

Coronavirus and masks



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The advice/obligation to wear masks does not take into account the current legislation regarding their use as working equipment. The legislation limits the time of use and their use by people with cardio respiratory pathologies. This disregard for the legislation and lack of information on the risks incurred by their use creates serious harm to public health.

There are two main categories of masks worn at present against coronavirus:

1. Surgical masks, which serve to protect those in contact with the surgeon and his biological fluids, which could be expelled orally in the exhaled air while talking to the operating team. They do not protect the wearer, because the inhaled air is not significantly filtered.
2. Protective masks (e.g. FFP1, 2 etc.) which protect the wearer from inhaling pathogens present in the air by filtering the incoming air. These are used in the working world (painters, doctors etc.) as protection against various harmful external agents.

The use of both types of mask, and also those DIY made at home similar to surgical masks, is not without side effects. Directives for workers regarding masks limit their use (e.g. FFP1) to 75 continuous minutes, followed by 30 minutes break, 5 times a day, and only for 4 working days. Workers with cardio respiratory pathologies cannot perform tasks subject to the use of masks.

In this respect on 28/5/2020 the ECDC Report on the use of face masks was published on the salute.gov.it site. This specifies that the recommendations on the use of face masks in the community should carefully take into account the deficiencies in efficacy testing, the supply situation and the potential

negative side effects. They also point out that there is only indirect, limited scientific evidence to support the use of non-medical masks as means of control of the source of infection.

With this publication the government site, besides providing no scientifically proved effect (lack of efficacy trials), also indicates potential negative side effects. We shall overlook the supply situation.

Also the Robert Koch Institute, (during the avian flu epidemic from 2003-2009 with a total of 397 deaths globally) advised using masks during periods of general influenza: surgical masks exclusively **for the sick** (if the patient could tolerate them due to their respiratory problems. Author's note: indication with no scientific evidence) and protective masks of varying filtering power for the **medical staff** according to their exposure during this epidemic. There was never any mention regarding a general obligation of masks.

All this because the damage to health caused by masks is for various reasons:

1. **Impairment of the pulmonary mechanics**, extremely critical not only for **healthy** people but especially those with **cardio respiratory problems**, for **children and pregnant women increasing the respiratory work** for two parameters,
2. **The current tidal volume is increased by 50%**. The current tidal volume (inhaled/exhaled air) is about 500 cc., of which 350 cc. participate in the respiratory exchange, while 150cc are attributable to the anatomical dead space which is determined by the volume of the airways. Masks increase the dead space by about 250cc., whereby respiratory work increases by 50%.
3. **Work of breathing pressure increases almost 20 times:**

Respiratory work in physiological situations is equivalent to pressure of **0.5kPa**. Masks, to be able to filter, increase this

work placing resistance to breathing in relation to the dimensions of the substances to be filtered up to **7 kPa (in the case of FFP3)**. As Coronavirus is little more than 100nm in diameter, it requires a mask with maximum filtering capacity (FFP3). The use of such a mask induces resistance to respiration similar to obstructive pulmonary disease, which in the long term results in pulmonary emphysema with very serious health consequences.

Therefore in people with preexisting respiratory pathologies and for children and pregnant women, masks are an absolute contraindication.

- Impairment of pulmonary clearance:

In general the ability of an organism to eliminate harmful substances is indicated as clearance. Our organism has four elimination pathways: urine, feces, perspiration and respiration. Blocking or reducing one of these elimination pathways, the organism is destined to be seriously affected. Using masks, the exhaled air is unable to disperse immediately in an infinite volume of distribution (the external environment), but is trapped and is then inhaled again. Consequently the balance of elimination of harmful substances is altered with all the consequences from irritation of the lips through inflammation to serious pneumonia.

The current regulations on the use of masks do not take into account the potential harmfulness they cause to everyone, with no scientific support. People often do not realize the effects like shortness of breath, headache, general discomfort, insomnia from respiratory overload by day, conjunctivitis.

There is no information on the risks and contraindications related to the use of masks, where is the famous informed consent? Workers rights regarding health in the workplace are disregarded, shop assistants are obliged to wear these devices for endless hours for no reason. Children are directed towards bronchial asthma, infections of

the upper respiratory tract and in the long term even irreversible damage and the risks for pregnant women and the unborn live.

All this without even the slightest proof of efficacy on a scientific basis.

<https://publikationen.dguv.de/regelwerk/dguv-regeln/1011/benutzung-von-atemschutzgeraeten>

<https://www.ecdc.europa.eu/en/publications-data/using-face-masks-community-reducing-covid-19-transmission>

<https://www.pharmazeutische-zeitung.de/ausgabe-122006/maske-ist-nicht-gleich-maske/>