Current Updates on Covid-19 Vaccine Research and an Overview of Therapeutic Drug Research

M. Oviyaasri¹, M. Manjuladevi², S. Kalaiselvan³* and U. Haripriyan⁴

¹Graduate at National University of Ireland, Galway, Ireland.
²Department of Chemistry, SNS College of Technology, Coimbatore, Tamilnadu, India.
³Department of Chemistry, M.Kumarasamy College of Engineering, Karur, Tamilnadu, India.
⁴Department of Chemical Engineering, Anna University, Chennai, India.

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The world is presently hectic in a battle against the strong and lethal COVID-19 virus, which is not only dangerous to the body but also psychologically distressing due to the growing number of patients infected and dying worldwide. This paper includes a concise overview of the possible therapies as well as the elements associated with intensive care, which have been identified with promising clinical outcomes, based on the knowledge we have gathered so far. Furthermore, as the SARS-CoV-2 virus is better understood, recent drugs focusing certain parts of the virus are being developed, and anti-SARS-CoV-2 vaccines are being researched. This timely study examines the existing condition of COVID-19 across the globe. This topic will bring to light the potential for drug development and vaccination in different parts of the world to combat the epidemic, and some of this may be of use in the future.

Keywords: COVID-19; Drugs; Epidemics; Potential therapies; SARS-CoV-2 virus; Vaccines.

The world is facing a deadly pandemic. Primarily, an unidentified etiology caused respiratory illness near Wuhan of 29 cases in China¹. The Chinese Center for Disease Control and Prevention (CDC) began looking into the novel virus. They initially labeled it as pneumonia with an unclear cause. After research, they addressed this novel virus to be belonged to coronavirus (CoV) family. They termed it as COVID-19, which is nothing but the acronym for coronavirus disease 2019. Soon, this virus spread rapidly all over the world. This COVID-19 is highly contagious, and several million people have been died globally and it’s still pandemic in many countries. This novel virus has been evolved over 18 countries among those 4 countries through human-human transmission. In the timeline of past twenty years, there were already two deadly epidemics occurred across the world. They were severe acute respiratory syndrome SARS-CoV which was first found in China in the period of 2002-2003 and other one is Middle East respiratory syndrome corona virus (MERS-CoV) Saudi Arabia which occurred first in 2012². In accordance with The International Committee on Taxonomy of Viruses (ICTV), the novel coronavirus (COVID-19) was termed as SARS-CoV-2; considering it’s similarity to that of SARA-CoV outburst. The novel coronavirus has got a structure that resembles a positive single stranded RNA virus having a crown like structure.

*Corresponding author E-mail: kalaichem82@gmail.com

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visualized under an electron microscope and therefore termed as coronam in Latin it means crown and this is in regards with the spike (S) glycoprotein on the envelope.

**Genera: 4 types**
1. Alpha coronavirus (Alpha CoV)
2. Beta Coronavirus (Beta CoV)
3. Delta Coronavirus (Delta CoV)
4. Gamma Coronavirus (Gamma CoV)

According to research, the genomic characterization of bats and rodents has the gene source of alpha CoVs and beta CoVs; avian species have the gene source of delta CoVs and gamma CoVs. Recently, seven humans CoVs has been identified and named as HCoVs which has the capacity to infect humans. Some of the human CoVs are as follows; HCoV-OC43, HCoV-HKU1, HCoV-229F, HCoV-NL63, SARS-CoV, SARS-CoV-2 and MERS-CoV. Most commonly acting human CoVs is SARS-CoV-2 which is accountable for present pandemic outbreak that belongs to beta CoV family.

**Taxonomic Hierarchy of Novel Virus**

<table>
<thead>
<tr>
<th>Order</th>
<th>Nidovirales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>Coronaviridae family</td>
</tr>
<tr>
<td>Sub-family</td>
<td>Orthocoronavirinae family</td>
</tr>
</tbody>
</table>

