, is H1N1 going to take over?

And there was a study at the Kimchi Research Institute in Korea that found that kimchi was more effective at killing the H1N1 virus in vitro than any of the antiviral medications that we have.

It was fascinating. Kimchi was amazing. So you're hopeful. You're in the trenches. You're still practicing. Tell me what you think. Because from their conference, I'm not a pediatrician, obviously.

I'm an OBGYN. So from our perspective, we're like, OK. We don't feel guilty about doing a C-section because how else were you going to get the baby out?

But I think the literature shows, and I did my own fecal biome, and it was okay. But I guess what you're saying is more bifidone, more lactobacillus is good.

And there's, you mentioned in the book prebiotics, probiotics, which are actual bacteria, and then postbiotics. What's a postbiotic? So postbiotic is the byproducts.

So essentially, your probiotics need to eat fiber or prebiotics to grow and thrive. And then in the process of eating that fiber and fermenting it, they create byproducts.

Like vitamins, like a lot of vitamins are made by. Post-biotics. Now these post-biotics may be even more important than the probiotic themselves. I mean, that is why they give us such health benefits because they produce things like vitamin B12 and vitamin K and folate for us.

Our neurotransmitters like serotonin and dopamine and melatonin and acetylcholine, they make short chain fatty acids like butyrate, which is considered one of our master regulators of health.

And so all of these compounds that our probiotics make, which are chock full in fermented foods. I mean, that's why fermented foods are so good for you.

Not because of their live bacteria count, but really because of the post-biotics in fermented food. And so one Stanford study looked at students who ate a high fermented foods diet versus a high fiber diet, and they both had improvements in their microbiome, but the fermented foods group had the biggest changes in their gut microbiome diversity.

So are these like these milk oligosaccharides that you're talking about in the book? Yeah, so the human milk oligosaccharides are prebiotics, specialized prebiotics found in breast milk that support bifidobacteria growth.

But now we're recognizing, there's a big study in May that came out showing that infants today are born with very little to no bifidobacteria. And even adults, right, we know that adults are rapidly losing bifidobacteria, Dr.

Sabine Hazenon. And we know bifidobacteria loss in infants can really significantly increase the risk of developing things like eczema, asthma, food allergies, anxiety.

Yeah, I mean, that was one of the main talking points that came up with is that bifido is good, but I didn't have any

on my study, which is fine, but they tried to relate it to aging and everything.

You know, I interviewed Shaina Cahill from that Canadian transplant company, and I guess, you know, they put some of that in there, but I guess it didn't really make sense to me.

Like, how hard could it be to just transplant somehow through NMR or whatever, the bifido? But when you talk to subunit patients, I mean, they have to have a full, like, broad spectrum cleanse, and, you know, and they they transfect it, you know, mechanically, it's a big process to do that.

And I don't even know that it has to be that challenging, honestly. I mean, I love Sabine's work, but you know, I will with my, and I guess to be fair, children's microbiomes are more malleable, right?

Yeah. For kids, when I test and they have no bifidobacteria, it's not so much about giving the bifidobacteria probiotic, that's part of it, but loading them up and I give them, no matter how old they are, I give them an HMO supplement.

It's not breast milk, it's an analog, right? And so there are a couple of companies who do that because that specifically feeds bifidobacteria. And there are also kiwi extracts that have been shown to increase bifidobacteria.

You have to give the probiotic what it needs to feed on. Right. It's just like so interesting. But you know, the thing I love about Sabine, she was saying, oh, someone got a transplant from their grandson.

They crave chicken nuggets. I always think in this weird sort of magical way, like the reason I need a coffee and a croissant is because my current biome and I are in cahoots and we're conspiring to have weird cravings.

I remember my son, Oliver, he his mom used to go to Jack in the Box for jalapeno poppers all the time. I'm saying, oh, what did this do to him to be tasting that as a fetus?

But it's funny. Yeah, I think that, you know, thankfully humans are still very robust.

## Microbiome Therapies and Fermented Foods

So, you know, other than these devices that we are all kind of low-grade, low-grade addicted to, what do you think about the rollout of all this wifi that you asked me who I want to interview?

I want to interview the guy who thinks electro smog is bad. And I've seen more of the conspiratorial colleagues say, well, Spores and mold and everything your house.

They don't like the 5g either because of the wavelength It's caused them to be sporulating or something. Yeah, what's your general feeling? Knowing that you know, there's certain brands of iPhone that have been recalled for over being overpowered Like do you worry about that?

I mean my dad had a brain cancer and And my brain surgeon friend says, always on the side, you hold the darn phone like five centimeters in. You think it's, is there any safe level?

