

Dr. Ron Ehrlich: Hello and welcome to “Unstress” where each week we take another look at what stresses us or those we love or what stress is our one and only planet and then try and look at things in a more holistic way. I'm Dr. Ron Ehrlich. The subject of today's episode is children's health and as I've said before whether you've got children or not this is relevant to everyone because children are the most vulnerable in our society and really could or should be thought of as the Canaries in the coal mine. What's happening to them may well be happening to you. It's just that you may have accepted that as your own normal. An interesting idea really.

My guest today is Sydney-based holistic paediatrician Dr. Deb Levy. Now as you will hear Dr. Deb has a great model for thinking about health and all its challenges. She calls it her “5 P's”. Actually, later in the show she adds an extra p and really there are six but anyway, Deb has been trained in South Africa where she graduated from medicine with first class honours then went on to study and practice paediatrics in the UK and in Australia. During her work as a paediatrician within the conventional hospital system, she witnessed firsthand what I think we should all be very alarmed about and that is the rising incidence of illnesses in children like allergies, eczema, asthma, diabetes obesity as well as mood and mental health disorders. She was particularly alarmed at the prediction that is this generation of parents may outlive their children. That's a shocking statement to make but that is what health trends are showing.

Deb has two young children herself, so this isn't just of professional interest but very personally concerned. She believes she needed to offer a more holistic approach to tackle these issues and with a particular interest in the role of diet, gut health, and lifestyle. She's a strong advocate of food as medicine, the impact of the environment and mind-body practices. She takes a holistic integrative approach which means combining the best of conventional medicine with an in-depth knowledge of nutrition, biology, and science to create safe treatment plans which may include both prescription medication or personalised health lifestyle programs or both. Why not use the best of both worlds? Now that to me is truly holistic and that's integrating modern and complementary medicine. And of course, some good old common sense. I hope you enjoy this conversation I had with Dr. Deb Levy.

Welcome to the show Deb.

Dr. Deb Levy: Thank you, Ron, great to be here.

Dr. Ron Ehrlich: Deb, you are a holistic paediatrician and integrative practitioner. I wonder if you could just share with our listeners part of that journey that got you to this point?

Dr. Deb Levy: Absolutely. Ron, I'm a conventionally trained paediatrician as you mentioned, and I have worked many, many years in the hospital system and I'm actually dual trained in paediatrics and paediatric emergency medicine. So, I was at the front of things and managing acutely and once unwell children leading resuscitations seeing lots and lots of very sick children and during the time that I was working I couldn't help but notice an increase in certain illnesses your allergies your asthma your food tolerances and I started to wonder well,

there must be some other way or perhaps a better way that I can help children and then I fell pregnant myself.

Dr. Ron Ehrlich: Congratulations.

Dr. Deb Levy: Thank you. And I have two little kids now. And that deepened at my journey because my husband had very, very bad, bad eczema when he was young and severe food allergies and he is still anaphylactic to several foods and from my reading and my study and all my learning I knew that there was something that I could do to try and help my children not develop those same illnesses. So, I think a combination of both my professional and my personal experience really made me take a step a little bit in a different direction and not so much in the acute hospital medicine but looking at illnesses more holistically looking at the root causes and trying not only to better treat illnesses but also to help prevent them and help our children thrive.

Dr. Ron Ehrlich: Look that is quite a journey and I mean I think for our listener it might be worth just kind of adding up the years there because I mean medicine is five to six years and then you go through your residency. Just give us a brief must have done this in your head many times.

Dr. Deb Levy: Are you trying to make me feel old Ron?

Dr. Ron Ehrlich: No, I'm not. Come on Deb. I've got a few years on you I know that.

Dr. Deb Levy: I'm working with children in the hospital system for around about 15 years and that excludes my medical degree which was seven years and a couple of years before I got into my paediatric training and then I've been in private practice now in eastern suburbs of Sydney for the past seven years. Yes, it's been a long journey but a fun one.

