

Caspar ([00:00](#)):

In recent years, the surge in chronic childhood conditions has reached unprecedented levels affecting at least 54% of US children. Our guest today is an author, educator, and former healthcare consultant, and she joins us to discuss the pressing health crisis affecting our kids. She's passionate about empathy, the empowering role parents play in aiding their children's recovery, even when faced with conditions deemed permanent. This is the story of documenting hope with Beth Lambert. Beth, so glad to have you on.

Beth Lambert ([00:29](#)):

Oh, thank you, Caspar. Happy to be with you.

Caspar ([00:31](#)):

You know, when I think about what's going on right now with children, with healthcare, with medicine, with our society, I, I always, and I've referenced this quote quite a bit from Nelson Mandela, that there can be no keener revelation of society's soul than the way in which it treats its children. So, I kind of wanna start there and, and before even going into why you, you did this, how do you feel about what's going on right now as far as is society's soul somewhat blackened because of the way we're treating children right now?

Beth Lambert ([01:00](#)):

I mean, it's arguable that we are doing a, a terrible job with the next generation. Whether our soul is blackened or not, I don't know, but I think most people aren't even aware that's a problem until they become a parent, or if they're an educator, or if they're, you know, in a setting where they see children day in and day out. And they have the benefit of knowing what children looked like 20 years ago as opposed to today. So there's many people that, again, are not aware of it until they actually see it in front of them. And for many people, that's when they become a parent. And when they become a parent, they start realizing there's an issue when their child has some kind of symptom or diagnosis, and it's not a symptom or diagnosis that they've seen before in their family.

Beth Lambert ([01:43](#)):

And, you know, so people are starting to wake up to this. But we do have a massive, massive problem that I don't even think this, the current statistics are capturing. So you said 54% of American children have at least one chronic illness or diagnosis? That's a statistic from 2011. Hmm. And there's no epidemiologist that I know of that has done a further study into where we are today. You know, over 10 years later. What is it? Is it 70% of kids? Is it 65? We don't even know. But if you're somebody who deals with children on a day in, day out basis, you see it, you see the symptoms, you see the IEPs, you see the diagnoses, you see the problems, you see the special ed classrooms. I mean, it's, it's a massive tsunami. It's a tidal wave of issues. And I just don't think people are even aware that it's there yet. Like speaking of general society, we just don't see it yet.

Caspar ([02:35](#)):

It's true. I mean, these numbers, you, you always have to question these numbers as we've seen. Medicine can do a very good job at showing something in one light or the other depending on where the money goes. Right? but you know, you, you, you have to realize that more and more children, if, if you just look anecdotally at your own experience, right? When I was growing up, it was very rare. I didn't, there wasn't word really for autism. Mm-Hmm. ADHD was very uncommon. You had hyperactivity in

some children, you had some children in the, you know, different classes. But it was very, very uncommon, right? Even obesity was, you know, you had some children that are a little bit big boned, you could say, and other things, but it wasn't at the rate it is now. And I think a big question then is, okay, if, if the numbers aren't alone, but anecdotally, we're seeing this, we understand that, that if you just look around and speak with others, this is trending in the wrong direction.

Caspar ([03:25](#)):

Then comes up the question, well, why Mm-Hmm. <Affirmative>, what's changed to do this? And I remember being around a table with Robert F. Kennedy Jr. at a, at a dinner I was invited to, and him asking this question of everyone Mm-Hmm. <Affirmative>. And everyone had just such different answers, and it was all over the place. His hypothesis were a lot more glyphosate based and the microbiome leading to this and that. Do you have an answer for why this is ha or is it just so, such a large kind of, you know, answer to go into, but I I feel like you, you need those whys to really illustrate the issue at hand and start to solve it.

Beth Lambert ([03:57](#)):

Yeah, I, I do have an answer. I feel like we can confidently say now why so many kids are experiencing different kinds of health problems or developmental problems. And the answer is that it is the totality of modern living. Mm-Hmm, <affirmative>, that's the answer. Okay. It's the cumulative and synergistic impact of living in the modern world. Well, that's kind that, that for most people, that kind of re, that just rings hollow. Like what does that even mean? So that's the simple answer. The more complicated, detailed answer is, it's all the things that you mentioned. It's the microbiome, the glyphosate, the exposure to antibiotics. It's the chemical, it's the artificial light, it's the, the rhythm and pace of modern living. You know, we stay, have kids that are up till 11 o'clock on devices and then, you know, they get up at 6:00 AM to go to a swim practice, and then they go to school and it's crazy intense pace.

Beth Lambert ([04:44](#)):

So, you know, you could go into any number of individual factors, okay? Like, let's say BPA, you could take Bisphenol A an endocrine disrupting chemical, and you could find lots of medical literature that links it to autism. You could also find take antibiotics, another individual factor, and find lots of medical literature that links it to autism. You could go down the list like that, you know proton pump inhibitors, and it's linked to autism, sanitizing chemicals, and they're linked to autism. There's so many factors. So what we call this is the total load, again, the total load means the cumulative and synergistic impact of living in the modern world. And essentially it means our kids have too many things in their day-to-day life, as well as what they were affected by, you know, prenatally and neonatally and not enough health str supports.

Beth Lambert ([05:31](#)):

So, like, your body has a certain level of resilience, right? And that's dependent upon what kind of stressors it has and what kind of supports it has. And so you think about support, supports would be like nutrition exposure to sunlight, fresh air, clean water, movement. Those are things that make you more robust and more resilient, right? But our kids come into this world not getting those supports, right? Because we're inside all the time and we're eating processed synthetic food that are nutrient depleted, no supports. And then you're asking these little tiny bodies to deal with a chemical overload, to deal with electromagnetic radiation, to deal with artificial lights that are stressing the body. And that's documented in the medical literature too. So what are these kids gonna do with this total load that's too

much and not enough health supports? And the reason why this is so crucial for kids, I mean, this is true for all humans on planet Earth right now.

Beth Lambert (06:22):

We're all dealing with too many stressors and not enough health supports. But kids get this total load on their itty-bitty little bodies when they're going through critical developmental stages. So, like, the body is learning how to see how to, how to process visual stimulus. It's learning how to hear, hear and process auditory stimulus. It is learning how to walk, how to talk, how to interpret complex, nuanced human relationships. That's what a normal human baby needs to do as it goes from zero to three. But now you're asking that child to also process all the indoor chemicals, the flame retardants, the heavy metals, the, you know, all the things that they're assaulted with on a daily basis. And guess what? A human body always prioritizes survival. Mm-Hmm. <Affirmative> over development. So what happens? They're gonna prioritize survival, and then they're not gonna develop along their normal trajectory. And that's where you get the neurobehavioral and neurodevelopmental conditions like autism and ADHD and learning disabilities on all these kinds of things that are a function of development. So our kids are, you know, absolutely bearing the brunt of modern living and it's negative effects on health because they get it when they're developing. And so they're stuck, you know?

