

Gaps in Children's Nutrition: Picky Eating

Sheila Kilbane, MD



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Rebekah Kelley: Welcome to the Humanized podcast, all about personalizing your health. I'm your host, Rebekah Kelley, and today our topic will be Gaps in Children's Nutrition: Picky Eating, with Dr. Sheila Kilbane. Before I introduce Dr. Kilbane, I want to remind everyone to subscribe and get all of our other variety of casts in audio, video and transcription at HumanizedHealth.com. I'd also like to thank our lead sponsor, Village Green Apothecary, at MyVillageGreen.com.

A little bit about Dr. Sheila Kilbane. She's a board certified pediatrician who specializes in integrative medicine. She uses the best of traditional and integrative medicine to find the root cause of illness. Using her 7-step process, along with natural and nutritional therapies, Dr. Kilbane helps families significantly improve or resolve altogether illnesses, such as colic, reflux, eczema, recurrent ear and sinus infections, asthma, allergies, and stomach and GI issues such as constipation and abdominal pain. She also conducts online education classes in addition to seeing individual patients in Charlotte, North Carolina. We're so lucky again to have you with us, Dr. Sheila. Thanks for being here.

Sheila Kilbane: Oh, thank you, Rebekah. Rebekah and I talk for... we have to make ourselves stop talking when we finish these podcasts. Thank you for having me. I love it.

Rebekah Kelley: It's so true, but you have such great knowledge and I just want to hear all about what you have to share. But today, right now, we're going to talk about why are children such picky eaters, and should we be concerned? What's behind that?

Sheila Kilbane: We've changed our environment so much, and we've changed what we're eating. We've changed the food that we're eating, which changes the chemicals that we're being exposed to. And in my clinical experience and from all the research that I've read, I really think that we've shifted our microbiome. So I think that we're shifting the bacteria in our gut and where we have these kids who are inside a lot more and, especially the last 2 years we've had a pandemic, so we're not getting outside. Because when you're outside and you're getting exposed to things, one, you're exposing the microbiome to a lot of different things, and you're priming the immune system. So, literally we talk about, let kids eat dirt. If they're out playing in the dirt, we want them exposed to things because that's impacting their sensory system, which is like, with picky eaters – and we'll talk about this in a minute – we've got to figure out, are they picky eaters because, is it a sensory issue? Is it a taste issue? Or is it a structural issue, that they're just not able to, they don't have the strength maybe in their jaw?

I think that part of this is because of how much we've changed our environment, and we've got a different gut microbiome. We're not necessarily exposing the kids to the same things that we used to, including foods that are more alive and real. It's a lot of packaged, processed food and kids are getting squeeze pouches, and they're getting things that are really easy to ingest. So it might be later and later before they're getting exposed to things. Because we need those textures and things.

Rebekah Kelley: I think, as you're saying that, I'm thinking back to my childhood, which is a long time ago, so I understand what you're saying, over time. And yes, it was an apple or a celery. There was never any squeezy anything. At the least, maybe my mom made, you know, Tupperware pops in the freezer, or it'd be watermelon. But yes, it was a very different... And also, I was outside the whole time. Right? She was like, kids outside. Like we weren't allowed to be inside if there was beautiful weather. We had to be outside. So, you're right. And I think now I see friends, everything's scheduled as a play date. Everything is much different, much different. So, that makes sense.

Sheila Kilbane: Yeah. And it's not like... play dates are great and all that kind of thing. It's, just, we're not necessarily getting as much exposure as we used to.

Rebekah Kelley: Right. It's very structured, I guess, is what I mean. It was less structured, whereas now it's more structured.

Sheila Kilbane: Yeah. Yeah, exactly. What I was alluding to is that we have to be careful when we're talking about picky eating, because I've had some families where it might be a structural issue. Like, anatomically. Maybe the kids have low muscle tone. Maybe they have got a significant tongue tie, maybe their tongue is not working. They don't have that coordination, that oral motor coordination, and they really just cannot eat a wider variety. Right? They're only eating the foods that their system can handle. And you might have a relative... I mean, I've had so many times over the years where a grandparent or an aunt or an uncle will say, oh, give me that kid for a day and they'll start eating. And that's so hard for a parent to hear because it kind of undermines everything that they're doing. So I want to acknowledge the parents, if you've had anybody say that to you, I see you because it's... that's not always the case. Sometimes it's got to be gradual. Sometimes they might need to work with an occupational therapist or see a good ENT or a really good dentist who understands about that oral motor function.