Dr. Ron Ehrlich: Yes, well the reason I ask that is that one of the things that I often get asked and I have described myself as a holistic practitioner for many years is what does holistic mean? So, I'm always asking this question what does it mean to you? What does holistic mean to you?

Dr. Deb Levy: To me perhaps another way of answering that is well how do I manage patients holistically? So, I work from within a framework that I've developed that I've caught that I call my happy kids program and I look at certain elements and I'm a paediatrician I think quite simply so I talk about plates, play, pause, people and protect.

Dr. Ron Ehrlich: Hang on, hang on, hang on. Say that again.

Dr. Deb Levy: Plate, like your plate and play, pause, people and protect. So, I'll go through those in a little bit. The plate is about your nutrition and what you eat from breast energy well from preconception and during pregnancy for the mum but essentially what the child's eating and how that influences your health. The next one is play. So, that's a lifestyle that's being outdoors that's activity levels. Pause is about relaxation about sleep about mindfulness and all concepts that are obviously age-dependent and variable but wonderful skills to teach when

children are young. And the next one plays play pause people. So, that's about relationships. Relationships are so important for children for their development for their growth and also if you look at the literature relationships and good relationships have been shown to actually increase your longevity and when you learn how to form attachments well that's when you're young. So, again very important and also important for mom and postnatal depression so really that's quite a big bucket there. And the fifth one is "Protect". So, protect is about being aware of what's normal and where your child should be and what their development should be. So, protecting them from that perspective but then also looking at their environment. So, what toxins are there in their environment that can be playing on a detrimental impact on their health?

So, I look globally at the child. I'll use an example a child comes to see me and let's say perhaps with eczema or constipation and it's not for me just about giving in their cream giving them that laxative. It's about really looking at all of these aspects to try and work out well where have things gone wrong and what can we work on in order to improve their health?

Dr. Ron Ehrlich: Wow, that's brilliant. I love that. The five Ps. Well, let's go back to nutrition because... No, let's take a step back for a moment because I'd love to get into these five P's but what are we seeing out there? I mean you're seeing kids, now paediatricians treat to what age group?

Dr. Deb Levy: Well, I treat from 0 to 16 years.

Dr. Ron Ehrlich: Yeah, and in your years now looking back over children's health how are we doing?

Dr. Deb Levy: We are not doing so great. Look if you look at children's health I guess the most common illnesses that we're seeing now and certainly have been on the rise are your atopic conditions, obesity and mood disorders. So, those will be my top three that certainly I've appreciated an increase in. With your atopic disorders here, I'm referring to eczema, asthma, food allergies, hay fever. And if you look at the statistics now one in four children in Australia have asthma or eczema and one in ten have a serious food allergy. And this is food allergies that could kill you if you don't have your adrenaline on you. So, this is not a small problem.

Dr. Ron Ehrlich: I mean it's huge.

Dr. Deb Levy: Absolutely and if you look at what is actually going on well then you have to question well why is this happening? And we cannot explain it by a shift in our genes, so we ball up a set of genes and it takes hundreds of years for those genes to actually shift in terms of what those genes look like and what they express. But what we can explain is that why are certain genes being switched on and switched off and this is the concept of epigenetics which I suspect some of your listeners are familiar with.

Dr. Ron Ehrlich: We are very familiar with.

Dr. Deb Levy: Exactly. And this is trying to work hard well why are certain genes switched on and switched off. My personal example, well why are my children, really were a ticking time-bomb for all these atopic conditions? Why thankfully does neither of them have any of them?

Dr. Ron Ehrlich: Well, you have studied medicine for long enough. Not completely altruistic.

Dr. Deb Levy: No, no. I think that really begs for all of us to open eyes and look at what we can do before children get illnesses as well as the chronic diseases associated with obesity I haven't even spoken about that yet and that's obviously the next big group of children in terms of increasing disorders and diseases.

