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COVID-19 and the aching world

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ABSTRACT

God gave life for a living, but due to our unrealistic expectations of achieving name, fame, pleasure, royalty, money and living according to a system which we ourselves created for our convenience and today, we ourselves got abided by it. Today the whole world is suffering from an unbearable outbreak of nature in the form of COVID-19 where the world is facing the truth of life by experiencing uncontrolled death helplessly. Where all our weapons, machinery, intellectual, power, money is meaningless in front of this pandemic. The whole world is trying to combat the situation, which is very threatening. It is vital to follow all guidelines of WHO maintaining social distancing, and the use of a mask. But many countries in this situation are also facing terrorism—fake news. The situation is more critical for the poor people in this lockdown because they are forced to live far away from their family for a long time as all economic activities are stopped. Poor people are thinking that before dying by a coronavirus, they would die of hunger. So nations have a big challenge that they have to save people from coronavirus but also the economic backwardness that has been created by this lockdown.



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have arrived in the world where a small virus has disturbed millions of people's life. Like the Spanish flu of 1918 in which nearly five crore people died, and before that cholera, the plague had also created massive destruction in the whole world. But in those days science was not much developed, and we were unable to take out the genetic material of the virus to make a vaccine. But now we are quite efficient and working for a vaccine. And with unity and proper planning, only we can deal with this pandemic.

MATERIALS AND METHODS

Literature search- Review of literature regarding is collected from the WHO Report, standard journal article. All Compiled matter is reorganised and critically analysed for the discussion and attempt has been made to draw some fruitful conclusions.

RESULTS AND DISCUSSION

The story started from the city of Wuhan in China. Before the outbreak of covid-19. But Wuhan became the most horrible place when in the first week of

INTRODUCTION

What is going on in the world today the majority of the population haven't experienced this. Where all people are locked in their own houses, it is not a unique situation, it is a rare condition, and we expect that we should not experience such circumstances in future. Because this has created situations just like a world war, for us, it is one of the tensed and devastating time of our life, but we forget that it is not the first time like this conditions

December 2019 the people living along the seafood market of Wuhan started getting ill due to fever and showing symptoms of pneumonia. Then their blood samples were sent to the lab for testing. The samples went in the Wuhan institute of virology national biosafety lab (Covid and Team, 2020). According to Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19) "on 30th Dec. 2019, three bronchoalveolar lavage samples were collected from a patient with pneumonia of unknown etymology – a surveillance definition established following the SARS outbreak of 2002-2003 – in Wuhan Jinyintan Hospital. Real-time PCR (RT-PCR) assays on these samples were positive for pan-Beta coronavirus. Using Illumina and nanopore sequencing, the whole genome sequences of the virus were acquired, analyses indicated that the virus had features typical of the coronavirus family and belonged to the Beta coronavirus 2B lineage. Alignment of the full-length genome sequence of the COVID-19 virus and other available genomes of Beta coronavirus showed the closest relationship was with the bat SARS-like coronavirus strain Bat Cov RaTG13, identity 96%" (Baud et al., 2020).

On 31st December Wuhan reported the first case of the novel coronavirus. Understanding the severity of the disease seafood market of Wuhan was closed by 1st Jan. 1st Jan as it was believed that it came from animals to human through the seafood market. On 9th Jan. China confirmed that it was a new virus from which the world was unaware, and at present, we don't have any cure for this disease. On 13th Jan, a case of coronavirus was reported outside China in Thailand where a 61-year-old lady who had come from Wuhan was found corona positive. On 20th Jan. 20th Jan china accepted that this virus spread from one person to another person. By 24th Jan. 24th Jan it went to Europe from China because many peoples from China came for lunar new year celebration in Europe and Europe became the new centre for this disease. By seeing the widespread of this dangerous virus on 30th Jan., WHO declared the outbreak a Public Health Emergency of International Concern (PHEIC)(WHO 2020). On 5th Feb. world reported first death outside China in the Philippines hospital of a patient who had come from Wuhan due to COVID-19. During this time china sealed Wuhan and other hotspot and stopped foreigners. And slowly, other nations also started sealing their boundaries (Wu and Mcgoogan, 2020). Till now, this virus was called 2019 novel coronavirus which caused disease resulting in respiratory illness (like the flu) with symptoms such as a cough, fever, and in more severe cases, difficulty breathing. It was known that Coronavirus disease spread primar-

