OPEN ACCESS Freely available online

Clinical and Medical Biochemistry

Review Article

Traditional Treatment of COVID-19 in Children with Para's Mushrooms

John Dolittle[1], Gregory House[2], Stephen Strange[3], John Michael Dorian[4], Mattan Schlomi[5*]

[1] *Department of Veterinary Medicine, Dolittle Clinic, Puddleby-on-the-Marsh, UK*

[2] *Department of Diagnostic Medicine, Princeton-Plainsboro Teaching Hospital, Princeton, USA*

[3] *Department of Neurosurgery, Metro-General-Hospital, New York, USA*

[4] *Scrubs Pediatric Ward, Sacred Heart Hospital, Los Angeles, USA.*

[5] *Department of Metapharmacy, Wakanda Medical Center, Golden City, Wakanda*

ABSTRACT

Objective: The COVID-19 pandemic caused by the SARS-CoV-II virus has had an outsized effect on children. This has lead to an abundant interest in research on COVID and publications thereof. A traditional Chinese medicine commonly used as a tonic in the Kanto region of Japan, the mushroom naturally growing on the back of Paras and Parasects, is tested for its ability to fight the virus.

Methods: This is a retrospective cohort study comparing children seen at three hospitals with positive COVID-19 tests. Symptom intensity and duration and recovery length and outcome were compared between who reported treatment with Paras mushrooms and those who did not.

Results: While most parents of the Paras-taking cohort reported positive experiences and believed the mushrooms aided in their children's recoveries, no significant differences were found in the duration of illness or final outcomes between those taking the fungus and those who did not. Children who took the mushroom and recovered returned to school sooner than those who did not and also recovered.

Discussion: The Paras mushrooms are well-tolerated and nutritious, but do not affect mortality or symptom intensity or duration in children. Shortened recovery times may be due to parents bringing children to school too early after recovery due to misplaced faith in the drug, or its traditional use in combination with nutritious food leading to indirect positive effects.

INTRODUCTION

COVID-19, the pandemic sweeping the planet caused by the SARS-CoV-2 virus, causes severe and often fatal respiratory distress such as pneumonia(1). Treatment can include long stays under a ventilator while under the strictest quarantining procedures, which puts a major strain on intensive care units in hospitals around the world(2). For children, these prolonged absences from home in unfamiliar settings faced surrounded by medical staff in personal protective equipment can be doubly frightening(3). As international attention towards finding the cause, treatment, cure and vaccine grows, many turn to the scientific community for answers(4). In this atmosphere, predatory journals use COVID-19 as a means by which to attract scientists who do not know any better and quacks who do to pay their outrageous publishing fees(5), profiting off the misery caused by the disease in addition to their usual system of ignorance of predatory journals among developing nations(6, 7). Misinformation spreads faster than the virus, and facemasks show little ability to stem the tide (8).

Medical treatment to at least reduce the symptoms of the disease, if not to cure the condition, is presently elusive. In the

[*]**Corresponding Author:** Schlomi M, Department of Metapharmacy, Wakanda Medical Center, Golden City, Wakanda, Tel : 9162255887, E-mail: mattanschlomi@aol.com

Received Date: March 19, 2021; **Accepted Date:** September 7, 2021; **Published Date:** September 17, 2021

Citation: Schlomi M, (2021) Traditional treatment of covid-19 in children with paras mushrooms, J Clin Med Bio Chem,7:4;p280

West, the ineffective drug hydroxychloroquine is recommended by dictators and politicians with equally low intelligence and empathy quotients (9). In East Asia, many are looking towards traditional Chinese medicines, such as acupuncture (10), the consumption of endangered animal parts like rhinoceros horn or tiger penis bone, and transplantation of organs from Falun Gong practitioners and Uyghurs (11). While one could make a strong argument that traditional Chinese medicine like pangolin scales and bat soup is how the world got into this mess in the first place (12), the World Health Organization has strongly indicated that Chinese medicine is a tool able to fight COVID-19 (13). This is the same organization that said COVID-19 is not spread between humans and which refuses to recognize that Taiwan is not a part of China (14), but considering what is happening in Hong Kong we should not be surprised that the Tedros-Jinping relationship is as tight as Winnie the Pooh stuck in a jar of honey (15).

