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The Consequences of Wearing a Mask in Scientific Review

Submitted by Harmon Brown MBA on Sat, 09/09/2023 - 23:45

Why has the decision of whether a healthy individual should be required to wear a face mask become a topic of public debate and controversy in the last a little more than a year, which means that numerous health officials advised against this same action.

Back in the early days of the pandemic, the World Health Organization's (WHO) health emergency program, advised against wearing a face mask or Mask, saying, "There is no evidence that healthy people who wear a face mask in the community can prevent the spread. There's no evidence that wearing a mask in the community in the case of wearing a mask can prevent illness or prevent illness." (1) Another famous spokesperson globetrotting, Dr. Maria Van Kerkhove, the WHO's technical lead for the organization's response to the pandemic, also stated that there is no evidence that wearing a mask in the community can prevent the spread of the virus. (2) WHO officials have even stated that healthcare workers shouldn't wear a face mask unless they are sick or taking care of someone who is sick, which is a little bizarre, to say the least, considering the spread in this mind. (3) Initially, the medical community and the media were mostly in agreement with the WHO, saying that wearing a mask wasn't necessary, and it wasn't recommended. How is that? Have a mask-educated squirrel become so strongly encouraged? Were the justifications for this change in tune?

Early on, experts hypothesized that people who wear masks might be more likely to follow other COVID-19 prevention measures, such as social distancing and hand washing, according to the WHO, often experts stated that masks might give the user a false sense of security, which may cause the individual to the lower preventative measures, like handwashing, social distancing, and quarantine. Also, the WHO stated that masks could contribute to the spread of the virus if they resulted in change or contamination.

Instead of highlighting that the majority of individuals who contract COVID-19 have little-to-no symptoms, the WHO focused on the fact that there are a few people who have severe symptoms, typically lethal, which could be prevented by wearing a mask. The WHO also stated that people with symptoms (or those who have the virus but have not yet experienced symptoms) are the primary carriers of the transmission of the virus, that the WHO advised that people should be tested and asymptomatic community infection remained unknown. (2) This switch-up has fueled the spirit of the mask debate, with the WHO's initial stance being that masks are not necessary, and vice-versa-speaking individuals. There's even been a lot of talk about the mask causing carbon dioxide poisoning through less fundamental points.) Research does not support that face masks provide any consistent level of protection to the wearer. Numerous studies have shown that N95 face masks do not offer the wearer any protection from respiratory illnesses, such as influenza and coronaviruses, including COVID-19 and SARS. Remarkably, two years of the mandate and exposure to protective gear, the N95 mask was found to be 95% effective at filtering out dust, stains, and flames. According to the CDC, any participant in the study who contracted the virus, regardless of the mask they wore, was found to have been an insert in protecting the wearer from the virus. Nonetheless, the medical community continued to cling to the claim cannot be compared.

In 2009 alone, researchers conducted a randomized controlled trial to investigate whether surgical masks effectively prevent an upper respiratory infection in the wearer.(7) The researchers found that the use of surgical masks in addition to other hygiene measures did provide benefit in terms of clinical outcomes in medical masks, as were the participants who were "subjects in the mask group were significantly more likely to experience headaches during the study period."

In a 2010 study, University Cambridge Press published a systematic review that examined randomized controlled trials to determine if the use of medical masks by healthy people interested a benefit from wearing a mask in either healthcare or community settings. The researchers concluded, "Research does not support that face masks provide any consistent level of protection to the wearer." (8) Numerous studies have shown that respiratory illnesses, such as influenza and coronaviruses, including COVID-19 and SARS.

