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From The CoV Frontlines...

After more than six weeks of helping my patients successfully avoid and fight Covid-19 (CoV), I am writing to provide my perspective on what works, why it works, and how you and your family can stay safe.

Before the pandemic hit Los Angeles, I developed an in-office, infection control strategy to keep both ourselves and our healthy patients safe, while providing critical health care access to ill patients. Sick patients have a separate entrance into the office, are masked and gloved before entering, and then are placed in private waiting and treatment rooms. Industrial air scrubbers were placed in all exam rooms and communal areas to prevent cross-contamination.

As a testament to the effectiveness of this operational strategy, my staff and I have remained healthy while caring for all of our patients.

In my office, we have seen dozens of CoV and related viral cases. I say 'related' because the quality of early testing has been unreliable. Many patients who clearly have CoV symptoms, have had blood tests consistent with CoV infections, and responded to CoV treatments were testing negative for CoV on nasal swabs, saliva, and antibody testing. So, either the testing was not accurate, CoV has mutated (think Covid-20), or both.

Also reported in the past week are the results of random community testing for CoV antibodies. The purpose of these studies was to determine just how many people have already had CoV but did not know it, either because they had no symptoms or the symptoms were so mild as to have an insignificant impact on their health. The results of these studies indicate that up to 85 times more people have been infected with and completely recovered from CoV than had been previously thought. Extrapolating these numbers to the general population of California would mean that over 2.3 million people in our state have already had CoV.

This means that the overall death rate of CoV is dramatically lower than previously thought and is similar to that of a bad flu virus.

The studies also tell us how to respond to the CoV pandemic because we now know that our focus should not be on **how many** people might contract the virus but **who** will contract the virus. It is clear that CoV is a virus that picks on grandparents, not grandkids. In Los Angeles county, 89% of all CoV fatalities have had other underlying medical conditions that caused these patients to get sicker...quicker. These CoV at-risk medical conditions include high blood pressure, diabetes, lung diseases, and heart disease.

And for all those between the ages of 40 and 64, it has been my clinical experience that this population also tends to have fairly mild but sometimes more moderate flu-like symptoms, including a chest heaviness, chest pains, and shortness of breath. Very rarely, a patient in this age bracket can have severe CoV lung disease, but this remains very uncommon as a percentage of all those who have contracted CoV.

In attempting to keep the 40 to 64 year olds from progressing into a personal CoV crisis, treatment needs to be given early in the course of the illness. This means that these patients should be seen and tested for CoV ideally within the first five days of symptoms. However, the first CoV symptoms tend to be fairly mild: fatigue, low grade fever, dry cough and headache. So, many patients wait at home, thinking that they are not sick enough to come to the doctor's office. This is a mistake because CoV pneumonia can happen as soon as seven to eight days after the relatively benign CoV symptoms start.

If my team can get to patients with mild to moderate symptoms, we can start the life-saving treatments that include scientifically-supported prescription medications, intravenous therapies, and nutritional supplements. These treatment protocols have provided significant relief to all of our affected patients, and none thus far, have required any advanced hospital care or ventilator support.

These effective CoV treatments work much like a fire extinguisher works to put out small house fires. If you get to the fire when it is still small and manageable, a fire extinguisher is a remarkably effective tool. If you wait until the fire has begun to consume more than one room, then you will need a fire hose to put out the fire. This doesn't mean that fire extinguishers do not work, only that they work best (and are less damaging than a fire hose) when used early.

The lesson here is that if you have any cold or flu-like symptoms, you should get tested right away and then treated promptly to prevent unnecessary worsening of the CoV illness.

So, based on my 'frontline' experience, the CoV science, and the reported CoV population/infection data, grandchildren and young adults can restart their lives right now, but grandparents and other vulnerable populations need to remain in quarantine. Those between the ages of 40 and 64 can also safely venture out and get back to work in an organized rollout, but need to see a healthcare provider and get tested within the very first days of any respiratory symptoms. This includes patients who think that their runny nose, sore throat, and tickle cough are just their usual 'allergy' when these benign symptoms could represent the start of a more serious CoV illness.

To make testing readily available to all who need it, my office was amongst the first to offer drive through, nasal swab testing. In addition to nasal swab testing, we offer CoV saliva testing (just spit in a cup), five-minute antibody testing (to see if you're still fighting or done with CoV), and blood serology testing (to see if you were previously exposed to CoV). Blood serology testing can also be ordered at any local Quest lab near you for your convenience.

As the World reopens, there will be more CoV cases. And that is OK, as long as we keep CoV from reaching the elderly and the vulnerable. Remember, it is not how many people get CoV but who gets CoV. Everyone else who is not at increased risk can be safely treated or evaluated in doctor's offices, via telehealth, and drive-through testing.

And California is doing great from a collective CoV health standpoint. We continue to have one of the lowest per capita CoV death rates (number of deaths per million population) in the US and the world. Our per capita death rate on par with states like Idaho, Kentucky, Kansas and Tennessee. And we compare more favorably than Austria, Netherlands, and Sweden, all countries that have started to reopen their economies.

CoV related deaths in Los Angeles County and California seemed to have peaked on April 19th and death rates have declined to levels that were last seen in early April. Additionally, hospitalizations and ICU admissions are also quickly trending down. Our CoV curve has been successfully flattened. We know who still needs our collective protection. We have effective treatment strategies for our workforce.

These are the criteria for taking the heavy foot off of the economic brakes and applying some thoughtful pressure to the accelerator that throttles California's businesses.

Be Well,

Michael Hirt, MD