

INTEGRATING
WESTERN MEDICINE,
NUTRITION AND
EASTERN TRADITIONS

THE CENTER FOR
**INTEGRATIVE
MEDICINE**

5620 WILBUR AVE., SUITE 220
TARZANA, CALIFORNIA 91356
PHONE: 818.345.2828
FAX: 818.345.2848

MICHAEL HIRT, M.D., A.P.C.
DIPLOMATE AMERICAN BOARD OF INTERNAL MEDICINE
DIPLOMATE AMERICAN BOARD OF NUTRITION

‘Singing’ is the new ‘Sneezing’

This past week, the US Centers for Disease Control (CDC) released a new position statement on Covid-19, telling the public that the virus is spread primarily by person-to-person contact and not by contact with contaminated surfaces. In essence, the CDC is more worried about your viral contaminated breath than your contaminated hands. While the CDC still wants you to frequently wash your hands, they want you to not be so concerned with obsessively wiping down objects and surfaces, and become more obsessive with wearing your mask. In their statement, the CDC said that they relied on ‘recent studies’ as the foundation for this change of focus from touching to breathing as the primary mode of CoV transmission.

So, I reviewed these ‘recent studies.’

First, the studies quoted by the CDC were not recent, most of them dating back to January 2020 through March 2020. And in a fast moving pandemic, I consider ‘recent’ as occurring within the past 10 days. When the CDC changed their focus on the most likely modes of viral transmission, they were doing so without any new, recent or breakthrough information. Additionally, most of the listed ‘studies’ were reports of CoV transmission via contact tracings and not research studies.

My position on CoV transmission (that I share with other doctors on the frontlines of this pandemic) has been that the greatest risk of contracting the virus comes from touching your face or food with the viral-laden invisible human slime that coats our unwashed hands and every surface that we touch. For 25 years of Cold and Flu seasons and three pandemics, I have walked into the exam rooms of coughing, sneezing patients. Despite this exposure, I have not contracted these infections because of the meticulous attention I pay to personal hygiene. Doctors, nurses, and school teachers safely learn to be around viruses and bacteria by adhering to these same hygienic protocols that we are taught in school and on the job.

Now, the world is getting these same lessons...and more.

In advising my patients on how to stay safe during this pandemic, I have acknowledged that person-to-person transmission is possible, but only likely if you are sharing an inadequately ventilated space with a CoV infected person for 15 to 30 minutes. I continue to hold to this position, and my review of the CDC's list of 'recent studies' and new reports of CoV transmission have confirmed the correctness of this position.

Given the early reports from China and Europe, it was clear that CoV was a very contagious pathogen, far more so than any other pathogen I had ever come across in my career. So, before the pandemic hit Los Angeles, I equipped my office with 12 industrial air scrubbers to clear any air borne viral-laden droplets. In addition to makeshift PPE, personal hygiene, and nutritional supplements, I credit these air scrubbers to keeping myself, my staff and my patients safe during the first wave of the CoV pandemic. In previous blog posts, I have strongly advised all businesses to immediately invest in these air scrubbers so that we can more quickly and fully re-open our towns, states, and nation.

And now I have scientific proof.

In one of the studies listed on the CDC's website, a hospital sampled the surfaces and air of isolation rooms that were occupied by CoV patients with serious respiratory illnesses (that means lots of coughing and sneezing). As expected, nearly every surface that was examined (door handles, air vent coverings, knobs, and switches) were coated with active CoV contagion. However, none of the air samples taken from these rooms had any contagion. Zero. The hospital room air scrubbers were pulling the virus out of the room air, even though the respiratory droplets were contaminating all surfaces within the room. Provided that the hospital workers tending to these patients were careful not to touch their faces and food with contaminated hands, they would not become infected from the room air of an infected patient for whom they were caring.

Next, I reviewed the CDC's listing of an intriguing case report about the Mt. Vernon Church choir in Washington state. On March 10th, 66 members of a church choir gathered for a rehearsal at the church. Already aware of the risks of CoV, the choir members took some basic care to avoid touching, hugging and kissing each other. They each brought their own sheet music but did share some cookies and orange slices during their two and a half hour rehearsal. Most sat between six and 10 inches from each other. One choir member was somewhat 'ill', but unsure of what she had, she still decided to attend the rehearsal. Within three weeks of this fateful gathering, 45 of the 66 attendees became sickened with CoV. The average age of those who caught CoV was 67 and, regrettably, two did not survive their illness.

