

Treatment and Control of Covid-19 (Corona Virus Disease 2019) By Non-invasive (h.i.p) Non-drug Therapy in Combination Anti-influenza an (Oseltamivir (rx) Tamiflue) Drug-Novel Case Report

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ABSTRACT

Background: Covid-19 is a new born sibling of the influenza family of SARS-CoV-2, named on February 11, as a new type of corona virus by the WHO. Covid-19 indicates its close relationship with activity and approaches with the SARS virus, which further triggered as epidemic in 2003 and 2004 and now similar lung triggered by SARS-CoV-2 is called Covid-19 (Corona Virus Disease 2019).

Methods: A combination of integrative therapies were administered to a 27 year old female positive with unknown SARS-CoV identified as COVID-19 with a query of coronavirus contaminated from travel history and a student of Wuhan with a respiratory congestion, integrative approach of non-invasive (ion therapy) and non-drug therapy, quantitative analysis by real time PCR, vital signs were recorded before and after the treatment, as all the vitals were normal and real time PCR results were monitored.

Results: The integrative therapy with isolation for 29 days from 31st January to 27th February was found to be satisfactory and the report, which has Real time PCR values detecting Covid-19 positive on 29th January 2020 gave a negative result, it showed not detected and less than 35 Ct for the test.

Conclusion: The integrative approach showed that it has high potential in treatment of Covid-19 and can further imbibed in republic of china as well as other places where in 136 volunteers are part of the study and this could be an adjuvant therapy with a integrative approach for Covid-19 treatments.

Key-words: Covid-19, Emanet, Integrative medicine, Non-invasive, Non-drug, Wuhan

INTRODUCTION

Covid-19 ^[1] the name, which WHO announced "COVID-19" as the name of this new disease on 11 February 2020, following guidelines previously developed with the World Organization for Animal Health (OIE) and the Food and Agriculture Organization of the United Nations (FAO). While international community on an emergency level has always witnessed the emergence of novel coronavirus-associated respiratory diseases, which

include severe acute respiratory syndrome (SARS) in 2002 to 2003 and Middle East respiratory syndrome (MERS) in 2012 to 2013 apart from this during 2014, Ebola emerged in western Africa, after 18 years of emergence of SARS, an epidemic known as coronavirus disease 2019 (COVID-19), and pertaining as it is as well caused by the novel SARS coronavirus 2 (SARS-CoV-2), these infections leading to morbidity and mortality on significant note hampering, tremendous collateral economic health care disruptions with societal costs ^[2].

As on December 31, 2019, the WHO country office in China was informed of an accumulation of patients with pneumonia (pneumonia) of unknown cause in Wuhan, a city of 19 million people in Hubei Province, China ^[3]. A panic situation arose across the students of Asian origin in china from 26 January 2020 as media started reporting

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the hazards of the attack of a new virus leading to fatal deaths in Wuhan ^[4] city of republic of china. This lead to The new corona virus SARS-CoV-2 is transferable from person to person. The main route of transmission is droplet infection. This can be done directly from person to person via the mucous membranes or indirectly via hands, which are then brought into contact with the oral or nasal mucosa and the conjunctiva ^[6]. Cases have also been reported in which people have become infected in those affected who have shown only mild or non-specific symptoms and henceforth isolation was very important.

CASE PRESENTATION

A 27 year old female was diagnosed positive with unknown SARS-CoV with a query of coronavirus, with a respiratory congestion, Vital signs-temperature, heart rate, respiratory rate, and blood pressure ^[7] indicative towards the positive of Covid-19 ^[1] was subjected to isolation in her own house. The immediate medical emergency put to her was anti influenza treatment with respirators and nebulization by Broncho dilators. This study was being support system and conducted to help and support the victim of Covid-19 ^[1] after the victim volunteered herself by signing the concept to take up the study as she is a final semester medical student and

the travel of non-Chinese students back to their home countries for their well being ^[5].

student of Prof.Ather from china. As integrative approach of non-invasive (ion therapy) ^[8] and non-drug therapy (diet, phytomedicines- 18 herbs oral consumption, inhalators and application of nasal and chest) ^[9], the modus or line of treatment was a follows;

- 1. Anti-influenza A drug:** Oseltamivir (Rx) Tamiflu ^[10] dose; 75 mg PO-12 hr for 5 days, 35 mg PO- for 10 days from 1st February 2020 to 16th February 2020.
- 2. Non-invasive therapy**-(-ve ion through a portable device) ^[8] through a portable device supported by Dr. Ahmed Al Jaziri ^[11],mode of administration was 30 minutes early morning before breakfast, ion rays passing through theback of the chest with ansemi conductor transmission on the left foot of the volunteer from 1st February 2020 till 27th February 2020.
- 3. Non-drug therapy**- (Phytomedicines-18 herbs oral consumption, inhalators and application on nasal and chest) mentioned below in Table 1.

