

# Classical Drug and its New Role in COVID-19 Management

**Viroj Wiwanitkit\***

Honorary Professor, Dr DY Patil University, Pune, India

\*Correspondence should be addressed to Viroj Wiwanitkit; [wviroj@yahoo.com](mailto:wviroj@yahoo.com)

**Received date:** August 04, 2020, **Accepted date:** August 07, 2020

**Copyright:** © 2020 Wiwanitkit V. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

COVID-19 is the new emerging viral infection that already cause global public health problem [1-3]. More than 220 countries/territories are already attacked and there are more than 17 million patients around the world. This disease was firstly reported in China then in Indochina and extended worldwide. The patient can have febrile respiratory illness and there are many asymptomatic and mild symptomatic cases. The new viral respiratory infection causes several medical and non-medical problems and it is a big challenge to be managed. As a new disease, the knowledge on diagnosis and management is limited. At present, there is still no gold standard therapeutic regimen for managing COVID-19. The treatment has to depend on symptomatic and supportive treatment. The high mortality rate of this disease is reported and it leads to the urgent need to find new therapeutic method to manage the infection. The ongoing researches and developments for finding new drug against the pathogenic virus is the hope for success in disease containment [4]. Nevertheless, it usually takes a very long time to find a new drug for management of a new emerging disease. Additionally, COVID-19 is a new viral disease, finding the effective drug is usually difficult. Seeking a new alternative prodrug for further development has to take a long time and it might be in time for managing the present outbreak crisis. Therefore, the ideas for seeking new drug from classic drugs is very interesting.

An interesting attempt is the use of available drugs for managing of the infection. Several classic drugs have been tested for management of the disease. There are many reports on using classical drugs for management of the infection. Available antiviral drug is the important group that is widely tested. Antiviral drug was earlier proposed than other groups of classic drugs since COVID-19 is a viral infection [5]. Antiretroviral drug is reported for its possible usefulness in the management of disease [6]. The standard antiretroviral drug for HIV patient is the

drug that is usually proposed for its efficacy in COVID-19. Nevertheless, based on the mathematical model study, the use of the drug has to adjust by increasing the dose of the antiretroviral drug [7]. Focusing on anti-influenza drug, it is not proposed for its role in the case of COVID-19 [8,9]. Therefore, the use of standard influenza management cannot result in successful management of COVID-19.

Additionally, the well-known antimalarial drug, chloroquine and hydroxychloroquine, is also proposed for possible role in management of the virus infection [10]. The observation on the lack of infection in the systematic lupus erythematosus (SLE) patient who on regular hydroxychloroquine is the basic observation leading to the ideas that the classic hydroxychloroquine might be useful for managing COVID-19 [11]. Regarding antibiotics, some drugs are proposed for its possible role. The good example is doxycycline [12,13]. Also, the antifungal drug is also proposed for its possible role for disease management [14]. The classic drug that is not used for managing infection is also proposed for its possible role in managing COVID-19. The antipsychiatric drug is proposed for its advantage. Clozapine and chlorpromazine are the good examples [15,16]. Steroid, the classical drug, is also proposed for its role in managing severe infection [17]. The use of steroid is mentioned for its advantage in managing cytokine storm problem caused by COVID-19. The action of steroid is due to anti-inflammatory action.

The role of classic drug is basically proposed based on its known pharmacological action. The consideration on detailed pharmacological mechanisms of the classic drug leads to the ideas for application for managing COVID-19. The comparison by biological pathway analysis or expression analysis via pharmacological informatics approach can help identify possible new alternative drugs for managing COVID-19. This pharmacological informatics approach is also helpful and applicable in searching drugs from

alternative medicine regimens [18]. The pharmacological pathway comparison seems to be the useful new concept for searching new anti-COVID-19 drug from well-known classic drugs. However, the comparison can give only a clue that a classic drug might be applicable. It still requires standard clinical studies to verify that proposed possibility for managing COVID-19. Nevertheless, using the old classic drug might be safer than using of newly developed drug or other aggressive approaches. Classic drug usually has many details on its safety and adverse effect. If it is selected for managing COVID-19 patient, the practitioner can have a draft way to follow the possible adverse effect. For example, if hydroxychloroquine is used, the follow-up for hemolysis is required and screening for glucose-6-phosphate dehydrogenase deficiency is needed [19,20]. This is considered safer than using other more risk method such as using convalescent plasma therapy [21].

### Conflict of Interest

None.