Last week, German authorities reported that 107 of their citizens contracted CoV after attending a May 10th church service. As of early May, the German government allowed for the return of religious services if houses of worship strictly enforce social distancing (6ft of personal space), personal hygiene (washing/sanitizing hands before and after the service), no sharing of common religious objects, and the use of cloth masks. The pastor and parishioners all acknowledged that these rules were all strictly followed.

So, what happened and what can we learn from these events.

According to health researcher, James Nestor, in every breath we take there are more molecules of air than there are grains of sand on all of the world's beaches. Over the course of a single day, we inhale and exhale some 30 pounds of these molecules. So, while our breath remains invisible to us, it carries

trillions upon trillions of molecular elements. And when we are sick with a cold or flu, we can expel millions and billions viral copies into the air around us. Coughing and sneezing can shoot viral particles at speeds of nearly 100mph. Reports now suggest that belting out a tune or hymnal can increase the amount of viral shedding by 1,000 fold. We all know to catch our coughs and sneezes to protect those around us, but we have never thought of singing in the same way.

While cloth masks may reduce the total output of larger respiratory droplets, they do not seem to be sufficiently protective when it comes to singing, especially when people are exposed to others' crooning in less well ventilated spaces for the duration of a 2+ hour religious service. As discussed in my previous blog posts and documented on the official websites of other nations (including Germany), cloth masks do not protect you from catching CoV; cloth masks only possibly serve to reduce the transmission of your illness to others, and only when contact is brief (15-30min) in well ventilated spaces.

Whether a CoV ill patient is coughing, sneezing, or singing, these reports teach us that a cloth mask is not protective in an inadequately ventilated space over a prolonged period of exposure. Further to this point, on April 1st, California told its citizens to wear a mask when leaving their homes. A week later on April 7th, Los Angeles made the same use of cloth masks mandatory. But, the trajectory of data on the official state and city graphs of new positive CoV cases and deaths have been unaltered by this mask requirement. No change, no effect. Because for short durations of exposure in properly ventilated spaces, cloth masks do not sufficiently reduce air borne CoV contagion, nor do they keep this contagion from getting through the weave of a cloth mask. As I have noted in previous writings, keeping CoV out of your lungs with a cloth mask is like trying to keep ticks out of a yard with a chain-link fence. Personal hygiene and hand washing remain the most important and effective actions to stay safe from CoV.

The only role of a cloth mask is to reduce a CoV patient's larger airborne contagion droplets from contaminating inadequately ventilated space that you may inadvertently (but safely) share for around 15 minutes of exposure, such as when shopping inside a retail space. Thus far, we have done very well venturing out for 'essentials' while still keeping the curve flattened. In my expert opinion, if the authorities trust that you can safely enter a Home Depot to buy a hammer or a Walmart to buy a dress, then you can also be trusted to shop safely at a mall (indoor and outdoor) or the corner shoe store. Anything less is clearly prejudicial, illogical, and harmful to the health and welfare of small business owners and their employees.

And 'social distancing' is also not protective in situations where ventilation is inadequate. Much of the research that gave us the '6-foot' social distancing rule came from work done in the 1930s and 1940s, and its relevance to today's pandemic is highly questionable as we are finding from new CoV case clusters that come from these church gatherings and restaurant re-openings where social distancing rules were strictly followed.

Social distancing seems to offer some protection when you are shopping in a store for limited periods of time and with limited numbers of other customers. Once you are seated indoors for a typical religious service or nice restaurant meal, social distancing is not sufficiently protective. Superior site ventilation (as with air scrubbers) becomes critical in these situations. Proving once again, that it is as important to scrub the air as it is to scrub common surfaces until our level of new and resolving CoV cases dramatically improve.

Right now, this is especially important for the United States because our daily new CoV cases continue to hover around 20,000. And those are only the ones confirmed by direct testing. CoV population studies suggest that the number of CoV cases is likely 50 times this number as most who get sick do not even know it or they experience extremely mild symptoms that do not require medical attention. When you do the math, that means the US may be seeing some 1Million new cases daily.