Table 1: Phytomedicines, quantity and mode of administration for control of COVID 19

| Phytomedicine Scientific Names | Quantity given | Mode and time of administration |
|---|----------------|---|
| Camphor ^[12] / <i>Cinnamomum camphora</i> | 1 mg/day | Mixed along with thymol and menthol and applied to the nose and chest |
| Menthol ^[13] | 1 mg/day | Mixed along with thymol and camphor and applied to the nose and chest |
| Thymol ^[14] | 1 mg/day | Mixed along with camphor and menthol and applied to the nose and chest |
| <i>Zingiber officinale</i> ^[15] | 500 mg/day | Powder of <i>Zingiber officinale</i> extract filled in a capsule at 6.00 Hrs |
| <i>Curcuma longa</i> ^[16] | 500 mg/day | Powder of <i>Curcuma longa</i> extract filled in a capsule at 6.00 Hrs |
| <i>Azadirachta indica</i> ^[17] | 500 mg/day | Powder of <i>Azadirachta indica</i> extract filled in a capsule at 06.00 Hrs with one cup of warm water before breakfast |
| <i>Momordica charantia</i> ^[18] | 500 mg/day | Powder of <i>Momordica charantia</i> extract filled in a capsule at 06.00 Hrs with one cup of warm water before breakfast |
| <i>Hibiscus rosa-sinensis</i> ^[19] | 500 mg/day | Powder of <i>Hibiscus rosa-sinensis</i> extract filled in a capsule at 08.00 Hrs with one cup of warm water after breakfast |
| <i>Bacopa monnieri</i> ^[20] | 500 mg/day | Powder of <i>Bacopa monnieri</i> extract filled in a capsule at 08.00 Hrs with one cup of warm water after breakfast |
| <i>Tinospora cordifolia</i> ^[21] | 500 mg/day | Powder of <i>Tinospora cordifolia</i> extract filled in a capsule at 11.00 |



| | | |
|--|------------|---|
| | | Hrs with one cup of warm water |
| <i>Withania somnifera</i> ^[22] | 500 mg/day | Powder of <i>Withania somnifera</i> extract filled in a capsule at 11.00 Hrs with one cup of warm water |
| <i>Murraya koenigii</i> ^[23] | 500 mg/day | Powder of <i>Murraya koenigii</i> extract filled in a capsule at 14.00 Hrs with one cup of warm water after lunch |
| <i>Moringa oleifera</i> ^[24] | 500 mg/day | Powder of <i>Moringa oleifera</i> extract filled in a capsule at 14.00 Hrs with one cup of warm water after lunch |
| <i>Saraca asoca</i> ^[25] | 500 mg/day | Powder of <i>Saraca asoca</i> extract filled in a capsule at 16.00 Hrs with one cup of warm water |
| <i>Areca catechu</i> ^[26] | 500 mg/day | Powder of <i>Areca catechu</i> extract filled in a capsule at 16.00 Hrs with one cup of warm water |
| <i>Glycyrrhiza glabra</i> ^[27] | 500 mg/day | Powder of <i>Glycyrrhiza glabra</i> extract filled in a capsule at 20.00 Hrs with one cup of warm water after dinner |
| <i>Santalum album</i> ^[28] | 500 mg/day | Powder of <i>Santalum album</i> extract filled in a capsule at 20.00 Hrs with one cup of warm water after dinner |
| <i>Pistacia lentiscus</i> ^[29] | 500 mg/day | Powder of <i>Pistacia lentiscus</i> extract filled in a capsule at 20.00 Hrs with one cup of warm water after dinner |
| <i>Ginkgo biloba</i> ^[30] | 500 mg/day | Powder of <i>Ginkgo biloba</i> extract filled in a capsule at 20.00 Hrs with one cup of warm water after dinner |
| <i>Trigonella foenum-graecum</i> ^[31] | 500 mg/day | Powder of <i>Trigonella foenum-graecum</i> extract filled in a capsule at 20.00 Hrs with one cup of warm water after dinner |
| <i>Tamarindus indica</i> ^[32] | 500 mg/day | Powder of <i>Tamarindus indica</i> extract filled in a capsule at 22.00 Hrs with one cup of warm water after before sleep |
| Eucalyptus oil ^[33] | 500 mg/day | Soft gel capsule with at 22.00 Hrs with one cup of warm water before sleep |

The use of real-time RT PCR (rRT-PCR) assays for the in vitro qualitative detection of 2019-Novel Coronavirus (2019-nCoV) in respiratory specimens and sera and hematological investigations we observed and recorded, it was before the start of the treatment and when there was a detection the below Table 2 signifies the values

and its reference range which was recorded before the treatment.