Caspar (07:32):

Yeah. It, it's such a, a multi-systemic, multifaceted issue. You're right. It's, it's the food supply, it's medicine in general. It's injecting a child with a Hepatitis B vaccine like within 10 minutes of birth, when what's the point of that? And all these things, you can lead up to the thousands of things that impact a child on a daily basis. But then that starts to become an incredibly, it looks like overwhelming solution to reverse this. And for a parent that becomes, I can't learn all of this, right? I can't learn about, you know, what's in every single food product versus how to tell if my child is becoming too stressed with the social life. All of these things. Mm-Hmm. <affirmative> is, is that kind of the purpose where you're going with Documenting Hope, your organization is to empower people to make small little decisions and improve every day? Is that what you're trying to do? Yeah.

Beth Lambert (08:21):

I mean, first we wanna make sure we understand the scope of the problem. So we designed a we have two research studies that are underway right now. One of them is called the Chirp Study, and it's the most comprehensive survey, a parent reported survey that I know of that looks at all the things that might be influencing a child's health. So things going back multiple generations, like, did grandma you know, live through a war torn era? Did you know, was grandpa subjected to racism? Like all the way down through what happened preconception? What happened prenatally? What what is happening to the child right now in terms of what they're putting on their skin, what they're eating? You know, how many vaccines did they have? How many rounds of antibiotics? Like anything that might fit into that picture of what developed into a chronic condition or what maybe didn't we wanna know what happens for healthy kids too, that study we're, we're doing so that we can, again, understand all the variables, the thousands of them.

Beth Lambert (09:16):

I mean, this question is over a thousand questions long and and really understand which are the most impactful. Like, which ones are really, really negatively impacting our children's children's health, and which ones are, may are there, but maybe aren't as significant so that we can help parents prioritize the

most significant factors and the things that they should avoid. So that's important. But going to your original question about like, how do you navigate this when it's so overwhelming? I think it's important for people to remember the reason that we're in this situation with our kids and all of our health really is because we have moved very far away from the way humans live naturally in sync with nature. Mm-Hmm. <affirmative>. So if you look at how we used to live just 150 years ago, totally different way of living. You know, like our food came directly to us from the earth, or, you know, animals, animal products, unadulterated.

Beth Lambert ([10:03](#)):

There wasn't processing and packaging and preservatives and chemicals and like the industrial revolution really changed the way Americans live. Yeah. And so that goes down to even just our biorhythms, like when we go to bed and when we wake up. And that's hugely important for your own, your body and your resilience. So the advice I have to parents, when they start thinking about, oh my gosh, do I need to know what's in that label? Like the 75 chemicals that are in my toothpaste? Do I need to know what all of them are and which ones are safe? And I don't know. The simple answer to that is do what is closest to nature and reject as many things as you can that are new to nature. Mm-Hmm. <affirmative>. So when you're navigating the grocery aisles, you just pick up the things that have two ingredients or don't have ingredients at all.

Beth Lambert ([10:45](#)):

Like, you know, for food, whole foods. Simple, just eat whole foods. Right? Yeah. And I know it's more complex than that because we have very we have kids who are complex in their chronic illness, and maybe they can't tolerate all kinds of health foods or whole foods. But the point is, as a general rule, the closer you get to nature and everything you do, the closer you live to how grandma lived Mm-Hmm. <Affirmative>, the better you'll be able to navigate this modern world. And it means change, right? Yes. Like, if you live a super, like digital life where everything in your house is a smart device, and you know, you live odd hours because we have, you know, lights that keep us up all night long, you gotta, you gotta reel back that kind of, that rhythm and that pace and, and sync back up again with the way pe humans have lived for millennia, right?

Beth Lambert ([11:30](#)):

Right. For thousands of years, we've lived with a certain rhythm in our life. We've eaten a certain type of food. We've not used products. Like products are new. Like all these chemical consumer products that's new to the human body. Human body is like, I don't even know what to do with that stuff. You know, because I've been adapting for thousands of years to everything that's in nature. And all of a sudden you're bringing all these like, like petroleum based products into me, and I don't even know what those are. So that's the mindset we need to adopt in order to safely live in the, in the modern world.

Caspar ([12:02](#)):

Yeah. I find a big issue with, with that alone is like, education and empowerment are great, but you gotta have kind of a purpose in it all and a passion. Because the truth is that it's very easy to do what, you know, just go in and buy something that's going to have a long expiration, you know, date and sit on the shelf and have lots of preservatives and be easy to just throw it in the microwave, serve it to your child, five minutes. There's no meal prep, there's no anything else there. But then you actually have to sacrifice a little bit. And in sacrifice, people are willing to do it usually when it comes to things like vanity cases, you know, if, if, if, if it's something you look better and you attract, you know, people, we go to

the gym, we pay a lot of money for cosmetic surgeries and things like that as a vanity metric in some way.

Caspar ([12:48](#)):

Mm-Hmm. <Affirmative>. But health somehow isn't, I've realized. And even when you bring it up to parents, and I've sent a lot of my friends who are parents articles about, okay, don't use the microwave. Maybe go to more cooking and going to your local, you know, grocer and buying stuff that's fresh and just putting a little bit more time into the dinner prep and everything. And they appreciate it, they say, but they don't actually act on it. Mm-Hmm. <affirmative>. And unfortunately, their children usually do have some issues. Mm-Hmm. <Affirmative>. And a lot of the times it's this ability to say, well, my doctor told me it's just genetics, and they'll just outgrow it, maybe, or have to live with it for the rest of their lives. So then you get into this kind of idea that whether I cook for them or not doesn't really matter because the doctor told me they're on the medication that helps them. How do we break through that though? Because I, I think there's information out there. Everyone knows that by now, McDonald's is not healthy. Yet, it's incredibly convenient. It's cheap, it's easy to get, it's abundant. So people go there for that reason. But I, I, you know, we gotta do something more. Right? What, what do you feel is that, how do we get health prioritized over convenience, cost, and ease?

Beth Lambert ([13:59](#)):

Well, I think the, the root of the problem is that this is cultural. Yes. So the reason why we have so many sick kids today is because of our culture. And so what you're asking someone to do to protect their child's health is to live counterculture. Mm-Hmm. And just think about that for a minute. Like, what is one of the most fundamental things of being a human being? It's belonging. Right? It's feeling like I am normal. I am part of this culture. I do what everyone else does. I'm good, I'm safe. So you're asking someone to step out of their safety zone and say, I don't belong in this culture. I belong in that different counterculture. And that counterculture is health oriented, you know, does things differently, takes the time to cook. So that's problem number one, right? Problem number two is that our culture has this fixation on this notion of genetic determinism.