Dr. Ron Ehrlich: I mean I've been involved with MINDD Foundation which is very focused on this and their statistics which kind of follow what you've just said are concerning and frightening. I mean I think you're going to go on to mood as well which was your third mood disorders. Talk to us a little bit, we'll get back we've jumped ahead but gone into the mood disorders because that's quite disturbing too, isn't it?

Dr. Deb Levy: No, absolutely. I mean I know that they're looking forward and they're predicting that it's going to be like 1 in 50 children or 1 in 25 children I think they're predicting are going to have some form of either ADHD, the attention deficit disorders or a form of autism. Again, you cannot explain it any other way other than looking at lifestyle. We cannot explain it and studies have shown that it's not just because we're getting better at detecting these things and getting better at diagnosing them, it is merely because it is becoming more common and it's going to not only burn in our families it's going to burn in our communities and our healthcare as well.

So, to me, it makes perfect sense to jump in now and trying to work on all those factors that we can hopefully lessen. I mean there is a genetic component I don't want people not to be aware of that and certainly, things like autism does run in families but let's work out how we can help protect our children.

Dr. Ron Ehrlich: Yes, because this concept and I said our audience is probably familiar with epigenetics but let's just redefine that for our listener again the concept because one is genetic determinism this is my family history this is what it is, it will never be any different, but epigenetics takes a different stance. Can you just explain that to our listener?

Dr. Deb Levy: Yes, sure. And the way that I look at it is there are two types of genes that we have. The one type is like you say very in concrete really stuck in concrete such as you are born with blue eyes or you are born with brown eyes. That's not going to change. There's a whole host of genes that didn't develop into proteins and enzymes etc. and those genes are either switched on or switched off. And we've been able to identify certain of those switches were such but a lot of them we don't like. So, it's about trying to work out well why those genes being switched on and switched off and what can we do about it

Dr. Ron Ehrlich: Yeah. I mean there was always this is its nature or nurture?



Dr. Deb Levy: Exactly.

Dr. Ron Ehrlich: And we always love to have the one answer but what if it was both?

Dr. Deb Levy: Yeah, I 100% agree with you.

Dr. Ron Ehrlich: So, these are mood disorders and then the last one you see you mentioned atopic disorders which are eczema, asthma etc. and then mood disorders ADHD autism which is pretty frightening, obesity. How are we doing there?

Dr. Deb Levy: Not good. I keep on saying not great and if you do look at the statistics for children in Australia again it's a one in four. So, one in four children are either overweight or obese and that's on the Australian Bureau of Statistics. So, if you look at that I mean that's to me I think I was shifting towards the state of America where the majority of children there are obese. And with obesity comes all the problems of chronic diseases. So, obesity is linked to type 2 diabetes to heart conditions to strokes to high blood pressure to liver problems joint problems. Never mind all the social implications for children being bullied or teased at school. And so, I think that the implications of it are so huge, for us not to tackle it now is very, very brave of us it's not quite dangerous.

Dr. Ron Ehrlich: How have those statistics changed say diabetes? I've also heard cancer rates and kids are on the rise. Are they on the rise?

Dr. Deb Levy: Yes. I'm sorry I don't have a specific at the top of my head...

Dr. Ron Ehrlich: But from your experience, your clinical experience?

Dr. Deb Levy: Yes, they are on the rise and up and I believe the literature around that is mainly looking at toxin exposure in terms of why those genes seem switched on and switched off and that seems to be around toxins whether it's your endocrine disruptors or other toxins that would be in the environment.

Dr. Ron Ehrlich: I want to just explore a little bit of those five P's that you were talking about, but I just wanted to reflect back on all because you're saying basically that there are nutritional environmental, and I love those people relationships, pause sleep, all that. But environmental and nutritional components are huge. In your seven years of when you were what studying medicine and then other years as a paediatrician and you're all that time in the hospital, how big a role did in nutritional and environmental issues play in your education?

Dr. Deb Levy: You mean...

Dr. Ron Ehrlich: I know you rose above that. I know you recognise it but in the traditional education how big a part of these did these drivers play in the in the education of doctors?