We're going to kind of take that aside and we're just going to talk about the kids who, they're just picky, right? Maybe they're a little sensitive to taste. Maybe the textures are a little bit off, and with those kids, the first thing you want to remember is that it can take eight to nine times of introducing a child with something before they'll eat it. So you want to have it on their plate, and maybe it's just a very small amount and they don't have to eat it. I like us to have an agreement where you just take one bite, that's all, you don't have to eat the whole thing. Maybe you do one new bite. You can either do that each day or maybe each week. And so that that's the first thing.

And when it comes to, how are we going to start to shift this? The other point that you had, we were talking about before we started, do we need to worry about this, and what are their nutrient deficiencies? I want to talk about that right now, because sometimes when we replace the nutrients that are deficient, that actually improves the pickiness.

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One of the first things is zinc. So, zinc impacts the taste buds in the palate. The foods that are rich in zinc... our bodies don't really store zinc – they don't store a lot of extra zinc – and we get it through oysters, beef, crab, pork, chicken, pumpkin seeds, cashews, almonds, chickpeas, oats. So if you're a picky eater to begin with, those foods are not high on your list of things that you're eating. The kids in my practice, I'm checking a zinc level. But you don't necessarily have to check a zinc level. If you have a kid who's a super picky eater, you can do a 2-month trial of zinc to see if it improves. And what I have seen is that often within 2 to 3 weeks, we will start to see a difference.

When you are supplementing zinc, I don't recommend you do it much longer than 2 months, unless you're working with your pediatrician to get levels checked. Because zinc and copper go hand in hand, and if we start to increase the zinc, we might start to deplete the copper. So you just want to be careful. But it's a very, very safe supplement.

And the other thing that we do see, iron can be an issue, if they're not getting enough iron. Those are the two main ones, but the way that I like to do it, because it doesn't have to be... we don't have to do blood work, but if you really look at... I can listen to what a child is eating on a regular basis and say, okay, you're not getting enough iron, you're not getting enough fats. You're not getting enough of these things.

Fats, especially omega-3 fats, are another thing that picky eaters are generally deficient in. And that's where I have... part of why I wrote my book was so that families would know how to identify these things. And I list out what I call the foundational supplements. And those are so important because what we know from the CDC is that 60% of kids don't get adequate amounts of fruits on a daily basis. And 92% of them do not get enough vegetables. That's huge.

Rebekah Kelley: It's a shocking number, but when I think about some of the experiences I have with some of my girlfriends' kids, I'm like, I can kind of see that happening. But it's shocking and the CDC is reporting this, so...

Sheila Kilbane: Right? And when you start, when you look at a typical [kid], a lot of kids will have cereal for breakfast or a bagel or a toaster pastry, and then they might have pizza for lunch, and then chicken nuggets for dinner. So we haven't seen a fruit or vegetable at all. And, and that's where... go easy. Maybe you start with just one piece of fruit and one vegetable a day, and then you gradually increase it.

Another statistic I wanted to share with you, also from the CDC, is that on any given day, 33% of kids are eating fast food and 36% of adults. So that's another huge number. Because we know even with one fast food meal, that starts to change the microbiome, so the bacteria in our gut. That's going to worsen inflammation, that's going to impact our immune system, which ultimately is going to impact our nervous system. So when it comes to behavior and sleep and meltdowns, you know, and skin health, and so many things are impacted.

So with the ways to get the kids to eat more foods, one of the things I love is to add a green smoothie in the morning. So if you...

Rebekah Kelley: And kids will eat it?

Sheila Kilbane: Oh, absolutely. Absolutely. So what you do...

Rebekah Kelley: And you put it in your book, which, I know you held it up, and it's *Healthy Kids, Happy Moms*. You do give recipes, is it in there in the back?

