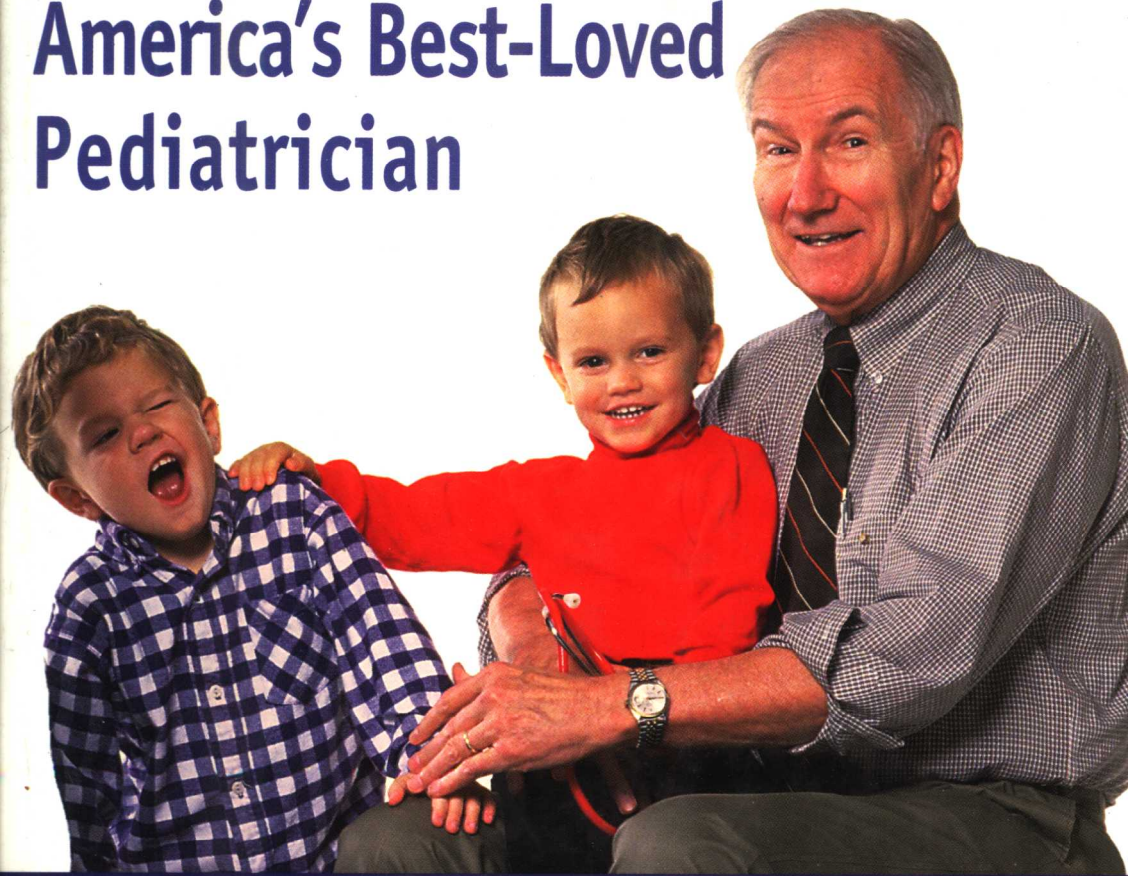


# How to Raise A Healthy Child

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Medical & Nutritional Advice from  
America's Best-Loved  
Pediatrician



**Lendon H. Smith, M.D.**

*Author of The Encyclopedia of Baby Care and Child Care,  
Feed Your Kids Right, and Feed Your Body Right*

HOW TO RAISE A  
**Healthy Child**

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MEDICAL & NUTRITIONAL ADVICE  
FROM AMERICA'S BEST-LOVED PEDIATRICIAN

*Lendon H. Smith, M.D.*

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I provided the ambiance.



## Preface

I wrote the *Encyclopedia of Baby and Child Care* in 1972. At that time I was in the middle of building my practice, and trying to follow the dictates of standard allopathic care I'd learned in medical school and internship. This was followed by two years as an Army psychiatrist, followed by two years of pediatric residency training. I had the notion that if parents used my book as a reference, they would not need to call me with questions about routine care. The book did save some phone-call time, but people wanted more specifics. "What caused this rash?" "Why does she act so mean?" "Why does he get sick all the time?" I began to wonder myself, "Why do children—or adults—get sick at all?" Do they *have* to get sick? What is the meaning of disease? Is there some sort of lesson here?

I have since studied with chiropractors, naturopathic physicians, and medical doctors who use innovative, natural therapies. They are usually more empathetic toward their patients who have vague complaints and are willing to listen and find connections between diet, pollution, stressors, and symptoms. Diet changes and the use of supplements make big differences in behavior and the incidence of sickness. Really sick people need drugs and skilled surgeons, but at the present time—for me, at least—those methods are further down the list of things to try.