Dr. Deb Levy: Absolutely minimal. And there is a little bit I'm not going to say there's nothing but an absolute minimum which I think is why it makes it sometimes quite challenging for holistic practitioners to be able to get across their message because it's is seen

as so foreign and so new whereas I guess if you look at other healthcare providers like Naturopath or are Diabetic practitioners, they've been speaking about this for many, many, many years but certainly and to the conventional training system there is not an of information out there.

Dr. Ron Ehrlich: Is that because the focus is just on management rather than cure?

Dr. Deb Levy: I think there are probably a few aspects to it. I do think that there's definitely a drive to name it and treatise and not look at the record. And I think there's also the other aspects of wanting to practice evidence-based medicine which I 100% support and I think the difficulty comes with especially with nutritional myths and it can be very difficult to construct a very clear study. So, for example, if you are looking at what food a child has eaten it's often a history-based studying where you're sitting with the parent asking of what they are eating for the last year which is a really tough kind of study to do because there's a lot of bias than that. And also, if food as a total object is very different from giving actual nutrients.

So, I'm just touching on a few little sorts of a few aspects of why it makes studies difficult. So, I think that those are the two reasons.

Dr. Ron Ehrlich: So, let's get back to your 5 P's because I love it. What are some of the nutrients that are causing the problems and some that we are focusing on?

Dr. Deb Levy: I think it depends exactly what problem we're referring to. I don't think in terms of general health I can give you any two or three specific nutrients. I think if we're talking about specific conditions I could take for example...

Dr. Ron Ehrlich: Asthma? What about asthma? I mean people one in four kids are suffering from asthma and a child comes in with asthma what nutritionally would you be looking at?

Dr. Deb Levy: Okay. So, for asthma and all atopic conditions, the most studied nutrient will be vitamin D and the Murdoch Institute down in Melbourne has certainly done a lot of research around that and that's around the role that vitamin D plays in your immune system. So, vitamin D would be one and another one would be healthy fats for your omega-3 and that is for its role in inflammation.

So, specifically for asthma those would probably be my top 2 and bearing in mind also vitamin D is important for your immune system and vitamin A is important for the lining of your lungs. So, I think each condition really has a few nutrients that I like to consider but that always needs to be in the big picture of a healthy diet.

Dr. Ron Ehrlich: Well, yes. I mean you've picked two there to kick off with which is vitamin D and I go down to the beach locally and you probably do too, and you see how carefully people are wrapping their children up and protecting them from this terrible thing called the Sun which is I think still the best source of vitamin D isn't it?

Dr. Deb Levy: 100% it is the best source here. And I was just going to pick up with what you were saying, I mean it's the slip slap slop campaign in Australia and I have no doubt that it helps with skin cancer but certainly, a lot of children that I see in my rooms are vitamin D deficient.

Dr. Ron Ehrlich: And the second one, of course, is another beauty when it comes to public health messages and that's healthy fats. I mean fats are bad, aren't they? Should all be? I mean I'm being facetious obviously.

Dr. Deb Levy: I know you are.

Dr. Ron Ehrlich: But that's another problem isn't it?

Dr. Deb Levy: It is, and I think that we need to get the message out there to parents that healthy fats are good fats and we shouldn't ever be giving our children low-fat food. So, it's the full cream milk, it's the real butter it's having real meats cooking in butter or lard it's using olive oil. So, there's some beautiful, beautiful fat in your food.

Dr. Ron Ehrlich: Yep, this is what I find so interesting about talking about children's health because even for those listeners that may not have children, kids are the Canaries in the coal mine, are they?

Dr. Deb Levy: Yes.

Dr. Ron Ehrlich: I mean what you're seeing in your practice is what's going to happen... well, they're the adults of tomorrow and they're possibly the adults of today.