Sheila Kilbane: It is. And we have a starter recipe. Our health coach is wonderful. She always talks about that starter recipe. So we add... it may be fruit heavy to begin with, and then maybe you have one leaf of lettuce or one piece of spinach, and then gradually, as the kids get used to it, you decrease the fruit and then you increase the greens. And then we can start to add things like chia seeds and flax seed and hemp seed. You could do that with even a piece of some whole grain toast and nut butter, or an egg, if your child is okay with eggs. That way you've gotten fat, protein, and then these phytonutrients from the fruits and vegetables. And that's going to last them until lunchtime, so that they're not going to have a blood sugar dip. And that is so much better than a big load of sugar, which is what you get from cereal and milk, or a bagel and cream cheese, right?

So there are ways to do this gradually. Because I always talk about the triggers of inflammation, and inflammation contributes to illness. And if stress is one of the triggers of inflammation, if you try to make these huge sweeping changes at home, you'll be cursing my name and it just will not be a fun existence in your household right then. So if you make them gradual and as you start to decrease the sugar, their taste buds also change because they're not being bathed in sugar all the time. And your taste becomes more sensitive for more natural flavors because we hit those more subtle taste buds on the palate. It can be the difference between a black raspberry that's fresh and in season versus maybe one that you buy in the middle of the wintertime. That's definitely a more subtle one, but versus, you know, a raspberry popsicle or something that's going to have a lot of sugar in it.

Rebekah Kelley: I really love how you explain starting small and making the shift. And I think anytime you want to make a change, it's really hard to do, first off. And so starting it is part of the process, right? Introduction, slow introduction. And then you just dial it up as you start to normalize and eventually... so you can change the path slowly. I think that's a great... I love that. Can you give us a, maybe an example of a story or maybe a story where you've actually seen something happen, where you've seen that change take place?

Sheila Kilbane: Yeah. So one of the stories, and I write about her in the book, is they came to us and she had a lot of food allergies, in addition to being a really picky, picky eater. And she literally was eating seven or eight things. And we worked to get to balance... We did the lab

testing. We started the foundational supplements on her, started to replace what we needed to. And then little by little, we started to make these changes. And then one of the things that we do is we have, our health coach went to the farmer's market with this mom and kind of taught her how some of the recipes in the book... and they bought kale and for her to be able to see it at the farmer's market, and to touch it. And they went home and made baked kale and she ate the whole plate of it. And that was the first step. And then she just continued to expand from there. And it was fun. The mom just needed some fresh ideas and the little girl, for whatever reason... and the mom just wasn't, baked kale wasn't in her repertoire of things. And you just do that with some olive oil, some Himalayan sea salt, and it's fabulous. You can do that with beets, right? You can do that with sweet potatoes. And there's so many really yummy... for whole foods that you can make, you just have to give yourself a little bit more time for the prep, because when it gets to that point where the kids are starving and you need something right away, we just want to be prepared. And you know, another great thing, are paleo pancakes. If your kids tolerate eggs, you can do a banana and then two eggs and you could even put some dark chocolate chips in it. So you make a batch of those up and then you can freeze them. And just pop them in the toaster, and that way you've got a real... you know, it almost feels like a cookie. You're going to get a little sweet, and...

Rebekah Kelley: And in my house, we love the kale. We call it kale crack. It's so good when you bake it like that. It's so good. Yes.

Sheila Kilbane: Yes. And it's just, you change your baseline so that instead of reaching for the sugar cereal, the crackers, those that will remain unnamed, the fish, golden fish crackers. Those are just empty calories and they're just simple carbs and they're going to contribute to inflammation and it's not going to get us any further along on our palate development.

Rebekah Kelley: Right. Thank you so much, Dr. Kilbane. These are really valuable insights. Dr. Kilbane can be found at SheilaKilbane.com. I'm going to spell that. S H E I L A K I L B A N E.com. And let me remind you to subscribe and get access to all Humanized videos, podcasts and transcriptions from all of our thought leaders on personalized health at HumanizedHealth.com.

Thanks for being with us again, Dr. Sheila Kilbane. It's always a pleasure.

Sheila Kilbane: Absolutely. And I did want to say we have a closed [Dr. Kilbane's Healthy Kids, Happy Moms Facebook](#) club. It's a closed Facebook group. Dr. Kilbane's Healthy Kids, Happy Moms book club. So you can go in there, ask us to join and you can get tips and support from other parents.

Rebekah Kelley: We can include that link too, so that people can click on it go right there.

Sheila Kilbane: Awesome.

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Rebekah Kelley: Thank you so much.

Sheila Kilbane: Thank you, Rebekah.