Potential Therapeutics against COVID-19

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Abstract

Coronavirus disease 2019 (COVID-19) is an infectious respiratory disease caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) virus. Within few months of its appearance, it has spread to almost every nook and corner of the world thereby severely affecting almost every sector of life– health, education, economy, business and social, to name a few. Global healthcare and economy are in shambles and everyone is eagerly waiting for effective therapeutics against this virus. The current medication involves the use of repurposed drugs that are already available in the market and clinically tested. At the same time, there are also some novel potential drugs which are being assessed for their efficacy against SARS-CoV-2. Apart from these available therapeutics, there are dozens of potential vaccines that are available and some are currently in clinical trials and in use worldwide. As the cases are increasing each day, hence immunity boosters are gaining importance. Plant- based drugs or alternative approaches play a vital role in immune-boosting capability, thereby imparting an important role in virus alleviation. This report summarizes the current therapeutics available or recommended against SARS-CoV-2 and natural products that have been shown to boost the immune system.

Keywords: SARS-CoV-2, anti-viral drugs, traditional medicines, vaccines

Introduction:

In December 2019, "a mighty small pathogen

consisting of positive-sense single-stranded RNA wrapped up in protein", namely Severe Acute Respiratory Syndrome Coronavirus 2

(SARS-CoV-2) caused the pandemic Coronavirus Disease 2019 (COVID-19) (Zhou et al. 2020). Out of seven coronaviruses that are pathogenic to humans (HCoV-OC43, HCoV-229E, HCoV-HKU1, HCoV-NL63, SARS-CoV, MERS-CoV and SARS-CoV-2), only two of them and newly identified SARS-CoV-2 have been reported to be highly pathogenic to humans (Tang et al., 2015; Cui et al., 2019, Song et al., 2019; Wu et al., 2020; Lu et al., 2020; Naqvi et al., 2020). SARS-CoV-2 was originally detected in Wuhan (China), and soon became a global pandemic within a few months. As of 19 November, 2021, 255, 324, 963 cases of COVID-19 have been reported globally, including 5,127,696 deaths (WHO Coronavirus (COVID-19) Dashboard, n.d.). Its rapid spread in many countries underlines an urgent requirement for efficient drugs and vaccines. Since the onset of this pandemic, several groups are trying to develop antivirals against SARS-CoV-2 in order to combat this virus and delay the epidemic break, also called "Flattening the curve". The good news is a total of 7,370,902,499 vaccine doses have been administered so far till 19 November 2021. All approved SARS-CoV-2 vaccines have proved to provide a high degree of protection against serious symptoms and death. Taking the vaccine jab is the need of the hour as it would help to slow down the spread of the virus ultimately leading to "Flattening the curve". Achieving herd immunity should be the topmost priority.

Objectives of the paper

The objective of the report is to summarize the current therapeutics available or recommended against SARS-CoV-2. The paper also discusses about natural products that have been shown to boost the immune system.

Potential Synthetic Drugs for treatment of COVID-19

Since the onset of this COVID-19 pandemic, several groups around the world are trying hard to identify drug molecules that could combat this virus. In March 2020, WHO initiated "SOLITARY" trials to assess the treatment effects of four existing antiviral compounds with the most promise of efficacy where more than 100 countries have joined to evaluate high profile treatment. The frontline potential candidates/drugs that are being actively considered as potential therapeutics are described in table 1. While some other novel candidates that may have therapeutic use in COVID 19 are described in table 2.

Drugs approved by Indian Council of Medical Research (ICMR)

A wide range of symptoms can be observed in patients suffering of SARS-CoV-2. Some of the most important measures listed under the AIIMS/ICMR-COVID-19 National Task Force guidelines during treatments include social distancing, use of masks indoors, use of antipyretics, multivitamins etc., along with proper monitoring. The drugs currently approved for use across the country are listed in the table 3.