**SARS-CoV-2 Virus**

It is a pleomorphic shape with a round or elliptic structure. The diameter ranges between 60 and 140 nanometers. This virus is sensitive to ultraviolet radiation and heat. The studies reveal that, increases in temperature of about 27°C and above can be activate the virulence effect of virus. Although when treated with ether, ethanol, chlorine-containing disinfectant, peroxyacetic acid, and chloroform, these viruses were inhibited. As reported by Chan et al., the new virus SARS-CoV-2 has a single-stranded RNA genome with 29891 nucleotides and 9860 amino acids encoded. For both SARS-CoV and MERS-CoV, an envelope spike (S) glycoprotein binds around the cellular receptors angiotensin converting enzyme 2 (ACE2) and dipeptidyl peptidase (DPP4). The process of this new virus is that the viral RNA genome is delivered into the cytoplasm at first, then replication of viral genome takes place, after that the genomic RNA accompanies with envelope glycoproteins and nucleocapsid protein that results in virion containing vesicles, which finally incorporate into plasma membrane and release the virus.

**Statistics – Occurrence of death and recovered Medication Procedure**

A novel corona virus were originated in some parts of china, which includes Wuhan,
Hubei Province on December 2019. The World Health Organization (WHO) designated this pandemic outbreak as a public health emergency of worldwide concern on January 30, 2020. As per the Chinese study, there are six strains of corona virus that are infectious to humans, each named after their appearance with a single stranded RNA genome. They also confirmed that, like SARS and MERS, SARS-CoV-2 is highly infectious and causes serious breathing illness and ultimately death. As long as this SARS-CoV-2 is highly vulnerable to humans it makes even worse with the elderly and other diseased people. The Chinese researchers employs that it’s hard to introduce a new drug, which approximately takes 15 years, so to control this situation they decided to make a new drug manipulating from the existing drug in the market, just to eradicate the occurrence of disease, so as a result they followed Chinese traditional medicine.

**Traditional Chinese Medicine**

The treatment approach for COVID patients is divided into two parts, according to their clinical experience: a medical observation phase and a clinical therapy phase. Confirmed cases were handled during the clinical therapy phase based on four symptoms, which were as follows:

Based on the patient’s pathological conditions, different medications and treatment were used at different stages. According to research, till date 23 different Chinese medicines were approved and given to treat mild, severe and critical symptoms (Table 2).

As listed in the table 3, above these are the chemical medicines which were widely used to treat mild, severe, critical COVID patients. Along with these medicines there were also some other chemical medicines were gone for clinical trials, which includes Chloroquine Phosphate, Darunavir, Emtricitabine and Denofovir Alafenamide. The Chinese also dealt with some biological medicines and techniques for the treatment of COVID 19 and were listed in the following table.

Human immunoglobulin and intestine micro ecological regulator are among the biological medications found on COVID-19. Chinese medicines offer a wide range of applications, particularly in the treatment of minor symptoms. Evolution of Medicine in India. As per recent research, India, having a population of over 1.36 billion people, is the second-vast nation with a significant number of COVID-19 instances; one of the numerous causes for this abrupt and uncontrollable increase was India’s lack of ventilators, which totalled just 49,000 (Mumbai, 2020). Indian government initiated various preventive and precaution measures to control the pandemic. The Ministry of Health and Family

![Fig. 2. World top 10 countries, total cases, total deaths and total recovered](image-url)
Welfare (MOHFW) have elevated awareness about the present epidemic and implemented a number of necessary steps to combat COVID-19. People who had travelled from China or other countries and had any of the symptoms, such as fever, trouble breathing, sore throat, cough, and dyspnea, were advised to seek medical attention at the local hospital. Seven separate airport authorities have been asked to check and monitor Indian travellers from China and other impacted nations, including those in Chennai, Kochi, Kolkata, New Delhi, Telungana, and Bangalore.

The following figure 5 clearly explains the growth of COVID-19 cases in India and its current scenario and the present active and confirmed cases.

India is popular for its conventional medicines, or AYUSH (Ayurvedic, Yoga & Naturopathy, Unani, Siddha & Homeopathy). One of the most promising medication followed by Indians was polyherbal powder Nilavembu Kudineer, which was effectively treating dengue and chikungunya fever. With the collaboration with WHO ICMR decided to work on useful medications to improve the immunity that fight against the corona virus. The researchers of India studied various types of drugs and the therapeutic effects to enhance the people with immunity. There was a evolution of medicines in India from the start of this outbreak.