Beth Lambert ([14:48](#)):

You just said it a minute ago. You go to your doctor and your doctor's like, I don't really know why your child has this asthma that lands them in the hospital twice a month. I don't really know why your child has autism. It's probably genetic. And there's some basis for that. There are genes do matter. There is absolutely importance to genes, but there a fraction of the whole picture. And so, as long as we're stuck in this genetic determinism mindset, we're gonna have to throw our hands up and be like, my child has autism. I don't, there's nothing I can do except for just, you know, accept and love him, which we should do anyway. We should accept and love our children. But what we need to do is shift our mindset about what's possible. So if we, I think the answer lies in, if we can get rid of this idea of genetic determinism that your health is, and the health outcomes are tied solely to that, to your genes, and instead say your health and your child's health, their diagnosis is a function of what you're doing every single day, then all of a sudden the responsibility comes back to mom and dad.

Beth Lambert ([15:43](#)):

It comes back to you as a person to take care of your own health. Like, this isn't, you didn't get bad luck genes. That's not what this is about. You might have landed in a bad luck culture, right? Like, there are other cultures living on this planet that are like thriving. They have no heart disease, no cancer, no

autism. They landed in a good luck culture. But what we need to do is accept that we have control over this. That this is part of our responsibility to take care of our own human bodies, and especially our children. 'cause they're not making the choices. They're not going to the grocery store. They're not, you know, making the schedule for the day. We, it, it is our moral responsibility. It's in fact moral imperative for us to start paying attention to how we are raising our kids.

Beth Lambert ([16:27](#)):

And we have to keep, bring them into that counterculture. So the, the other way I think we saw this is we start making counterculture cool again. Right? So, like, I think, and I actually think we're halfway there. I, I, mm-Hmm. <Affirmative> I started this whole journey like maybe 15 years ago, almost 20 years ago. And when I did, nobody was talking about organic food. And like, you know, there was, I think Jeffrey Smith was starting to talk about GMOs, and they might be bad. So there were like a few of these things on the periphery. No one was talking about the microbiome. No one was talking about chemicals, you know? And here we are, fast forward almost 20 years later, and like it, people are talking about it, and there are parents who are like, yeah, no, I don't want that sunscreen on my kid because it's got, you know, oxybenzone in it. And I know that that's bad. So it's changing. It's definitely changing, but we gotta hurry this up. Yeah. Because kids don't have time for us to wait. Like if we wanna have heart disease and cancer as older adults, that's fine. That is like, you, you do you, but when it comes to our kids, they don't have time because this is a developmental thing. There's a window to keep them healthy, healthy, safe, and developing along a normal trajectory. So I feel like, you know, the adults need to step up and solve this soon.

Caspar ([17:31](#)):

Yeah. It is interesting that you say that. It's like you, you, you're in the minority now if you're healthy and you're kind of considered a rebel, right? Yeah. For being healthy. Where in the past it was like, rebels were like rock stars, or like drugs, sex, rock and roll. Yeah. And now it's like, you know, to be a rebel. It's like healthy, go out in nature, eat like, you know, grow a farm or a garden. Yeah. Like that's, that's seen as rebellious when that was just sort of, you know, your, your your average kind of person back in the day. So it's funny how things cycle around, and I do agree we have to be rebels to, to the norm, but the norm isn't just societal norm. I think it's also governmental healthcare. You know, big organizations, big food, big pharma, right? All of these companies make massive profits as you get sick.

Caspar ([18:17](#)):

Mm-Hmm. <affirmative>. How do we start to combat that? Because I've seen, what I've noticed in the past few years is that, you know, yeah. Religion isn't the God anymore. It's kind of science is the God, but no even above that money is everyone's God that is, they will easily put other people, you know, below them. Mm-Hmm. <Affirmative> for profits, for money seeking it. And companies will do more nefarious things and get away with it as long as there's money, as long as everyone, you know, gets a cut of it, it's okay that we put children last in a sense. Mm-Hmm. <affirmative>, do you feel that there is, is this more of a, we as people need to push back? Or at the same time, do regulations have to start kicking in to say enough is no, we can't allow these companies to get away with this.

Beth Lambert ([19:00](#)):

I think if you asked me that question 20 years ago, I probably would've been like wide-eyed and been like, yes, we have to get the government to change its' policies and we can do it as, as Robert Kennedy talks about now, the agencies are so captured that like, I'm not really putting a whole lot of hope into

that basket. So I really firmly believe that the change happens at the grassroots level. And I think it happens through community. And it's something that we're trying to build, is like, you know, every, again, everyone feels like on an island, when they do wake up to what's happening to our kids, and they do wake up to how toxic our culture is, then they start feeling like by themselves. Like, here I am all by myself. I'm the only one growing my vegetables. I'm feeling like crunchy and nobody likes crunchy.

Beth Lambert (19:36):

It's not cool. Like that dynamic, the minute you take that person and connect 'em to the other person and connect 'em to another person, and then they're all part of a network, and they're like, oh my gosh, you see things the same way I do, then you feel empowered. And then slowly over time it becomes a movement. And this is what I've seen before. 20 years ago, no one was talking about this. Now you have groups of people who are finding that they, they have this affinity for health and wellness, and it's actually becoming this nascent movement. So I do have a lot of optimism about that because I think it's like this bubbling up and it's a grassroots movement that's coming. It just needs more organization, it needs more push and it needs more urgency. Again. Like if, if, you know, adults wanna go off and just live their life and be sick, that's fine. You know, again, yeah. These are our kids. Like, we need, we need this grassroots cultural shift to happen soon because these kids need us to support them

Caspar (20:28):

Today. Absolutely. When you talk about like, the biggest issues in the world right now, I, I don't see how you don't put that almost first, you know, the, the health of our children. Because even if you look at things like climate change, which many people would say is the number one issue to deal with. I think, you know, governments and people have agreed that's a huge one we have a planet to live on. But I've always believed, just as you look at, you know, the microbiome so much for human health, we are the microbiome of earth. Mm-Hmm. <affirmative>. If we are not healthy, the earth is not healthy. Right. We just don't make healthy choices. Then we use lots of plastics and throw it away. We don't care about littering and all these things, and we cut corners in, in a bad way that impacts the health of the planet.

Caspar (21:05):

So I feel like that should be what we're, we're talking about more is the health of children that will be the next generation that then will breed more children and put it on. But we're trending in the opposite way. Right? Mm-Hmm. <Affirmative>, we're trending in a way where the parents are now kind of instilling these things in children that will lead probably to even more so. And you look at things like even usage of social media or just iPads and cell phones, and how much, if that becomes common for parents, then what would stop, you know, them from having children that then have, you know, right out, like in the crib looking at the iPhone and kind of doing all of that. Do, do you feel that that needs to be addressed a lot too? Social media, technology? You know, I remember Bill Mayer made a fuss of being like, social media and technology are the new cigarettes. They're addictive. Mm-Hmm. They rot your brain. They know what they're doing. They're profitable in that way. And, and now we have children, you know, on that. How mm-Hmm. <Affirmative>, how much of this issue has to be about limiting the exposure to technology and going back to putting kids in nature first?