	Table- 1 Summary of the potential candidates/drugs as therapeutics against COVID 19								
	Name of the drug	Chemical nature	Nature of the drug	Mode of action	Reference				
1	Ribavirin/Tribavi rin	Synthetic guanosine analogue	Antiviral	Inhibits viral replication and interferes with RNA capping.	(Khalili et al., 2020)				
2	Sofosbuvir/Sov aldi	Derivative of uridine 5'- monophosphate	Antiviral	Inhibits RNA-dependent-RNA- polymerase enzyme crucial for viralreplication.	(Nourian &Khalili,2020)				
3	Galidesivir/BCX 44 30/Immucillin-A	Adenosine analogue	Antiviral	Prevents the replication and transcription of the viral genome.	(Keni et l., 2020)				
4	Umifinovir/Arb idol	Indole derivative	Antiviral	Inhibits membrane fusion of the virus and reduces severe symptoms.	(Nojomi et al., 2020)				
5	Nitazoxanide	Synthetic benzamide	Immunomodu lators	Interferes with host-regulated pathways involved in viral replication, amplifying cytoplasmicRNA sensing and type I IFN pathways.	(Yavuz & Ünal, n.d.)				
6	Type I interferon (IFN-I)	Glycoprotein cytokines	Immunomodu lators	Inhibits viral replication, viral proteases, and immunomodulates.	(Lee & Shin, 2020)				
7	Kaletra/Lopinavi r/ Ritonavir	Dicarboxylic acid diamide (amphetamine)	Anti- retroviral protease inhibitor	Inhibits protease enzyme necessary for viral replication.	(Cao et al. 2020)				
8	Nelfinavir/Vira cept	Aryl sulfide	Anti-viral protease inhibitor	Inhibits proteases necessary forviral replication and release of mature viral particles from the cell	(Rismanbaf,2020)				
9	Darunavir/Prezi sta	N,N-disubstituted benzenesulfonamide having an unsubstituted amino group at 4 th position	Anti- retroviral protease inhibitor	Prevents enzymatic binding, dimerization, and catalytic activity of viral proteases.	(J. Chen etal., 2020)				
10	Atazanavir/Rev ataz	Aza-dipeptide analogue with a bis-aryl substituent on hydrazine group	Anti- retroviral protease inhibitor	Inhibits proteases enzyme and prevents the formation of mature viral particles.	(Fintelman- Rodrigues et al., 2020)				
11	Infliximab/ Remicade	Purified rDNA-derived chimeric human-mouse IgG monoclonal antibody	chimeric monoclonal antibody	Tumor necrosis factor inhibitor proposed as a potential treatment for cytokine release syndrome associated with COVID-19.	https://pharm aphorum.co m/news/celltrion-trials- infliximab- biosimilar- in- recovering-covid-19- patients/				
12	Sarilumab/ Kevzara	Human monoclonal antibody	Monoclonal antibody	Shown promising results in patients affected with COVID-19 pneumonia when administered alone or in combination with other Therapeutics.	(Benucci etal., 2020)				
13	Fedratinib	Anilinopyrimidine derivative	Selective JAK2 inhibitor	Reduces cytokine storm-mediated symptoms in COVID-19 patients.	(Chilamakuri & Agarwal,2021)				

HANS SHODH SUDHA, Vol. 2, Issue 2, (2021), pp. 5-17

Table-	Table- 2 Summary of some other candidates/drugs that may have a potential therapeutic use in COVID 19								
S.N 0	Name of drug	Nature of drug	Mode of action	References					
1	EIDD-2801	Isopropyles ter prodrug of [N4- hydroxycyt idine] ribonucl eoside analog	Inhibits viral replication as it induces inactivating mutations	Sheahan et al, 2020					
2	Mavrilimuma b	Monoclonal antibody	Blocks GM- CSF (granulocyte macrophage - colony- stimulating factor), thus reduces hyper Inflammation	Luca et al, 2020					
3	CD24Fc	Recombinant fusion protein where CD24 is attached to Fc portion of antibody	Shows reductio n of multiple inflamm atory cytokine s.	https://finance.ya hoo.co m/news/oncoim mune- receives- fda-approval- covid- 184000653.html					
4	Lenzilumab	Monoclonal antibody	Blocks GM- CSF (granulocyte macrophage - colony- stimulating factor), and CSF-2 (Colony- stimulating factor-2), therefore prevents hyperinflamm ation in patients with pneumonia associated with COVID-19.	https://clinicaltrial s.gov/ ct2/show/NCT043 51152					
5	Leronlima b(PRO 140)	Humanized IgG4 monoclonal antibody	Enhances the immune response in patients experiencing cytokine release syndrome from respiratory distress caused by COVID-19.	https://www.drug s.com/ clinical_trials/lero nlimab-seven- patients-severe- covid-19- demonstrated- promise-two- intubated- patients-icu- removed- 18486.html					
6	Gimsilumab	Human monoclonal antibody	Targets the pro- inflammatory cytokine granulocyte- macrophage colony stimulating factor (GM-CSF),	https://clinicaltrials. gov/ct2/show/NCT 04351243					

