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Successful Resuscitation of Deadly SARS - Cov-2 / COVID19

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Opinion
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Opinion

Case Reports

I survived in April 2020 from the deadly β- SARS-Cov-2/COVID-19, as a resuscitator who saved many thousands of other patients in Moldova, Russia and Middle Asia. I consider it necessary to describe the success of Professor V. Cojocaru's team in saving my life.

Constant multifunctional monitoring, laboratory tests, markers, including arterial and all other survey methods were carried out according to National Protocols and the WHO. Treatment of interspecific COVID-19 with the manifestation of MODS was guided by the "Surviving Sepsis COVID-19" using MOST-ELSO. Modeling of the index of extravascular pulmonary fluid EVLWI. If EVLWI is <10 mL/kg this indicates alveolar atelectasis which requires volemic resuscitation, bronchoscopy, alveolar recruitment and surfactant therapy. In situations where EVLWI is >10 mL/kg, which is a threat to pulmonary edema which requires a reduction in volemic resustation and the inclusion of diuretics (Manitol), ultrafiltration and MOST-ELSO, inotropic therapy and blood arterial monitoring. Mechanical ventilation with alveolar recruitment. Microcirculatory-mitochondrial recruitment to by ↓ the tissue hypoxia marker pCO2 AV gap>6 mmHg and extracorporeal detoxification (Plasmapheresis-three times with plasma exfusion in the amount of 800; 600; 400 ml). Crystalloids (Sterofundin, Reosorbilact) were used. Hydroxyethyl starches and Dextrans were not used. Perfusion pressure was maintained by Norepinephrine. Bradycardia was eliminated by Atropine. Albumin was not used immediately, and after volemic resuscitation. Parenteral and probe enteral nutrition. Anti-coagulant therapy, Heparin, reduces mortality and increases survival. In the case of COVID-19 infections, pathomorphological pulmonary features include multiple damage to blood vessels, increased blood clotting with blockage of the pulmonary microvasculature and vascular formation again, which is typical for COVID-19. Hyperthermia reduction was carried out exclusively by Paracetamol, against the background of Dexamethasone at COVID-19. Dexamethasone, approved by the UK, as previously, the protocols provided for Corticosteroids for other reasons: refractory septic shock with Jarisch-Herksheimer reaction, lung transplants, bronchial asthma, Waterhouse - Friderichsen and Sanarelli Shwartzman syndrome.

A special role was given to antiviral, antioxidant, and antibacterial (Meropenem) and antifungal therapy. Antibacterial, it was also considered as preventing bacterial translocation of the virus intracellularly, in cases within the bacterial presence of the virus. Hydroxychloroquine was used to prevent the association of COVID-19 with the cell membrane receptors and the elimination of virus entry. Hydroxychloroquine, subsequently revised by France.

The intracellular penetration of the coronavirus occurs through cell membranes in the presence lesion of the ion transporters described in the syndrome of Maria & Irina Vasilieva, Electro-Ion Membrane Distress Syndrome observed after Immuno Compromise CHAOS dissonance. The membrane closure, of the gate, the entry of COVID-19 into the host cell is accomplished by blocking the ACE2 receptors and the CD147 molecule. What and explains the therapeutic effect after transfusion of human plasma with convalescents COVID-19, due to the presence of CA1 and CB6 monoclonal antibodies. CB6 monoclonal antibodies selectively bind to COVID-19 antigens, preventing the COVID-19 S-protein from connecting with ACE 2. CB6 does not act against SARS-CoV and MERS-CoV. The D614G protein from CoV determines the mutagenicity of SARS - CoV and MERS-CoV. Monoclonal antibodies neutralize the pro-inflammatory cytokines of IL-6, thereby preventing the cytokine storm, the development of MODS and reducing the scale of Mehta P, et al. (↑ferritin, ESR and ↓platelet), which explains the lack of need for Tocilizumab (monoclonal antibody against IL-6 receptor).

Successful data were observed by the USA, China, Russia and Sweden after application of mesenchymal stem (stromal) bone marrow cells in patients with β-SARS-Cov-2/COVID-19. As a result, a cytokine storm is prevented, O_2 blood saturation is improved, and SIRS, the expression of inflammatory markers, are reduced. It is noteworthy that we have described this technique since 1984 under the name non syngenic bio-xeno perfusion/transfusion (myelo-timo-spleen), with balancing SIRS/CARS and MARS. Like the success we described, of cryotherapy expressed ↓ toxic O_2 and nitrogen and heavy water effect of compression and reduction of "synairesis" of proteins, separation of liquid from the gel caused by a reduction in protein due to the release of water from the membrane and the release from of cell membranes and cells deuterium $D/_2H$, "heavy water" which inhibits some cleavage reactions.

Target treatment of simple nanoparticles or magnetized for inhalation use through a nebulizer using antiviral inhibitory Neuraminidase seems also to be an interesting. It is proved that the virus exists in the presence of a functional balance of the Glucolate hydrolase enzyme/Neuraminidasa enzymes, which provides the entry and exit of the virus into/from the host cell, which dies. Thus, there remains a need for definitive confirmation of the presence of Neuraminidase in COVID-19, because other data indicate the absence of Neuraminidase in β-SARS - Cov-2 / COVID-19.

The antiviral effect of Polyamidoamine dendrimers is increasingly being used in clinical practice. Dendrimers bind

to membrane receptors, occupying these places prevent viruses from occupying these receptors, and thus the pathway for viruses to enter the intracellular host is limited or not available at all.

To avoid complications of COVID-19 with respiratory failure, including fatal, it is possible with the help of physical exercises to produce "extracellular superoxide dismutase" (EcSOD). Simultaneously with E_cSOD, Zn antioxidants were also important within combination of coenzyme Q10, omega 3 fatty acids, ascorbic acid, β-carotene, Se and γ-linolenic acid.

Now I work as an anesthetist-resuscitator, saving other lives, including from the deadly COVID-19, and I have already saved the life of the patient with SARS-Cov2/COVID19 pneumonia on the background of Electrocardiostimulator, post heart surgery: Valve prosthesis, Commissurotomy, Arterial and Pulmonary Hypertension, Hepatitis, Pancreatitis, Diabetes.