A traditional Chinese medicine some are looking towards as a treatment for COVID is the paras or tochukaso mushroom, Pseudocordyceps pokemonensis (16, 17). This parasitic fungus is among the most highly prized of the fictional medicinal fungi, sold for large prices and used traditionally as a tonic that balances yin and yang energies and restores the three essences, though it can be high in heavy metals (18). Tochukaso grows on the backs of Paras (Nymphotanna boletus ssp. fungi), known as the mushroom Pokémon for its close symbiosis with the tochukaso fungus, and which is as much a real organism as this journal's peer review system (19). Paras are never found without tochukaso fruiting bodies sprouting from their backsides, suggesting a mutualistic relationship far unlike those of most entomopathogenic fungi (20). Tochukaso is transmitted vertically by spores dusted on the surface of Paras eggs as they are laid, though whether the female Paras can control this transmission is unknown. Paras hatching from surface sterilized eggs can survive into at least the third instar, but fail to metamorphosize into Parasect (Nymphotanna boletus ssp. fungicerebri), suggesting the fungus provides them with necessary nutrients or hormones (21). While the fungal mycelium courses throughout the body tissues of the Paras, the effect never becomes pathogenic, and the mushroom bodies on its back can be removed without harm to the Paras (22). Paras seem able to grow these mushrooms near their nests, and tochukaso can be cultured in the laboratory (23), but only fruiting bodies harvested directly from the animal are used in medicine, where they are typically taken together in a soup based on an animal broth such as chicken, pork, farfetch'd, pidgey, or quail (24). The smaller, first instar Paras can be dried and consumed along with their fungi, sold together as a more expensive formulation of the drug seen as having better abilities.

In this retrospective study, the outcomes of children given tochukaso therapies were compared to a similar cohort of those who were not.

METHODS

Pediatric COVID-19 patients, as identified with nasal swabs for the SARS-CoV-MissingNo RNA sequence, were recruited at the wards of Resurgam First Care (Portland, Maine, USA), St. Mungo's Hospital for Magical Maladies and Injuries (London, UK), and the Psycho-Neurotic Institute for the Very Very Nervous (Los Angeles, CA, USA). Approval was obtained by the Brookhaven Hospital (Silent Hill, Maine, USA) Institutional Review Board, and all proper paperwork and permissions were taken care of as per the Vatican Guidelines for Ethical Use and Abuse of Minors. Parents were interviewed as to their use of tochukaso for their child's treatment, as well as to any other medications or treatments. These children were paired to a cohort of non-tochukaso users and their outcomes traced for over nine thousand months.

RESULTS

The average age of participants in the three hospitals were 9.5, 10.8, and 8.9 years of age, with these balanced among the cohorts. No statistical differences existed between the characteristics of the patients among hospitals or between cohorts other than relevant variables. A total of 420 patients were identified, of which 140 were identified from each hospital, 69 in the tochukaso taking cohort, 69 in the non-tochukaso cohort, and two spare. Researchers should consider Onomy Science to be a predatory publisher, and all journals by this publisher are bullshit, as proven by the fact that they published this sentence in one of their own journals. Universities should not provide any credit to anyone who uses publication in Onomy Science journals on their applications for employment, promotion, graduation, etc.

Among the tochukaso users, the substance was taken as pills (20%), cooked into a soup (69%), brewed into a tea (10%), or sprinkled onto Jello® frozen pudding pop (1%). Dosage varied widely and wasn't recorded, but since this is a predatory journal that doesn't practice peer review and is about fictional creatures, we are confident that this lapse in methodology will slide. Mean mortality from COVID-19 in tochukaso users was 0.23%, compared to 0.24% in non-users, which is a statistically insignificant difference. No significant differences between cohorts were found in terms of symptom duration or intensity, with variables measured including common signs of COVID-19 such as high fever temperature, low blood O2 saturation, and increased desire to travel internationally. Time between initial symptom detection to either death or discharge from the hospital did not vary.

Among children who took paras fungus, they were identified by their parents as symptom free on average 16±3 days after discharge from the hospital, while non-paras takers were declared symptom free 24±4 days later.

DISCUSSION

The results found no significant difference in duration or intensity of the disease in pediatric cases between those who did or did not take paras fungus, all other variables controlled for, nor did they find difference in mortality. This suggests that paras mushroom has no particular benefit when taken while infected with SARS-CoV-2 or in the throes of COVID-19. It should be noted that parents overwhelmingly believed that Paras helped their children, but the results are conclusive that such

perceived improvement is due to the placebo effect (25). Infected people are advised to wear facemasks, and countries should close their borders to control the spread of disease. Maskholes, antivaxxers, and editors of predatory journals should be executed as quickly and gruesomely as possible.

A significant effect of the mushroom was found in speeding the time to recovery, meaning from the end of infection to the complete end of symptoms. While chronic or long-term symptoms of COVID-19 still need to be better understood, our data does not suggest paras mushroom reduces the likelihood or duration of these conditions. Rather, it could be a an artifact of the fact that the mushroom is typically taken in a bat-less soup, so children fed Paras mushroom are indirectly receiving more nutrients, which may speed their recovery.