This book is not a comprehensive encyclopedia. Since mine came out

in 1972, many others have become available. I have purposely left out many rare and exotic conditions. My emphasis in this book is on those more common conditions I feel need more attention. I hope it will allow parents and child-care specialists to take a new look at what we are doing with, and for, our children.

Rapid growth and development make fetuses, infants, and children more vulnerable to toxins in our air and food than adults. This, plus the damage due to nutrient deficiencies, explains the increased numbers of immunologically and neurologically damaged children doctors are trying to "fix" with drugs today. We need to orient our health and education systems to address the root causes of these disorders. We must salvage our children; they are our hope for the future.

Parents must be in the decision-making loop concerning their children's health. I have also discovered if a mother brings a child in to see me, and I am not sure of the diagnosis or what to do, I will ask her what she thinks is wrong. After all, that child was once a part of her. She knows him/her best. If the mother is intelligent, so much the better.

It is my hope that this book will encourage parents to become more educated, and to be the owners of their own health and that of their children. No single type of healing can solve every problem. Question everything. Get another opinion. Try some of the references in Appendix B. The medical doctor should act only as the lifeguard who comes to the rescue if a life-threatening disease or condition is in progress.

And make sure that your doctor is honoring the Hippocratic oath he/she made at graduation: "First, do no harm."





# Introduction

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The care and feeding of children has developed as a separate study in medical schools because doctors, researchers, and professors have found that children are different from adults. (Surprise!) Children are more fragile in some regards, and yet tougher and more resilient in other ways than adults. I have devoted my professional life to those differences and what can be done to enhance children's immunity to disease, improve their ability to handle stress, and help them achieve their physical and mental potential. As a pediatrician, I want children to develop a good self-image, look on life as a fun adventure, love other people, live a long, disease-free, nonneurotic life, and die peacefully in their sleep after age ninety or so.

Investigations have shown that if a child is carried, cuddled, and loved, the child will feel good about himself or herself. Never smiling at a baby and simply throwing a bottle at the kid every once in a while is not the way to rear a happy, nonneurotic person. An infant must feel loved, appreciated, and accepted. These feelings become incorporated into the child's concept of his or her place in the family and the community, so that the child can say, "I belong." It is also necessary for the development of a sense of humor and a feeling of security.

There are a few things that can get in the way of this normal progress toward security and feelings of belonging. If the parents are afraid of spoil-

ing the baby, they may be reluctant to hold and cuddle the poor little thing. The baby feels cheated—even angry. Some babies are colicky, feisty, wakeful, and unhappy because they are physically miserable. A food sensitivity, a tight anal ring, a subluxation of a cervical vertebra, or a vitamin or mineral deficiency might be the culprit. Some babies do not like to be held and will stiff-arm their parents as if to say, “You are too close.” A reasonable parent might say, “Okay, you don’t want me around right now. I’ll leave, but I’ll be back with some magnesium.” This sensitive baby just may be deficient in that mineral.

The premise of this book is to show parents that it is possible to have healthy children who are fun—most of the time—to raise. We all want to be surrounded by healthy, upbeat, vibrant people. We especially want—really need—to live with healthy children who rarely get sick, who willingly go to bed when asked, who sleep through the night, who awaken cheerfully in the morning, who eat what is set before them, and who laugh more than they cry.

It’s never too late to make the next generation as resilient as chrome-steel. We don’t need any more wimps, losers, greedy jerks, or surly jocks. If we give the childbearing-age adults a good diet and a good self-image, they will be able to pass positive attributes on to the next generation.

I hope this book will give you some choices in childrearing. See if you can find your child in this book. This book provides clues to indicate that some deviation from health is on its way. Health should be a vibrancy—a vitality—not just the absence of a disease with a name. And it is the birthright of *all*.

See if this book shows you some answers or therapies that you have not tried. Love and limits are good rules in bringing up children, but we need some science and common sense also. Be reasonable—do it my way.

## HOW TO USE THIS BOOK

If you are looking for a specific disease or problem, look it up in the Index or the Table of Contents. I’ve left out many conditions that are uncommon.

If your child has already been born, you might want to skip the pre-conception and pregnancy sections, and read about your child in the appropriate chapters.

I started out wanting to give parents some choices about childrearing and treatment decisions, but the evidence regarding the risks of antibiot-

ic use, immunizations, fluoride, circumcisions, aspartame, and mercury in dental fillings is so overwhelming, I now wonder if I should allow you any choices—at least about those items. Forewarned is forearmed. I hope this book will help you become more involved with the decisions that affect your child. You should be able to raise a healthy, happy child who will bring you joy because you know you had a hand in his/her march to maturity.