Beth Lambert (22:09):

Well, I mean, technology is definitely one of the major stressors, like categories of stressors in our study that I mentioned before, we have categories of stressors. It be chemical stressors, pharmaceutical stressors. EMF exposure and technology exposure is its own category. And, and it ranks very high in

terms of, like, you look at all the data. We've been collecting data since 2018 to see how tightly is that, you know, each category correlated with worse health outcomes. And that's right up there. Believe it or not, most people don't even believe that, you know, these, this, the digital life is harmful, but it really is. And so on so many levels. I mean, you, we could dissect it. Is it the electromagnetic radiation? Is it the, you know, the, what it does to relationships? Is it that the fact that it's, you know, bringing kids indoors under artificial light and being stagnant and not moving, like there's so many variables there that, that explain why it's, it's harmful to kids' health.

Beth Lambert ([23:01](#)):

It's absolutely a problem that we have to, I do think we have to think about that as one of several categories of stressors that need limits for all of us, for kids sugar would be another one. Sugar is ubiquitous in this society. Like absolutely ubiquitous. Like everybody that goes in for a coffee is getting like a sugar bomb dump into their blood system every single time they go to Starbucks. And we've normalized that, right? So like, we, it's so just like you said, smoking, we don't allow our kids to smoke. Mm-Hmm. <affirmative> we don't allow them to use illicit drugs. We need to put similar limitations. I'm not saying to make sugar illegal. Mm-Hmm. <affirmative>, I'm just saying we need to be, we need to understand the poison that it is to our bodies and put limitations on it. Similarly with the tech and the technology.

Beth Lambert ([23:49](#)):

Like, there are people who set limits. Like, I'm not gonna let my child get a phone or a device or whatever until ninth grade. Like, put a limit as opposed to here's an iPad for, for your 2-year-old or your 3-year-old. Put limits. And I think the reason, part of the reason why parents haven't put limits on the technology in particular is 'cause it's so new. I mean, it is so new. We've had the internet and like for a couple of decades, right. And the device is even less time than that. So like, they, they can't look back to their parents and be like, well, my parents didn't let me have an iPad until I was 16 because there were no iPads. Right. So that's education, right? Like, that's just letting parents and educators know that there is a, a need for limitation. So yes that's one of many categories that we haven't quite caught on. So it's good that we limit smoking and illicit drugs, but like, let's get moving on the the categories. <Laugh>

Caspar ([24:39](#)):

If there's a parent listening right now, and I, I know you're a parent of three, so I'd love to hear your experience with this. 'cause I, I get this a lot too from people I know is that, listen, it's, it's incredibly hard to have your child kind of prying over these things feeling like an outcast. 'cause they can't be on their phone all the time while every one of their friends is FaceTiming late into the night and doing things. And then they start to get depressed because of that, let's say, or feel like an outsider. And then all the things that come with that stress and anguish. Mm-Hmm. <Affirmative>. How, how do we, how are we able to kind of balance that? Because it is true. No one wants a child to be that kind of outcast. That's too granola and, you know, not using anything that, that all the other kids are using. Mm-Hmm. <Affirmative> and coming in with their very different lunches when everyone's eating a certain way. Right. And doing all that. How, how are you doing it? What's your advice to parents that are struggling with that?

Beth Lambert ([25:32](#)):

So, when my kids were little there were two things that I think helped insulate us from that feeling of being different from everyone else. They were community and courage. Mm-Hmm. <Affirmative>. So community. I remember moving to a new town and I met some new friends when my kids were little, you know, like elementary school below. And these new friends, we started just, I got involved with a group that wanted to bring healthier food to the school. So I just, I was like, who's my people? I wanna go find my people. So I found, found some people that cared about food. And then in conversations, two of these friends of mine decided they wanted to become, they wanted to learn more about nutrition. So they went and became health coaches. And then we started having play dates with my kids and their kids.

Beth Lambert (26:13):

I was hanging out. My community was people who cared about the same things I did. So when my kids went over to their house for play dates, they, I was like, yep, they're gonna feed them something healthy. 'cause they care about the same thing. So my kids are gonna feel normal. The other part is, I said, is courage. And I, I remember going through that feeling when I first sort of changed my lifestyle and like woke up to what was happening to this generation of kids. It was because my own kids were sick and my own kids had issues. So I had to go through my own awakening. And then I felt like an outsider. Like, I'm doing things differently, cooking my own food. But the minute I started voicing it and being like, yeah, you know, I'm gonna I'm gonna make my own sourdough starter and I'm gonna make my own kombucha and just said it out loud.

Beth Lambert (26:54):

Mm-Hmm. Like to courage. So I'm like, they're gonna think I'm weird. But then somebody would be like, so how do you make kombucha? What is kombucha? What's that? Mm-Hmm. You know what I mean? Like, that's what I mean about community and courage. The more you feel courageous about just why do we have to feel like scared or intimidated about doing these things that are healthy for our bodies? You know, why do we feel scared to talk about it? That's the courage piece. But the community piece is find someone else who is doing this with you and wants to do this with you. You know, it could be a, a sister or a brother or, you know, just start somewhere with somebody who sees things the way you do. And if you can't find them, go out and find them. Like I said, I, I, look, I joined a group that was like trying to change the food in schools. Like, go find your people on the internet and connect with them, and then you'll feel less alone. And you'll feel that courage and that ability to say, I'm gonna, I'm gonna protect my kids and give them play like playmates that are on the same wavelength.

Caspar (27:43):

Yeah. No, it's really good advice. And the one thing I'll say, because I grew up in a very different household. My parents were both doctors. They came from Europe, immigrated here, and kind of had a more, you know, whole food mentality, no junk food there. They never grew up with it. So they passed that along to me. Mm-Hmm. To where kids came over. They're like, oh, your kitchen sucks, man. Like, you know, let's, let's ditch this place and go like, eat the, you know, Hostess cupcakes and everything at my place and it's

Beth Lambert (28:10):

Dentist. I grew up in the house of a dentist. Same thing. No sugar in the house. So I, I relate.

Caspar (28:15):

Right? And, and the thing is, listen, you survive. I wasn't like picked on that much because of it. You do grow courage and be like, Hey, this is my parents' way. I do it my way. I know I'm different. I'll go over your place, have some of your crap and everything. And keeping, but I will say this to any parent that's struggling with that and kid being like, I wish we had more junk food and everything I am, like, once I got out of childhood, I was in such a better place to carry on healthy habits because it was already my habit. Right? I didn't have to even think about do I want the junk food and everything else as I grew older? Mm-Hmm. <affirmative>. And it left me in a place where I was healthier than a lot of my friends. When they start reaching ages where it really starts to impact you. Mm-Hmm. <Affirmative>, maybe when you're a kid, you compensate for all the sugar and fat and you have a higher metabolism. But yeah. You get in your 20s, 30s, 40s and you keep eating that way, that's not gonna be good. Right. You will develop chronic disease then, and you will live with that. And you'll say, why did that happen? And oh, Casper must have been lucky with his genes. Like no <laugh> Yeah. That stuff runs my family too. We just didn't eat to trigger that epigenetically.