Let's contrast the new daily US cases with Germany who (this Memorial Day weekend) is reporting some 300 new CoV cases daily, with Japan who is reporting 14 new cases daily, and Greece who is reporting 2 new cases daily.

When these countries open up their economies and business, the chances of you sitting next to a CoV positive person in a restaurant are very small. But this is not the case for the US hot spots like New York, New Jersey, California, Illinois, Massachusetts, and Pennsylvania. In the big metropolitan areas in these states, you are far more likely to encounter an asymptomatic CoV, viral-shedding person sitting next to you at a religious venue or restaurant.

As a US citizen looking to find a table in our country as safe as one in Greece, you would have to travel to Guam for a nice meal out. Bon appetit!

Greece and Japan offer important lessons for the US which continues to struggle with this virus. The Greek reliance on home remedies, nutritious food, and sunshine kept their country of 10Million safe, losing only a total of 171 citizens to the virus. Over the same time period, Japan's population of 126Million lost a mere 775 persons to CoV, largely attributed to decades of doning masks, their custom of bowing rather than shaking hands or hugging, high standards of personal hygiene, and the inclusion of immune-boosting superfoods (like fermented soy) in their daily diet.

Japan is home to the world's oldest population and was largely expected to be hit hard by CoV after the world watched Italy (with the world's second oldest population) get hammered. But the same reason that there are a lot of older Japanese citizens also explains the resiliency of their population to CoV: only healthy people get to grow really old. In Japan, obesity and heart disease rates are amongst the lowest of all developed nations and they have the lowest rate of dementia in the world. By the nature of their health habits and hygiene, the Japanese are collectively defined as 'hardened targets' for CoV infectious risk.

In America, CoV continues to overwhelmingly pick on the weak and the unhealthy... of any age. The virus remains more of a threat to grandparents than to grandkids. In my office, many of my patients have asked me whether it is safe to visit friends and relatives. My opinion is that the weak, vulnerable, and elderly still need to be actively protected from this pandemic. To visit these populations in the safest manner, means interacting with them as follows: (1) outdoors only, especially if air scrubbers are not in place and operational indoors; (2) socially distant to 6ft minimum (no physical contact); (3) all visitors are wearing masks, remembering that masks do not protect you, only the people around you; (4) hands are thoroughly cleaned before approaching and leaving the residence; (5) all participants are well.

To see friends and relatives who are not classified as vulnerable or elderly, all contact should occur as follows: (1) outdoors only, especially if air scrubbers are not in place and operational indoors; (2) socially distant to 6ft minimum (no physical contact); (3) all participants are well; (4) hands are thoroughly cleaned before approaching and leaving the residence; (5) shoes are removed if visitors will be indoors; (6) masks are worn if indoor ventilation is inadequate, with the understanding that more

than 15 minutes of exposure to a CoV positive patient (even asymptomatic) is a significant risk in a under-ventilated space even with masks on; (7) for all indoor contact without air scrubbers in place, all necessary windows and doors are opened for maximal ventilation.

When inviting domestic, industrial (ie...electricians, plumbers), and childcare workers into your home, the following protocol should be followed: (1) home ventilation should be maximized by the opening of all windows and doors with fans on maximum speed settings pointed toward these openings when possible; (2) all workers should be well; (3) all workers should don fresh gloves and masks before entry; (4) shoes should be removed before entry; (5) domestic and childcare workers should change into clean clothes before beginning any work.

It's time to get back together with our friends and families. The fresh air outside offers the safest space and best ventilation Mother Nature can provide. With a little care and attention, all of the health benefits of socialization will be yours for the Summer.

Lastly, an update on the ongoing Hydroxychloroquine (HCQ) and Azithromycin (AZ) controversy which was reignited by the President's admission that he is taking HCQ prophylactically.

I am a medical guy, not a political guy. My first obligation is to the patient in front of me and not to the politicians who rule over me. I have not watched a single news conference or task force report. Nor do I watch the daily news. My opinions and medical practices come from my own interpretation of scientific data, multiple and mostly original sources, and real-time data I gather from being on the frontlines of this pandemic. For example, in writing this blog update, I relied on more than 50 separate sources of information.