According to researchers, the COVID-19 therapies is done under two categories which includes antiviral that averts the virus from accumulating and other one is immune modulators that helps the immune system to oppose the virus. Based on the category, the following are the list of COVID-19 antiviral
- Remdesivir
- Umifenovir
- Lopinavir/ritonavir combination
- Ribavirin
- Dexamethasone
- Hydrocortisone
- Budesonide (inhaled)
- Azithromycin
- Tocilizumab
- Baricitinib
- Favipiravir

The following is a list of COVID-19 immune modulators on the basis of immune modulators.
- Dexamethasone
- Hydrocortisone
- Budesonide (inhaled)
- Azithromycin
- Tocilizumab
- Baricitinib
- Favipiravir

![Figure 3](attachment:image.png)

Fig. 3. World top 10 countries, total cases, total recovered, total test
• Sarilumab  
• Convalescent plasma  
• Canakinumab  
• Anakinra  
• Ruxolitinib  
• Acalabrutinib  
• Interferons  
• AZD7442  
• Brensocatib  
• Ravulizumab  
• Namilumab  
• Lenzilumab  
• Medi3506  
• Infliximab  
• Adalimumab  
• Otilimab  
• Gentuzumab ozogamicin  
• Antiviral antibody cocktail  
• Leronlimab  
• LY-CoV555  
• LY-CoV016  
• Risankizumab  
• IMU-838  

There are some more drugs apart from these two categories. They are as follows.

• Colchicine  
• Fluvoxamine  
• Angiotensin-converting-enzyme inhibitors/angiotensin-II receptor blockers  
• Zilucoplan  
• Statins  
• Anticoagulants  
• Omeprazole  
• Clopidogrel  
• Bemcentinib  
• Famotidine  
• Razuprotafib  
• Ascorbic acid/vitamin C  
• Aviptadil  
• Opaganib  
• Aspirin  
• Tradipitant  
• AZD1656  
• Nitric oxide

The above are the some of the drugs, used for treating the COVID patients which were studied so far by the researchers. Among all these medicines, antiviral, and immune modulators, according to researchers, certain antiviral drugs and immune modulators were effectively used for treating the COVID patients that are listed in the following figures 7(a) & (b).

**Remdesivir**

Remdesivir is one of the broad-spectrum antiviral medications that was first produced in 2014 to cure hepatitis C and afterwards the Ebola virus. Remdesivir has been shown to have action against SARS-CoV 2 and MERS CoV in in-vitro and animal investigations. This remdesivir is an injectable medication that is exclusively available in hospitals. It is mostly utilised for COVID-19 individuals who have been classified as moderate to severe. The US National Institutes of Allergies and Infectious Diseases released preliminary study findings on covid patients’ recuperation growth in May 2020, indicating that recovery increased from 15 to 11 days following remdesivir treatment. The Indian Drug Controller General authorised a five-day remdesivir regimen in June. The WHO issued a provisional guideline about the use of remdesivir in severe patients in November 2020, citing a lack of clear findings that remdesivir enhances therapeutic efficacy and other consequences. The remdesivir had very less influence on the fatality of individuals diagnosed for COVID, according to preliminary data from the solidarity study.

**Chloroquine / Hydroxychloroquine**

Chloroquine has a history of 70 years for treating chloroquine sensitive malaria, extraintestinal amoebiasis, systemic lupus erythematosus (SLE),

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**Table 1. Clinical treatment period based on four manifestations**

