



# **KID'S CORNER**

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## **WITH DR. LIZ**

Series of short videos about children's health  
I CARE treatment guidelines for children now available FLCCC website



FIRST,  
DO NO HARM



# KID'S I CARE PROTOCOL

Vitamin D

Vitamin C

Vitamin A

Zinc

Ibuprofen

Quercetin

Probiotics

Ivermectin

Melatonin

Essential oils

## I-CARE

FOR KIDS

 [Download I-CARE For Kids Summary](#)

 [Download I-CARE For Kids Protocol](#)

### A Parent's Guide to Prevention and Early COVID Treatment for Children

Most children with COVID-19 handle the virus well and recover fully. Despite a lot of fear-mongering, COVID is not a deadly disease for most children. In fact, data show that the death rate is extremely low in patients under 17 years old. This guide aims to help you understand the real risks and know how to respond. The best thing you can do is focus on making sure your child is healthy overall and that their immune system is strong and robust.

### Recommended Therapies

*Dosage varies based on size and age of child; see I-CARE For Kids protocol for full details*

**Vitamin D:** Adequate Vitamin D levels help our bodies fight inflammation and boosts immunity.

**Vitamin C:** An excellent antiviral that protects against a wide variety of viruses including COVID-19.

**Vitamin A:** Found in red, yellow, and orange vegetables and a main component in cod liver oil.

**Zinc:** Strengthens innate and adaptive immunity and inhibits the virus from entering cells.

**Ibuprofen:** Reduces fever, treats aches, and fights inflammation. Do not use for low-grade fever.

**Quercetin:** Kills the virus, and is a potent antioxidant and anti-inflammatory.

**Probiotics:** Helps train the immune system to attack pathogens (rather than itself).

**Ivermectin:** Clinical experience shows ivermectin to be safe and effective in children.

**Melatonin:** A potent antioxidant with important anti-inflammatory effects.

**Essential oils:** Do not ingest; diffuse in the room or apply topically to the skin.

# More aggressive treatment for children with chronic diseases

**Hydroxychloroquine:** Not needed in most cases; decision to use in selected high-risk individuals would involve informed consent discussions between the clinician and family.

**Azithromycin:** Acts as a zinc ionophore; little in the published literature about COVID and azithromycin and children.

**Asthma medications:** Children with asthma are at higher risk of complications from COVID infection. When COVID is circulating, it is wise to make sure that your asthmatic child keeps taking any controller medications (such as inhaled steroids) and has refills of any rescue medications (like albuterol).

**N-acetyl cysteine (NAC):** Helps promote detoxification.

**Omega-3 essential fatty acids:** Excellent anti-inflammatories.

**Mouthwashes and nasal sprays:** Have not been studied in children with SARS-CoV2.

# Not routinely recommended

- Acetaminophen in repeated doses
- Antihistamines
- Antibiotics early in the illness
- Decongestants
- Cough suppressants
- Aspirin for fever

TAKE AWAY  
WHAT HARMS

GIVE WHAT  
HEALS



# Nurture your child's health: terrain is important

## What heals



## What harms



DIABESITY: THE NEW EPIDEMIC



**TOXINS**

- TIN POISONING
- FLUORIDE
- DIESEL
- BPA (BISPHENOL A)
- LEAD
- MERCURY
- OVER 4000 CHEMICALS
- EXHAUST AND POLLUTION
- AMMONIA, MANGANESE
- INSECT PESTICIDE
- FLAME RETARDANTS
- PERC (PERCHLOROETHYLENE)
- DRY CLEAN
- ALUMINUM, PARABENS
- FOOD PESTICIDES AND CHEMICALS

Do not give  
a product with  
side effects  
if kids do not  
need it





# Most children have already had COVID\*

- If your child already has had chicken pox, we do not give a chicken pox vaccine
- If your child has had COVID, they have natural immunity
- Given the lack of long-term safety data and potential significant side effects, FLCCC recommends against COVID shots for healthy kids

\*89% of toddlers by June 2022

**BROWNSTONE INSTITUTE**

## 150 Plus Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked, and Quoted

BY PAUL ELIAS ALEXANDER OCTOBER 17, 2021 PUBLIC HEALTH 70 MINUTE READ

SHARE | PRINT | EMAIL

150 Plus Research Studies Affirm Naturally Acquired Immunity to Covid-19: Documented, Linked, and Quoted

acquired immunity is equal to or more robust and superior to existing vaccines. Instead, we should respect the right of the bodily integrity of individuals to decide for themselves.