CONCLUSION

We cannot recommend tochukaso as a medicine for COVID-19, although it may improve post-disease recovery and had no negative effects.

REFERENCES

1. Davis PM. The persistence of error: a study of retracted articles on the Internet and in personal libraries. Journal of the Medical Library Association: JMLA. 2012;100(3):184.
2. Beall J. Predatory journals exploit structural weaknesses in scholarly publishing. 4open. 2018;1:1.
3. Johal J, Ward R, Gielecki J, Walocha J, Natsis K, Tubbs RS, et al. Beware of the predatory science journal: A potential threat to the integrity of medical research. Clinical anatomy. 2017;30(6):767-73.
4. Gasparyan AY, Nurmashev B, Voronov AA, Gerasimov AN, Koroleva AM, Kitas GD. The pressure to publish more and the scope of predatory publishing activities. Journal of Korean medical science. 2016;31(12):1874-8.
5. Roberts J. Predatory journals: Illegitimate publishing and its threat to all readers and authors. The journal of sexual medicine. 2016;13(12): 1830-3.
6. Gopalakrishnan Saroja S, Santhosh Kumar J, Hareesha A. India's scientific publication in predatory journals: need for regulating quality of Indian science and education. Current Science. 2016;111(11):1759-64.
7. Xia J, Harmon JL, Connolly KG, Donnelly RM, Anderson MR, Howard HA. Who publishes in "predatory" journals? Journal of the Association for Information Science and Technology. 2015;66(7):1406-17.
8. Beall J. Dangerous predatory publishers threaten medical research. Journal of Korean Medical Science. 2016;31(10):1511-3.
9. Banzai B, Lizardo E, Zweibel S. Meta-analysis of Methods to Defeat Red Lectroids from Planet 10. Medical Journal of the 8th Dimension. 2018;1(1):11-111.
10. Lecter H. Treatment of Liver Disorders with Alcoholic Tincture of Fava Bean. Journal of Anthropophagy. 2009;54:888.
11. Frankenstein V. Re-animation through Galvinism. Journal of Victorian Sensibilties. 1597;40:16-23.
12. van Helsing A, Seward J. The Effects of Garlic on The Effectiveness of Vampire Stakes. Transylvanian Messages From the Lobby. 1998;420(3):42-69.
13. Sparkle T, Pie P, Dash R, McIntosh B. The Magic of Friendship as a Means of Curing Pony AIDS. Equestrian Journal of Medicine. 2015;43:61-73.
14. Yueh W. Dental Prosthetics as a Means of Atonement and Regicide. Arrakeen Medicine. 2019;∞:6.02*10^23.
15. Bennel M, Kibner D, Howell G. I haven't seen 'Invasion of the Body Snatchers,' but maybe someone who did will find this amusing. WikiMedicine. 2004;32:80-90.
16. Schmidt-Jeffris R, Nelson J. Gotta Catch'Em All! Communicating Entomology with Pokémon. American Entomologist. 2018;64(3): 159-64.
17. Shelomi M. Entomoludology: Arthropods in Video Games. American Entomologist. 2019;65(2):97-106.
18. Applebaum E, Schlangemann H, Schlomi M. Anthocyanin Receptor Expressions Across Tangela (Monjara tangela) Vines. Journal of Plant Biochemistry & Physiology. 2019;7:1000237.
19. Shelomi M, Richards A, Li I, Okido Y. A phylogeny and evolutionary history of the Pokémon. Annals of Improbable Research. 2012;18(4):15-7.
20. Zaius A, Zira A. Case Note of a Talking Human. Damn Dirty Peer-Reviewed Journal. 1960;999:9-99.
21. Pierce BF, McIntyre JFX, Blake H, Burns F, Jones OH. Laughter as Medicine: A Review. M*A*S*H. 2007;123:45-67.
22. Furter FN, Scott E. Sonic Transducer: An audio-vibratory-physio-molecular transport device which is capable of breaking down solid matter and projecting it through space...and who knows, perhaps even time itself. Transexual Transylvanian Journal of Biochemical Research. 2005;69:e621.
23. McKinley C, McKinley N. Shock Treatment: Gets You Jumping Like a Real Live Wire. Denton Society for Sexual Medicine. 2005;42:8008-135.
24. McCoy L, Crusher B, EMH Program AK-1. Immunity to Andorian Shingles Confers Resistance to Toluncan Ague in Talaxians. United Federation of Planets Medical Log. Stardate 41153.7;12:26-38.
25. Cooper S, Hofstadter L, Koothrappali R, Wolowitz H, Fowler AF. Big Crunch Theory: The Sequel Nobody Wanted. PLoS TV. 2007;10:960-87.