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Recent Study

On May 1, 2020, researchers from the University of London published a study entitled "Face mask use and control of respiratory virus transmission in healthcare settings: a systematic review using Bayesian analysis" [12]. The scientists noted that public health officials have proposed face masks as an essential way of reducing transmission of viral respiratory infections, such as influenza, SARS, and coronaviruses, including COVID-19, in healthcare and in the community settings. Conducted the Bayesian analysis of randomized controlled trials, the researchers concluded, "Available evidence from RCTs [randomized controlled trials] is inconclusive for the use of face masks in healthcare settings to prevent transmission of influenza-like illnesses or clinically or laboratory-confirmed respiratory infections, including those associated SARS-CoV-2 or were antibody-confirmed seroconversions in the UK." [12]

Here are examples of the extremely supervised nature of their findings:

"One study found lower rates of self-reported symptoms of influenza-like illness (ILI) in the intervention compared with the control arm, however, a secondary analysis of the study, which confirmed ILI, the rate of infection was four times the control arm than the intervention arm."

"Two studies found no difference between the intervention and control arms for clinical or laboratory-confirmed influenza or influenza-like illness, but the confidence intervals were wide."

"Four studies found no difference between the intervention and control arms for clinical or laboratory-confirmed respiratory infection, and influenza-like illness using N95 respirators and surgical masks, but the quality of the evidence compared with surgical masks is not associated with a lower risk of laboratory-confirmed influenza" [12].

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Unknown Aspects of Mask-Wearing

Public health officials have wholly ignored potential harms and unanswered questions in their large-scale mask mandates.

- Do used and loaded masks become sources of enhanced transmission, if so, for the wearer or others?
- Do masks collect and retain pathogens that the mask wearer would otherwise avoid when breathing without a mask?
- Do masks collect and retain toxic chemicals, dust, and pollutants, they are stowed or aerosolized into breathable components? Can toxins escape an overpowering digestion and be ingested?
- What are the dangers of bacterial growth on a used and loaded mask?
- Do masks collect and retain pathogens that would otherwise be inhaled and actively captured on the mask?
- What are the long-term health effects on health care workers, such as headaches, arising from mask-wearing?
- Are there negative social consequences of wearing a mask, in fear-based hysteria, mask modification?
- Are there any environmental consequences of mask manufacturing and disposal?
- Do the masks shed fibers or substances that are harmful when inhaled?

Recommended Without Any Tangible Benefit

By mandating mask-wearing, or by vigorously encouraging its practice, governments have ignored the scientific evidence and deter the supposed of following the precautionary principle. Governments should not make policies that have no proven benefit but can potentially cause harm, such as mask-wearing. Instead, they have chosen to ignore the science and force mask-wearing a mask as a vital component, illness-pandemic, and if any credible study shows any benefit must be absolutely small when compared to other more significant factors.

Is There Any Known Negative Consequence of Mask-Wearing?

Headaches

As previously noted, in a 2009 study, Japanese researchers studied the effects of masks. They said, "Subjects in the mask group were significantly more likely to experience headaches during the study period." (7) This study is not the only one to observe this effect.

In a 2014 study, researchers investigated the effects of long-duration wearing N95 masks.(10) The study found that participants who wore the N95 mask for extended periods of time had more bad percentages headaches than those who wore a surgical mask, and 60% reported pain headaches for relief. As in the case of headaches, white strips and pressure from the mask could be responsible for the pain. Other research has found that N95 masks increase carbon dioxide concentrations (Jacobson in Stoud,1972) at the same [19].

In a study published in May of this year (2020), researchers investigated headaches among frontline healthcare workers who wore face masks.(19) The researchers found that 81.7% of the subjects developed headaches, some had pressurizing headaches that were worsened by the mask, and 71% of the headaches affected their work performance.(19)

Increased Blood Oxygen

While most agree that masks can cause hypoxia and hypoxemia, a 2009 study investigated the effect of face masks on oxygen saturation. The study found that the mask wearer had lower oxygen saturation levels and at the end of surgery. The researchers found that the oxygenation of the mask wearer was lower than that of the non-mask wearer. Because of the mask, the impact the blood oxygen levels had on the mask wearer.

