



## Novel Corona Turkish Novel Protocol

### Sahan AG\*

Suleymaniye Foundation Natural Medicine Institute, Turkey

\*Corresponding author: Abdulkadir Geylani Sahan, Suleymaniye Foundation Natural Medicine Institute, Turkey, Email: agsahan@gmail.com

### Research Article

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### Abstract

**Aim:** To share a novel corona treatment method that is effective on patients with the scientific community.

**Introduction:** The new corona infection has caused a different fear all over the world, and many studies have been conducted to prolong the lives of patients who die from complications or while being treated.

**Materials & Methods:** Among the 2000 patients who were admitted to the service(500), outpatient clinic(1420) and hospitalized in intensive care (80), 147 patients who were examined naively during the period 1.2.2021-1.4.2021 were included in the study cross-sectionally. Patients at risk of death in intensive care and pre-treatment protocols at varying rates depending on the different age. Regarding the diagnosis and treatment of the disease; Since it is known that even the effects of drugs that cause complications cause human death, it was prioritized to make the treatment plan accordingly and pay attention to the complications of these treatments. The patient, whose problems with hydroxychloroquine, favipiravir and other protocols are recovering, can lead to lung edema, intubation in the intensive care unit and subsequent death. Although the complications and mortality rate of the disease is not more than influenza, it seems possible to prevent some of the deaths. The age of patients' distribution 5 from 94 years old, average age 42 years old. drugs used in treatment planning, D vitamins single dose and zinc , tigacycline , vancomycin (renal function controlled), meropenem 1 gr (renal function controlled), enoxaparin (renal function controlled) pantoprasol , 4 gr ascorbic acid will be infused, dexamethasone , budesonide. If there is an increase in the response to antibiotherapy, ivermectine therapy, tocilizumab treatment should be added without delay. tocilizumab therapy ; tocilizumab and ivermectine treatment of patients will be considered according to crp decrease.

**Result:** The patient is treated and remains normal for three days, the patient can be discharged. There was no need for tocilizumab treatment on the patients did not use favipiravir treatment among were followed up. Longest treatment protocol is completed 21 days; shortest treatment protocol is completed 3 days. No additional complications were encountered in 800 cases treated and patient follow up completed.

**Discussion:** While researching different treatment protocols in a new viral infection, it is a wrong practice to try new drugs rather than to cure the patients. Trying to treat patients with medications that have not been followed up and tried clearly makes more harm than normal. For this reason, it preparing protocols with known drugs are vital and not to use experimental antivirals (favipiravir, remdesivir, oseltamivir etc) that did not work in previous outbreaks.

**Keywords:** Novel Corona Treatment

## Introduction

Coronavirus disease 2019 (COVID-19) is an infectious disease caused by a newly discovered coronavirus, severe

acute respiratory syndrome coronavirus 2 (SARS-CoV-2) [1]. The global pandemic caused by COVID-19 is ongoing, with a projected death toll of almost 3.5 million by 1 May 2021 [2].

Ages	Patient Count	Additional Disease
4--18	77	dm3,asthma7
19--35	517	AML5 1; asthma 145, dm 23, üriner system infection112,amyloidosis23, ancylosing spondilitis7, psoriasis3,
35--55	92	dm26, ht3, conn sendromu1,
56-80	53	Dm20; ht23; ascvd11; bph7; asthma27; copd22; amyloidosis 5
81--94	57	Dm 14; ascvd 11; ht 34; atrial fibrillation 4;urine infection 7; alzheimer disease 3;conjestive heart failure 7; chronic kidney insufficiency 37; chronic kidney disease 47; prostat cancer 1; copd 11; asthma 7

**Table1:** Age and additional disease covid-19 pcr(35-45 cT) test positive patient.

Although COVID-19 presents primarily as a respiratory tract infection, increasing data have shown the potential for systemic involvement, including cardiovascular, neurological and dermatological manifestations, in patients who present with the disease [3]. The pathophysiological course of COVID-19 has been proposed to comprise three distinct phases [4]. In the early infection phase, the SARS-CoV-2 virus enters epithelial cells in the nasal cavity and multiplies in the upper respiratory tract, with or without pulmonary involvement [1,4,5]. The second phase is characterised by localised pulmonary inflammation and the development of viral pneumonia, with or without hypoxia. In a minority of patients, the disease enters a third “host response” phase, which manifests as an extrapulmonary systemic hyperinflammation syndrome, characterised by high levels of pro-inflammatory cytokines and potentially leading to thrombotic complications, viral sepsis and multi-organ failure [1,4,5].

The overall aim of this systematic literature review was to assess available evidence regarding efficacy and safety of potential pharmacological interventions for COVID-19. Thus, the aim of the analysis presented here was to synthesise evidence for mortality, hospitalisation and need for ventilation with current therapy.

## Methods

This systematic literature review to show pharmacological options for the treatment COVID-19. Among the 800 patients who were admitted to the service(200), outpatient clinic(587) and hospitalized in intensive care (3), 800 patients who were examined naively during the period 1.2.2021-1.4.2021 were included in the study cross-sectionally. Patients at risk of death in intensive care and

pre-treatment protocols at varying rates depending on the different age. Regarding the diagnosis and treatment of the disease; Since it is known that even the effects of drugs that cause complications cause human death, it was prioritized to make the treatment plan accordingly and pay attention to the complications of these treatments.

The patient, whose problems with hydroxychloroquine, favipiravir and other protocols are recovering, can lead to lung edema, intubation in the intensive care unit and subsequent death. Although the complications and mortality rate of the disease is not more than influenza, it seems possible to prevent some of the deaths. The age of patients' distribution 5 from 94 years old, average age 42 years old.

drugs used in treatment planning, aetyl salisilic acid 100 mg per day, 300000 i.u. D vitamins single dose and zinc capsule 50 mg once aday, tigacycline 50 mg twice a day, vancomycin 1 gr twice a day (renal function controlled), meropenem 1 gr three times a day(renal function controlled), enoxaparin 0,6 s.c. (renal function controlled) pantoprasol 40 mg 1x1, 5% dextrose 500 cc 4 gr ascorbic acid will be infused in 5 hours, 16 mg dexamethaone intraenous infusion with dextrose 250 cc 1 hours twice a day, budesonide 0.5 mg starting the inhaler twice a dayand ivermectine 3g twice a day. If there is an increase crp in the response to antibiotherapy, tocilisumab treatment should be added without delay. (tocilisumab therapy dose 100 - 400 mg just single day or more until four doses)the dose and durationtocilisumab treatment of patients will be considered according to crp decrease.

## Results

The patient is treated and remains normal for three days, the patient can be discharged. There was no need for

tocilizumab treatment on the patients did not use favipiravir treatment among were followed up. Longest treatment protocol is completed 21 days; shortest treatment protocol is completed 3 days.

No additional complications were encountered in 800 cases treated and patient follow up completed. In patients with cardiac risk, home anticoagulant treatment was continued with enoxaparin and aspirin.

### Discussion & Conclusion

While researching different treatment protocols in a new viral infection, it is a wrong practice to try new drugs rather than to cure the patients. Trying to treat patients with medications that have not been followed up and tried clearly makes more harm than normal. For this reason, it preparing protocols with known drugs are vital and not to use experimental antivirals (favipiravir, remdesivir, oseltamivir etc) that did not work in previous outbreaks. It is necessary to clearly evaluate whether the corona virus lung involvement is a bacterial infection added to the viral infection and the treatment should be clearly analyzed according to this situation. Because similar infiltration can cause atypical agents such as mycoplasma and chlamidia in the lung, as well as typical pneumonia agents and even

parasitic infestations [5].

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