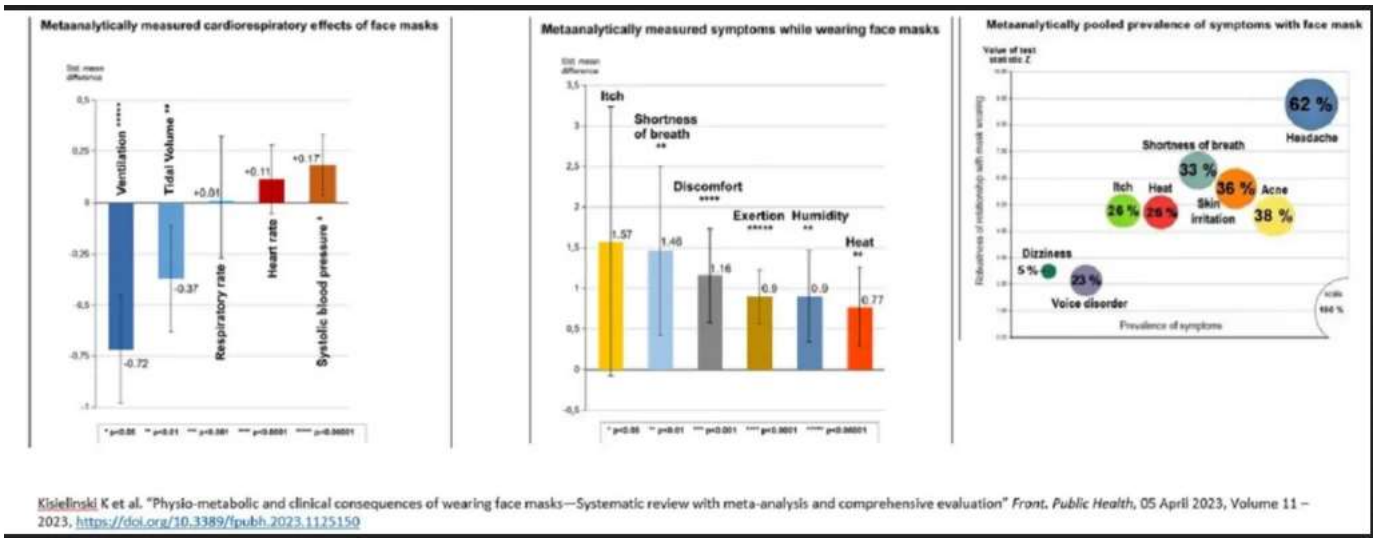
Massive Study Finds Masks Cause Headaches, Dizziness, Shortness of Breath; May Be Confused for 'Long Covid'

By Admin Published on April 15, 2023 Story source: Patriot Alerts

Researchers have found that masks were far from a harmless public health intervention during the Covid-19 pandemic. In addition to the psycho-social harm caused by daily mask-wearing, particularly to small children, there is new scientific research that lists a host of health issues that can arise from prolonged mask-wearing.

An international team of scientists publishing in the journal *Frontiers in Public Health* found that mask-wearing can cause significant health problems. The researchers published a meta-analysis of 2,168 studies on adverse medical mask effects — the largest of its kind. They found a statistically significant decline in oxygen intake, increase in carbon dioxide, increased heart rate, increase in shortness of breath, dizziness, and skin irritation. Mask-wearing was associated with a 62% increase in headaches.

"Of the 2,168 screened records, 54 studies were included for qualitative analysis and 37 for statistical meta-analysis," the authors noted. "Among the 54 studies, 23 were intervention studies, and 31 were observational studies. The 23 intervention studies consisted of 14 randomized controlled trials (RCTs) and nine non-randomized controlled trials (nRCTs). Of the 31 observational studies, 17 works raised measured values, and 14 were questionnaire studies."