Dr. Deb Levy: And if you look at on that line of thought if some people have speculated that children of today will live shorter lives than we will. So, my girls will die younger than me which as a paediatrician and a mother is absolutely frightening and upsetting. So, we absolutely need to look at the state of the environments and the state of our children and their health and take steps now to prevent that from happening.

Dr. Ron Ehrlich: Now before we move on from often nutrition I think one of the things that challenge a lot of people, a lot of children is being a fussy eater. What do you say to parents whose kids say, "Look I just cannot get this". They won't eat anything other than mashed potato or whatever or Vegemite sandwich. What do you say to those parents?

Dr. Deb Levy: Ron, you're absolutely right. I mean research data and certainly research done by Blackmore's has shown that over 50% of parents in Australia are concerned their children are fussy eaters and 85% of children aren't eating their vegetables. So, absolutely, if my child only wants to eat white food is usually the complaint that I get and that's exactly what you just described. And bearing in mind there is often a reason behind why children develop by seeing eating I think that I certainly have a few general top tips that I give to parents and the first one is for parents to empower themselves. So, that's for parents to understand what their child is eating and what they should be eating. So, what does the serving size look like? What is an extra portion looks like? How many should there be having a day and what is healthy

food? And with that information then being able to plan ahead for their week so that their food is prepped so their vegetables are prepped which makes it a lot easier to make healthy food choices and not be tempted to get takeout on the way home from work after picking your children up from school.

The next point is to involve children. So, obviously age-dependent anything from shopping to ideally growing a little vegetable patch in your backyard getting them to help in the kitchen giving them some degree of choice as well which children love and by giving them the healthy choices, do you want your broccoli or your zucchini with dinner tonight for example. And then it is actually getting them involved so that they feel like they do have that sense of control. And any parent of a toddler knows it is all about control.

My third tip would be for parents to set a good example and also to make it fun. So, by setting a good example children learn by mimicking and if you can sit down with your children and make mealtime an enjoyable family relaxed time when you're eating and enjoying each other's company you'll be surprised and how much better your child will do at eating and how much better they'll do with trying new foods if they see you mummy or daddy putting the food in your mouth and chewing it and enjoying it. So, I really think that that's an important message to get across and I mentioned making it fun.

So, make it a little bit of a game about it and to use it as a learning experience. Show me everything that's green, showing you what's red and then also see the whole rainbow foods that you can also talk about. But I guess setting an example and making it fun.

And my last tip is don't give up. Yeah, it's very discouraging. As I mentioned a few times I've got toddlers and sometimes you can prepare the most beautiful meal and they'll destroy it on the floor. And it happens to all of us and the message behind that is just keep going, try not to get stressed, reward any positive steps in the right direction. So, if a child even just sips for food that's a good thing but keep going because it can take a roundabout 10 sometimes even 20 times and for a child to accept a new food.

Dr. Ron Ehrlich: Wow, there are brilliant tips and that's a great thing to finish on because in this section here because of 10 to 20 times... I mean we need to manage our expectations too, don't we?

Dr. Deb Levy: Absolutely. Yeah and try to take the stress away from it.

Dr. Ron Ehrlich: Yeah, okay look there are some terrific tips in the plate and the play go on. Tell us a bit about what we should be doing, what they should be doing? Probably what we should do.

Dr. Deb Levy: Well, exactly. I think that's the thing. It's lifestyle choices but children learn through play and they develop through their play. So, it's really about encouraging that, getting them outdoors especially. There's a lot of research done looking at children playing in the dirt in terms of their gut microbiome in terms of their immunity in terms of their health but also their vitamin D which you've touched on. So, it's encouraging to them to get outdoors to stretch their little bodies and have some fun with it and to play, not to be sitting

inside looking at screens, looking at TVs, literature showing TV hours with obesity it's very well-known. And also, there's been a lot of media recently about the emotional impact of computer gaming or screen time and iPads on children and adolescents but that really is what the play is about.

