

# Transcripts

## 20241127-Show161-PP-The Truth About RSV with Larry Palevsky M.D

- **Dr. Paul:** 37.60%
- **Larry Palevsky, M.D.:** 62.40%

00:00:59:18 - 00:01:22:39

### **Dr. Paul**

Good morning. PhD. Welcome to Pediatric Perspectives. We are looking at children's health challenges from a different perspective here, one that includes critical thinking. We're not afraid to give you the honest truth. I'm your host, Doctor Paul, and I am delighted to welcome today none other than our beloved doctor Larry Polaski. Larry, thank you so much. Coming to you in the middle of your busy day.

00:01:22:46 - 00:01:28:06

### **Dr. Paul**

Right there in your exam room. Man, you are incredible. Thanks for joining us today.

00:01:28:10 - 00:01:31:25

### **Larry Palevsky, M.D.**

Oh, thanks, Paul. It's always fun to chat with you.

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### **Dr. Paul**

It is indeed. So our topic today is RSV restoration social virus. And there you know, when they got this new monoclonal antibody, injection, it's not really a vaccine, but, when they got that approved, I was reading through the initial package insert or data presented for approval, and there were 12 deaths, in that group of, you know, a couple hundred thousand, something like that.

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**Dr. Paul**

And I remember thinking to myself, and obviously you can't they just they wrote off all those deaths as they were coincidental. They had nothing to do with the trial. Full disclosure, the link to that particular data is gone. I cannot find it. So. But in my mind, I'm thinking, you know, RSV is not deadly for very many.

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**Dr. Paul**

And and in fact, I found a part a really good article. This was published in 2021, in Health Science Reports, titled Restoration Social Virus Associated Deaths in the United States According to Death Certificate 2005 to 2016, and there were 315 of them for those 12 years. So that amounts to 26 deaths per year. And I'm thinking, how many more deaths would this shot cause if it 12 were lost just in the trial?

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**Dr. Paul**

And, you know, those trials are short. But to kick us off, Larry, to tell us, I mean, we just went through a winter, which was one of the worst in terms of registry illnesses, I think because of the lock up and people being isolated. And then finally opening up. What was your experience this winter with RSV? I know we see it as pediatricians all the time.

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**Larry Palevsky, M.D.**

Well, again, as you and I both know, as we're taught in medical school, all that wheezes is not asthma. So all that wheezes in babies is not RSV. And certainly, you know, we see what looks like an anaphylactic reaction in their lungs and in their airways. And I saw a number of them and I saw a number of them in small babies and thankfully with good diet, with good supplementation, with good home care, these kids were able to do really, really well.

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**Larry Palevsky, M.D.**

We ignore the fact that, airway, air quality and food choices can have a very strong effect on wheezing in the airway, and that may have nothing to do with viral illnesses and good vitamin D supplementation in the winter, as well as proper sleep and proper rest, can also make for a decreased opportunity for wheezing that we call RSV.

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**Larry Palevsky, M.D.**

The interesting thing is that the the population has taught people that you don't have RSV in you unless someone is sick and gives it to you. And the fact of the matter is that most babies and most of us are probably carrying the genetic material that we call RSV, and the mere presence of that viral material does not guarantee that you're going to be ill.

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**Larry Palevsky, M.D.**

This monoclonal antibody is is being forced on parents through fear tactics to make them believe that their kids will die unless they get this monoclonal antibody. And unfortunately, we don't know where all the monoclonal antibodies are sourced from. So we don't know the toxicity levels, the poison levels, and what else is in the serum from where they get the monoclonal antibodies.

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**Larry Palevsky, M.D.**

And lastly, Paul, when did we ever use a monoclonal antibody to effectively prevent infection in children? And be able to demonstrate that this is going to help kids. There's no study that's ever been done. We're just being told here to give monoclonal antibody for RSV and you will be protected. There's no precedence. And if you remember when even Covid started and the shot came out, if the RNA technology is really what's in these shots.

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**Larry Palevsky, M.D.**

Well, where in the history of vaccinations have we ever used RNA technology to effectively show that infection will be prevented or lessened? It's the same thing with the monoclonal antibody.

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**Dr. Paul**

Yeah. So, I second highly the we've never been successful making an mRNA vaccine. And yet they unleashed that horrible thing on the world and on a massive scale. But back to RSV and monoclonal antibodies. In my practice, I'm retired now, but every year we would try to identify the highest risk babies, usually the extremely mature babies, and we would offer them synergistic.

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**Dr. Paul**

Right. Right. And that was only for a season, right? So the RSV would, at least in my clinical experience, would start in December, usually peak in January, February and be over with by April at the very latest. May. Right. And, only the very highest risk babies, which would probably coincide with the babies most at risk of dying, would be offered synergistic.

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**Dr. Paul**

And I did that for many, many years. Is that your same experience?