AMERICAN THOUGHT LEADERS

0:31:39 0:47:36

ORIGINAL ARTICLE

### Protection and Waning of Natural and Hybrid Immunity to SARS-CoV-2

Yair Goldberg, Ph.D., Micha Mandel, Ph.D., Yinon M. Bar-On, M.Sc., Omri Bodenheimer, M.Sc., Laurence S. Freedman, Ph.D., Nachman Ash, M.D., Sharon Alroy-Preis, M.D., Amit Huppert, Ph.D., and Ron Milo, Ph.D.

Article	Figures/Media	Metrics
25	References	

#### Abstract

**BACKGROUND**  
Infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) provides natural immunity against reinfection. Recent studies have shown waning of the immunity provided by the BNT162b2 vaccine. The time course of natural and hybrid immunity is unknown.

**METHODS**  
Using the Israeli Ministry of Health database, we extracted data for August and September 2021, when the B.1.617.2 (delta) variant was predominant, on all persons who had been previously infected with SARS-CoV-2 or who had received coronavirus 2019 vaccine. We used Poisson regression with adjustment for confounding factors to compare the rates of infection as a function of time since the last immunity-conferring event.

June 9, 2022  
N Engl J Med 2022; 386:2201-2212  
DOI: 10.1056/NEJMoa2118946

**NEJM CareerCenter**

**PHYSICIAN JOBS** AUGUST 2, 2022

- Pediatrics, General** Loma Linda, California  
Academic Pediatric Neuropsychologist in Southern California
- Hematology / Oncology** Phoenix, Arizona  
Hematologists and Site Medical Directors, Hematology and Hematopoietic Cell Transplant
- Primary Care** Brownsville, Texas  
Outpatient Primary Care Physician - Wellmed - Brownsville, TX

# Natural Immunity Superior and Longer Lasting than “Vaccine” induced immunity

- **Prevalence and Durability of SARS-CoV-2 Antibodies Among Unvaccinated US Adults by History of COVID-19:** Jennifer L. Alejo et al, *JAMA*. Feb 3 2022;327(11):1085-1087.  
doi:10.1001/jama.2022.1393
  - Evidence of natural immunity in unvaccinated healthy US adults (NOT KIDS) up to 20 months
  - In some age groups in children, vaccine induced antibodies only last 5 weeks
- **Past SARS-CoV-2 infection protection against re-infection: a systematic review and meta-analysis. Lancet Feb 16, 2023.** [https://doi.org/10.1016/S0140-6736\(22\)02465-5](https://doi.org/10.1016/S0140-6736(22)02465-5)
  - “We identified a total of **65 studies from 19 different countries**. Our meta-analyses showed that protection from past infection and any symptomatic disease was high for ancestral, alpha, beta, and delta variants, but was substantially lower for the omicron BA.1 variant.”
- **Evolutionary biology show pattern of viral variants becoming less severe with time**

THE RISK OF BAD  
OUTCOMES FROM  
COVID IS LOW IN  
PEDIATRIC PATIENTS




## Why are children at less risk of bad outcomes?

Some possibilities

1. Children have excellent innate immune systems
2. Children are less likely to mount an immune over-reaction to COVID
3. Children have fewer ACE-2 receptors for the COVID virus to bind to
4. Children have fewer co-morbidities than adults

# Summary COVID death rates 2020

- Overall deaths from COVID in kids under 18 in 2020=182 (8 in healthy kids)
- Overall number of COVID cases in kids under 18 in 2020=17.5 million (CDC estimate as of January 15, 2021)
- Death rate from COVID in kids under 18:  $182/17.5M=0.0000104$  or about 1:100,000
- **Death rate from COVID in healthy kids under 18:**  
 $8/17.5M=0.00000046$  or about **1 in 2.5 million** 

THE COVID  
“VACCINES” HAVE  
NOT BEEN SHOWN  
TO WORK WELL OR  
LAST LONG IN  
PEDIATRIC PATIENTS



# Limitations of the clinical study: Pfizer/biontech Kids

Outcome	Importance <sup>a</sup>	Description
Benefits		
Symptomatic lab-confirmed COVID-19	Critical	Current studies use PCR + specific symptoms; immunobridging
Hospitalization due to COVID-19	Important	Phase 3 trials not designed to detect statistical differences between treatment groups for this outcome
Multisystem inflammatory syndrome in children (MIS-C)	Important	Phase 3 trials not designed to detect statistical differences between treatment groups for this outcome
SARS-CoV-2 seroconversion	Important	Measured using antibodies to non-spike protein to differentiate seroconversion due to natural infection from immunogenicity to vaccine; no data available
Asymptomatic SARS-CoV-2 infection	Important	Measured using serial PCR; no data available