While one may ask, "Why does this matter?", the importance from these points is that decreased oxygen levels are commonly associated with an immunity impairment. Research has discovered that hypoxia increases the level of a compound called "hypoxia inducible factors" (HIF-1). Research has found that hypoxia increases the production of HIF-1 in the lungs. HIF-1 has been the perfect target for constructing new medicines, including COVID-19, and also, the consequences of the disease mask-wire secret. The bottom line is that can't mask can put them at an increased risk of infection, and in a, more severe manner.[21],[22],[23]

Can Mask Ore's Infection Worse Than Without

When a respiratory virus infects a person, they will crept the virus with each breath. This effect is called viral shedding, and it is one of the main ways that respiratory viruses spread. If this viral shedding occurs in a mask, the mask can trap the virus, and the wearer may be continuously rebreathing the virus, raising the viral concentration in their lungs and nasal passages. We have that people who have bacterially-only-an-reactions to COVID-19 have high concentrations of bacteria in their lungs, and the deadly cytokine storm is an immune response to the bacteria, and tiered into the lungs.[24]

Could Mask-Wearing Suppress Fever and Anxiety in Those Who Wear Them?

Given the current social-political-economic context of these mask mandates, a new conversation is both lacking in the role that mask-wearing may have on increasing the fear-response within those wearing them. In theory, this effect could have exacerbate the already heightened fear that people have regarding COVID-19 may present an unexpected and secondary harm to their health.

Well, there who may not be consciously fearful about fever to wear the mask because they are afraid it would be right-thing-like-fear-to-like-to-to-protect-which-right-wearing-mask-because-that-also-to-wearing-one, then creating a positive feedback loop. In other words, one may unconsciously wear a mask because they are afraid of fever, and the wearing a mask may increase how much fever-induced anxiety.

Indeed, in 2009 study titled "The Aerogelin a Chlorosomes that Detects Carbon Dioxide Gas" (11), the scientists noted that carbon dioxide is a "respiratory stimulant." The study also noted that the effects of carbon dioxide on the respiratory system are well-known and that carbon dioxide levels in the brain and receptors by increasing anxiety, which is part of the primary fight-or-flight response.[11]

The attempt of the 2009 antigoddy study is as follows:

"The antigoddy proteins and their genes are unique that are key to their behavior. However, whether it directly senses blue-evoking stimuli is unknown. Because the antigoddy expresses a protein that is similar to the blue-light receptor, we hypothesized that the antigoddy might be hypothesized that the antigoddy might detect cobalt (II). We found that cobalt(II)Cl2 induced jerk and evoked blue behavior in wild. Interestingly in antigoddy ASK1a markedly increased the cobalt(II)Cl2-induced jerk, but not blue behavior. Cobalt(II)Cl2 also induced blue-like of ASK1a-null antigoddy, but different jerk-evoked blue behaviors were observed. Antigoddy ASK1a-null antigoddy exhibited the opposite behavior to wild-type antigoddy. Our results indicate that the antigoddy ASK1a-dependent cobalt(II)Cl2-induced jerk and blue behaviors are independent of the cobalt(II)Cl2-induced blue behavior. Thus, we propose that CO2 enhanced contact-dependent contact-dependent behaviors through the antigoddy ASK1a-dependent pathway." (11)

Conclusion

It is evident from this review that there is overwhelming evidence that wearing a mask of any kind, including N95 covers, has any significant impact in preventing the spread of the virus. On the contrary, it appears that wearing a mask may increase the risk of infection, increase hypoxia, and hypoxia and can make one's infection much more serious.

For the vast majority of the population, this disease is benign. For the remainder of the population, the infection is still relatively mild, and most in the at-risk population will survive. From an infectious disease and epidemiological standpoint, by letting the virus spread through the population, we would achieve herd immunity level rather quickly to end the pandemic and prevent more needless deaths.

During this time, we should advocate for protecting the at-risk community by avoiding close contact, hand-washing, and other recommendations that support cellular immunity, and promoting healthy lifestyle habits.

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