Beth Lambert ([29:18](#)):

Right. So, you know, one, one of my favorite stories around that is yeah. Do you know Jordan Rubin? He's the one mm-Hmm. Who started the Garden of Life and Yep. Such a health guru, right? Mm-Hmm. <affirmative>. Well the story is that he was raised by this hippie mom who, you know, fed him wheat germ and like all like no sugar in his house, no junk food. You know, his mom was super crunchy and just raised him in a holistic and natural way. So he went off to college and apparently, you know, drank his face off, ate pizza, <laugh>, all the things that he was restricted from doing as a kid. Yep. And then got so sick and that's where he developed Crohn's disease and was hospitalized, like nearly died in the hospital. 'cause his Crohn's disease was so bad. But he always told the story at least that I've heard, where like, it was the roots, right.

Beth Lambert ([30:03](#)):

His mom gave him the roots. So like he overcame Crohn's disease, he became healthy and vibrant, and now he's got this enormous health and wellness brand. Mm-Hmm. <Affirmative>. And he has all this incredible, you know, vibrant health teachings that he, you know, brings out to the world. But it's because his mom gave him the roots, right? Yes. So he, he went off and he made his own choices and he learned like, oh, this doesn't work. I can't, I can't eat like this. Yeah. I can't look this way. But he came back to the roots and he became healthy again. So like, I always like for my own kids, I have three teenagers now, they're gonna, you know, they're off doing, their things. Sure. And I, I just, I just have that faith that the roots that I gave them are going to be enough for them as adults to come back to. And you're living proof of that too. You had good foundations and roots and that has allowed you to live, you know, as a healthy adult. Yeah. big difference,

Caspar ([30:49](#)):

Huge difference. It, it's, it's roots and also tools. Because I feel like everyone at one point in their life reaches a place where they're gonna deal with a health issue, whether it's acute or something else, or long term. It could be depression after a major event or something like that. And then it, it does boil down to your foundation of roots and also the tools you have. Mm-Hmm. <affirmative>. So when I go into those places, 'cause I'm not super human and always healthy and feeling happy, at least I could turn to those things. I could do some breathing exercises, meditation, EFT, tapping, turn to my homeopathic supplements, everything else around there and say, okay, this will catalyze me to come back to that healthy state. Mm-Hmm. <affirmative>. So I think it's one of those things that people need to understand that, you know, getting sick isn't suddenly you know, this curse of things.

Caspar ([31:38](#)):

Everyone deals with periods in their life where they have downturns. Mm-Hmm. It's how you bounce back out of that and that you don't stay in that, you know, sick place and become chronically ill. And that becomes the permanent we talked about. But a lot of people are told it's permanent. Right. Especially when you're dealing with children, because you go then to the pediatrician, you go to the specialist that find the diagnoses based off the symptoms and then say, well, this is a permanent, we don't have solutions for that. Where, where, what are you telling parents in that respect with Documenting Hope and all the work you're doing about, Hey, this doesn't have to be, I know your doctor told you that, but there are other options and solutions out there where this doesn't have to be permanent. Yeah. You know, how, how, how do you get into that with parents? 'cause I feel that's a big one because once they hear their doctor, their doctor is their everything, they have so much trust in it that they say, oh, well it's permanent.

Beth Lambert ([32:30](#)):

Right. No, and I, it's tough because we, we wanna trust our doctors. I mean, I've had doctors for myself and my kids that I've implicitly trusted. But we have to remember that they had, you know, one lane of training and they may not have had the training that some other doctors or other types of practitioners have had that give them a different perspective. So I think we have to give our conventionally trained physicians grace, because they know how to do a lot of stuff that's like, you know, like acute medicine and surgery and all these things that are like, are so important. But they weren't trained to deal with lifestyle driven chronic illness. Yeah. They just weren't. Right. So there are all kinds of traditional methods where, and traditional and traditions like a traditional Chinese medicine, Ayurveda, like all these amazing practices out there that were trained to look at the body and how does it get in and out of a state of disease.

Beth Lambert ([33:19](#)):

The thing that I think compels people towards that other model is the stories. Mm-Hmm. <affirmative>. So there are thousands of anecdotal stories of people reversing all kinds of chronic conditions. And this is what Documenting Hope has is about, is, is taking these anecdotes, these things we've heard about autism being fully reversed. Rheumatoid arthritis, lupus, ADHD, diabetes, obesity, all of these conditions that most people when they walk into their physician's office will be told it's genetic, it's lifelong, here's a medication. But what did these anecdotal stories of reversal mean then? Are they not true? Are they made up? Of course not. It's just that nobody's studying them or nobody's trying to understand what happened. So we set out to better understand them. So we've, I've been collecting stories of all kinds of recovery for 15 years. Mm-Hmm. <Affirmative>, we've documented them, you know, written the stories up.

Beth Lambert ([34:08](#)):

We have them on film. And we're studying that process. We have another study, it's called the Flight Study, where we're actually doing an intervention study where we're taking a small group of children who have a chronic health condition. And we're, and it's a perspective longitudinal study where we're enrolling them when they're sick and we're helping them. We're facilitating that their access to integrative holistic type practitioners and supports. And we're documenting their healing journey. You know, like what does it take to heal a kid from ADHD? What does it take to reverse autism? And I, we are learning so much. We know about so many amazing tools that are out there. They just haven't gone

mainstream yet. So this is what I live for, is trying to bring all of these anecdotes into the mainstream. We call it mainstreaming miracles, right? Mm-Hmm.

Beth Lambert ([34:55](#)):

<Affirmative>. Because that's what's happening. People are like, oh my God, this child was a severe nonverbal autistic child at age four. And now he's like, you know, going to a top university has tons of friends and a girlfriend. Like, wh what, why is that not the standard of care? Like, why are we not examining those stories to get every little piece of detail about what that parent did with that child to get them from the point where they had a severe diagnosis to the point where they're completely a miracle in everybody else's eyes. So we are doing this work to try and document it, learn from it, learn from these anecdotes, and then scale it and, and get this information out to people so they know what to do when they get that diagnosis.

Caspar ([35:38](#)):

I find that so critically important. Usually when I speak to any patient that's been giving a diagnosis that's so-called incurable, the one thing they really want to hear more than even the evidence. 'cause the evidence led them to believe it's incurable because that's what conventional medicine has said. And, you know, and been able to give them through their evidence. But the, the other side of that is the anecdotal side of those stories that that doesn't have to be the truth. They're looking for someone else out there, not a plot in a study to be able to say someone was like me and got better. That to me gives me hope. That gives me the ability and a purpose to move and keep trying rather than just sit here in this kind of you know, lifelong sentence of kind of misery and suffering. Mm-Hmm. <affirmative>. And so that, that's what I've always loved about kind of sharing other people's stories, I'm sure you do as well, is, is that that one story impacts so many others that were in that place and to begin with to say, if they could do it, I could do it too. Mm-Hmm. <affirmative>. So with that said, Beth, do you have any stories that really stick out for you that are just like, Hey, this is a, a story I tell a lot of people that really was one of inspiration and hope?