In my medical office, I treat patients, not paper, and I do so by practicing 'Bedside' medicine as opposed to 'Academic' medicine. 'Bedside' medicine means that I assess the safety, plausibility, and clinical data (sometimes quite limited as with CoV related treatments) and then offer these therapies to my patients with their informed consent. Often, approved therapies are repurposed for unapproved medical treatments or novel natural therapies are offered when Western Medicine has little or nothing to offer. In 'Academic' medicine, clinicians and public health officials wait for consensus based on sufficient scientific proof. The CoV pandemic death statistics are seen as 'curves' by public health officials while I see them as coffins, each data point representing a lost opportunity to have saved a precious life.

So, in practicing 'Bedside' medicine, I would rather save your life on a safe bet rather than bury you waiting for a 'consensus.' And these therapeutic risks are not reckless but taken with the fortitude of sound science and healing intention.

As an example of the perspective of 'Academic' medicine, the scientific journal of the American Academy of Emergency Medicine recently reviewed the use of HCQ/AZ in the treatment of CoV patients. Of the seven (7) studies available, five (5) showed benefit while two (2) showed no benefit but no harm. Their conclusion: 'There is currently not enough data available to support the routine use of HCQ and CQ as therapies for Covid-19.' The authors note that there are currently 29 trials in progress and they recommend waiting until this data is available for review.

In 'Bedside' medicine, I will take the 5 of 7 studies showing benefit, assess the safety (40 Million patients treated over 70 years with HCQ), evaluate my other prescription options (zero), and have a discussion with the patient in front of me...today...whose life may not wait until a consensus forms, if ever.

And I am not alone. India's highest scientific body (equivalent to our National Academy of Sciences, National Institute of Health) recommended the use of HCQ as prophylaxis for exposed medical workers on the frontlines and for the exposed public caring for a CoV positive patient at home. As a relatively poor country of more than 1 Billion people facing a virus with no known cure, they collectively decided it was best to recommend a therapy that was cheap, safe, plausible, and backed by limited data rather than risk the lives of millions waiting for a clear consensus.

So, HCQ and AZ remain a reasonable treatment option for CoV. In my hands, HCQ/AZ remains 100% effective when used as part of my Integrative CoV protocols. As many of you know from being treated by me or from reading the information in my online Library, I do not rely on just one treatment, any more than a general would rely on only one weapon when engaged in war.

Even if that weapon were the latest, most sophisticated combat drone, no general would agree that you could win a war with just drones, even if there were so many that they blocked out the sun. While I am fairly certain that no general today would want to fight a war without the use of drones, success in such a campaign comes from the simultaneous and strategic application of many different weapons and human forces.

The same is true in the war against microbes, where the human body is the battleground and the general is the doctor. When my patients are in the crosshairs of a microbe that means them harm, I want to win, and win big. And I want my patient to not only get better but also be left stronger. To do so, multiple offensive and defensive strategies must be simultaneously applied: sometimes prescriptive, sometimes natural, sometimes both. Once the war is won and the patient is well, then I orchestrate a withdrawal of some of the forces, but always leaving behind a small contingency to ensure the 'peace of wellness' endures.

As a 25 year veteran of microbial wars, I have been on many battlefields and assisted the successful defeat of many invading microscopic combatants. With the guidance of mentors and colleagues, my medical practice has been a center for antimicrobial war games, conducted extensive Research and Development, and fought live battles inside the human theater.

As such, the thoughts and recommendations presented here are battle-tested and battle-proven. Entering our fourth month of this pandemic, I remain convinced (as I told my staff on the very first day the pandemic struck Los Angeles) that this virus is containable, treatable, and preventable. It is my mission to take you above the rhetoric and teach you how to go from being a fearful victims waiting to get their collective tickets punched to becoming 'hardened targets.' You do not need to wallow inside an anti-Covid bunker. In the Library section of this website, you can learn the same techniques and lifestyle choices I use myself to become as resilient and disease-resistant as possible.

In the end, you will become safer by getting stronger.

'Those who say it cannot be done should get out of the way of those that are already doing it.'
(unknown)

Be Well,

Michael Hirt, MD