Max Planck tells us: “Science progresses not by convincing the adherents of old theories that they are wrong, but by allowing enough time to pass so that a new generation can arise unencumbered by the old errors.”



# Contents

*Acknowledgments* vii

*Preface* xi

*Introduction* xiii

|   |     |
|---|-----|
| 1. Preconception, Pregnancy, and Delivery.....        | 1   |
| 2. The Newborn.....                                   | 25  |
| 3. Diet for the First Few Years of Life.....          | 65  |
| 4. Development from One Month to One Year of Age..... | 103 |
| 5. Development from Age One Year On.....              | 127 |
| 6. The Purpose of Fevers and Infections.....          | 153 |
| 7. Possible Concerns.....                             | 195 |
| 8. The Nervous System.....                            | 221 |
| 9. Brain Damage and Cerebral Dysfunction.....         | 241 |

|  |     |
|--|-----|
| 10. Things You Thought You Would Never<br>Have to Deal With..... | 263 |
| 11. Allergies and Sensitivities.....                             | 277 |
| 12. Pain.....  | 297 |
| 13. Skin.....  | 311 |
| 14. Points to Ponder.....  | 321 |
| 15. Emergencies, Accidents, Poisonings, and First Aid.....       | 333 |

*Appendix A: Conversion Table* 359

*Appendix B: Sources of Information* 361

*Bibliography* 365

*Notes* 367

*Index* 377



## CHAPTER I

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# Preconception, Pregnancy, and Delivery

## Or What to Do Next Time

If you want to raise a healthy child, you must think ahead. Everything starts somewhere. Human beings start when the sperm meets the egg. A life begins. A healthy human being needs a healthy ovum fertilized by a healthy spermatozoan. The male and female carriers of this human beginning should be as healthy and optimally fed as possible. Like an athlete preparing for an event, some training and preparation will assure a salubrious start. I don't mean training for the sex act itself, but preparing the male and female bodies with the proper nutrients that provide a healthy start to the fetus.

### PRECONCEPTION

Raising a healthy child requires **preconception** planning at least for a few months, but better for the lifetime of both prospective parents. Choosing perfect grandparents is difficult, but given less than perfect genes, nutrition can improve a meager hereditary endowment. In general, healthy families have healthy children. Most nutrition-oriented writers point out that major dietetic changes have occurred in this century, prompted by the "need" to extend the shelflife of foods. Mineral- and vitamin-free simple sugar has replaced complex starches. This causes abnormal carbohydrate metabolism, which leads to a lowered resistance to disease, both acute infectious and chronic degenerative.<sup>1</sup> Dr. Jay Rommer put it succinctly: "Since nothing

can come out of a human being except from what goes into him, one must assume a close correlation between food and fertility. In general, the more generous the diet, the higher the fertility."<sup>2</sup>

Animal breeders know this. "Humans tend to breed at random. By contrast, stock breeders take every precaution to make sure both bull and cow are healthy. The first time a human usually thinks about health is when the woman is three months pregnant. By that time the organ systems are fully formed, which is too late to do anything."<sup>3</sup>

Nutrition, including vitamins and minerals, are all important to the sperm and ovum at the time when they meet. If the woman becomes pregnant within three months after taking the oral contraceptive pill, the baby may be saddled with congenital anomalies. If the fetus does not get enough zinc during the pregnancy, he may suffer immunologic impairments. This cannot be corrected by the administration of zinc after birth. We take better care of our livestock than we do of ourselves!

The male half of the equation, however, cannot be let off the hook, although his contribution seems minimal compared to the mother's nine-month commitment. He should not be drunk when he impregnates his partner; alcohol is a toxin to the sperm. Vitamin B<sub>12</sub> deficiency leads to infertility. More than half the infertile men studied by Kumamoto responded to daily injections of B<sub>12</sub>.<sup>4</sup> If he is deficient in zinc and vitamin C, his sperm may not be as robust as necessary for the fertilization itself. Ascorbic acid protects DNA in human sperm from damage that could affect sperm quality and increase the risk of birth defects. Several hundred milligrams of vitamin C might reduce the risk of birth defects.<sup>5</sup> L-arginine in large doses may be helpful.

The semen of all fathers of babies with congenital anomalies showed a high degree of abnormality (malformed sperm, low count, and poor motility).<sup>6</sup> Iodine metabolism and thyroid function were root causes of malformations as well as miscarriages. Much blame for inability to conceive can be placed squarely on the male and the poor quality and quantity of his spermatozoa. One in twelve modern marriages are barren.

