A Polite Suggestion for COVID Management Committee

Hello Sir/Madam,

I request for your kind attention to take few minutes to read some potential ideas regarding COVID drug therapies that I came up with.

The emergent trend of present COVID now gradually posing the human community to severe uncertainty for return of normality and existence of life. The severe COVID patients becoming the end experimental subject irrespective of preclinical and clinical trials.

As we know all medicine has some common side effects and sometimes might have some moderate to severe side effects like sulphur drug allergy or Flu-like symptoms, yet we need to proceed for testing the drug on Risk Vs Benefit basis.

The establishment of any new drug/vaccine is time bounded even should we outweigh the minimum preclinical/clinical test periods. The new drug/vaccine could never be guaranteed as established one until it's passes few years of it's Post Marketing Surveillance (PMS) from safety parameter point of view.

The eminent physicians, pharmacists, nurses, and health workforces are always extending their hands with full effort and skill. The availability of all shared and collective data for individual or combined drug therapies like Remdesivir, Hydroxychloroquine, Lopinavir/Ritonavir, and Azithromycin could be useful to interpolate the projected chances of particular drug therapies against COVID-19 in a common forum like WHO.

I would like to suggest to use **the available pharmacologically established existing medicines** throughout the world. As per my understanding and prognosis, the potential drug/regimen enlisted herewith on priority basis (irrespective of preventive and supportive therapies) that could have promising effectivities against deadly COVID although they're seemingly intended for unrelated diseases. The **bolded** items could be emphasized more.

Viewpoint: More than 94% of Corona positive patients are alive. It may be due to enough antibody production by the survivors from their previous vaccines like Hepatitis B and BCG or may be due to the use of suitable available antiviral agents. We need to combine all the data of these two vaccines or few remaining medicines like Sulphamethoxazole/Trimethoprim, Tetracycline, Ciprofloxacin, Cefuroxime, Dapsone etc. from worldwide Corona positive death and alive patients to have some prognosis/statistics on used Vs non-used models so that we could extrapolate on preventive/curative properties of these selected vaccines or medicines.

Please ignore this suggestion partially or in whole if already tested/tried on human subjects, rather the data could be summarized within the common COVID Management committee.

Suggested Medicines/Vaccines/Therapies:

1. **Vaccines:**
    a. **Hepatitis B Vaccine**
    b. **BCG Vaccine**
    c. Conjugate Pneumococcal Vaccine
    d. Zostavax
2. **Antibiotics:**
    a. **Tetracyclines**/Doxycycline
    b. **Ciprofloxacin**
    c. **Cefuroxime**
    d. Carbapenem/Imipenem
    e. Amox/Clav(Augmentin)
    f. Amikacin
    g. Levofloxacin
    h. Vancomycin
    i. Gentamycin
3. **Antitubercular Drug/Regimens:**
    a. INH + RMP
    b. Isoniazid + Rifampin + Ethambutol
    c. **sulfamethoxazole/trimethoprim (SMX/TMP**
    d. Isoniazid (INH) + Rifampin (RMP) + Pyrazinamide (PZA) ± Ethambutol (EMB)
    e. Streptomycin/Fluroquinolones
4. **Antiepileptic Drugs**
    a. **Dapsone**
    b. Clofazimine
5. **Immunomodulators:**
    a. **Cyclosporine**
    b. Azathioprine
6. **Antivirals:**
    a. Foscarnet
    b. Amantadine
7. **Integrase Inhibitors**
    a. Dolutegravir
    b. Raltegravir
8. **Entry Inhibitors**
    a. Maraviroc
9. **Fusion Inhibitors**
    a. Enfuvirtide
10. **Combination Antiretrovirals (NRTI/NNRTI):**
    a. **Lamivudine+Zidovudine** (150 mg+300 mg)
    b. Abacavir+Lamivudine+Zidovudine (300mg+150mg+300mg)
11. **Protein Therapy:**
    a. Interferon γ

A. Preventive Measures:

a. Vitamin A (Carrot)
b. **Vitamin C** (Fruits/Berries)
c. Vitamin D

d. Vitamin E
e. Zinc Lozenge
f. Tea/Mushrooms
g. Probiotics: Lactobacillus/Saccharomyces
h. Humidity Maintenance: Range ~35-40%.
i. Physical Exercise/Meditation

B. Supportive Therapies:

a. Anti Asthmatic/COPD Drugs:

i. SABA: Salbutamol/Levalbuterol
ii. LABA: Salmeterol/Formoterol
iii. PDE4 Inhibitor: Roflumilast

b. Anti Inflammatory Drugs:

i. Omalizumab
ii. Prednisolone

The purpose of sharing my knowledge and experience are for the benefit of the society and not for my personal advantage.

Please be advised that these are my sole suggestions and expecting professional attention.

Thanks and Best Regards,

Kartick Chandra Samanta
M.Pharm.(JU), PhD (Pharm.), CMM, PDCR, FIC(India);
Pharm Res & Dev (TIPT), PMIEP (RU), C.Chem (Canada).
DECIEM inc, Toronto, Canada
Total Health Centre Inc, Mississauga, ON, Canada
Loblaws Pharmacy, Toronto, ON, Canada
Contract Pharma Ltd, Mississauga, ON, Canada
Manav Bharti University, Solan, India (Dean, Pharmacy),
Patheon Inc, Mississauga, ON, Canada
Cosmetica Labs Inc., ON, Canada
Chemi Pharmaceuticals Inc. Mississauga, ON, Canada
Centre for Addiction & Mental Health, Toronto, Canada
Suresh Gyan Vihar University, Jaipur, India (Principal, Pharmacy)
S. B. S. P.G. Inst. of Biomed Sc & Res, Dehradun, India
GRD (PG) Inst. of Mgt.& Tech, Dehradun, India
Kanak Manjari Inst.of Pharm Sc, Rourkela, India
Siliguri Govt.Polytechnic, India
Calcutta Inst.of Pharm. Tech. & A.H.S. Howrah, India
Standard Pharmaceuticals Ltd, Serampore, India
Tata Main Hospital, Jamshedpur, India
Reckitt & Colman of India Ltd, Kolkata, India
M.R.Bangur Hospital, Govt.of W.B., Kolkata, India