Dr. Ron Ehrlich: Yeah that must be a just a huge challenge. I know we spoke a few episodes ago to Jodie Lowinger about anxiety and she was talking about... I was shocked to hear that young people under the age of 18 were getting a diagnosis of anxiety and depression-like one in four. And this was just shocking. Is that obviously what you must be seeing in your clinic?

Dr. Deb Levy: Yes, yes. I mean absolutely and the older children thankfully not so much that the younger children in my practice but yes 100% and their social isolation that they feel too with the screen time which brings us into the next... they want to be other P's to people, but I think that parents need to limit it.

I understand at times when it's inevitable you kind of need, not need to but it makes life little bit easier and by all means, I'm not being militant about it but just be aware of it and absolutely limit that screen time.

Dr. Ron Ehrlich: Because you did make reference to the importance of relationships and that's a very famous and long-running Harvard study isn't it really? That there's been going for 75 years and telling us relationships were the best predictors of longevity and health and wellness.

Dr. Deb Levy: Absolutely, yes. I think there's a new book out on that at the moment to look at all the populations in the world who have the oldest and healthiest living people and I think it's called the "Blue Zones" and that also touches quite a lot on that.

Dr. Ron Ehrlich: And technology obviously not just playing games, but the effect of social media can be really challenging.

Dr. Deb Levy: Very, very much so. And again, it's much more so in your older children, your school-age children. Facebook, Instagram and all these other fun things that I don't really understand but I don't believe children need to be on social media and if they are should be supervised.

Dr. Ron Ehrlich: Yes, which leads us to the last one which is protect.

Dr. Deb Levy: Yeah, protect is again. There a few aspects too but mainly we are looking at your environment. So, the environment that you're in and what toxins you're being exposed to and I guess my big interest of children is all the endocrine disrupters and what we feel is safe today is probably going to be proven to be unsafe tomorrow. If you look at the number of chemicals that we have in the world hundreds of thousands of chemicals and how few have actually been safety tested they just release to use to be used in industry and there's only like, then after fact that they get pulled up when problems are then being detected. And I think the most common ones are going to be your BPA that everyone used to think was fine and now we suddenly realized that it's actually not so fine and now we're buying everything BPA-free

but I guess my question is “Well, what are they using instead?” So, it's really being aware of what is in your environment, also what sits under your control. There are certain things that we are unable to control. We're not living in a mountain somewhere, we're living in cities but certainly, within your own home, you can use non-toxic cleaners. If you look at you get those and spray wipes or those regular Coles and Woolies watch that you get to wipe down tables. They've actually shown that it's in our food. So, just be aware that whatever you're cleaning with if you're not happy to eat in then you probably shouldn't be cleaning with it.

Dr. Ron Ehrlich: Yes, what a statement. It was true. I actually heard that too. What are some of the things that if what parents hear this term we all hear this term endocrine disrupting chemicals? How does that affect manifest itself to a child? How would you know if your child was being affected in some way by endocrine disrupting chemicals?

Dr. Deb Levy: Well, it's actually quite difficult to prove but it can happen from the time when they're born so you get children born with what's called ambiguous genitalia or abnormal genitalia. SO, the one that's postulated to be linked to it is something called hypospadias which is where the penis that is opening whether we come out the urethra where that is in the abnormal position. So, that's the need to do too endocrine disrupters their eyes and it's not every single case but the increasing rate is increasing the incidence of it.

And the other I guess big group would be children who are going into puberty much earlier than what we'd expect. So, often the age of puberty it is dependent on when your mom had a period or dad went into puberty, so it often runs in families, but I've certainly seen many children in my clinic where it's a case actually a mom started puberty when she was 13 but Sophie is presenting when she's nine. And I guess those are the most common clinical consequences of endocrine disruptors that I see but they're many, many, many more consequence about them.

Dr. Ron Ehrlich: Wow, this is has been fantastic. Listen to what I just quickly wanted to touch on a very, very subject it's a tough subject I know that the vaccinations and I'm just intrigued to know why is there such a controversy? What is the controversy? Can you just share with our listener why it's a controversy?