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**Larry Palevsky, M.D.**

Well, again, over the last 25 years, I have been working with families where we did not give vaccines and, that included even in the premature babies. And I worked very carefully and very closely with those families. And we made sure that the diet was proper, that there were good supplementation for the babies, especially if they were formula fed, good omega three fish oils, making sure vitamin D, K was on board, making sure if the mom was nursing, she was eating foods that were lower in inflammatory nature.

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**Larry Palevsky, M.D.**

And I never saw a baby who did not get this synergistic suffer from an RSV infection.

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**Dr. Paul**

Wow. Well, that's should be very reassuring for those of you who are watching, who are questioning, jumping on board with another, shot recommendation from the CDC for another product that has not been tested properly. No long term testing, no comparison of, you know, unvaccinated to vaccinated and looking at long term outcomes. It's it's it's insanity.

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**Larry Palevsky, M.D.**

Yeah. So remember remember I mean, the challenge that we have in our, in our medical, culture is that only infection will cause a wheeze. And so even if they find RSV viral material in the nose, it doesn't mean it's what's causing your wheezing. Remember, wheezing is a sign that your lungs are dealing with something that it perceives is a threat.

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**Larry Palevsky, M.D.**

Some kind of anaphylactic reaction. The virus isn't causing the anaphylactic reaction. There's something that the baby either inhaled or breathe in or was injected with from a prior shot, or a combination of all three that could have created an anaphylactic reaction in the baby. And so a virus is don't cause anaphylaxis. This is the thing that I that's why I was able to work with the families for so many years and not worry about RSV or sandwiches, because I understood that these illnesses were not viral illnesses, even though we could we could come up with, a swab that characterizes a virus is RSV.

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**Larry Palevsky, M.D.**

But you know, what happens if they check the kid who's wheezing and they find five viruses rhinovirus is enterovirus RSV, and who knows how many others? Influenza virus. Then what's the kid really sick from?

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**Dr. Paul**

And so that's a good point. I mean, I remember in the winter with my sickest infants, the ones that were sick enough to possibly need to be hospitalized. I used to do a, rest story panel, and I you probably didn't mess with that because you just do natural stuff. I was a little I was a little into the mainstream stuff.

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**Dr. Paul**

So I do this restaurant panel that had 30 different pathogens, and oftentimes there would be several. So sort of speaking to what you were mentioning. However, I can can you help me understand because I, I still am a little confused about something based on what you just said. So

allergy season is usually spring and summer, right? When the everything's blossoming and and and the pollens are in the air and people are having allergies.

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**Dr. Paul**

And if you have if you're an asthmatic or prone to wheezing as a big kid or an adult, that's your worst season. What we were seeing in the little babies, it's a winter thing, right? And so how do you explain that?

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**Larry Palevsky, M.D.**

Well, the thing that I want to, look at during the winter is that and I, we've discussed this over and over again, and I love having the opportunity to repeat it. There are different energy cycles. There are different temperature cycles during spring, summer, fall and winter. And when our schedules are off, we're not living closer to nature.

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**Larry Palevsky, M.D.**

We're staying up later. We're eating wrong foods. We're eating too much sugar. We're not resting enough, we're eating foods out of season. We are, eating too much sugar. Our sun exposure has gone down. Our bodies get sicker.

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**Dr. Paul**

Closed indoors. Maybe more dust exposure. Who knows?

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**Larry Palevsky, M.D.**

Yeah. More toxicity exposure. Sick buildings syndrome, as we've seen. And so all of that, less sleep, poor nutrition. Living out of nature. Not sleeping as much. Not resting as much. Indoors. No sun. We are going to create a lot of stress in our bodies. And as we all know, the body gets sick because it needs to purge an excess amount of waste.

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**Larry Palevsky, M.D.**

And sometimes viruses and bacteria may be helping us purge those, wastes that we accumulate. And so winter time is not the only time when RSV may be a positive swab in your nose, but it doesn't mean it's what's causing the illness. And it doesn't mean it's just specific to winter. I mean, I guess one of the funny questions I can ask you is, well, how many people actually test for RSV in the non winter months?

00:12:09:42 - 00:12:21:25

**Dr. Paul**

I was having the same study. Yeah, I was having that same thought. When you were saying that, I thought, wow, that'd be an awesome study to do. Just do ten swabs a month on. You know, random kids with.

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**Larry Palevsky, M.D.**

Colds until it's cold. Yeah, and babies with colds. And how many of them test positive for RSV, do you think?

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**Dr. Paul**

No. That would be a fascinating study. I don't have patients any anymore, so you're going to have to do it.

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**Larry Palevsky, M.D.**

Oh, I'm happy to do it. But but that's the other thing, is that, you know, you just brought up something to the that reminded me you don't need to wheeze. If you have RSV, you could just have a regular cold. Wheezing is not guaranteed, which means that you could probably be suffering from RSV at other times of the year, not wheeze, and just no one diagnoses it as RSV.

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**Larry Palevsky, M.D.**

That's an answer to that study.

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**Dr. Paul**

Yeah. No, absolutely. So folks parents listening there, they've added a monoclonal antibody to the childhood schedule under eight months of age. You're supposed to. Now all infants are supposed to get this for a disease that is, basically a bad cold if seasonal happen. Right. And yes. So the other thing, I don't think we mentioned monoclonal antibodies, if they are working only work for a short period of time, they're okay.