Kisielinski K et al. "Physio-metabolic and clinical consequences of wearing face masks—Systematic review with meta-analysis and comprehensive evaluation" *Front. Public Health*, 05 April 2023, Volume 11 – 2023. https://doi.org/10.3389/fpubh.2023.1125150

Data source: Frontiers in Public Health https://doi.org/10.3389/fpubh.2023.1125150

"Of the 54 included studies, 51 reported numerous adverse mask effects across multiple clinical disciplines, as already compiled in a previous scoping review," the authors added. "Also 14 of the 17 studies, which were not included in the meta-analysis reported those numerous mask effects."

“Overall, our systematic review found mask related symptoms that can be classified under the previously described Mask-Induced Exhaustion Syndrome (MIES), with typical changes and symptoms that are often observed in combination,” they added.

In addition, the researchers found that the symptoms were more common and severe with N95 masks.

“In line with recent findings by Kisielinski et al. (14) and Sukul et al. (26), the present results clearly show that N95 masks lead to significantly more pronounced and unfavorable biochemical, physiological and psychological effects than surgical masks,” the authors state. “Altogether, the results in blood oxygenation, discomfort, heart rate, CO2, exertion, humidity, blood pressure, VE, temperature, dyspnea, and itching etc. can be attributed to the larger (almost doubled) dead space and higher breathing resistance of the N95 mask. Compared to the surgical mask upon the short-term effects, N95 masks could impose elevated health risks under extended use.”

“Interestingly, recent data from a large multi-country RCT study show no significant differences between the two mask types in terms of SARS-CoV-2 infection rates,” the authors add. “Nevertheless, there was long enforcement of N95 masks in e.g., Austria and Germany.”

The results are thus particularly concerning given the extremely limited benefit that masks provide for slowing airborne virus transmission rates. A recent U.K. study found that masks made ‘no discernible difference’ to Covid transmission rates in hospitals.

Strikingly, the study’s authors also questioned whether purported “long COVID” symptoms are really the result of “long mask” instead. Daniel Horowitz of Conservative Review noted the suggestive parallels.

“Regarding the numerous mask symptoms an important question arises: Can masks be responsible for a misinterpreted long-COVID-19-syndrome after an effectively treated COVID-19 infection?” Horowitz asked. “Nearly 40% of main long-COVID-19 symptoms overlap with mask related complaints and symptoms described by Kisielinski et al. as MIES like fatigue, dyspnea, confusion, anxiety, depression, tachycardia, dizziness, and headache, which we also detected in the qualitative and quantitative analysis of face mask effects in our systematic review. It is possible that some symptoms attributed to long-COVID-19 are predominantly mask-related.”

Interestingly, there is substantial overlap between self-reported “long Covid” symptoms and those from prolonged mask usage. Harvard Medical School professor Adam W. Gaffney reported on these long Covid symptoms in May 2022.

“First, as you’d expect, most (84%) of those post-COVID had anti-COVID-19 antibodies, and (by design) none of the controls,” Gaffney writes in a Twitter thread. “Second, vs controls, those post-COVID group reported significantly more symptoms, e.g. fatigue, shortness of breath, anosmia [*loss of smell*, ed.], headache, & more.”

Table 2. Selected Symptoms, Physical Findings, Questionnaires, and Cognitive Testing Results

