

# Eurasian Journal of Comprehensive Clinical Medicine and Translational Research

Vol. 1 (2023)

**EJCCMTR** 

E-mail Id: editor@iifard.org

url: www.iifard.org/about-journal/



## Eu**ra**sian Journal of Comprehensive Clinical Medicine and Translational Research

## **Eurasian Journal of Comprehensive Clinical Medicine and Translational Research**

https://www.iifard.org/web/AmYIZQRkBj8=/EJCCMTR www.iifard.org

ISSN:



## **Editor in Chief**

Prof. (Dr.) Ratnesh Kumar

## **Editorial Secretary**

Dr. Arpita Saxena

## **Editorial Board**

Prof. Dimitrios A. Karras

Prof. (Dr.) P Ramesh Menon

Prof.(Dr.) Xiao-Zhi Gao

Prof.(Dr.) Suyash Tripathi

Dr.Entessar Al Jbawi

Dr. Haiam Morsy Aboul-Ela

Prof. (Dr.) Khalil KASSMI

Dr. Patrícia Pinheiro Beck Eichler

Prof. (Dr.) Sherein Saeid AbdElgayed

Volume 1 2023

Published by

**International Institute For Academic Research and Development** 

Email: trustforacademic@gmail.com, editor@iifard.org



# Eu**ra**sian Journal of Comprehensive Clinical Medicine and Translational Researci

## **Eurasian Journal of Comprehensive Clinical Medicine and Translational Research**

https://www.iifard.org/web/AmYIZQRkBj8=/EJCCMTR www.iifard.org

ISSN:

## About Journal - EJCCMTR

Eurasian Journal of Comprehensive Clinical Medicine and Translational Research (EJCCMTR) is an autonomous, peer reviewed online journal. It mainly serves as universal discussion identified with building training, distributed at present quarterly in the field of medical sciences. EJCCMTR welcomes researchers and academicians to submit their original research work which meets the journal criteria of significance and scientific excellence. EJCCMTR is scholarly online open access and peer received journals emphasising on research studies and application in the field of Medicine Medical Science, Pharmacy and Biotechnology. Researchers are requested to submit their original articles, clinical research online for a peer review and analysis before its publication. The editorial board encourages Doctors, Academicians, SRF, JRF, Research scholars and partitions to publish their articles of relevant fields.

EJCCMTR publishes its journals in full open access format. The scientific and medical community and the general public can unlimitedly and immediately access all content published in our journals for free as soon as it is published on the Internet. Therefore, EJCCMTR needs to defray its editorial and production costs by collecting article processing charges from authors' institutes for research funding bodies. EJCCMTR is committed to keep its open access publication charges at a minimum level.

#### **EJCCMTR** invites contribution in the following categories:

- Original research work.
- Original Clinical Observation
- Detailed Case study
- Review articles, comprehensive review on a topic.
- Survey on a topic
- Self-contained articles on ongoing research.
- Technical Notes.
- Medical History with authentic observation

EJCCMTR is committed to publishing only original work including research which has neither been published elsewhere, nor is under review elsewhere. All manuscripts that are found to have been plagiarized from a manuscript by other authors, whether published or unpublished, will incur plagiarism sanctions.

Conference papers are very welcome; however it is imperative that these papers are significantly revised and updated. Actually, such papers have a better chance of acceptance if their merits were already pre screened at high quality conferences.

There is a risk that the same material is published twice, so special care should be taken. We would advise authors to change the contents of the paper to that extent that slight modification of the manuscript title would be justifiable.

Manuscript should be submitted at <a href="https://www.iifard.org/web/AmYIZQRkBj8=/EJCCMTR">https://www.iifard.org/web/AmYIZQRkBj8=/EJCCMTR</a>
All correspondence should be made to <a href="mailto:editor@iifard.org">editor@iifard.org</a> trustforacademic@gmail.com
Phone no./WhatsApp: +918005351780, +67581509800

Welcome to Eurasian Journal of Comprehensive Clinical Medicine and Translational Research!!!