I mean, given that none of us are giving up our iPhones anytime soon. Yeah. And even if you don't have an iPhone and you, you know, shut off the wifi.

No, your neighbors have five wifi's. Yeah. Yeah. That's right. So, I mean, I think to the extent possible, it is really important to minimize. Do I have like solid hard data, you know, on all the harms?

No, but theoretically, we are electromagnetic beings. We vibrate at a certain frequency. So then when we have other frequencies, that are interacting with our cells and disrupting that, there's going to be some sort of an impact, whether we see it immediately or not.

There has been some, you know, I came across a study looking at Wi-Fi, EMFs that really do impact your microbiome too, because even organisms like to live at a certain electromagnetic frequency.

Sure. And it's going to change which organisms want to grow there. Chances are it's not going to be the ones that we want. Yeah, I feel like we're in this weird gray area of transition where people are starting to question And then maybe 30 years from now, they'll be like, I can't believe everybody was bathing in 5G and it was so unhealthy.

I know. I mean, my kids, I mean, they tell me that they're the only one of their friends that don't have ear buds. I'm like, that's okay. I'm okay with that, right?

Yeah, I don't love that either. I know. Well, anyway, so you have a course that providers can take online. Describe to me what that entails. Yeah, so it's a membership.

It's a Healthy Kids, Happy Kids, Integrative Pediatric Practitioner membership. And the reason why I started it was because there's really very few places now where you can find good, solid, integrated pediatric education and also mentorship, whether it's clinical mentorship or business mentorship.

So I started the membership. We have monthly master classes, and we've had many master classes, including integrated pediatric approaches to ADHD, anxiety, pans, pandas, right?

You know, monthly Q and A's, a community where practitioners can share their cases and we can all share and collaborate together, which is awesome. And I have an amazing clone.

It's an ask doctor song, anything. Oh, you went with the virtual. Yeah. Yeah. Yeah. which has, you know, and I tell practitioners, I mean, this is literally every single lecture, podcast, whatever, you know, blog, paper, everything is here.

It's a delphi. Did you clone the voice to the 11 labs? They have my voice. I mean, I don't, I think that's a little creepy to talk to. Not me. I'm not there yet.

I'm not Gen Alpha or Gen Z. So that's for practitioners. And very quickly, because it's been so, so popular, I'm launching a similar membership for parents so that they can also have the same support because a lot of parents don't have an integrated pediatrician near them.

Yeah, no, I think it's the missing piece. It's really what you're, but a lot of times the system doesn't allow you the time to really, but you have all these scalable evergreen resources.

And I know I was invited to this Autistic Parents Conference. So yeah, there's plenty of ways that you can synergize.

## EMFs, Wi-Fi, and the Practitioner Membership

So you have the provider portal, you have now a coming parent portal, and you have these amazing, last one was in LA last year, this one's in Boston. Can people still get tickets for the A4MPs?

They can. The A4M Pediatric Symposium, it's just a4m.com, and you'll see the pediatric symposium listed. It's at the end of October in Boston. And people, it's for practitioners.

Practitioners can still register. Actually, I have a code I'm not supposed to share, but I have a code I'm going to share with your audience. It's song200 for $2 off the registration.

Awesome. Thank you so much. Well, it certainly did shift my trajectory and helped me to learn and hopefully we can teach more people about holistic stuff.

Just like a college student stumbled upon American Holistic Medical Association. It's just kismet. I remember I was

exhibiting my TA65 like 12 years ago and this wise and old guy, Norm Shealy came up.

He's the inventor of that, what's that electrical feedback stimulation thing? Norm Schiele, he was the first and he was a Native American healer. You know, the electrical stim to give you feedback on rehab.

Norm Shealy. Yeah. Anyway, he was really into all that stuff. And I was like, why did you come here? And like many of these shamans in my life, they're like, I think you've called me.

So I put you in that category as well as a teacher. So thank you. All right. Well, thank you. And everyone can connect with you at Healthy Kids, Happy Kids, bestselling book on holistic medicine and on your website for provider training.

Is that also accessible through this? It is. Yeah. Oh, perfect. Okay. Great. All right. Thank you for doing this. And anything else you want to mention before we close out?

No, I'm just honored to be here and sharing the word with parents and practitioners anywhere I can. It's so important because it's so easy. I know pediatricians who have retired and they're all like, oh, blah, blah, blah, I probably shouldn't have done all that.

But you're in the trenches. You're trying to find a middle way that works for them, that makes sense, that allays their fears and gives them the healthiest and happiest kids they can, so thank you for not giving up hope.

Yeah, thank you. All right, Lisa, thanks. Thank you for tuning in to Dr. Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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