

# Treatment for COVID-19: How far have we reached?

Fritz Sorgel

Director, Institute of Biomedical and Pharmaceutical Research, Germany

## Editorial

The emerging outbreak of coronavirus diseases 2019 (COVID-19) brought about by the extreme intense respiratory condition coronavirus 2 keeps on spreading everywhere throughout the world. Regardless of the compounding patterns of COVID-19, no medications are approved to have huge viability in clinical treatment of COVID-19 patients in enormous scope considers. Remdesivir is viewed as the most encouraging antiviral specialist; it works by hindering the movement of RNA-subordinate RNA polymerase (RdRp).

An enormous scope study examining the clinical adequacy of remdesivir (200 mg on day 1, trailed by 100 mg once day by day) is on-going. The other astounding enemy of flu RdRp inhibitor favipiravir is additionally being clinically assessed for its adequacy in COVID-19 patients. The protease inhibitor lopinavir/ritonavir (LPV/RTV) alone isn't appeared to give preferred antiviral adequacy over standard consideration. Notwithstanding, the routine of LPV/RTV in addition to ribavirin was demonstrated to be viable against SARS-CoV in vitro. Another promising option is hydroxychloroquine (200 mg threefold every day) in addition to azithromycin (500 mg on day 1, trailed by 250 mg once day by day on day 2-5), which indicated amazing clinical viability on Chinese COVID-19 patients and hostile to SARS-CoV-2 intensity *in vitro*.

The jobs of teicoplanin (which represses the viral genome presentation in cytoplasm) and monoclonal and polyclonal antibodies in the treatment of SARS-CoV-2 are under scrutiny. Maintaining a strategic distance from the remedy of non-steroidal calming drugs, angiotensin changing over chemical inhibitors, or angiotensin II type I receptor blockers is exhorted for COVID-19 patients. As of late, the Dutch National Institute for Public Health and the Environment distributed treatment alternatives for antiviral treatment for COVID-19 where chloroquine was proposed as best option for off-name treatment, close to remdesivir en lopinavir/ritonavir.

In this editorial, we give a foundation and history of chloroquine, the proof for antiviral adequacy of chloroquine and the contentions for off-mark utilization of chloroquine in COVID-19. Operators or immunizations of demonstrated viability to treat or forestall human coronavirus contamination are in earnest need and are being examined enthusiastically around the world. This audit sums up the current proof of likely restorative operators, for example, lopinavir/ritonavir, remdesivir, favipiravir, chloroquine, hydroxychloroquine, interferon, ribavirin, tocilizumab, and sarilumab.

Progressively clinical preliminaries are being led for additional affirmation of the adequacy and security of these specialists in rewarding COVID-19. This review focuses on various approaches of treatment and few of the most recent clinical trials carried out in this field.

**Correspondence to:** Fritz Sorgel, Director, Institute of Biomedical and Pharmaceutical Research, Germany, E-mail: Fritz.Sorgel@ibmp.net

**Received:** July 13, 2020, **Accepted:** July 17, 2020, **Published:** July 25, 2020

**Citation:** Sorgel F (2020) Treatment for COVID-19: How far have we reached? J Bioequiv Availab 12:400. doi: 10.35248/0975-0851.20.12.400

**Copyright:** © 2020 Sorgel F. 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.