Dr. Deb Levy: I think it's a very tough question. I think that it's a controversy because anything that can potentially impact your immune system can potentially impact your health. I think that's perhaps a simple way of looking at it and also the issue of well what is in those vaccines and are we introducing toxins directly into our children's bodies. So, I think there are few parts to it and then there was a big study in England where Andrew Wakefield linked mumps and I'm sorry and the NMR vaccine to autism which is subsequently being disproven.

So, I think that there's a lot of media out there and why we've only focused on vaccines I'm not sure because I don't think that it's only vaccines that could potentially be to blame. I think that it's a combination of factors, but I think it is really tricky I think it's a tricky one.

Dr. Ron Ehrlich: Yeah, sorry but it's a good point It's a good point that why it's been such a focus because there are literally tens of thousands of chemicals and you've mentioned the endocrine disruptors as well as issues and this is part of taking a holistic view of it. Listen, if

you were giving a parent some tips to ensure their child enjoys good health well I guess the 5 P's are the way to go are they? Would that be your focus on those?

Dr. Deb Levy: Yes, absolutely. And I think also one that we can probably add into it is preconception. So, another P. Its mum making sure that their health is optimal before they fall pregnant not always possible, but I think that that would be the ideal condition. So, making sure that mum is in terms of both her environment as well as their personal health and especially her nutrition and that she really, really optimises that before trying to fall pregnant and then maintaining it through the pregnancy because and again I'm sure it's specific that maybe you're aware of it. We used to think that babies are in this 100% sterilised environment within mum's tummy, but we now know that that's totally wrong and they've done cord blood testing and they've shown that the hundreds of chemicals within the newborn baby's blood stream. And that's coming through mum's exposure and I don't want to guilt mums out because being a parent is a tough gig but perhaps if mums are aware of it they can take simple steps to clean up their environment before they fall pregnant.

Dr. Ron Ehrlich: I meant to ask you about sleep because that's a big one. What are you seeing out there? Are kids not getting enough of it? Technology interrupting it or what's happening?

Dr. Deb Levy: It depends on the age. So, if I'm seeing young children it's often that they don't know how to go to sleep but they haven't been given the right environment to go to sleep so it's a lot about sleep hygiene age-dependent and then we're seeing you start to get into your toddler's it's about being overstimulated and then fed the wrong food and again not being taught the proper routine and then as they get older again it's more screen time.

So, it really is a little bit dependent on what age they are and also looking at what parents do around sleep and whether they're co-sleep and things like that.

So, I think it's quite variable depending on the age.

Dr. Ron Ehrlich: I remember when my daughter was born and now that's 32 years ago, see you thought you were in practice for a long time. And the pediatrician at the time said to us and this my wife was pregnant, and we were expecting the first challenge she said, "The thing you must do in the first year of life is teach your child to sleep". And we ignored that advice and on reflection, we didn't do that with our second child but we on reflection I think that was the best piece of advice a doctor has ever given me.

Dr. Deb Levy: Everyone's health.

Dr. Ron Ehrlich: Everyone's health. So, you take a baby home from the hospital, how do you get them into a good sleep routine?

Dr. Deb Levy: There are some babies who are gonna have difficulties sleeping there are medical reasons right? So, you've got to take out that bunch of kids and those the ones I'm talking about it may have got bad reflux or something like that or cause more protein intolerance or something that's causing this being pains then keeps them up.

So, if you look at your other group I think it's addressing their primary needs so making sure that their well-fed they're comfortable, so their nappies are clean and there are comfortable sleeping space and then it's being able to pick up on their cues so it's about and I'm going to say mum but obviously dads really like...

Dr. Ron Ehrlich: No, no. Let's share it around here.

Dr. Deb Levy: I just think for the ease of my communication I'll say mum but it's definitely everyone and it's about you've got, babies and parents have to get to know each other. There's a period of that absolutely and so it's about learning your baby's cues and how best to react to them. So, every baby is a little bit different and everybody enjoys different things. I'll just get my personal experience my one baby love to have her own space to sleep and I thought that she wanted to be cuddled and she absolutely hated it. My second baby loves to be cuddled. You do have to boast a little bit of process of learning.

