

Treating the Root Causes of Constipation in Kids

Sheila Kilbane, MD



Treating the Root Causes of Constipation in Kids

David Stouder: Welcome to the Humanized podcast. This is all about personalizing your health and I'm your guest host today, Dave Stouder. Now, we're going to be talking about constipation in children, because this is a topic I don't think... I have a couple people come into Village Green and ask me about it, but I don't think I know enough about it. And we're going to be talking with Dr. Sheila Kilbane. Now, before I introduce her, I want you to know, I want to thank Village Green Apothecary for sponsoring this podcast, and I want you to know that you can go to MyVillageGreen.com and all of these podcasts are free. You can watch the video, you can listen just to the sound, we have transcripts, and we have wonderful guests on. And so I encourage you to go do that.

Now, Sheila Kilbane is an MD, board certified pediatrician who specializes in integrative medicine. And don't we need more of those folks? 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.

Dr. Kilbane, welcome to the Humanized podcast.

Sheila Kilbane: Thank you, David. I love doing these. I love your team and you all do an amazing job. So thank you for having me.

David Stouder: Well, I've always enjoyed working at Village Green because they're information rich. And that's what we try to do here.

Now, it's interesting. We just recently did a podcast with somebody on constipation, but we really centered on adults. And of course, at least adults, it's easier to ask them questions, they understand something, but we have unique challenges with little ones, with kids.

So, I see some of your information here and you started with lack of direction. Would it be fair to say that many times the sort of traditional medical model in dealing with children's constipation leaves a lot to be desired?

Sheila Kilbane: So, constipation was one of those things that when I came out of residency, I was convincing parents to use Miralax, which is a laxative, and that it was safe and we could use it for years on end. And once I started to get into studying integrative medicine and understanding nutrition and the gut microbiome, you kind of asked yourself, well, we don't have a Miralax deficiency, right? Why are we having to give a laxative to have a bowel movement every day, which is something we should be able to have.

Treating the Root Causes of Constipation in Kids

And then I started reading more about Miralax. And when you look at the actual instructions in it, it says, don't give to kids under 17 unless being advised by a doctor, and don't take [it] longer than a week. And I was like, wait a minute, this isn't the way that I learned this medication.

So, and again, it's still, if your child is on Miralax, don't just stop it. Listen to what we're going to talk about. And then you can talk to your pediatrician about how are my child's bowels supposed to function. And we're supposed to have a daily easy bowel movement. When we talk about lack of direction, I think a lot of times we don't know that the kids aren't having bowel movements, because if they're a little bit older, they're not going to always talk about it, or they may be a little shy about it.

David Stouder: Yeah, I notice, being a dad, like some kids, you can say, hey, did you poop today? Yeah, Dad, I sure did. And other kids are like, Dad, leave me alone, I don't want to talk about it. And obviously, if you're changing diapers, you know.

Well, one thing is, I'm sure you help parents. How do we, if we have sort of a shy child that isn't going to say, hey mom, I haven't gone to the bathroom in 3 or 4 days, or whatever. How do we find out without going past the boundaries that the child would like to have?

Sheila Kilbane: Yeah. So the first thing is, what is constipation? And so it's fewer than three bowel movements in a week. And the stools will be hard and dry, and they might be painful. And sometimes what happens too, is the kids aren't getting it all out, which is super uncomfortable. It can mask as irritability. It might be belly pain. Their energy might seem low. They might have a really poor appetite. And so once we start getting things moving, everything is connected, so they may even have a better appetite. What I would have families do is get a little sticker chart, get something that will motivate the kids, and if they're old enough to go on their own, you have them check in every day and put a sticker on the chart if they've actually gone. And then you can... we all have heard of the Bristol Stool Chart? And that shows you what a healthy stool looks like. So it goes everywhere from hard pellets to a blob of liquid. What we want is kind of a sausage or a snake. And it really, and I will always remember this because I used to struggle with constipation, and I had been through all of my medical training, but it took me forever to have a bowel movement. And I was at a conference and on kids with autism. And they were talking about integrative and functional medicine, and one of the doctors said, it should only take you the same amount of time to have a bowel movement as it takes you to urinate. And I was like, ah, wait a minute, hold the fort! What are you talking about? Because it would take me so long to go. And so if I didn't have that awareness for myself, how was I able to have this for my patients?