Variable	Control Participants (*n* = 120)	Overall COVID-19 Cohort (*n* = 189)	Odds Ratio or Mean Difference (95% CI)*	*P* Value	FDR-Adjusted *P* Value
Symptoms, *n* (%)					
Fatigue	0 (0)	50 (26)	∞ (10.9 to ∞)	<0.001	<0.001
Dyspnea	0 (0)	35 (19)	∞ (6.79 to ∞)	<0.001	<0.001
Anosmia/parosmia	0 (0)	26 (14)	∞ (4.69 to ∞)	<0.001	<0.001
Concentration impairment	0 (0)	23 (12)	16.4 (2.59 to 682.72)	<0.001	<0.001
Headache	0 (0)	22 (12)	∞ (3.82 to ∞)	<0.001	<0.001
Memory impairment	0 (0)	18 (10)	12.46 (1.92 to 524.99)	<0.001	0.001
Insomnia	0 (0)	17 (9)	∞ (2.8 to ∞)	<0.001	0.001
Chest pain/discomfort	0 (0)	16 (8)	∞ (2.6 to ∞)	<0.001	0.002
Anxiety	1 (1)	11 (6)	1.79 (0.51 to 7.89)	0.033	0.075
Myalgia	1 (1)	11 (6)	7.32 (1.04 to 318.71)	0.033	0.075
Tinnitus	0 (0)	11 (6)	7.32 (1.04 to 318.71)	0.008	0.025
Palpitations	0 (0)	10 (5)	∞ (1.47 to ∞)	0.008	0.025
Arthralgia	2 (2)	6 (3)	1.28 (0.27 to 8.05)	0.49	0.66
Cough	0 (0)	9 (5)	∞ (1.28 to ∞)	0.014	0.037
Taste disorder	0 (0)	9 (5)	∞ (1.28 to ∞)	0.014	0.037
Depression	2 (2)	6 (3)	1.28 (0.27 to 8.05)	0.49	0.66
Alopecia	0 (0)	8 (4)	∞ (1.11 to ∞)	0.025	0.064
Dizziness	0 (0)	7 (4)	∞ (0.93 to ∞)	0.046	0.096
Dyspepsia	0 (0)	5 (3)	3.22 (0.35 to 154.1)	0.161	0.28
Decreased appetite	0 (0)	5 (3)	∞ (0.59 to ∞)	0.161	0.28
Nasal congestion	0 (0)	3 (2)	∞ (0.26 to ∞)	0.29	0.45
Nausea	0 (0)	3 (2)	∞ (0.26 to ∞)	0.29	0.45
Visual impairment	0 (0)	2 (1)	∞ (0.12 to ∞)	0.52	0.67
Paresthesia	0 (0)	2 (1)	∞ (0.12 to ∞)	0.52	0.67
Abnormal physical findings, *n* (%)					
Neurologic	2 (2)	2 (1)	0.63 (0.45 to 8.83)	0.64	0.74
Lung	0 (0)	0 (0)	NA	NA	NA
Musculoskeletal	1 (1)	16 (8)	10.95 (1.66 to 464.39)	0.004	0.014
Heart	2 (2)	7 (4)	2.26 (0.42 to 22.70)	0.49	0.66
Lymphatic	0 (0)	1 (1)	∞ (0.02 to ∞)	1.00	1.00
Questionnaires†					
Median SF-36 PCS score (IQR)	58 (55 to 60)	52 (45 to 58)	−6.9 (−8.7 to −5.1)	<0.001	<0.001
Median SF-36 MCS score (IQR)	54 (48 to 57)	51 (41 to 56)	−3.9 (−6.0 to −1.8)	<0.001	0.001
GAD-2 score ≥3, *n (%)*	3 (3)	24 (14)	6.0 (1.8 to 31.9)	<0.001	0.004
PHQ-2 score ≥3, *n (%)*	4 (4)	18 (11)	3.2 (1.0 to 13.4)	0.040	0.087

“On the other hand, numerous biomarkers showed no difference between those post-COVID and controls, including tests for”:

(1) general inflammation (e.g. CRP)
(2) autoimmunity (e.g. ANA)
(3) clotting abnormality (e.g. d-dimer)
(4) heart inflammation (e.g. troponin)
(5) Kidney function
(6) Liver function
(7) Blood levels
(8) Brain injury (neurofilament light chains)

“Next, they report lung function tests,” Gaffney goes on. “Again, no differences, unsurprising given that the post-COVID patients mostly did not have severe pneumonia which damages the lungs.”

Very interesting. The mystery of “long Covid” deepens. But this latest analysis suggests that it may have been “long mask” all along.