<table>
<thead>
<tr>
<th>Cases</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>Cold-damp restraint in the lung pattern or damp-heat amassing in lung pattern</td>
</tr>
<tr>
<td>Moderate</td>
<td>Damp-toxin restraint in the lung pattern or cold-damp hindering the lung pattern</td>
</tr>
<tr>
<td>Severe</td>
<td>Epidemic toxin which chunks the lung pattern</td>
</tr>
<tr>
<td>Critical</td>
<td>Internal blockage and external discarding pattern</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>Presence of Lung and spleen shortage patterns</td>
</tr>
<tr>
<td>Proprietary Chinese medicines</td>
<td>Application stage</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Jinhua Qinggan granules</td>
<td>Medical assessment period — clinical demonstration 2</td>
</tr>
<tr>
<td>Huoxiangzhengqi capsule (pill, oral liquid)</td>
<td>Medical examination period — clinical demonstration 1</td>
</tr>
<tr>
<td>Lianhua Qingwen capsules (granules)</td>
<td>Medicinal observation period — clinical manifestation 2</td>
</tr>
<tr>
<td>Jingyin granules</td>
<td>-</td>
</tr>
<tr>
<td>Shufeng Jiedu capsules (granules)</td>
<td>Medicinal observation period — clinical manifestation</td>
</tr>
<tr>
<td>Xiyanying injection</td>
<td>Medicinal treatment period — severe</td>
</tr>
<tr>
<td>Xuebijing injection</td>
<td>Clinical treatment period — severe and critical</td>
</tr>
<tr>
<td>Reduning injection</td>
<td>Clinical treatment period — severe and critical</td>
</tr>
<tr>
<td>Shenfu injection</td>
<td>Clinical treatment period — critical</td>
</tr>
<tr>
<td>Shengmai injection</td>
<td>Clinical treatment period — critical</td>
</tr>
<tr>
<td>Angongniuhaung-wan injection</td>
<td>Clinical treatment period — clinical period 2</td>
</tr>
<tr>
<td>Xingnaojing injection</td>
<td>Clinical treatment period — severe and critical</td>
</tr>
</tbody>
</table>
Table 3. Chemical Medicine and Biological Medicine Undertaken to treat Chinese patients

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Chemical/Biological Mechanism</th>
<th>Mechanism of Action</th>
<th>Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lopinavir/</td>
<td>Chemical (antiviral drug)</td>
<td>Invitro studies exploits that this medicine inhibits the replication of MERS-CoV &amp; SARS-CoV.</td>
<td>Once a day (800 mg/200 mg) is the recommended oral dosage. boost treatment adherence, lessen adverse responses, control the dissemination of the virus through urine and faeces, and halt the epidemic’s spread.</td>
</tr>
<tr>
<td>Ritonavir</td>
<td>(antiviral drug)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ribavirin</td>
<td>Chemical (nucleoside antiviral drug)</td>
<td>Invitro studies show that it lessens viral infection and eminently used for the treatment of MERS &amp; SARS. It also inhibits both DNA &amp; RNA viruses.</td>
<td>It can regulate and improve a patient’s condition when given in combination with -interferon or lopinavir, 500 mg/time for adults with 2 to 3 intravenous injections per day, however the therapeutic procedure should be limited to 10 days.</td>
</tr>
<tr>
<td>Arbidol</td>
<td>Chemical (non-nucleoside antiviral drug)</td>
<td>When compared to a drug-free control group, 10–30 mol of arbidol substantially inhibited SARS-CoV-2 growth by 60 times and dramatically inhibited viral pathogenic effects in vitro.</td>
<td>It prevents the viral lipid membrane from fusing with the host cell, preventing virus multiplication.</td>
</tr>
<tr>
<td>Remdesivir</td>
<td>Chemical nucleoside drug</td>
<td>In vitro and in animal models, Remdesivir has showed good anti-MERS-CoV and anti-SARS-CoV activity.</td>
<td>According to research, remdesivir showed the highest inhibitory effect on COVID-19 in vitro (EC50 = 0.77 mol/L) of the six antiviral medications studied.</td>
</tr>
<tr>
<td>Favipiravir</td>
<td>Chemical / nucleoside antiviral drug</td>
<td>The medication was first used to treat influenza, but it now has inhibitory action against nearly all RNA viruses, including West Nile virus, yellow fever virus, enterovirus, and Ebola virus.</td>
<td>Favipiravir has emerged as a viable treatment for COVID-19 patients, it is effective against SARS-CoV-2.</td>
</tr>
<tr>
<td>Hydroxy-</td>
<td>Chemical / antimalarial drug</td>
<td>In vitro investigations have shown that hydroxychloroquine has a therapeutic impact against the Ebola and dengue viruses.</td>
<td>It was recently discovered that hydroxychloroquine medication helped some COVID-19 patients.</td>
</tr>
<tr>
<td>chloroquine</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
treatment with hydroxychloroquine, administered once or twice a week, had no effect on laboratory-verified COVID-19 patients or COVID-19 disease amongst healthcare professionals. Patients having mild to moderate COVID-19 were hospitalised and administered a combination of hydroxychloroquine and azithromycin did not demonstrate any improvement after 15 days of observation when compared to standard treatment. Even when this hydroxychloroquine given to severity categorized covid-19 patients, it did not substantially reduce or control the symptoms. Thus not enough data were available to recommend hydroxychloroquine as a drug to treat COVID-19 patients. 