ily through contact with an infected person when they cough or sneeze. It also spreads when a person touches a surface or object that has the virus on it, then touches their eyes, nose, or mouth. And we are only able to protect our self by washing our hands frequently, avoiding touching our face, and avoiding close contact (1 meter or 3 feet) with unwell people. Then International Committee on Taxonomy of Viruses (ICTV) announced "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)" as the name of the new virus on 11th Feb. 2020. This name was chosen because the virus was genetically related to the coronavirus responsible for the SARS outbreak of 2003 (Ren et al., 2006). WHO announced "COVID-19" as the name of this new disease on 11th Feb. 2020. But the world came to know the severity of the virus on the 50th day when 31st corona patient of South Korea was detected who has spread this disease to thousands of people by attending many social gatherings. Till 25th Feb. due to COVID-19 death in the world crossed 80000. But then also the other nations were in a dream that this virus couldn't reach them. But till 6th Mar. It took terrible form in Italy on an average of nearly 450 people dying every day due to COVID-19. When the situations became, uncontrollable Italy went into nation lockdown on 10th Mar. Other developed nations gave priority to the economy and paid it in the form of tremendous death in their country. On 71th day the world health organisation understood the unbeatable stroke of coronavirus in the world, and On 11th Mar., WHO Director-General characterised COVID-19 as a global pandemic (Bedford et al., 2020).

Coming to the mid-march situation in the world became terrible, by lakhs of people were getting infected and thousands of deaths reported in the world. Italy, America, Spain, France despite having better medical facilities were unable to cope up with this pandemic. Now, the world understood that prevention is the only way we can deal with this situation; there is no other remedy for this disease. Social distancing and getting into self-isolation is the only way we can stop this disease from spreading. After Italy, on 23rd march, United Kingdom went into full lockdown. Now the whole world's eyes were on the 2nd most populated country India, and many statistical data were telling that it can take a very terrible form in India. By understanding the sensitivity of the situation and experience of the world's developed countries, India announced the world largest 21 days complete lockdown. The world saw no other option to deal with this pandemic. And other nations like Australia, Denmark, Ireland, Spain, Germany, Portugal, Belgium, Norway, China, Slovenia,

Indonesia, ElSalvador, New Zealand, Poland went in lockdown.

Many statistical data are showing that global economy could shrink by up to one per cent in 2020, due to the pandemic, a reversal from the previous forecast of 2.5 per cent growth, the United Nations (UN) said, warning that it may contract even further if restrictions on the economic activities are extended without adequate fiscal responses. But in this critical situation also India like always led the world (Cheng *et al.*, 2020). Narendra Modi, the prime minister of India, took the initiative to combine all the nation to fight against this covid-19 by inviting SAARC Nations on 15th Mar. 2020 to discuss combating covid-19 and to come together to fight against this war which is against humanity. Shri. Narendra Modi also said that saving human life is much more important than the economy. Because if people lived then the economy can be reconstructed. As the human-made economy, All other Nations expressed their gratitude to the prime minister of India for his helpful approach. By getting inspired by this BRICS nation, G20 Nations also held a meeting and invested in fighting against covid-19. India also helped nations like America, Brazil by supplying hydroxychloroquine drug, which is now playing a key role in the treatment of covid-19 disease.

Today where the world is in lockdown, humanity is in danger on one side on the other side, nature is resetting itself. Beautiful images are coming from the world, in India the holy river Ganga, and the Yamuna is getting cleaned they are appearing clear day by day, the water of the river of the Vannice city of Italy is as clear as crystal, and all the animals in the water are seen clearly. According to the environmental report, the Ozone hole is getting cured day by day. Till now humans were treating nature according to themselves now nature is treating humans according to itself. According to the Ministry of Ecology and Environment, China, the air quality went up 11% in the category 'good' in as many as 337 cities (Yunus *et al.*, 2020). According to the latest update by WHO dated on 10th Apr. globally, nearly 1.5 million confirmed cases of COVID-19 have now been reported to WHO, and more than 92,000 deaths and statistics are showing that cases will increase. More than 400 crore people today are under lockdown. No one knows when this lockdown will be released. Till now the science has also not found any vaccine to treat covid-19 and lifting lockdown will cause severe damage again to the world. There is no specific antiviral treatment recommended for COVID-19, and no vaccine is currently available. The treatment is symptomatic, and oxygen therapy represents the major treat-

