

Does the Flu Shot Increase COVID-19 Risk (YES!) and Other Interesting Questions

This may be the most important newsletter I have written to date. Here are a few quick answers to the questions I will cover in case you aren't interested in the whole story:

- Does the flu shot increase the risk for coronavirus infection? YES!
- Could a new flu vaccine be partly responsible for the COVID-19 mortality rate in Italy? YES!
- Is the rush to a vaccine the best solution? No, it could bring catastrophic results.
- How does the SARS-CoV-2 infect and are protease enzyme supplements the key to creating our own endogenous antiviral protease inhibitors? Yes, I believe so!
- Are there certain medications like blood pressure drugs and proton pump inhibitors that increase risk for infection and mortality? YES
- Is it chloroquine or is it zinc that is working as a possible aid in treating COVID-19? A strong case can be made for zinc!
- Can plant polyphenols and flavonoids act to increase the antiviral effects of zinc? YES! And they possess other benefits too!

The rest of the newsletter will explain these somewhat controversial conclusions. It is a lot to cover. So, I am going to be as concise as possible. References are provided for those so inclined.



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Does the flu shot increase the risk for coronavirus infection?

There is evidence that influenza vaccines specifically increase the risk of coronavirus infection. Here is why, a phenomenon known as virus interference. Yes, it appears that the flu shot protects against influenza and it appears some other types of viruses as well, but it comes at a price of actually increasing the risk for coronavirus infections. That is exactly what a study that compared the respiratory virus status among 2,880 Department of Defense personnel based on their influenza vaccination status demonstrated. The study concluded “Vaccine derived virus interference was significantly associated with coronavirus.”¹

Could a new flu vaccine be partly responsible for the COVID-19 mortality rate in Italy?

In case you are not aware, the infection rate mortality rate in Italy to COVID-19 is dramatically higher. Why? Well the standard answers of an elderly population and the failure to implement social distancing soon enough just don't explain what is happening. My colleague, Dr. Alex Vasquez, provided me with a valuable insight. In September 2019, Italy rolled out an entirely new type of influenza vaccine. This vaccine called VIQCC is different than others. Most available influenza vaccines are produced in embryonated chicken eggs. VIQCC, however, is produced from cultured animal cells rather than eggs and has more of a “boost” to the immune system as a result. VIQCC also contains four types of viruses – 2 type A viruses (H1N1 and H3N2) and 2 type B viruses.² It looks like this “super” vaccine impacted the immune

system in such a way to increase coronavirus infection through virus interference that set the stage for what happened in Italy.

Is the rush to a vaccine the best solution?

Perhaps not, it could be catastrophic. Here is why. The attempt to create a vaccine for SARS-CoV showed that vaccines were able to offer protection against infection, but came with a cost of disruption to the immune system. This altered immune function led to severe lung inflammation when test animals were exposed to the virus.


The final statement of the study cannot be highlighted enough:
*"Caution in proceeding to application of a SARS-CoV vaccine in humans is indicated."*³

How does the SARS-CoV-2 infect and are protease enzyme supplements the key to creating our own endogenous antiviral protease inhibitors?

Here is a quick primer

- The virus contains surface proteins that bind to receptors for angiotensin-converting enzyme 2 (ACE2) as the entry receptor. These receptors are found not only on blood vessels, but also throughout the lining of the respiratory tract and lungs.
- The virus then uses the host cells serine protease to breakdown proteins in the viral and cellular membranes to fuse them together and form a bridge to allow the virus to enter the cell.

Antiviral drugs that are serine protease inhibitor are showing promise against SARS-CoV-2 by blocking its entry into cells, especially those that line the lungs, and respiratory and GI tract.⁴ Dietary supplements that contain proteases such as mucozyme, serratiopeptidase, bromelain, and



fungal proteases exert significant benefit in upper respiratory tract infections by improving the composition and structure of the protective mucus layer. These enzymes may also digest the viral proteins within the GI tract. But here is an interesting additional mechanism to consider. There is a balance in the body between proteases and protease inhibitors. When taking dietary supplements containing serine proteases, cells throughout the body but perhaps especially those with ACE-2 receptors respond increasing the manufacture of serine protease inhibitors. I believe that this increase in the level of the body's own serine protease inhibitors may block the entry of SARS-CoV-2 into epithelial cells just as the serine protease inhibitor drugs. These are safe dietary supplements that are definitely indicated during these times. Here is a link to an article that I wrote on these enzymes along with other key nutrients to support the airways ([click here](#)).