# Pfizer/biontech: Kids trial results based on ~1000 children in each arm of trial

## ➤ Summary:

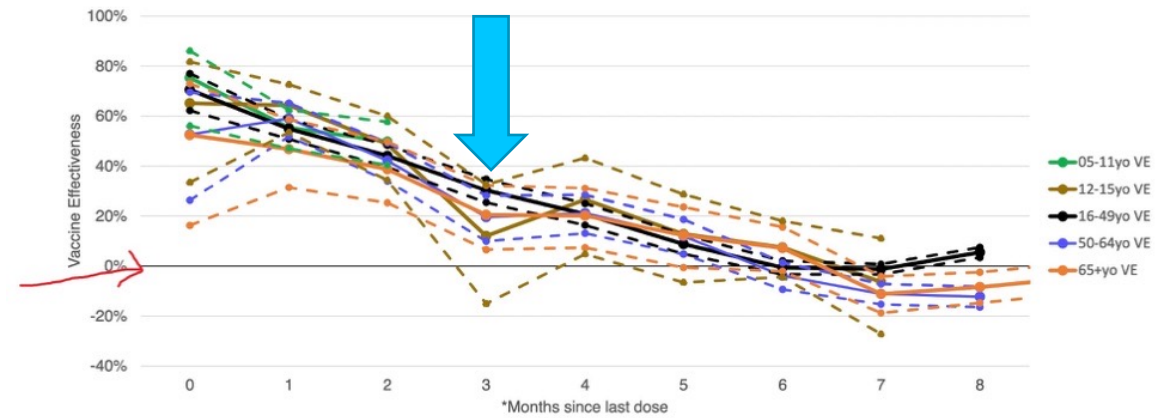
- Conclusions based on only 16 cases of clinical COVID
- No results on reducing hospitalizations or deaths
- No results on reducing Multisystem Inflammatory Syndrome-C (although MIS-C was a big justification for using the vaccine in this age group)
- No results on formation of antibodies, or prevention of carrier status
- No results to prove decreased transmission to others



# Any protection from the vaccine against COVID symptoms wanes in several months

- Vaccine efficacy drops by 2-3 months
- Then the vaccinated are more likely to get symptomatic infection than the unvaccinated
  - Negative efficacy

ICATT: mRNA 3 vs. 2-dose relative VE against symptomatic infection during BA.4/BA.5, ages 5+ years



\*Vaccination dose dates are collected as month and year. Month 0 represents tests in the same month as last dose (at least 2 weeks after last dose). For all months greater than or equal to 1 the value represents the difference between calendar month of test and calendar month of last dose receipt (at least 2 weeks after last dose).

CDC preliminary unpublished data. Prior infection excluded, other methods based on: Fleming-Dutra KE, Britton A, Shang N, et al. Association of Prior BNT162b2 COVID-19 Vaccination With Symptomatic SARS-CoV-2 Infection in Children and Adolescents During Omicron Predominance. JAMA. Published online May 13, 2022. doi:10.1001/jama.2022.7493

THERE IS NO  
LONG TERM  
SAFETY DATA



# Pfizer trials eliminated the control groups

After 2 months, the placebo group in the original trial was offered the COVID vaccine and most took it

So we do not have long term follow up on the ~22,000 people who were to be the controls for long term differences in the health of vaxxed/unvaxxed

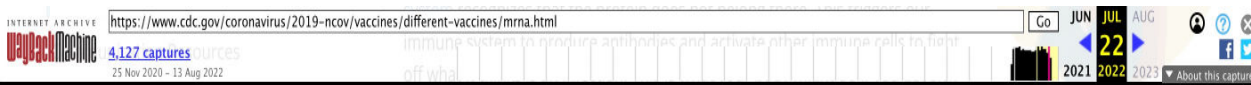
In the initial pediatric trial, no long term comparisons of overall health or all cause mortality can be made

In the pediatric trials, control group eliminated after 6 months

# CDC removes statement about mRNA being broken down in a few days and spike protein leaving in a few weeks.

[web.archive.org/web/20220722133644/https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html](https://www.web.archive.org/web/20220722133644/https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html)

[web.archive.org/web/20220723161304/https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html](https://www.web.archive.org/web/20220723161304/https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html)



with COVID-19.