ment intervention for patients with severe infection. Mechanical ventilation may be necessary in cases of respiratory failure refractory to oxygen therapy, whereas hemodynamic support is essential for managing septic shock. The use of a zinc supplement can help intracellular killing and phagocytosis and can modulate immune function, and may be tried. Thus, the use of ARB (telmisartan and losartan) to be given in therapeutic doses along with zinc to control viral replication warrants attention. ACE2 receptors are widely expressed on epithelial cells of alveoli, tracheobronchial free and may help virus entry. Therefore, the use of ARBs in the form of nebulisation can be tried (Phadke and Saunik, 2020). One of the other therapy which is mostly used is plasma therapy. Convalescent plasma or immunoglobulins have been used as a last resort to improve the survival rate of patients with SARS whose condition continued to deteriorate despite treatment with pulsed methylprednisolone. Moreover, several studies showed a shorter hospital stay and lower mortality in patients treated with convalescent plasma than those who were not treated with convalescent plasma. In 2014, the use of convalescent plasma collected from patients who had recovered from Ebola virus disease was recommended by WHO as an empirical treatment during outbreaks. A protocol for the use of convalescent plasma in the treatment of Middle East respiratory syndrome coronavirus was established in 2015 (Chen *et al.*, 2020b). Again hydroxychloroquine is acting as a weapon to fight against covid. Repositioning of drugs for use as antiviral treatments is a critical need. It is commonly perceived by virologists, as we are reporting the effectiveness of azithromycin for Zika virus. The response has come from China to the respiratory disease caused by the new coronavirus (SARS-CoV-2) that emerged in December 2019 in this country. Indeed, following the very recent publication of results showing the in vitro activity of chloroquine against SARS-CoV-2, data have been reported on the efficacy of this drug in patients with SARS-CoV-2-related pneumonia (named COVID-19) at different levels of severity. Indeed, following the in vitro results, 20 clinical studies were launched in several Chinese hospitals. The first results obtained from more than 100 patients showed the superiority of chloroquine compared with the treatment of the control group in terms of reduction of pneumonia, duration of symptoms and delay of viral clearance, all in the absence of severe side effects. This has led China to include chloroquine in the recommendations regarding the prevention and treatment of COVID-19 pneumonia (Colson *et al.*, 2020). Treatment is done based on pathological features and

other factors. The pathological features of COVID-19 greatly resemble those seen in SARS and Middle Eastern respiratory syndrome (MERS) coronavirus infection. Besides, the liver biopsy specimens of the patient with COVID-19 showed moderate microvesicular steatosis and mild lobular and portal activity, indicating the injury could have been caused by either SARS-CoV-2 infection or drug-induced liver injury. There were a few interstitial mononuclear inflammatory infiltrates, but no other substantial damage in the heart tissue is seen (Xu *et al.*, 2020). COVID also had a relation with considering cytokine storm syndromes and immunosuppression. As of 12th Mar. 2020, coronavirus disease 2019 (COVID-19) has been confirmed in 125 048 people worldwide, carrying mortality of approximately 3.7%, 1 compared with a mortality rate of less than 1% from influenza. There is an urgent need for effective treatment. The current focus has been on the development of novel therapeutics, including antivirals and vaccines. Accumulating evidence suggests that a subgroup of patients with severe COVID-19 might have a cytokine storm syndrome. We recommend the identification and treatment of hyper inflammation using existing, approved therapies with proven safety profiles to address the immediate need to reduce the rising mortality. Current management of COVID-19 is supportive, and respiratory failure from acute respiratory distress syndrome (ARDS) is the leading cause of mortality. Secondary haemophagocytic lymphohistiocytosis (sHLH) is an under-recognised, hyper-inflammatory syndrome characterised by a fulminant and fatal hypercytokinaemia with multiorgan failure. In adults, sHLH is most commonly triggered by viral infections and occurs in 3.7–4.3% of sepsis cases. Cardinal features of sHLH include fever, cytopenias, and hyperferritinemia; pulmonary involvement (including ARDS) occurs in approximately 50% of patients. A cytokine profile resembling sHLH is associated with COVID-19 disease severity, characterised by increased interleukin (IL)-2, IL-7, granulocyte-colony stimulating factor, interferon- γ inducible protein 10, monocyte chemoattractant protein 1, macrophage inflammatory protein 1- α , and tumour necrosis factor- α . 6 Predictors of fatality from a recent retrospective, multicentre study of 150 confirmed COVID-19 cases (Mehta *et al.*, 2020). Many researchers have also focused on intrauterine transmission. Urgent questions that need to be addressed include whether pregnant women with COVID-19 pneumonia will develop distinct symptoms from non-pregnant adults, whether pregnant women who have confirmed COVID-19 pneumonia are more