7	Otilimab	Mooclonal antibody	Acts by blocking the interaction of GM-CSF	https://clinica ltrials.gov/ ct2/show/NC
			with its cell surfacereceptor.	T04376684
8	JS016	Monoclonal antibody	Binds to the spike protein receptorin SARS-CoV-2 and can block viruses from binding to the ACE2host cell surface receptor.	https://www. nasdaq.com /articles/juns hi-eli-lilly- agree-to-co- develop- js016- antibodies- against- covid-19- 2020- 05-04
9	LY-CoV555	Monoclonal antibody	Binds to the spike protein receptorin SARS-CoV-2 and can block viruses from binding to the ACE2 host cell surface receptor.	https://clinica ltrials.gov/ ct2/show/NC T04411628
10	INOpulse	Inhaled nitric oxide	Improves oxygenation and haltsthe progression of virus.	https://www. clinicaltrial s.gov/ct2/sho w/NCT043 98290
11	RLF-100 (Aviptad)	Human vasoactive intestinal peptide(VIP)	Decreases mortality and improve oxygenation in the blood for patients with COVID-19 through its anti-inflammatory activity.	https://clinica ltrials.gov/ ct2/show/NC T04453839
12	Losmapimod	Mitogen - activated protein kinase (MAPK) inhibitor	Reduces the inflammatory response associated with disease progression in COVID-19 by reducing inflammatory biomarkers such as C-reactive protein and IL-6.	https://www. biospace.co m/article/fulc rum- therapeutics- initiates- phase-iii- losmapimod- study-in- covid-19
13	Telbivudine	Antiviral thymine nucleoside analog	Inhibits DNA polymerase activity and causes chain termination.	(Tu et al., 2020)
14	Azithromycin	Antibiotic	Inhibits bacterial protein synthesis and mRNA translation.	(Echeverría- Esnal et al., 2021)