**Favipiravir**

Favipiravir is a broad-spectrum type antiviral medication that stops viruses from replicating. It’s also an anti-influenza medication. Fujifilm Toyama Chemical Ltd of Japan was the first to market it, followed by Glenmark Pharmaceutical and Strides Pharma. COVID-19 individuals in the moderate to severe group are treated with it. The Glenmark underwent Phase III clinical studies to assess favipiravir’s efficacy and safety in COVID-19 patients. Favipiravir is an antiviral medication that has been approved by India’s Drug Controller General. For the treatment of moderate infections, it received an Emergency Use Authorization.

**Tocilizumab**

Cipla is the brand name for tocilizumab, which is produced by Roche Pharma.

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Biological /Activities</th>
<th>Mechanism of action</th>
<th>Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interferonα</td>
<td>Biological/antiviral, antiproliferative, and immunomodulatory activities</td>
<td>In the human response to viral infection, IFN-α is a critical immune-protective cytokine.</td>
<td>It has the potential to create antiviral protein, limiting the virus’s proliferation and dissemination. IFN-α has recently been endorsed for use in the remedy of COVID-19. Researchers at China’s University of Science and Technology have proposed tocilizumab injection as a therapy for COVID-19.</td>
</tr>
<tr>
<td>Tocilizumab Injection</td>
<td>Biological/recombinant humanized monoclonal antibody against human IL-6 receptor</td>
<td>Tocilizumab injection, an adversary of the cytokine interleukin-6 (IL-6), is expected to protect COVID-19 patients from developing critical and catastrophic disorders by blocking cytokine storm.</td>
<td>Glucocorticoids are not recommended for the usual treatment of COVID-19, except in clinical trials, according to the WHO.</td>
</tr>
<tr>
<td>Glucocorticoids</td>
<td>Biological/vital regulatory molecule in the human body</td>
<td>In the course of the treatment of COVID-19, it is suggested to be employed for critical cases with high inflammatory response or children having acute respiratory distress syndrome.</td>
<td>Convalescent plasma therapy is currently only employed on a small scale, and large-scale implementation will have to wait until we better understand the clinical application effect and side effects. It’s still being looked into.</td>
</tr>
<tr>
<td>Convalescent Plasma Therapy</td>
<td>Biological Technique</td>
<td>supplying valuable immunoglobulin serum that furnishes significant levels of monoclonal antibodies</td>
<td></td>
</tr>
</tbody>
</table>
While Actemra is the brand name in India. The antineoplastic tocilizumab is primarily used to cure rheumatoid arthritis. It’s a monoclonal antibody that blocks interleukin-6 (II-6), a critical component of the immune reaction to SARS-CoV-2. Tocilizumab, an intravenous medication licenced as an off-label therapy for moderate to severe COVID-19 patients, will likewise be available only in hospitals. There were no excellently done studies showing the effectiveness and safety of tocilizumab towards COVID-19, as per the expert. By day 14, tocilizumab can minimise the requirement for mechanical breathing or mortality in patients, but it can’t regulate morality by day 28. In India, randomised control trials have commenced.

**Ritonavir + Lopinavir**

This antiviral combination of ritonavir and lopinavir is primarily used to treat HIV patients. It’s an HIV type I aspartate inhibitor that’s used in combination with several other antiretroviral medicine for treating HIV infection. In vitro, lopinavir inhibits SARS-CoV, but ritonavir, when combined with lopinavir, increases the half-life. Based on the current emerging results from the recovery trials, ritonavir + lopinavir had no positive effect on 28-day fatality in COVID-19 patients as compared to conventional treatment. When triple antiviral therapy was given among the patients that includes (IFN) beta-Ib, ritonavir + lopinavir and ribavirin along with usual care, it was safe and it reduces the duration of viral shedding than ritonavir + lopinavir alone especially in mild to moderate COVID-19 patients. According to certain trials, when ritonavir + lopinavir was administered within 12 days of the beginning of symptoms, there was modest updated accordingly, but no diminution in RNA viral injection, identification of viral longevity, or time from randomization to death. As a result, ritonavir + lopinavir has been discontinued in 13 individuals because to negative side effects.