- At the end of the process, our bodies have learned how to help protect against future infection with the virus that causes COVID-19. The benefit is that people get this protection from a vaccine, without ever having to risk the potentially serious consequences of getting sick with COVID-19. Any [side effects](#) from getting the vaccine are normal signs the body is building protection.

## Facts About mRNA COVID-19 Vaccines

mRNA COVID-19 vaccines cannot give someone COVID-19 or other illnesses.

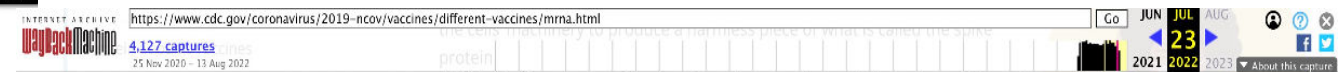
- mRNA vaccines do not use any live virus.
- mRNA vaccines cannot cause infection with the virus that causes COVID-19 or other viruses.

**They do not affect or interact with our DNA.**

- mRNA from these vaccines do not enter the nucleus of the cell where our DNA (genetic material) is located, so it cannot change or influence our genes.

**The mRNA and the spike protein do not last long in the body.**

- Our cells break down mRNA from these vaccines and get rid of it within a few days after vaccination.
- Scientists estimate that the spike protein, like other proteins our bodies create, may stay in the body up to a few weeks.



COVID-19. After the protein piece is made, our cells break down the mRNA and remove it, leaving the body as waste.

- Next, our cells display the spike protein piece on their surface. Our [immune system](#) recognizes that the protein does not belong there. This triggers our immune system to produce antibodies and activate other immune cells to fight off what it thinks is an infection. This is what your body might do if you got sick with COVID-19.
- At the end of the process, our bodies have learned how to help protect against future infection with the virus that causes COVID-19. The benefit is that people get this protection from a vaccine, without ever having to risk the potentially serious consequences of getting sick with COVID-19. Any [side effects](#) from getting the vaccine are normal signs the body is building protection.

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KIDS HAVE  
RESILIENT  
INNATE IMMUNE  
SYSTEMS



# Diversity in gut flora promotes health

- Wide varieties of different types of gut flora are associated with less chronic disease later
- Feeding your kids whole foods from nature and including fermented foods like pickles, kiefer, kombucha, sauerkraut, and miso leads to gut flora diversity

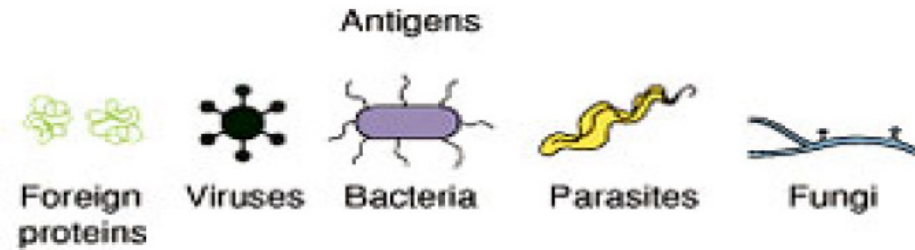
Diversity in kids and cultures



Diversity in gut flora healthy



# Two Branches of Immune Defense



## Innate Immunity

- invariant (generalized)
- early, limited specificity
- the first line of defense

1. **Barriers** - skin, tears
2. **Phagocytes** - neutrophils, macrophages
3. **Cells that release inflammatory mediators**
4. **Natural Killer cells**
5. **Complement and proteins**

## Adaptive Immunity

- variable (custom)
- later, highly specific
- “remembers” infection

1. **APCs (Antigen Presenting Cells) present Ag to T cells**
2. **Activated T cells provide help to B cells and kill abnormal and infected cells**
3. **B cells - produce antibody specific for antigen**

TRUE INFORMED  
CONSENT  
FOR PARENTS  
TO DECIDE FOR  
CHILDREN





# True Informed Consent

- All medical decisions require a **full disclosure of risks, benefits alternatives to treatment**, and an individualized risk-benefit analysis, in a sober discussion between a qualified healthcare professional and the patient, or parent/guardian of a child under 16 (the legal age of consent).
- Nuremburg code specifically forbids coercion or bribery.
  - Use of peer pressure
  - Gift cards, pizza parties, donuts, etc.



FIRST,  
DO NO HARM



COVID  
'VACCINES' ARE  
NOT  
INDICATED IN  
PEDIATRIC  
PATIENTS





**FLCCC**  
ALLIANCE

[www.flccc.net/drliz](http://www.flccc.net/drliz)