									or use in our coun				
15	Colchicine	Anti- inflammatory ; antiviral	Interferes with inflammatory pathways alon with superoxide	(Schlesinger et al., 2020)	S. No	Name of the drug	Chemical nature	Nature of the drug	Mode of action	Reference			
			superoxide production, inflammasome activation, TNF- α release and inhibits microtubule formation.		1	Dexametha sone	Fluorinate d steroid	Anti- imflamm atory	Acts by reducing inflammation associated with cytokine release syndrome in patients with	(Ledford H. Nature 2020)			
16	Cyclosporin	Immunosupp resive drug	Inhibits calcineurin.	(Tu et al., 2020) 2	2020)	Methylpred	Synthetic	Anti- inflamm	COVID-19 Reduces	(Peking Union			
17	IDX-184	Antiviral drug	Binds to RNA dependent RNA polymerase and	(Elfiky, 2020)	2	nisolone	pregnane steroid	atory and immno- modulato r	severe lung damage.	Medical College3Ho spital, 2020)			
		Anti	contradict the function of the protein leading to viral eradication.	(0) 1	3	Enoxaparin (low molecular	Low molecular weight,	Anticoag ulant/ antithro	Prevents and treats thromboembol ic	(Drago et al., 2020)			
18	Naproxen	Anti- inflammatory	Decreases	(Chilama kuri &		heparin)	synthetic heparin	mbotic agent	complications of COVID-19.				
		;antivi ral	inflammatory mediators in SARS- CoV-2.	Agarwal, 2021) (Tu et al., 2020)	4	Apixaban	Pyrozolop yridine	Anticoag ulant	Decreases mortality with its	(Billett et al., 2020)			
19	Cobicistat/Ty b ost	Antiviral	Inhibits the CYP3A- mediated metabolism.		_				prophylactic use Alters the	(AL-			
20	Ronapreve (casirivimab and imdevimab)	preve ivimab of two viral load in seronegative patients vimab) antibodies who antibodies who antibodies who antibodies who are hospitalised with COVID-19 and did not require high-flow ventilation at bo ventilation at baseline. difference viral covidence viral covidence viral covidence ventilation at bo ventilation at bo ventilation bo ventilation bo ventilation bo ventilation bo ventilation bo ventilation bo ventilation bo ventilation ventilation bo ventilation bo ventilation bo ventilation bo ventilation ventilation bo ventilation ventilat	ab of two monoclonal	(casirivimab ndof two monoclonal antibodiesviral load inII/I II/I seronegative patientsmdevimab)antibodieswho are hospitalised with cOVID-19 and did not require high-flow ma oxygen or mechanicalII/I II/I b)	viral load in seronegative patients who are hospitalised with COVID-19 and did not require high-flow oxygen or mechanical	two viral load in seronegative patient: who are hospitalised with COVID-19 and did not require high-flow oxygen or mechanical	II/III Trial Shows Ronaprev eTM (Casirivi mab and Imdevima	5	Amphoteric in b	Isolated from Streptomy ces nodosus	Antimicr obial, antifunga l	structure of the viral envelope, cell membrane integrity and internal cell organelles besides its immunomodul atory reponse	Khikani, 2020)
			tly Reduces Viral Load within Seven Days of Treatment in Patients Hospitalis ed with	6	Tocilizuma b Actemra/	Humanize d monoclon al antibody	Monoclo nal antibody	Shown promising results in severely affected patients.	(Chilam akuri& Agarwal , 2021)				
				7	Remdesivir /Veklury	Adenoson e triphospha te (ATP) analogue	Antiviral	Inhibits viral replication and has shown in vitro and in vivo activity against SARS- CoV-2.	Wang et al. 2020				
			COVID- 19, n.d.)	Potential Alternative / Traditional Medicine									
			f two entering the body's	(EvuShel						nes for			
21	EvuSheld (tixagevimab and cilgavimab)	Combination of two antibodies		d (AZD744 2) Long- Acting	Acting vaccines have been identified as promising								
				Antibody Cocktail,	cai	ndidates, t	hese cand	idates la	ck experime	ntal			
				n.d.)	pie	eces of evid	dence the	reby rest	ricting their	use			
i.					-			-					

in humans. Though repurposed drugs are

being tried on COVID-19 patients, many new molecules and vaccines are under the clinical trial. As the world is grippling with the virus, natural compound-based products have tried to fill the void. Hence, natural product-based alternative traditional medical therapies are being explored to boost the immunity thereby helping in the alleviation of outcomes of COVID 19.

Traditional Chinese and Indian medicines have been used since a long in order to control including viral diseases SARS and H1N1influenza, common cold, zika, flu illness, and so forth (Chen et al., 2011; Xiaoyan et al., 2018) and they are also useful as immunity boosters. SARS-CoV-2- infected people have been treated with traditional medicines for prevention as well as treatment of COVID-19 in China and Korea (Ang et al., 2020). There are ten plants and their products that have been administered to COVID-19 patients membranaceus Mongolian (Astragalus / milkvetch, Glycyrrhiza uralensis / Gan Cao, Saposhnikoviae divaricate / Fángfēng, Rhizoma atractylodis macrocephalae / Bai Zhu, Lonicerae japonicae flos / Jinyinhua, Fructus forsythia / Forsitia, Atractylodis rhizoma /black atractylodes rhizome, Radix platycodonis / Platycodon Root, Agastache rugosa / wrinkled giant hyssop, and Cyrtomium fortune / holly fern (Luo et al., 2019) and they served as source of traditional medicine in China. Similarly, Indian traditional medicines are also practiced for the treatment of infectious viral diseases. Ayurveda, Siddha, and Unani are the three different components of traditional Indian medicine that utilize mainly plantbased extracts/drugs (Thileepan and Prasad, 2018). In India, the Ministry of AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homoeopathy) has recommended the use of effective indigenous drugs which helps in the enhancement of immunity against viral disease. The amalgamation of extracts of 15 different plants (Zingiber officinale / Ginger, Piper longum / Indian long pepper, Syzygium aromaticum / clove, Tragia involucrate / Indian stinging nettle, Anacyclus pyrethrum / Mount Hygrophilla Atlas daisy, auriculata swampweed, Terminalia chebula / chebulic vasica myrobalan, Adhatoda / Adusa, Plectranthus amboinicus / Indian borage, Saussurea costus / costus, Tinospora cordifolia / Giloy, Clerodendrum serratum / glory bower, Andrographis paniculate / creat or green chireta,, Sida acuta / wireweed and Cyperus rotundus / nutgrass (Prasad et al., 2020) can be used for the prevention and cure of COVID-19. AYUSH has recommended few formulations (aqueous extract / powder of Withania somnifera ; aqueous extract / powder of aqueous extract / powder of Tinospora cordifolia) for prophylactic care (high risk population, primary contacts) and another formulations (aqueous extracts Tinospora cordifolia and Piper longum; AYUSH64) for mild symptoms (https://www.ayush.gov.in/docs/ayush-Protocol-covid-19.pdf). Few plant-based products such as mannose-binding lectins, emodin, aescin, reserpine, phenanthroindolizidines,