## Thymosine -a T cell modulator in COVID-19

#### **Anurag Anghole**

Department of Clinical Biochemistry, Vardhman Mahavir Medical College (VMMC) & Safdarjung Hospital, New Delhi. India

#### **Amol Anbhule**

Department of Clinical Biochemistry, Vardhman Mahavir Medical College (VMMC) & Safdarjung Hospital, New Delhi. India

### **Prashant Tripathi**

Department of Clinical Biochemistry, Vardhman Mahavir Medical College (VMMC) & Safdarjung Hospital, New Delhi. India

#### Md. Muntakhab

Department of Clinical Biochemistry, Vardhman Mahavir Medical College (VMMC) & Safdarjung Hospital, New Delhi. India

Omkar K. Choudhari (Corresponding Author)

omkarchoudhari@yahoo.com

Department of Clinical Biochemistry, Vardhman Mahavir Medical College (VMMC) & Safdarjung Hospital, New Delhi. India

Institute of Origin: Vardhman Mahavir Medical College and Safdarjung Hospital, New Delhi

The ongoing pandemic of Corona Virus Disease(COVID-19) have resulted in millions of death worldwide and many big cities worldwide were under lockdown to contain the infection. Its been more than 2 year since the 1st case was reported in the Wuhan Province of Republic of China.[1] Presently various vaccines have got necessary approvals and vaccine rolling is ongoing amid rise of cases due to 3<sup>rd</sup> wave of pandemic.[2] Though effectiveness of vaccines varies, reports are suggesting that even after 2 doses of vaccine, a person may get infected with the Virus, however, the severity of clinical manifestation would be low if reinfection occurs.[3] Many drugs are now used in the treatment of COVID-19 including antibiotics like azithromycin, Doxycycline, anti- viral such as Remdesivir along with corticosteroids.[4,5] These drugs are redirected from their original use and being used in COVID-19 moderate and severe disease.

Current evidence however, suggests using the above mentioned antibiotics and antivirals are of limited use. The drug Remdesivir, being used is mainly meant for the treatment of RNA virus infections and its efficacy in earlier pandemic of SARS and MERS caused by the same corona virus, did not show any promising results.[6] Moreover, its uses are beneficial only in case of early presentation, where the drug is assumed to be inhibit the replication of virus and incorporation into cell and use its machinery.

Another cause would be inability of T cell to act, due to invasion of the machinery of cells and acting as self-antigens on the cells which lead to T cells inability to detect a foreign antigen and like happening in cancerous cells in the organisms. [7,8] After escaping the immune surveillance, tumour cells grow and metastasize, likewise virus particles escape immune system. We must however note that after establishing the tumour metastasis, case reports of spontaneous resolution are reported in many cancers including renal cell carcinoma, Hodgkin's lymphoma, multiple myeloma etc. [7] Their spontaneous resolution is attributed to T cell activation and their regaining ability to recognize those tumour cells as foreign and subsequent destruction and killing of these cells.

Thymosine it is hormone derived from Thymus gland, which undergoes size reduction and only present rudimentary in adults. The development of T cell and B cell which is undertaken in hemato-poetic cells and further maturation requires thymus and Bone marrow respectively for attaining their maturity to be able to combat the infections. With age its concentration dimishes in the blood. It is involved in the amplifying the T cell maturation and brings specificity and versatility in the T – cell nature.[9] So use of these agent could potentiate the T cell response and naturally resist the infection. Moreover it will increase the lymphocyte count and adds to the immunological strength as lymphopenia is common finding in COVID-19 and is associated with severe infection.[10]

Presently used drugs in the treatment of COVID-19 are either non- specific nor they are involved in the treatment of basic problem with the COVID-19. Most of these drugs are used are mainly immune booster, immune modulators with remdesivir as inhibiting the replication of virus and hence help in stopping the establishment of infection.[11] But the natural immunity, which may have inhibited the virus particle never addressed. Use of Vitamin C may help in free radical scavenging, antioxidant however, no studies to the best of our knowledge showed that the Vitamin C supplement increases immunity or boost immunoglobulin production. The same is with Zinc supplement which plays a significant role in immunity however, no specific studies showed direct link of zinc supplement and its direct effect on viral replication or antibody production or any action on interferons and NK cells which are primarily involved in the killing of viruses. [12] Along with it are the antibiotics which are presently used in the COVID-19 patients mainly to avoid secondary bacterial infections due to viral infections.