### References

1. Madabhavi I, Sarkar M, Kadakol N. COVID-19: a review. *Monaldi Archives for Chest Disease*. 2020 May 14;90(2):1298.
2. Li H, Liu SM, Yu XH, Tang SL, Tang CK. Coronavirus disease 2019 (COVID-19): current status and future perspectives. *The International Journal of Antimicrobial Agents*. 2020 May;55(5):105951.
3. Sifuentes-Rodríguez E, Palacios-Reyes D. COVID-19: The outbreak caused by a new coronavirus. *Boletín medico del Hospital Infantil de Mexico* 2020;77(2):47-53.
4. Lima WG, Brito JCM, Overhage J, Nizer WSDC. The potential of drug repositioning as a short-term strategy for the control and treatment of COVID-19 (SARS-CoV-2): a systematic review. *Archives of Virology*. 2020 Aug;165(8):1729-1737
5. Liu W, Zhou P, Chen K, Ye Z, Liu F, Li X, et al. Efficacy and safety of antiviral treatment for COVID-19 from evidence in studies of SARS-CoV-2 and other acute viral infections: a systematic review and meta-analysis. *CMAJ*. 2020 Jul 6;192(27):E734-E744.
6. Ford N, Vitoria M, Rangaraj A, Norris SL, Calmy A, Doherty M. Systematic review of the efficacy and safety of antiretroviral drugs against SARS, MERS or COVID-19: initial assessment. *The Journal of the International AIDS Society*. 2020 Apr;23(4):e25489.
7. Yasri S, Wiwanitkit V. Dose prediction of lopinavir/ritonavir for 2019-novel coronavirus (2019-nCoV) infection based on mathematic modeling. *Asian Pacific Journal of Tropical Medicine* 2020 Mar 1;13:137-8.
8. Srinivas P, Sacha G, Koval C. Antivirals for COVID-19. *Cleveland Clinic Journal of Medicine*. 2020 May 14.
9. Arabi YM, Fowler R, Hayden FG. Critical care management of adults with community-acquired severe respiratory viral infection. *Intensive Care Medicine*. 2020 Feb;46(2):315-328.
10. Singh AK, Singh A, Shaikh A, Singh R, Misra A. Chloroquine and hydroxychloroquine in the treatment of COVID-19 with or without diabetes: A systematic search and a narrative review with a special reference to India and other developing countries. *Diabetes and Metabolic Syndrome*. 2020 May-Jun;14(3):241-246.
11. Joob B, Wiwanitkit V. SLE, hydroxychloroquine and no SLE patients with COVID-19: a comment. *Annals of the Rheumatic Diseases*. 2020 Jun;79(6):e61.
12. Szolnoky G. Further aspects of doxycycline therapy in COVID-19. *Dermatologic Therapy*. 2020 Jun 13:e13810.
13. Malek AE, Granwehr BP, Kontoyiannis DP. Doxycycline as a potential partner of COVID-19 therapies. *IDCases*. 2020 Jun 6;21:e00864.
14. Arastehfar A, Carvalho A, van de Veerdonk FL, Jenks JD, Koehler P, Krause R, Cornely OA, S Perlin D, Lass-Flörl C, Hoenigl M. COVID-19 Associated Pulmonary Aspergillosis (CAPA)-From Immunology to Treatment. *Journal of Fungi (Basel)*. 2020 Jun 24;6(2):91.
15. Siskind D, Honer WG, Clark S, Correll CU, Hasan A, Howes O, Kane JM, Kelly DL, Laitman R, Lee J, MacCabe JH, Myles N, Nielsen J, Schulte PF, Taylor D, Verdoux H, Wheeler A, Freudenreich O. Consensus statement on the use of clozapine during the COVID-19 pandemic. *The Journal of Psychiatry & Neuroscience*. 2020 Apr 3;45(4):200061.
16. Stip E. Psychiatry and COVID-19: The Role of Chlorpromazine. *The Canadian Journal of Psychiatry*. 2020 Jun 15:706743720934997.
17. Johnson RM, Vinetz JM. Dexamethasone in the management of covid -19. *BMJ*. 2020 Jul 3;370:m2648.
18. Zhang L, Yu J, Zhou Y, Shen M, Sun L. Becoming a Faithful Defender: Traditional Chinese Medicine against Coronavirus Disease 2019 (COVID-19). *The American Journal of Chinese Medicine*. 2020;48(4):763-777.
19. Oymak Y, Karapinar TH, Devrim I. Why G6PD Deficiency Should Be Screened Before COVID-19 Treatment With Hydroxychloroquine?. *Journal of*

Pediatric Hematology/Oncology. 2020 Jun 2.

20. Beauverd Y, Adam Y, Assouline B, Samii K. COVID-19 infection and treatment with hydroxychloroquine cause severe haemolysis crisis in a patient with glucose-6-

phosphate dehydrogenase deficiency. *European Journal of Haematology.* 2020 Apr 23.

21. Joob B, Wiwanitkit V. Convalescent plasma and covid-19 treatment. *Minerva Medica.* 2020 Jun 12.