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**Dr. Paul**

It's not your immune system that's being boosted or in somehow enhanced. It is a passive transfer of hey, here's some antibodies to help you fight infection. So beyond a few weeks to at max a few months, it's completely worthless. Right?

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**Larry Palevsky, M.D.**

Right, right. And in addition to that, Paul, you remember when during Covid, they were using monoclonal antibodies. And one of the concerns, as I said earlier in the show, is where are they sourcing the material from? So how pure is the material, how much contamination is there, and what kind of effects are those contaminants going to have on the babies?

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**Larry Palevsky, M.D.**

And when you described the study where, you know, science just disappeared in the literature because it wasn't favorable to the party line and 12 babies died, you have to wonder, well, were they contaminated? Was there something in the monoclonal antibody solution that hurt them? Because we saw that during Covid, and I just think that there's just very little, pure science being done.

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**Larry Palevsky, M.D.**



I think that the material is too crude and the fact of the matter is that we have many other ways of supporting children through the winter, through a cold, through mucus, reduction and thinning and through prevention. And we just don't go there because, as we both know, nutrition, environment supplementation should have nothing to do with the way Western medicine is practiced.

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**Larry Palevsky, M.D.**

If you want to prevent an infection, you only have to get a pharmaceutical product to do that. And we know that that's not fully true.

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**Dr. Paul**

Yeah. So I guess in wrapping it up, I'll let you kind of have the parting words of wisdom for our audience. You know, parents out there with young children are going to have to face whether or not to do this thing that their doctor's telling them to do, speak to that. And then also, you've already been, highlighting it.

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**Dr. Paul**

But summarize again, what do you do to prevent your child from wheezing from, from having to deal with this? Sure.

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**Larry Palevsky, M.D.**

Well, first of all, this is not a proven product with enough safety and enough history that it would prevent an infection in the first place. So I would really think twice. Or three times about whether or not it's right for your child. Very little data, very little safety, crude manufacturing. Don't understand the source of the material.

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**Larry Palevsky, M.D.**

And it's very short lived, if that at all. And as I said before, all that wheezes is not necessarily RSV. All that wheezes is not necessarily asthma. Inflammation in the airway happens because material is

breathed. Then that's caustic to the airway or material. Was eaten. That has to get out and goes out through the airway. And mucus is produced in the body to help remove the toxicity.

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**Larry Palevsky, M.D.**

That is a fact. I'm not making that up. Your child's body will produce mucus because it has to remove an excess of waste. The best way to relieve mucus and inflammation is to stop producing it. So damp foods, mucus producing foods like yogurts and ice cream and and milks and flour products and baked goods and candy and juices and sodas and cereals and processed foods.

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**Larry Palevsky, M.D.**

What's left to eat?

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**Dr. Paul**

What's left to eat?

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**Larry Palevsky, M.D.**

Larry, I know, I know, you couldn't possibly have anything else to eat if you're not eating those foods, right? But in all seriousness, it's true. I mean, we need to feed our kids better so that we can stop them from getting sick and eating whole foods, warm foods, especially in the winter, is going to help. And especially thinning the mucus with good warm fluids, with teas, with soups, with broths, with steam baths, with steam nebulizer showers, all of these things are going to thin the mucus.

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**Larry Palevsky, M.D.**

And that's the best way that you can actually clear the airway of thick mucus is to thin it out by hydrating from inside and then hydrating from the outside. And of course, stop producing the inflammation in the first place because the body is smart. If it has too much inflammation, it's going to have to get rid of it.

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**Larry Palevsky, M.D.**

And one of the ways it gets rid of it is through an upper respiratory inflammatory process.

00:18:04:14 - 00:18:14:59

**Dr. Paul**

Wow. I love the way you some things up, Larry. I know you've got to get back to your patients. Thank you so much for coming on pediatric perspectives and telling us like it is.

00:18:15:04 - 00:18:23:46

**Larry Palevsky, M.D.**

Doctor Paul, always a pleasure. You know, I love our conversations and, it's great, great having an opportunity to make people critically think.

00:18:24:00 - 00:18:39:50

**Dr. Paul**

You can check out my other show *With the Wind at Doctors* and [science.com](http://science.com). And you can also take, coaching session with myself if you wish. [kidsfirstforever.com](http://kidsfirstforever.com). Those links are in the show notes. Thank you for your time today, and I look forward to seeing you next week.

00:18:45:09 - 00:19:11:03

**Dr. Paul**

I look forward to running together with the wind at our backs, revealing the science that gives clarity in our world that's full of propaganda and misinformation. Visit our website [Doctors in Science Rt.com](http://DoctorsinScienceRt.com). Sign up, donate if you can. Your support makes a difference. And let's make this the weekly show the world has been waiting for. Thanks for watching.

00:19:11:09 - 00:19:18:25

**Dr. Paul**

I'm **Dr. Paul**.