likely to die of the infection or to undergo preterm labour, and whether COVID-19 could spread vertically and pose risks to the fetus and neonate. From trimester, and all underwent caesarean section, all patients had a history of epidemiological exposure to COVID-19. The age range of the patients was 26–40 years and the range of gestational weeks at admission was 36 weeks to 39 weeks plus four days. None of the patients had underlying diseases such as diabetes, chronic hypertension, or cardiovascular disease. One patient, however, had gestational hypertension since 27 gestational weeks, while another developed pre-eclampsia at 31 gestational weeks. Both of these patients were in a stable condition during pregnancy. Additionally, one patient was found to have influenza virus infection upon admission to the hospital (Chen *et al.*, 2020a). As it was infectious disease pandemic, then questions arise on medical facilities. Even a conservative estimate shows that the health needs created by the coronavirus pandemic go well beyond the capacity of the best medical facilities U.S.'s hospitals. According to the American Hospital Association, there were 5198 community hospitals and 209 federal hospitals in the United States in 2018. In the community hospitals, there were 792,417 beds, with 3532 emergency departments and 96,500 ICU beds, of which 23,000 were neonatal and 5100 pediatric, leaving just under 68,400 ICU beds of all types for the adult population. Other estimates of ICU bed capacity, which try to account for purported undercounting in the American Hospital Association data, show a total of 85,000 adult ICU beds of all types. Governments and policymakers must do all they can to prevent the scarcity of medical resources. However, if resources do become scarce, we believe the six recommendations we delineate should be used to develop guidelines that can be applied fairly and consistently across cases. Such guidelines can ensure that individual doctors are never tasked with deciding unaided which patients receive life-saving care and which do not. Instead, we believe guidelines should be provided at a higher level of authority, both to alleviate physician burden and to ensure equal treatment. The described recommendations could shape the development of these guidelines (Emanuel *et al.*, 2020). To achieve control of 90% of outbreaks, 80% of contacts needed to be traced and isolated for a reproduction number of 2.5. The probability of control was higher at all levels of contact tracing when the reproduction number was 1.5, and fell rapidly for a reproduction number of 3.5. Our study indicates that in most plausible outbreak scenarios, case isolation and contact tracing alone is insufficient, to control

outbreaks and that in some scenarios even near-perfect contact tracing will still be insufficient, and further interventions would be required to achieve control. Rapid and effective contact tracing can reduce the initial number of cases, which would make the outbreak easier to control overall. Effective contact tracing and isolation could contribute to reducing the overall size of an outbreak or bringing it under control over a longer period (Hellewell *et al.*, 2020). In response to the COVID-19 epidemic, we believe that the focus of future studies will still be on the development of COVID-19 vaccines and effective drugs to treat COVID-19. These studies will help further reduce the case fatality and transmission rates among SARS-CoV-2-infected patients. Moreover, super-spreaders were reported during the SARS and MERS epidemics. Although the transmission rate for SARS-CoV-2 patients is about 2.2 at present. With the progress of diagnostic technology, potential super-spreaders may be discovered in the future. In the prevention of the spread of SARS-CoV-2, asymptomatic spreaders also need to be focused (Sun *et al.*, 2020).

CONCLUSIONS

Life has stopped. School, colleges, universities, cinemas, hotels, holy places and all places where social gathering occurs are closed. People have locked in their houses doctors, nurses, other medical staff, police, army, governments of the Nations are fighting against this war as warriors. People usually used to say that they do not have time for their family's for themselves, but now nature has stopped human beings and said that you live in your houses and I will live in my world. In the going days, we have seen the peak of all the emotions of human including anger, happiness, surprise, admiration, adoration, appreciation, boredom, confusion, craving, disgust, empathetic pain, excitement, fear, horror. Like people coming and helping the needy ones by giving food money, increasing the interest of the warriors of COVID-19 by clapping, igniting the lamp and offering the world message that where unity stands, everything destroys. The emotions which were lost in the dirt of the life that got aroused due to this covid-19 and we understood that life is much more important than money. So come one come all and fight for humanity by staying at home, and following guidelines of WHO stay home to keep safe.

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Conflict of Interest

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