So anyway, that was when I took gluten out of my diet. And for me, that made a significant difference. For kids, what we start with is, there are a couple of things, because it can take a while to make nutrition changes, right? So one of the first things that we want to do is add magnesium. If you asked your mother, your grandmother, what to do for constipation, she would say, get milk of magnesia. And that's a supplement you can get at most drugstores. We

Treating the Root Causes of Constipation in Kids

don't want you to use that, because we have much higher quality supplements now, but we would use a magnesium, we want a little bit of mag citrate, magnesium oxide can do that. But then you also want some chelated magnesium in it so that you get some absorbed into your bloodstream. But for kids, I have a free supplement guide, and I've got the dosing based on weight, and I have the good brands of supplements on there. And magnesium is the mineral that makes things relax. I don't know why we're taught in medical school to reach for a laxative versus reaching for magnesium, because magnesium is going to help. The magnesium that stays in your bowels is going to pull more water into your colon, and then we get that systemic absorption, because that's going to help your colon, the peristalsis of your GI tract, which is moving the food from your mouth out your bottom.

And so that's the first thing that we do while we make these other changes. Does that make sense?

David Stouder: It makes a lot of sense. And first of all, a few things. I really think that's great where if you involve your child, I love your chart idea because one, it can be private. You'd be in there and then put your little star on, and at some appropriate time, you and mom or dad can go over it.

And, I want to remind everyone, we will give out your website before this is over so that people who are going, Bristol Chart, I've never seen that or, oh I want to see those recommendations, because people wonder about potencies. But yeah, I was just taught the "side effect" of magnesium is loose stools. So, if you're very regular and take more magnesium than you need to get loose stools, I know they give you large amounts for a colonoscopy to clean you out – but if you're constipated or tend to run slow... so I like that. So you want your child having at least three bowel movements and they should not be painful and they should not be real hard because they're in there too long.

Also, I think you said a very interesting thing. If you have a child that you see is irritable, is grumpy, doesn't eat, seems to have stomach pain, it might be, I don't want to say as simple as, but it might just be constipation – instead of like, are they having a hard time at school? Are their friends bothering them?

So where do we go? Let's talk about kids where we can talk to them, that they can communicate with us a little bit. So we don't want to do Miralax. I'm with you on that. So we can start with some magnesium, but what else can we do to get our children regular?

Sheila Kilbane: Yes. So as you know, dairy is... we push dairy on children because we've all been taught that we have to have dairy for healthy bones and all that kind of thing. But dairy in fact is inflaming. There are several studies done, I'll just go over one of them that took a group of kids and put them into two groups, and these kids were having bowel movements, some of them one every 3 days, some of them would go 15 days without a bowel movement. And so they

Treating the Root Causes of Constipation in Kids

took the group that they were intervening with, and they took them all off of dairy. The other group they left. And the group that they took off of dairy, 65 percent of them, within 1 week, they were pooping daily and easily. They put the dairy back into the diet and within a week, 65 percent of those kids were all constipated again. So that's a really good study, right? You take away something, you put it back in. So if your child loves dairy and they're drinking dairy, you get the magnesium started, and then you can get my book – anywhere books are sold, Amazon, Target, wherever – and in my book, it's called *Healthy Kids, Happy Moms: 7 Steps to Heal and Prevent Common Childhood Illnesses*, I walk you through exactly how to do this. And you gradually remove dairy from the diet so that we don't create huge stress at home. Then we also, I have you put the kids on a probiotic and a digestive enzyme. And then later on, as you start to understand how the body functions, you want to keep learning and learning. And that's where my book just goes through all the science, and I have lots of color visuals and it helps to walk you through all this stuff. Because I never wanted to feel overwhelming. And it's very doable.