**Doxycycline + Ivermectin**

Ivermectin was an anti-parasitic agent with antiviral activity. In vitro, it has modest inhibitory
effect against the SARS-CoV-2 virus. Doxycycline is an antibiotic that can be employed to treat bacterial infections of the urinary system, eyes, and lungs. The combination of both Doxycycline + ivermectin has shown some improvement against COVID-19 patients with acute symptoms, but the clinical trials are still under progress to reveal about the safety and efficacy of the drug.

Dexamethasone

Dexamethasone is a kind of steroid that reduces inflammation by imitating the body’s anti-inflammatory hormones and treating allergic diseases. This is appropriate for individuals who have already been admitted to the hospital and are getting oxygen or mechanical ventilator. This is the first medication to show an increase in COVID-19 survival rates. When dexamethasone is given endovenously along with conventional therapy, it is more effective than normal care alone. For 28 days, it demonstrated a substantial growth in the number of days alive and without respiratory support. The recovery trial results show that this dexamethasone has reduced 35% deaths in ventilated patients and 20% patients’ who received oxygen. The patients who don’t have oxygen or respiratory support have no idea how it is effective, it’s under research.

Convalescent Plasma

The convalescent plasma is predominantly for severe patients who are having scanty oxygen levels, and those who struggle from cytokine storm. Patients who have healed from extreme COVID-19 give plasma, which is subsequently injected into other critically ill patients to help them recover. There are a few indications that show convalescent plasma may provide advantages in COVID-19 patients, however further randomized clinical trials are needed. COVID-19 development was slowed when moderate patients and aged persons received high-titre convalescent plasma towards SARS-CoV-2. There was no notable change in clinical outcomes, death, or hospital discharge time in individuals treated with convalescent plasma after 28 days. As a result, India’s medical progression is achieved.

Drugs Developed and Treated In Europe and America

According to treatment carried out in
European countries and USA, there were 22 coronavirus drugs which were given to the patients on the clinical trial basis. While some are showing a little improvement, most of the drugs are under research. The following fig. 8 categorize the list of drugs based on their improvement.

The drug approved by FDA and evidence in cells, animals and humans is Remdesivir. Among 13 tentative or mixed evidence drugs, Favipiravir is one among them and it is evidence in animals, cells, and humans. Some small studies suggested that favipiravir block is the virus replication to its genetic material. Other tentative or mixed evidence drugs are Molnupiravir which can be observed in cells, animals and humans, recombinant ACE-2 which is evidence in cells, Ivermectin attestation in cells and humans and Oleandrin evidence in cells. Molnupiravir, commonly known as MK-4482 or EIDD-2801, is a flu treatment drug. Early investigations in cells and animals suggest that molnupiravir is effective against coronavirus. However, the outcomes of the clinical trials have yet to be shown. The coronavirus must first enter the cells in order to enter them. This is done by hooking on to a human protein known as ACE-2. Therefore, the scientist created recombinant ACE-2 cells, it shows promising outcomes in cells, yet to evaluate in human and animals. Ivermectin is used to treat river blindness and parasitic worms. Scientists are currently investigating if it can be used to treat viral infections. Lopivir and ritonavir, as well as hydroxychloroquine and chloroquine, were found to be ineffective in both cells and people. FDA approved this lopinavir and ritonavir combination immediately since it stops the replication and culturing of coronavirus. But it could not reveal if the patients need to be hospitalized and prevent them from new coronavirus. Trump promoted hydroxychloroquine will be the game changer. But FDA temporarily permitted the use of this drug, since the results from the patients were not satisfied. The above discussed drugs have the characteristic feature of blocking the virus. The immune system is the other important area to consider. These medicines elicit a powerful inflammatory reaction in order to combat the infection. Convalescent plasma is an experimental or mixed-evidence medication that has been authorised for use as an emergency treatment in cells and humans. Monoclonal antibodies are the next medication on
the list, which is likewise a preliminary or mixed evidence drug for both animals and people. It is also approved or emergency use. Another tentative or mixed evidence drug is interferons. It evidences in animals and humans. Another category is putting out friendly fire, i.e., the immune system overreacts to the virus. In this category the most promising evidence drugs in humans is dexamethasone. Trump said on October 4, 2020, that he was being medicated with dexamethasone, monoclonal antibodies, and remdesivir. In humans, cytokine inhibitors are a questionable or mixed-evidence medication. Another three tentative or mixed evidence drugs used for humans were blood filtration system, stem cells and Colchicine. These are the drugs widely used by European and American countries.