After duration of 28 days from 1st February 2020 to 27th February 2020 it was observed that the Ct values reduced in the real time PCR, along with increase in Hb% and increase in the platelets. The readings are indicted in Table 3.

Table 2: Laboratory data of the patient on 31st January 2020 a real time PCR test was performed with other hematological test

| Examination | Observed value | Unit | Reference range |
|---------------|----------------|------|--------------------------------|
| Real Time PCR | 42Ct for test | Ct | >35 Ct for Test |
| Platelet | 100,000 | | Ranges from 150,000 to 450,000 |
| Hb% | 9 | gms% | 13-14 gms% |

Table 3: Laboratory data of the patient 27th February 2020

| Examination | Observing value | Unit | Reference range |
|---------------|-----------------|------|--------------------------------|
| Real Time PCR | 22Ct for test | Ct | >35 Ct for Test |
| Platelet | 430,000 | | Ranges from 150,000 to 450,000 |
| Hb% | 14 | gms% | 13-14 gms% |

DISCUSSION

The treatment of COVID 19 is challenging, although management and treatment have been possible by antiviral activity of compounds based on camphor [34]. Even as Anti-influenza A drug: Oseltamivir (Rx) Tamiflu [35] have been used without a doubt there are innumerable ways to find management and treatment of COVID 19 as of now the major concern is the outbreak and isolation which is hampering the day to day activities leading to an economic outbreak of societies and stands as a social stigma on individuals. At this time of interment crises the focus on saturating a single cause like a simple ionizing device operating at 12 volt that can prevent spread of airborne transmitted viral infections between populations and in individuals in a controlled setting, whilst simultaneously collecting virus from air for rapid identification [36].

By understanding that a negative ion is an oxygen atom, featuring one extra electron and coupled with sensitive RT-qPCR assays, this sampling method enabled fast detection and highly sensitive quantification of several human clinically important viruses such as influenza virus, rotavirus and calicivirus. At this juncture the device consisting of a small portable ionizer helps in breaking the virus with high robustness as well as the wide applicability to airborne pathogens. Inactivation of viruses by electrostatic attraction has only been briefly investigated [35]. In the present study, rotavirus and CaCV lost significance (>97%) infectivity (ratio; CaCV from 3.0×10^{-2} to $<7.8 \times 10^{-4}$ and rotavirus from 4.9×10^{-1} to $<7.6 \times 10^{-3}$) in the ionized air as determined by a ratio of infectivity versus gene copies. The mechanism of inactivation was not explicitly investigated in this study, but inactivation mechanisms may include reactive species and/or increased protein charge levels, which could inactivate virus as previously described [37]. Reduced infectivity has been proposed to be due to reactive oxygen species and ozone, through lipid- and

protein peroxidation reactions that may cause damage and destruction to the viral lipid envelope and protein capsid. Along with the virus breakage if the immunity is raised with immune-modulators of phyto extracts [38] and anti-influenza drugs which can kill the virus infection [39].

CONCLUSIONS

The intensity of contamination is spreading across the globe and a need for further research is emphasized so that we can ascertain the exact treatment for COVID 19, this can be a unique and faster mode of treatment by noninvasive procedures like hyper ion plasma (H.I.P), which can be portable devices for a person which can be carried home for an individual or it can be a hospital or clinic establishment which can ascertain that noninvasive method can be an adjuvant therapy in general or treatment as complete solution by itself for this we have to further conduct studies with multiple clinical centers and multiple groups along with a control group.

Mode of treatment for COVID 19 is anti-influenza drug Oseltamivir (Rx), which varies from 75mg per day to start to 35 md per day, we need to ascertain the exact mechanism of negative ion inactivation of viruses which can be possible by giving ion therapy with controlled studies and along with it as dose escalation needs to be ascertain what was the exact modes of termination of the virus in the above case and it is premature to conclude from an individual case that what exactly works and as Professor Gérard Krause from the Helmholtz Center for Infection Research warns against too high expectations this case is as well an examples along with the individual case reported from Thailand, it cannot be concluded that this would also work for other patients.

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