David Stouder: You know, one thing, I've looked through your book and one thing I've noticed is that you don't just give your advice, but then you actually give the tips on how to put it into practice. Because a lot of times you can say this is what your child needs to do, or this is what you need to do for your child. It's not that easy. Get your child eat more greens. Well, that can be a big fight. And then you want to try to not have aggravation around just getting your kids to eat well and feel good.

Sheila Kilbane: Exactly, exactly. And it's never just one intervention, right? We need to add the magnesium, we need to add, usually, more fruits and vegetables, high fiber foods like chia seed, flaxseed, hemp seed are phenomenal, and while we're doing that, then we start removing the dairy. Oh, and then add in a probiotic and the digestive enzymes. It's a multifaceted approach, but that's how you get the long-lasting results. You've got to figure out what is triggering this inflammation, that my child's GI tract isn't doing this peristalsis, that contraction and relaxation that moves food from your mouth to your bottom.

David Stouder: In your experience, either just with your own clients or in reading, what percentage, roughly, of kids, I'm just curious if you know, suffers from some kind of constipation?

Sheila Kilbane: Oh, I mean, it can be up to 30 percent or more. And that stat goes even higher if you're just taking any point in time in the lifespan. I mean, most people will struggle with it. We always will put out information too, because when you're traveling, and what you're eating gets off and maybe you're not sleeping as good, a lot of people end up getting constipated when they're on vacation. And there's nothing less fun than feeling uncomfortable and being constipated while you're traveling.

David Stouder: And I would think, I wonder if we could ask adults who are struggling with this. I bet, I mean, it can change. I know some medications, painkillers, sometimes antidepressants

Treating the Root Causes of Constipation in Kids

can slow somebody down. So they may have had no problem as a child and developed it later. But I wonder if children who don't resolve constipation problems just grow up and they don't go away. They just get worse.

Sheila Kilbane: Yep. Yep. And then it morphs into different issues because if you're not excreting, the stool is all of the byproducts from your food that are not supposed to get absorbed into your bloodstream. And if you've got this stool just sitting in your colon, those toxins are going to start to get absorbed back into your bloodstream. And you'll notice, and kids are easier to notice this with, but if they haven't had a bowel movement in 2 to 3 days, you may notice irritability, mood swings, trouble sleeping. And it's just that, one, it's just they're uncomfortable. And two, it's that their body is not excreting these things that we're not supposed to be having circulating in our system.

David Stouder: Yeah. And I wonder if people realize that it can affect you pretty quickly. You don't have to be constipated for 40 years to say, oh, my colon is starting to make me toxic. It can happen pretty quick, I think. Especially with the things kids are eating.

Sheila Kilbane: Yeah, yeah. I mean, there is nothing better than having a good daily bowel movement. It's so good to feel good. I think I was put on this planet to make sure kids all have a daily bowel movement, because all the things that you even said before – trouble focusing at school, irritability, you can't play. And when you get this under control, it's going to help to decrease the child's systemic inflammation, which is also going to allow their immune system to work optimally. So constipation can also present in kids in a constellation of other illnesses like asthma, eczema, recurrent ear and sinus infections, reflux. And when we've got these kids who've had recurrent illnesses, they've been on many rounds of antibiotics, and the antibiotics kill the not-so-good bacteria in the ears or the lungs or the sinuses, but also they kill the good, healthy bacteria in the gut. And when we get those imbalances in the bacteria in the gut, that also creates inflammation and it slows that motility down, that peristalsis. So we've got to keep things moving through and that's where getting those bowel movements going and then adding in the supplements while we're upping the fiber foods, upping the fruits and vegetables, taking out the artificial dyes and colors and decreasing the dairy – the overall, that combination is just, it's the beautiful concert that makes your bowels move.