COVID-19 Vaccines across the World
Initially a vaccine development requires a minimum of 36 months to enter the market after several clinical trials and testing. In this 2020, scientist was forced to design a vaccine for this new dreadful virus. There were totally 67 vaccines undergone clinical trials on humans, 20 vaccines reached testing phase which is the final stage. The following fig. 9 clearly gives the data of vaccines count and their stages.

DISCUSSION

As per Chinese scientists, traditional Chinese medicine was used to treat over 93 percent of the COVID cases in the country, which comprises a variety of therapies ranging from herbal products to acupuncture. Besides all the other Chinese traditional medicines, Lianhua Qingwen, which contains 13 herbs such as Rhodiola rose and Forsythia suspense, and Jinhua...

Table 5. Leading Vaccines around the world, which is currently approved and in use

<table>
<thead>
<tr>
<th>Vaccine Name</th>
<th>Developer</th>
<th>Route of Administration</th>
<th>Phase</th>
<th>Status</th>
<th>Efficacy</th>
<th>Dose</th>
<th>Type</th>
<th>Storage</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19 mRNA (BNT162b2)</td>
<td>Pfizer-BioNTech</td>
<td>mRNA</td>
<td>2 &amp; 3 (combined phase)</td>
<td>Approved in Bahrain, Saudi Arabia, Switzerland, emergency use in U.S., E.U., other countries.</td>
<td>95%</td>
<td>2 doses, 2 weeks apart</td>
<td>Muscle injection</td>
<td>Freezer (−20°C)</td>
</tr>
<tr>
<td>mRNA-1273</td>
<td>Moderna</td>
<td>mRNA</td>
<td>1 Phase</td>
<td>Approved in Switzerland, Emergency use in U.S., U.K., E.U., other countries.</td>
<td>94.5%</td>
<td>2 doses, 4 weeks apart</td>
<td>Muscle injection</td>
<td>Freezer (−20°C)</td>
</tr>
<tr>
<td>SpikeV (Omicron)</td>
<td>CureVac</td>
<td>AD5, AD5</td>
<td>1 Phase</td>
<td>Emergency use in Russia, Emergency use in other countries.</td>
<td>91.6%</td>
<td>2 doses, 1 weeks apart</td>
<td>Muscle injection</td>
<td>Freezer</td>
</tr>
<tr>
<td>AstraZeneca COVID-19</td>
<td>AstraZeneca/Oxford</td>
<td>ChAdOx1</td>
<td>2 &amp; 3 (combined phase)</td>
<td>Emergency use in U.K., E.U., other countries.</td>
<td>82.4% for doses separated by 12 weeks</td>
<td>2 doses</td>
<td>Muscle injection</td>
<td>Refrigerated (2-8°C)</td>
</tr>
<tr>
<td>CanSino</td>
<td>CanSino Biologics</td>
<td>Ad5</td>
<td>1 Phase</td>
<td>Limited use in China</td>
<td>unknown</td>
<td>Single dose</td>
<td>Muscle injection</td>
<td>Stable in ref. 6 months</td>
</tr>
<tr>
<td>EpiVaccCorona</td>
<td>Vector Biopharma</td>
<td>Protein</td>
<td>1 Phase</td>
<td>Emergency use in Russia.</td>
<td>unknown</td>
<td>2 doses, 2 weeks apart</td>
<td>Muscle injection</td>
<td>Stable in ref. 2 years</td>
</tr>
<tr>
<td>BIBP323S</td>
<td>Sinopharm</td>
<td>Inactivated</td>
<td>1 Phase</td>
<td>Approved in China, UAE, Russia, Emergency use in Egypt, other countries.</td>
<td>79.34%</td>
<td>2 doses, 3 weeks apart</td>
<td>Muscle injection</td>
<td>Refrigerated</td>
</tr>
<tr>
<td>CoronaVac</td>
<td>Sinovac</td>
<td>Inactivated</td>
<td>1 Phase</td>
<td>Emergency use in China, Brazil, others</td>
<td>86.80%</td>
<td>2 doses, 3 weeks apart</td>
<td>Muscle injection</td>
<td>Refrigerated</td>
</tr>
<tr>
<td>Bharat Biotech</td>
<td>Bharat Biotech</td>
<td>Inactivated</td>
<td>1 Phase</td>
<td>Emergency use in India</td>
<td>Unknown</td>
<td>2 doses, 3 weeks apart</td>
<td>Muscle injection</td>
<td>Aqueous, 2 weeks at room temp.</td>
</tr>
</tbody>
</table>
Qinggan, which progressed during the time of 2009 H1N1 upsurge and contains 12 ingredients such as honeysuckle, liquorice and mint, are two of the most well-known medicines. But according to US national institute of Health and UK based researcher, they manifest that the overall effectiveness of Chinese traditional medicine is not conclusive and therefore it is dangerous, and its use is unjustified. China’s National Institute for Food and Drug Control last year discovered fatal toxins in certain Chinese traditional medicine sample. The Chinese government and traditional medicine therapist also added that, these medicines have thousand years of history, with some significant side effects which I need to studied further and using advance research its need to be eradicated.