Beth Lambert ([36:48](#)):

There are so many, I can't even tell you. I mean, I think the most stories that I've collected over the years are in the, in autism in particular because autism is a complex condition, no doubt. And it's heterogeneous. It's like they say if you've met one kid with autism, you've met one kid with autism. Meaning that there are some cases that are, you know, easier to resolve than other cases. There's all kinds of very variables and complexity. But the parents that have a child with autism who are severely impacted either nonverbal or have some kind of behavioral issues, maybe they're self-injurious, like something that is just breaking the parent, just breaking them. They are the most motivated, courageous, they have so much grit. These parents are amazing. They will, they will stop at nothing to help their children. And so I've heard so many stories of like, we have on our websites, we have stories of kids who had no language.

Beth Lambert ([37:42](#)):

There's one we just shared. We did a video and we shared it at our conference we had in November. The child had no language. He was diagnosed as severely autistic at three years old. And his mom he had talk about self-injurious behaviors. He was hitting his head all the time. You know, he had the stereotypical stimming flapping, those kinds of things. And his mom d followed the GAPS diet. Mm-Hmm. The Gut and Psychology Syndrome and Na, Dr. Natasha Campbell-McBride which is basically, she

worked on healing the gut and just worked on getting nutrient dense food into him. And she did some other kinds of, you know, holistic therapies with him. And now he's a teenager and he's great. He's doing great. And his mom actually trains other parents. She's become a health coach and she's trained other parents how to implement the GAPS diet in their home.

Beth Lambert ([38:32](#)):

So the, I would say like that's one story. We have recorded some of these on our videos. So on our Instagram and YouTube we have these videos and people can go in and watch them. But you know what's interesting to me and, and the thing that I've been really compelled to better understand is what do all these stories have in common? Mm-Hmm. <Affirmative>. And I do not know one single story of, you know, condition reversal where the gut and the diet wasn't a centerpiece. Absolutely. And so you ha like, you know, a lot of times I hear, especially in the autism community, people will say, well, I tried the gluten-free casin free diet and it didn't work. Or, you know, I tried taking out, you know, dairy and it didn't work. Like that's not what diet is. Diet is like comprehensive, you know, just putting only nutrient dense food in healing the gut, doing some real intensive repair there because kids who got to that point have all have such damaged gastrointestinal tracts that you really need to do intensive repair work.

Beth Lambert ([39:30](#)):

Yeah. So that's a through line. And that's one of many detoxification would be another through line. Absolutely. calming the nervous system, like finding ways. There's a million ways to calm the nervous system as you know. Yeah, yeah. So that's another through line in all these stories. So to me that where we're going with this is we're collecting the stories, we're collecting the data, we're testing a hypothesis about how healing happens. But at the end of the day, what we're trying to get to is a like, here's the recipe. Mm-Hmm. <affirmative> Not the protocol. I don't believe in protocols 'cause I believe in bio individualism and everybody's path to sickness is gonna look different and their path back to health is gonna look different. But there is a recipe, and the recipe is going back to what we originally talked about, getting as close to nature as possible. Get back in those rhythms. Eat food that your body needs, you know, to correct the deficiencies that have accumulated over time. Mm-Hmm. <affirmative>. So in, you know, like we're getting closer to being able to do that in a structured way to help people so they don't feel so overwhelmed.

Caspar ([40:27](#)):

Yeah. No, there are absolutely patterns out there. I truly believe in personalization and tailored, you know, treatments, you know, generalized blanket protocols just don't work. Mm-Hmm. <affirmative> We are so individual, the root causes and underlying, you know, dysfunctions of us are so unique to us that you can't just throw a protocol and everyone expected to win. So, but there are patterns like you said, if you, you know help the gut out, if you detoxifying all these things, if you turn more to nature in general, you will see better outcomes. And it is that starting point to me is always like, what are you putting in on a daily basis to nourish or to harm? And most of the times it is harm. I don't know if you've seen the Netflix show, "You Are What You Eat." It's kind of making the rounds right now. And I actually put it on last night 'cause everyone was talking about it. And I saw so many people, you know, up in arms over it and what they're promoting. But you know, what I gathered from that is people just don't have a good relationship with food.

Beth Lambert ([41:19](#)):

No. They

Caspar ([41:20](#)):

Don't understand quality. It's not about whether plant-based or keto or whatever, you know, the, the term you want to put to your type of diet is the one for you or the best one. Mm-Hmm. <affirmative>, what I realized is people just don't eat quality stuff. Right. You know, they were talking about, oh, conventionally raised, you know chickens are bad and this, that so is conventional, you know, farming with pesticides, GMO, monocrops, not regenerative, depleted soil with no minerals in it. Right. It's like all it, it comes down to quality, you know? Mm-Hmm. <affirmative>. It's not that what you eat so much as what is the quality. And I think that's where a lot of parents get caught up on, you know, what type of diet, low fat. Right? Because that's a marketing tool. And diet is good. Diet soda is better than regular.

Caspar ([42:04](#)):

So it's like they're both crap. But I'd actually rather have you drink regular soda but just drink more water in general. Right. And drink more fresh fruit juice not from concentrate and all of that. So I feel like so much of this isn't, so it doesn't have to be so complex. Right. If you start to understand quality in, quality out Mm-Hmm. <Affirmative> that will give you higher determination of repairing. And the one thing I'll say also about children, 'cause I, I feel like a lot of people get that incurable genetic thing and just give up on children in a sense of, oh, they're gonna live with it forever. I know this because I've spoken to so many pediatricians. My father's treated a lot of pa you know, children as patients with autism and other things, they are the greatest patients because they're not yet encumbered with 20 years of toxic load.

Caspar ([42:50](#)):

Right. They bounce back usually quite well. They don't have skepticism over certain things like, oh me up, oh, I don't know about this. Right. And every, if they get that, it's from the parents who have the skepticism and pass along. So they're, they're, they're perfect patients in many ways. Okay. That if you give them just the proper thing, their bodies are excited to get to homeostasis, their bodies just function. Right. Haven't you seen the same Yeah. That given the opportunity, even though the children that seem, oh my God, this is gonna be big, can bounce through it quite quickly.

Beth Lambert ([43:22](#)):

Yes, they are. I mean, think about this whole field of neuroplasticity where we've learned so much about how the brain adapts and changes. Like we're just learning that, but these parents of kids with autism have known this for like 30 years. They're like, yeah, you can actually change the brain. You know, but the, they are children are so much more plastic, right? Like their bodies are so ready to heal. Like all you have to do is remove the obstacles to healing. That's it. And then in some cases you need to go back and kind of rewire, right? Like, again, like for adults, they've already been through their developmental timelines. So like all those, those connections were made. So kids who were, you know, had these environmental assaults in those, those critical developmental times, you may need to go back and do some rewiring. Yes. So, but you can, and they, and they pick it up so quickly, they're so ready to heal.