phenanthroquinolizidines, tetra-O-galloyl-βd-glucose, luteolin, quercetin derivatives, are also identified that have shown antiviral activity against coronaviruses (Prasad et al., 2020). Plant-based drugs are extracted from common and rare herbs which have a unique immune-boosting property for curing diseases and maintenance of good health. Herbs that are used in traditional medicines have negligible side effects and are hence considered the safest mode for the treatment of diseases. Few plant-based products such as mannose-binding lectins, emodin, aescin, reserpine, phenanthroindolizidines,

phenanthroquinolizidines, tetra-O-galloyl-βd-glucose, luteolin, quercetin d also identified that have sh activity against coronaviruses 2020). Plant-based drugs are common and rare herbs which immune-boosting property for and maintenance of good hea are used in traditional m negligible side effects and considered the safest mode for of diseases. So, consolidation knowledge of traditional synthetic medicine systems can treatment of this pandemic disea

Since no extensive studies have been performed in order to identify the important chemical components of plants and to determine the molecular mechanisms behind their potential role as anti-COVID-19 and as immunity boosters, further investigations in this direction is highly recommended.

	Table 4: List of authorized or approved vaccines worldwide						
			approved vac		lwide		
S.N o	Name of vaccine	Numb er of doses	Vaccine type	Route of administ ration	Developer		
1	Comirnaty (BNT162b2)	2	mRNA- based vaccine	Intramus cular	Pfizer/BioNTech , Fosun Pharma		
2	Moderna COVID-19 Vaccine (Mrna- 1273)/Spikevax	3	mRNA- based vaccine	Intramus cular	Moderna,BARD A,NIAID		
3	COVID-19 Vaccine AstraZeneca (AZD1222/Vax zevria / Covishield	1-2	Adenoviru svaccine	Intramus cular	AstraZeneca, University of Oxford		
4	Sputnik V (Gam-COVID- Vac)	2	Recombina nt adenovirus vaccine (rAd26 and rAd5); non- replicating viral vector	Intramus cular	Gamaleya Research Institute, Acellena Contract Drug Research and Development		

hown (Prasa extract	ives, are antiviral ad et al., ted from a unique	5	Sputnik Light	1	Recombina nt adenovirus vaccine (rAd26); non- replicating viral vector	Intramus cular
curing alth. He	diseases erbs that es have	6	COVID-19 Vaccine Janssen (JNJ- 78436735; Ad26.COV2.S)	1-2	Non- replicating viral vector	Intramus cular
or the t of old with	reatment classical modern	7	CoronaVac	2	Inactivated vaccine (formalin with alum adjuvant)	Intramus cular
ease. es hav y the in plants	nportant and to	8	BBIBP-CorV	2	Inactivated vaccine	Intramus cular
DVID-19 nvestiga lended.		9	EpiVacCorona	2	Peptide vaccine	Intramus cular
Route of administ ration Intramus cular		10	Convidicea (PakVac, Ad5- nCoV)	1	Recombina nt vaccine (adenovirus type 5 vector)	Intramus cular
Intramus cular	Moderna,BARD A,NIAID	11	Covaxin (BBV152)	2	Inactivated vaccine	Intramus cular
		12	WIBP-CorV		Inactivated vaccine	Intramusc ular
Intramus cular	AstraZeneca, University of Oxford					
Intramus cular	Gamaleya Research Institute, Acellena	13	CoviVac	2	Inactivate dvaccine	Intramusc ular