The Drug Controller General of India (DCGI) have approved several repurposed drugs for treating the disease, especially on emergency purpose. But according to scientist, it is unclear; in what way the drugs have been approved and used in the market. The first drug to be approved in India was itolizumab which is mainly used to treat autoimmune disease psoriasis which was approved by Cuba to use for critical patients. The DCGI has approved emergency use of three drugs to treat COVID-19. The influenza drug favipiravir which approved for mild to moderate cases. Second, remdesivir a broad-spectrum antiviral drug and itolizumab to treat moderate to severe acute respiratory distress on people who is suffering from COVID-19. Emergency approvals were permitted based on preliminary evidence of the drugs. But scientists clearly explain that there was only limited evidence been collected stating that favipiravir and itolizumab can treat COVID-19 successfully. India is not alone involved in these fast-tracking COVID 19 medications. Convalescent plasma treatment, hydroxychloroquine, and remdesivir have all been granted emergency necessity authorizations by the US Food and Drug Administration (FDA).

The FDA in May 2020 issued an emergency authorization for remdesivir for the severe and critical patients who need oxygen supply. The FDA authorised the medication in August 2020, based on a study from one trial in which individuals with less needing oxygen were treated with remdesivir than those who received placebo (hydroxychloroquine).

![Fig. 10. New addition and recent updates of vaccines](image-url)
severe covid-19 reacted moderately to a five-day surgical procedure with remdesivir. According to the scientist, the FDA approved the drug without robust evidence. Later, October-21 when the president Trump was treated with remdesivir on a 5-day course basis. On the day of October 22, FDA immediately approved the remdesivir for the patients of 12 years and older. But scientist reveals that there is no statistical evidence for the efficiency of remdesivir. On November 2020, WHO halted the use of remdesivir, as they do not have strong significant evidence against mortality. Favipiravir though played a crucial role in many countries that include Japan, Kenya, Russia, Saudi Arabia and Thailand, there were no large randomized clinical trial conducted, so this favipiravir drug is still under research. FDA immediately created awareness against this ivermectin, to treat COVID-19. Since this animal drug can cause adverse effects to people. The drugs were used to control the spread of disease, but scientist failed to continue with it, so there begins the development of vaccines. Currently, some of the vaccines were introduced into the market waiting for the best result among them. The fig. 10 shows the new addition and recent updates on vaccines all around the world.

**CONCLUSION**

This new virus outbreak has posed a threat to world’s economic, medical, and public health infrastructure, particularly those in its immediate vicinity. How the virus affects our life in India will only be known with time. Following the epidemic in December 2019, several people died in various parts of the our nation and rest of the countries. In order to save the patients, many healthcare workers gave their lives. For twelve months, the whole world was shut down. The production of a vaccine to contain and kill this awful virus has improved recently. In several parts of the our nation and rest of world, ten vaccines are leading, and new additions are undergoing clinical trials but have yet to enter the market. We are hopeful that these vaccines will help to improve the current situation.

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