Beth Lambert ([44:09](#)):

And the thing I always say to parents too, like when they feel overwhelmed, like let's say they have a five-year-old who's a super picky eater and they just, I can't do this. It's too hard. He'll never eat. I say to them, there is no easier day to start these changes than today because the you, the younger you start them Mm-Hmm. <Affirmative>, the easier it is. You give me a five-year-old who's picky eater and a 15-year-old who's a pick eater, I'll take the 5-year-old all day long. Yes. Because that is so much easier to a

adapt and change behavior at that age than it is older. That's not to say the 15-year-old can't. I have a great story of a friend of mine who has, had a son with autism and you know, he was struggling but kind of in the higher functioning area.

Beth Lambert ([44:51](#)):

So he was, you know, kind of had some help at school but was kind of sliding by. And then he started hitting crisis when he, a lot of times this happens during puberty is that like a lot of the symptoms that were bad get worse. And so at 15 she decided she was gonna do, when he was 15 years old, she was gonna go work very closely with a functional medicine doctor. Mm-Hmm. <Affirmative>. And she just hit it hard and she's like, that's it, we're just gonna make all the changes. And between 15 and 17, again intensive, like diet changes and detoxification and therapies. By the time he was 17, he lost his autism diagnosis. Mm-Hmm. <Affirmative> starting at 15. So it's not to say that it doesn't happen, and I get emails all the time from adults who have an autism diagnosis who are, you know, again, more mildly affected because they're either verbal or they have you know, they're, they're, they're able to hold the job, but they're still affected.

Beth Lambert ([45:36](#)):

They are starting to realize that they can improve their health and some of those symptoms, they didn't like this, like the sensory stuff that drives 'em crazy, that's can go away when they start helping support their body in the way that it needs to. So this isn't just about children, I mean, we talk about autism as if it's a childhood diagnosis. Why do we do that? Because it didn't really exist before the 1980s. That's right. I mean, very, very small numbers. Like one in 10,000 or two in 10,000 kids. So it was a childhood condition. But now you have the whole first wave of kids that really exploded in 1989, 1991. All of them are adults now and they're on the internet and they're watching TikTok and there's TikTok videos that are like, yeah, I changed my diet and my sensory symptoms went away or, or whatever.

Beth Lambert ([46:16](#)):

So they're accessing this information too, which I think is, they're the voice that we need the most because they can speak as adults with authority. And there's another story I have of a great friend of mine whose son was diagnosed at two by the time he was eight he had lost his diagnosis. He was very complex and he had a lot of things. He had seizures and apraxia and all these horrible things that his mom had to help him navigate through. But he's now like 27, 28 graduate student at Brown. Brilliant. He's an engineering student, has a girlfriend. And as actually we have a video of him talking about his experience. Like he remembers what it was like to have the symptoms that they called autism. He remembers what it was like going through it. And now he's a voice for these kids.

Beth Lambert ([46:58](#)):

Mm-Hmm. <Affirmative>. You know, and he wants them to know, like if it's, it's not changing who you are. I don't want to change who you are because so much of autism is tied up with identity politics now. Yes. Like, you don't wanna change me. I have autism and I'm proud of autism. That's fine. Nobody wants to change you. We want to make your body as, as robust and healthy as possible. And if the symptoms that are bothering you, like the sensory symptoms, the, the social anxiety, the things that are go with autism, if those go away, don't you want that? You know, it's, it's, that's the, the thing I think needs to happen is these adults who have come out on the other side and can speak to what it was like to be affected. Yeah. And then to tell people what it's like to have lost all those symptoms. Like that's our greatest inspiration right there. Yeah.

Caspar ([47:43](#)):

No, it's, it, it really is such a, a message of, of hope of course. And other things that parents need to hear. The one other thing I wanted to, to talk to you and bring up about this is, you know, you need to have a good doctor. You need to support your child, but don't you also believe, and from what you've seen, maybe you could talk about that anecdotally, that parents need to be, if there are two parents there, they need to be uni united front number one. 'cause I do see sometimes the mother wants to go holistic, but the father's against it and says, that's a waste of money. Right. So that, and you need to practice what you preach. You can't tell a child to be, you know, don't be so stressed about homework and then you come home yelling and stress and pulling your hair out. Aren't those two really important things for parents to, to understand as they go through treatment with their child?

Beth Lambert ([48:28](#)):

Absolutely. So I have a couple things to say about that. One, the first point you're talking about, about you know, having your spouse on board. We have we have an online membership community where we help parents walk through the healing process Mm-Hmm. <Affirmative>. and we have educational resources in there. And one of the videos we have in there, that's one of my favorites, the title is How to Get Your Spouse on Board. Mm. 'cause That is such a barrier. It is such an incredible barrier for you know, for the, the mom who's like, I wanna change the diet. And dad's like putting a pizza in his face in the corner, well, you know, gluten free, paleo, whatever. That is such an in incredible point. And I forget what the other thing I was gonna tell you about, but the, I I just feel like the, you know, 80% of parents who have kids with special needs in particular are gonna end up getting divorced.

Beth Lambert ([49:16](#)):

It is such a stressful, stressful Mm-Hmm. <Affirmative> situation to have a child with special needs. Like there are resources for those parents. That's what I was gonna say. It's about the starting with yourself as a parent, there are resources Mm-Hmm. for the parents who you know, can help figure out how to get their spouse on board. You can work with a therapist or whatever, because that's absolutely fundamental if you're gonna go on this journey where you're gonna change your diet and change your, your culture at home. The other thing I was gonna mention that is so, so, so important is that kids, especially little kids, they regulate their nervous systems in sync to their parents. So like, it's oftentimes mother and child, but it can be father and child. Yep. So like you said, mom comes home and she's like all stressed and yelling about this, that child is like, like their nervous system is all of a sudden like locked into moms and like, they're both like this.

Beth Lambert ([50:08](#)):

And I've seen this time and time and time again where, because I've, again, I've been sort of walking people through this healing journey for 15 years and like you get to this point where like, okay, you make diet changes, you change some stuff and get rid of the toxins in the home. Kids start to get better and then all of a sudden, like you hit this plateau where like, I'm not seeing anymore improvements. We saw some initial gains in the beginning, and then we're not gonna see, we're not seeing anymore improvements like what's going on. Inevitably, it is always either the mom or the dad that needs to start working on themselves. Yeah. Because a lot of times, especially mom is like, I, I gotta, I gotta fix my kid. Like, this is unacceptable. How's he gonna get into Harvard if he has ADHD?

Beth Lambert ([50:46](#)):

Like this intensity to fix my child can actually be self-sabotaging because it makes mom and dad so ramped up. And again, like the minute mom regulates her nervous system Mm-Hmm. <Affirmative> that child is gonna get in sync with that. And, and, and it's a modeling, but there's also something bioenergetic going on too. Absolutely. Where that child is all of a sudden syncing up. So like the body cannot heal unless it's in a parasympathetic state. Yes. So if you as mom can put yourself into a parasympathetic state that rest and digest state, and then child can feel that bioenergetically and puts themselves into a sympathetic state. Or even if you're just doing activities together, like a little yoga stretching, and I know it sounds so like new agey or like breathing exercises or expressing gratitude, those are all things that put you into that parasympathetic state.