The father's supplements should include zinc, fifteen to thirty milligrams (should be balanced with some copper), one thousand milligrams of vitamin C, plus the B complex vitamins all at about the fifty milligram level daily. (Folic acid is at .4 milligrams, and B<sub>12</sub> is at the one-milligram level.) Taking a multiple vitamin and mineral capsule including all these and the other known supplements would be wise. The quality and the

bioavailability of the supplements are important; ask at the health food store or your naturopathic physician for the best one to take. Ideally the father's age should be between twenty and forty years.

The mother-to-be must get herself in the best possible condition because she is the physical and psychological hostess for the very important first nine months, after which she must hang on to her health and sanity for the next eighteen years of her child's dependency and the PTA. Even before the expected impregnation, she would be smart to eat well. (Forgo the wedding cake and the champagne.) She should also prepare herself emotionally for this great biological fulfillment. The prudent couple planning to conceive a baby should avoid any food that is not whole, and take supplements that will help their bodies detoxify harmful substances they are unknowingly eating and breathing.

The incidence of major birth defects in infants born to women younger than thirty-five years was fifteen in one thousand. From thirty-five to thirty-nine the incidence was seventeen in one thousand. In the forty- to forty-four-year age group, the incidence was thirty-one in one thousand, while for those women over forty-five years, the incidence was seventy-six defective children in one thousand. Women who are twenty to thirty-eight years old at the time of their pregnancies have fewer complications than those younger or older.<sup>7</sup>

One's predisposition to disease is determined by the genes one carries. If, when, and how seriously is up to that person's lifestyle. Genes never act alone; they are influenced by the environment. The environment is a modulator and not the primary determinant. "Genes are the loaded gun, but environmental factors pull the trigger. Eating is one way our environment gains access to our genes."<sup>8</sup> Research indicates that allergies can be controlled if people will eat whole foods, as those foods usually have their full complement of vitamins and minerals. Controlling allergies in a pregnant woman seems to cut down on the chance of allergies in her child.

The Food and Drug Administration (FDA) is reluctant to advise vitamin and mineral supplementation for individuals, even though much evidence indicates we could all be healthier if we took some supplements in amounts greater than the recommended daily allowances. After twenty years of research the FDA has finally admitted that folic acid supplementation does reduce the incidence of neural tube defects. Some women have a genetic susceptibility to produce offspring with neural tube deformities (spina bifida, anencephaly). The Centers for Disease Control now recommends that



women of childbearing age take prophylactic doses of folic acid daily.<sup>9</sup> That means up to a milligram of folic acid daily, as the damage may be done before the woman knows she is pregnant. Another study suggests that low folate levels during the pregnancy might cause fetal growth retardation.<sup>10</sup>

A researcher placed 454 women who had previously delivered children with neural tube defects (NTD) on folic acid. The women in the control group (519) received no such supplement. In the supplemented group the incidence of NTD was but 0.7 percent, while in the unsupplemented group the incidence was about seven times greater at 4.7 percent. The results were so dramatic and so obvious that Dr. Smithells, the researcher, stopped the study so that no more children would be born with this defect. His conclusion: Some women are prone to deliver NTD babies, and if they receive the appropriate amounts of certain vitamins, this susceptibility is suppressed.<sup>11</sup> Women who seem to have trouble metabolizing homocysteine (from methionine, abundant in red meat and milk) may be at risk to deliver babies with NTD. Adequate levels of B<sub>6</sub>, folate, and B<sub>12</sub> will convert homocysteine to the harmless cystathionine.<sup>12</sup>

In 1989 a similar study conducted by the Centers for Disease Control followed the pregnancies of over three thousand women. Those who took multivitamins before and during their first trimester had fewer NTD. Not much doubt anymore.

*Lancet* reported in the August 12, 1995, issue that if a woman takes supplements with folic acid during the pregnancy, her child is less likely to have a cleft lip or palate.

In a study of eighty-five women who had previously delivered children with cleft lips or palates who subsequently took vitamins A, C, D, B<sub>1</sub>, B<sub>2</sub>, B<sub>3</sub>, B<sub>6</sub>, folate, iron, and calcium for a new pregnancy, only one woman delivered a child with an anomaly, while in the 219 unsupplemented women, there were 15 recurrences of a cleft lip or palate.<sup>13</sup>

"One of the ironies of medical science is the persistent report of superior health among isolated primitive peoples obtained without benefit of our vast medical knowledge." Cheraskin quoted Kemp, who found that the incidence of stillbirth among the Indians of British Columbia from 1925 to 1929 was about half the rate of the rest of Canada. This low incidence occurred despite the fact that the great majority of these Indian women delivered themselves unaided by medical assistance. The food of these Indians was almost entirely salmon, salmon eggs, and seaweed.<sup>14</sup>

Okay. Now you know.