5

Sputnik Light

1

Intramus

Recombina

Gamaleya

Research

Institute, Acellena

Janssen

Sinovac

Research and

Development Co.,Ltd

Beijing Institute

Products; China National Biotec

of Biological

Group; Sinopharm

Federal

Budgetary

Institution State

Research Center of Virology and Biotechnology

Research

CanSino

Biological Inc.

Bharat Biotech, ICMR; Ocugen;

Wuhan Institute

Products; China National Pharmaceutical Group (Sinopharm)

of Biological

Chumakov Federal ScientificCenter for Research and Development of Immune and Biological Products

ViroVax

Pharmaceutical

(Johnson & Johnson)

Contract Drug

Research and Development

			1		
14	ZF2001	2-3	Recombin antvaccine	Intramusc ular	Anhui Zhifei Longcom Biopharmaceutic al, Institute of Microbiology of the Chinese Academy of Sciences
15	QazVac (QazCovid- in)	2	Inactivate dvaccine	Intramusc ular	Research Institute for Biological Safety Problems, Rep. of Kazakhstan
16	KCONVAC	2	Inactivate dvaccine	Intramusc ular	Beijing Minhai Biotechnology Co.; Kangtai Biological Products Co. Ltd.
17	COVIran Barekat	2	Inactivate d vaccine	Intramusc ular	Shifa Pharmed Industrial Group
18	IMBCAMS Covid-19 Vaccine (Covidful)	2	Inactivate dvaccine	Intramusc ular	Chinese Academy of MedicalSciences, Institute of MedicalBiology
19	Abdala (CIGB66)	3	Protein bunit vaccine	Intramusc ular	Center for Genetic Engineeringand Biotechnology
20	Soberana 02 (FINLAY- FR- 2)	2	Conjugate vaccine	Intramusc ular	Finlay Institute of Vaccines; Pasteur Institute
21	MVC- COV1901/ Medigen COVID-19 vaccine	2	Protein subunit vaccine	Intramusc ular	Medigen Vaccine Biologics Corp.; Dynavax
22	ZyCoV-D	3	DNA plasmid- based vaccine	Intraderm al	Zydus Cadila
23	Spikogen (COVAX-19)	2	Monovale nt recombina nt protein vaccine	Intramusc ular	Vaxine Pty Ltd.; CinnaGen
24	FAKHRAVA C/MIVAC/Fak hra	2	Inactivate d vaccine	Intramusc ular	The Stem Cell Technology Research Center; Organization of Defensive Innovation and Research
25	NVX- CoV2373/Cov ovax	2	Recombin ant nanopartic le vaccine	Intramusc ular	Novovax; CEPI

Vaccines against SARS-CoV-2 under use

According to the WHO vaccine tracker, 108 vaccines are in clinical development while 184 are in pre-clinical development (*COVID-19 Vaccine Tracker and Landscape*, n.d.). Out of these 108 candidates under clinical development, 20 vaccines (described in table 4) are currently in use worldwide (*COVID-19 Vaccine Tracker*, n.d.) and 8 are being approved by WHO.

As the COVID-19 infection continues to surge worldwide, experts caution against rushing the process of developing a potential vaccine. The use of novel technologies for vaccine development needs extensive testing for the safety and efficacy of a vaccine. In India itself, more than six biotech establishments are working in collaboration with various vaccine developers worldwide for vaccines (Kaur & Gupta, 2020).

Conclusion and Future Perspective

The emergence of this virus in late 2019 caused a large global outbreak that severely demobilized the global economy. As the COVID-19 infection continues to surge worldwide, experts caution against rushing the process of developing a potential vaccine. It cannot be stressed more than a fast tract vaccine development in accordance with the globally accepted norms is the need of the hour. Although the virus is affecting our health - both physical and mental, and scientists all over the world are trying their best to find a solution, we also need to think of some immediate measures about people's well-being and their recovery during and after a major global health crisis.

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