Beth Lambert ([51:37](#)):

Yeah. Like if you as a parent can model that, that is so powerful. I think that's one of the secrets of the healing process that nobody believes is that the little things matter. Like, I'll talk about something like grounding or being outside in the sunshine or turning your lights low at night or like little things that people are like, really, it's not an expensive supplement or therapy, how could it possibly work? <Laugh>, you know? Yeah. But expressing gratitude, like there's tons of, there's tons of medical literature on how feelings of gratitude actually regulate your nervous system. They decrease your blood pressure, they decrease inflammation in your body, reduce oxidative stress. Like you can look up all this stuff walking in the forest, does all the same things, but it's because it's simple. People don't believe that it's powerful. Yeah. But like I overlooking the most powerful and simplest tools that we have in our toolbox

Caspar ([52:28](#)):

Yeah. In, in life and in healing. It's usually often the simplest things that have the biggest impact on us. Right? Mm-Hmm. <Affirmative>. And we forget that we want the silver bullet sort of, you know, expensive, crazy idea that's gonna do it all when it is Mm-Hmm. <Affirmative> just simple little things every day, like you said. And I do truly believe that parents have such a big role, whether or not even it is genetic and all this, it's not to take blame as a parent and feel guilty that I allowed this to happen to my child. Mm-Hmm. <Affirmative> It's to step up and say, I'm going to be a role model for my child and I'm going to imbue them with this zen-like state, with the support systems and I'm gonna take part of it myself because of course Mm-Hmm. <Affirmative> kids are ch are just sponges.

Caspar ([53:10](#)):

They mimic, you know, their parents all the time. <Affirmative>, I see my brother, you know, start getting all, you know, angry about something and I see my nephew start become the Hulk and start doing, running around, be like, smash smash. You know, it's just mimicking exactly what he saw in a, a different way, in a childish way, which is cute, but too much of that is never a good thing. You mentioned the program, The Healing Together program as as some, can you go into that a little bit more because I, I know that was something that, that you are providing as a great resource to parents and people.

Beth Lambert ([53:41](#)):

Yeah. So we've for been providing educational resources for parents for 15 years. And we do webinars every month, put out newsletters, have tons of resources on our website, you know, but we for a long time really felt like there, like, we need to get people together. Like we need to connect people. Because I was talking about this before, what were the two things that helped me on my journey? Community

and courage. Right? Like that really was important. So community is such a vital part of this whole healing journey and we wanted to provide that to parents. Now we're a virtual company, we're like across nine different states and we literally are just on computers, you know, doing our work with each other, so we don't have a physical community. So we decided to create an online community to start. And the online community, again, it's called Healing Together.

Beth Lambert ([54:26](#)):

And we've created like a schematic, like a map. It's literally like a trail map to follow. If you're starting the healing journey, your child has a diagnosis, you don't know what to do. And we kind of mapped out the process like where do you start and, and where do you go? And then we provide support calls. So we have twice a month we have a live Zoom call. One of those calls is with two integrative physicians who answer your questions. One of those calls is with health coaches who also answer your questions. And it's an amazing dialogue. So we've gotten these parents together on these calls and they're all starting to get to know each other. And we're, you know, we're, we're navigating this together. It's really a beautiful, a beautiful community. And the best thing happened in November. We held our first conference in, in Orlando in November, and a lot of the members from that community showed up for the conference in person.

Beth Lambert ([55:12](#)):

And the hugs were incredible. I mean, it was just amazing because you actually gotta see people in the flesh. Yes. And I cannot, I cannot overstate how important community is. Yeah. so healing together is something that people can join. And again, get the support and connection because it's all people who are doing the same work with their kids, changing their diet, you know, changing lifestyle, learning about different therapies. We talk about different kinds of therapies that can help integrate the brain and body and overcome those developmental challenges. So it's an, it's an incredible resource. I'm really proud of it and I'm really proud of the the, the people that show up there. Yeah. They're just awesome people just doing it for their kids. It's really great.

Caspar ([55:50](#)):

Yeah. You learn as you go through this. Like everyone has a good intention to be happy, to be healthy, to try and help other people. It's just how do you get there? And there is a lot of confusion and what do you do and everything. But it's, it's great to have these types of organization, events, resources. 'cause It allows you to kind of go into that and start to funnel in that energy into something that's helping others and yourself. So, so thank you for all your work, Beth. And where can people learn more about the organization Documenting Hope? Epidemic Answers, everything.

Beth Lambert ([56:18](#)):

Yeah, so we have a couple websites to check out. EpidemicAnswers.org is where we have all of our educational, it's like our resource library. Mm-Hmm. <Affirmative>. We have like I mentioned newsletters and webinars. We have over 300 webinars that we've done with all kinds of experts across different categories. We have a practitioner directory. So if you're somebody who's like, I just have my regular pediatrician, but I'd love to work with a holistic practitioner, integrative functional medicine doctor or a health coach. We have a health coach directory too. Mm-Hmm. <Affirmative>. So we have over 800 practitioners in our directory. So you can probably find somebody in your area. And then we have a health coach training program. So we train health coaches how to you know, navigate, you know, help parents navigate this journey. And then DocumentingHope.com is our research specific site.

Beth Lambert ([57:01](#)):

So we have the two studies, the Chirp Study and the Flight Study. The Chirp Study is gonna we've, we've been running it since 2018, collecting data. It's on pause right now just 'cause we're upgrading the software. We're gonna launch it again in April so parents can come in. This survey is amazing because not only do you contribute your information to help the body of research trying to understand what the, you know, most important environmental factors are that are impacting our kids. But after you complete the survey, you get a personalized report. And this personalized report is like basically feeding back all of your answers. But we highlight all of the health stressors. Mm-Hmm. <Affirmative>. So basically can take a look and be like, this is like a blueprint for reducing my child's total load. Because we, we highlight in orange anything that is like, let's say you're using fragrance laundry detergent. Don't do that. That's bad. Right. Got bad stuff in it. Like just pointing to the things in your life that you can easily swap out or you can easily change to help reduce your child's child total load. So that information is all on Documenting Hope. We have all kinds of success stories on our YouTube channel. So @DocumentingHope or Instagram and Facebook, we also put those stories out. So kids who have reversed ADHD gotten over severe eczema, autism, like all the stories you'll see on, on those channels as well.

Caspar ([58:15](#)):

Amazing. Well thank you so much Beth for sharing this and sharing your story and sharing the stories of so many others. 'cause I know that those stories of hope are what get so many people over the hump and get them back to their health when they feel completely lost. So thank you so much for coming on.

Beth Lambert ([58:31](#)):

My pleasure.

Caspar ([58:32](#)):

And as you heard, do check out DocumentingHope.com and EpidemicAnswers.org for more information. And be sure to sign up for their science backed program Healing Together at healing.documentinghope.com/register. Until next time, continue writing your own healing story.