Are there certain medications like blood pressure drugs and proton pump inhibitors that increase risk for infection and mortality?

Yes, the body responds to ACE inhibitor drugs used in the treatment of high blood pressure by increasing the number of ACE-2 receptors on cells. With an increase in ACE-2 receptors there are more entry points (doors) that the SAR-CoV-2 virus can enter the cell.⁵

The secondary route of infection for many respiratory tract viruses like SAR-CoV-2 is through the gastrointestinal tract. Interestingly, this ability of a coronaviruses to travel from the gut to the lungs was confirmed with Middle East respiratory syndrome coronavirus (MERS-CoV) by increasing the gastrointestinal replication of the virus by infecting animals with viruses orally while at the same time giving them an acid-blocking drug known as a proton pump inhibitor.⁶ This class of drugs includes Nexium, Prilosec, Protonix, Prevacid, and Aciphex. So, to answer to the obvious question "Does taking a proton pump inhibitor increase the risk for COVID-10 that can attack the lungs by increasing the secondary route of access to the lungs." The

answer is YES! To find out how to get off these drugs, go to this free resource that I wrote: [Gastroesophageal Reflux Disease: What the Drug Companies Won't Tell You and Your Doesn't Know.](#)

Is it chloroquine or is it zinc that is working as a possible aid in treating COVID-19?

The anti-malarial drug chloroquine is making a lot of noise as a possible treatment. The way that it primarily works is acting as a zinc “ionophore.” An ionophore is a special cell membrane portal that allows for an ion to enter the cell. In an ionic state, zinc is a known inhibitor of viral replicase. This enzyme is responsible for the viral replicating its genetic code into a cell. By blocking replicase, the virus cannot reproduce. It is not a matter of taking a zinc supplement or getting it into the blood. In order for zinc to block a virus like COVID-19, the level of ionic zinc must increase within cells.

Can plant polyphenols and flavonoids act to increase the antiviral effects of zinc?

Yes, especially the flavonoid quercetin. Flavonoids are a group of plant pigments largely responsible for the colors of many fruits and flowers. As a class of compounds, flavonoids have been referred to as “nature’s biologic response modifiers” because of their ability to modify the body’s reaction to viruses, allergens, and carcinogens. Quercetin is generally the most powerful of the flavonoids in cellular studies, but it is poorly absorbed. Quercetin is a zinc ionophore that is about 35% as strong as chloroquine, but unlike this drug that can have serious side effects, quercetin is completely safe.

Quercetin is available alone in powder, tablet, and capsule form as well as in beverages. However, since quercetin is poorly absorbed. For this important action as a zinc ionophore to fight SARS-CoV-2, it is best to use the phytosome form of quercetin. This form involves binding quercetin to phosphatidylcholine from sunflower lecithin through a

patented process to improve absorption. The blood level of quercetin produced by the phytosome form is greater than 50 times the level produced by an equal amount of regular quercetin. Hence, 250 mg of quercetin phytosome providing 100 mg of quercetin would be equivalent to 5,000 mg of quercetin. If you are having trouble finding quercetin phytosome, here is the product that I recommend. [Aqua Biome Sports Performance](#). Use the code TBB727 for a 10% discount.

Final Comment

There is a great opportunity before us. What is increasingly clear is that conventional medicine has for far too long ignored the healing power of nature as well as the one within each of us. Conventional medicine has been obsessed with the nature of the “beast”, the infecting agent, and the artificial development of immunity through vaccination rather strengthening of our defenses against infection. From a naturopathic perspective it is believed that the “terrain” is more important than the beast. If we can make the terrain less friendly to the pathogen, it reduces both the risk and severity. It is just possible this COVID-19 may lead to an “enlightenment” within medicine that will change the focus from allopathy and the focus of drugs to naturopathy and the healing power of nature.

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