David Stouder: Oh, I love that. The beautiful concert that makes your bowels move. By the way, all you adults who probably are 99 percent of our audience right now, have you settled for constipation? And therefore, are you just accepting it in your children? So, this advice that Dr. Kilbane has given us is perfect for children and it also should resonate with the rest of us. She's a pediatrician and focuses there, but if you have accepted... Miralax isn't just a potential problem for children, and then suddenly when you become 21, it's not a problem. So, address this for yourself.

Dr. Kilbane, before we go, do you have your book that you could hold up, or at least tell us the name again?

Treating the Root Causes of Constipation in Kids

Sheila Kilbane: I have my book in the other room. I normally grab it and I forgot to. It's called *Healthy Kids, Happy Moms: 7 Steps to Heal and Prevent Common Childhood Illnesses*.

David Stouder: And tell us your website because I'm sure we can see it there. And like you say, you can get it there, get it from Amazon or anywhere books are sold.

Sheila Kilbane: Absolutely. So it's Sheila Kilbane.com. That's my website. S H E I L A K I L B A N E. And we've got a book page where you can get a lot of free downloads. We have so many resources on the website. We have our blog and our Instagram, just Sheila Kilbane MD, and Facebook, and you can join our newsletter. And we have a brick-and-mortar practice in Charlotte, North Carolina. We do see patients from all over. You just have to come for one visit each calendar year in person. But otherwise, there's the book, and I have an online course, and we have a mentorship program actually, for practitioners wanting to learn how to implement integrative and functional medicine into their practices.

David Stouder: Well, that's good. And there are probably some... I know a lot of nutritionists, I don't know how many of them are skilled with children. Although most principles of good health are not specifically age related, but of course, how to apply it effectively and properly with kids is going to be different than adults. And of course, that's what you lay out in your book.

Well, thank you. I think this is the kind of thing where parents are particularly befuddled. And like you said, here you are, you're an MD, you were [early on] telling all your patients, yeah, just give them Miralax as long as you want. And then as you actually look into it yourself... I think a lot of doctors might be a little shocked sometime if they looked into the actual research versus what they're told by their experts who are supposed to know. So I think that's great that you broke out of the mold a bit so that you could not just give kids... Isn't Miralax like food-grade antifreeze, kind of?

Sheila Kilbane: It's just a couple of chemical bonds away from antifreeze, from a chemical standpoint. And the way that Miralax was put through to be used as a pharmaceutical is that it doesn't get, it technically is not supposed to get absorbed into the GI tract, that it just stays in the GI tract, pulls water into your colon, has that osmotic effect, and that's what helps you have the bowel movement. But there is actually a big... the FDA gave Johns Hopkins, or sorry, Children's Hospital of Philadelphia a \$350,000 grant to research the questions – how much of PEG, that's what it's called, might get absorbed by the intestines of the very young? And is it linked to the development of psychiatric problems in children? So there have been enough questions that the FDA started studying it. I cannot find the results of any of these studies, but I will keep looking.

David Stouder: Well, listen, everyone. I think the point is, and I'm not trying to pick on Miralax, I just know it's out there a lot. I hear people talk about it. But I think the point that Dr. Kilbane is

Treating the Root Causes of Constipation in Kids

really making here is, we want that that beautiful concert of things to come together to promote health, not just bowel movements, but just as constipation can just spiral out into so many illness symptoms with your children, it works exactly the opposite – when you get things rolling, it spirals out to a lot of benefits. And, I really appreciate what you're doing.

Sheila Kilbane: Yeah, beautifully said.

David Stouder: And so, again, I want you to go to Sheila Kilbane, SHEILAKILBANE.com and parents, again, this book is richly illustrated and it's sort of easy to follow it, so you don't have to read like a 300-page tome and wonder if you're going to remember it all. It's very step-by-step, here's the concept, but here's what we do, here's how you implement it. And I haven't seen as many books like that. I think with children, it's important. So again, everybody, go to HumanizedHealth.com, check out all... we have Dr. Kilbane and other podcasts there that you can look at, not just this one. We've had her on several times because she's such a good guest.

Anyway, thank you so much for being on the program today.

Sheila Kilbane: Thank you for having me.