Then I advocate some routine but there are certainly different camps and I think it's important also to establish what kind of parenting that parents prefer. Do they want attachment parenting where the child is going to co-sleep with them and they're going to baby carry or do they have another child and other school-age child where they need to be able to put the child down to sleep? But I think it's important to establish exactly what expectations are and death being said at least for what's called the fourth trimester for the first few months first three months of life very important for a child to have a lot of skin-to-skin contact and talk to be very close to mum and to be settled and calmed that way.

And then after that period, you can start having if that's what you want the time when and they're learning to sleep on their own. I don't believe you can properly sleep train a baby as such and I certainly don't ever advocate leading your baby to scream until they are stressed but we do have to teach our babies and that's giving them sleep associations letting them wherever they're sleeping bag is whatever and things like that. I don't know if I'm answering your question...

Dr. Ron Ehrlich: No, brilliantly. I think that's fabulous and I'm thinking when you when used to take a baby home I mean we've just had a granddaughter so I know this has gone on and you hold the baby and the baby settles and sleeps and then you slowly put the baby down but when you're three or four months down the track that baby starts to get a bit heavier and if they've only settled on you it becomes a real challenge.

So, there's a point there's a point at which self-settling and finding that balance and then when you've got older kids of course that changes it's a little bit easier with the first one or and in many ways. That's fantastic.

Listen, taking the step back from your position as a paediatrician and because we're all on this journey in through our own lives what do you think the biggest challenges for people on their health journey through life in our modern world?

Dr. Deb Levy: I think time. I think we're all very pressed for time. It's a big one so people look for convenience and everyone's always rushing around, and I think if that creates an

environment where you're making not the best choices both lifestyle and food. So, I gave the example earlier of rushing home from work so you're stressed you're battling the traffic so perhaps you're being exposed to all those toxins, you're rushing to pick your child up he's not having the time to connect with them so that's your people you are then rushing home to try and get something to eat, you realise that you haven't bought food properly so you end up getting takeout, which then doesn't give you the current nature intensity that you need. You then put the kids to bed, you then catch up with your work, so you end up getting to bed much later because you've also been on your screens and which then creates insomnia so then you don't get your rest that you need and then the cycle just continues. So, I think that it's a lot of it's got to do with being pushed and being time for.

Dr. Ron Ehrlich: Deb thank you so much for joining us today. That was just fantastic.

Dr. Deb Levy: It's a pleasure. I'm happy to be here and happy to come back if you'd ever liked me.

Dr. Ron Ehrlich: That point about sleep. Teaching your children to sleep. As I said we totally ignored that advice 32 years ago when our oldest daughter was born but on reflection, it's still one of the best pieces of advice any health practitioner could ever give and that takes sleep seriously. It's a good example of what we all have to learn from the challenges of children's health and tell me if the 5 P's aren't as relevant to you whatever your age is the children Deb focuses on.

Plate, the first P, nutrition, play, lifestyle, moving, exercise, pause building downtime and relaxation into your day. People, meaning relationships, face-to-face relationships, the best predictor of longevity health and wellness, a Harvard study that has been going for 75 years. Amazing.

Protect. That's about via environmental issues and toxins. She mentioned endocrine disruptors and they affect adults as well as children and that's just scratching the surface of these environmental issues we're all facing. Go back and have a listen to the episodes we did with Professor Mark Cohen or Nicole Bijlsma or Lyn MacLean and of course, the one we do with Alexx Stuart as well.

Deb's sixth P was preconception health and while she mentioned women regular listeners to this program we'll know that actually also applies to men as well. As we learn from those episodes with Leah Hackman and Elizabeth Mucci. Look we're going to have links to Dr. Deb Levy's website. So, until next time this is Dr. Ron Ehrlich. Be well.

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