As many COVID-19 patients have mild disease or no symptoms and few other patients are having moderate and severe disease. If we consider familiar linage wise, in a family one person may have severe disease while other are asymptomatic but are COVID RT PCR positive. The point of variable expression in a family is probably attributed to T cell function. Many T cell polymorphisms are known and may be the contributory factor in the differential expression of the T cell.[13] So, potentiation of T cell via Thymosine may contribute to the development of sufficient immune response to the invading pathogen and their deletion like same happens in the spontaneous resolution of cancers. [7,14]

The safety concern for the using of Thymosine may arise however, these hormones are do not cause any significant side effects. The serum Thymosine level corresponds to the size of the Thymus and high level of Thymosine causes negative feedback inhibition on Thymus gland reducing its size further. So, it can be safely used as the immune-modulator fighting the COVID-19 infection in natural way.

#### References

- World health Organization. Available from https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200423-sitrep-94-covid-19.pdf.
- 2. Indian Council of Medical Research(ICMR). Available from https://www.icmr.gov.in/pdf/covid/strategy/Advisory\_COVID\_Testing\_in\_Second\_Wave\_04052021.pdf.
- 3. Center of Disease control and prevention(CDC). Available from https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/why-measure-effectiveness/breakthrough-cases.html.
- 4. Ohe M, Furuya K, Goudarzi H. Multidrug treatment for COVID-19. Drug Discov Ther. 2021 Mar 10;15(1):39-41.
- 5. National Institute of Health(NIH). Therapeutic management of adults with COVID-19. Available from https://www.covid19treatmentguidelines.nih.gov/therapeutic-management/.
- 6. Malin JJ, Suárez I, Priesner V, Fätkenheuer G, Rybniker J. Remdesivir against COVID-19 and Other Viral Diseases. Clin Microbiol Rev. 2020 Oct 14;34(1):e00162-20.
- Houghton AN, Guevara-Patiño JA. Immune recognition of self in immunity against cancer. J Clin Invest. 2004 Aug;114(4):468-71.
- 8. Khamsi R. Rogue antibodies could be driving severe COVID-19. *Nature*. 2021; **590**, 29-31.
- 9. Yan F, Mo X, Liu J, Ye S, Zeng X, Chen D. Thymic function in the regulation of T cells, and molecular mechanisms underlying the modulation of cytokines and stress signaling (Review). Mol Med Rep. 2017 Nov;16(5):7175-7184.

- 10. Lee J, Park SS, Kim TY, Lee DG, Kim DW. Lymphopenia as a Biological Predictor of Outcomes in COVID-19 Patients: A Nationwide Cohort Study. Cancers (Basel). 2021 Jan 26;13(3):471.
- 11. Aleem A, Kothadia JP. Remdesivir. [Updated 2022 Sep 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK563261/.
- 12. Thomas S, Patel D, Bittel B, et al. Effect of High-Dose Zinc and Ascorbic Acid Supplementation vs Usual Care on Symptom Length and Reduction Among Ambulatory Patients With SARS-CoV-2 Infection: The COVID A to Z Randomized Clinical Trial. *JAMA Netw Open.* 2021;4(2):e210369.
- 13. Gras S, Chen Z, Miles JJ, et al. Allelic polymorphism in the T cell receptor and its impact on immune responses. *J Exp Med*. 2010;207(7):1555-67.
- 14. Dominari A, Hathaway Iii D, Pandav K, Matos W, Biswas S, Reddy G, Thevuthasan S, Khan MA, Mathew A, Makkar SS, Zaidi M, Fahem MMM, Beas R, Castaneda V, Paul T, Halpern J, Baralt D. Thymosin alpha 1: A comprehensive review of the literature. World J Virol. 2020 Dec 15;9(5):67-78.