

Covid Nursing: Less Known Aspects

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Abstract

Covid pandemic is unique. Viremia –Corona virus is viewed as enigma. Affliction demands continuous alert and or intensive nursing and selective nutrition. Less known aspects presented, elaborated, explained, demystified along with co-morbidities; opportunistic infections\infestations and fatality causes & Paradigm shifts needed. Neo nursing modes; methods; medicine and innovative nursing grapples provided. S + H₃BO₃, 1:1, v\ v antagonises mycosis topically. Lab-to-nurse plain language used. Target: patient & family. Forget fear-adopt solid science is the ethos. Pan global regiments of actual front line workers converted to Covid combat winning warriors (nurses).

Keywords: Covid-nursing; Less known Aspects of Covid-19; Functional Food for CoV-2; Sulphur-Boric acid compound; CoV-2 Potho-Clinico Issues; Innovative Safe Nursing Intervention ISNI.

Abbreviations: Nurse\Nursing – N; Virion\virus – V; Innovative Safe Nursing Intervention ISIN; Plan change as per presentation\progress (PCP); Functional food (Ff).

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INTRODUCTION

Jumping into the fray with bare hands to merely assist amelioration is nursing. It is supreme. A lark at work; non haphazard; quenched shop floor movement; mindful of the outcome results; expert in observation cum credit-less rapid report; master in human relationship; committed to victory. Saving a life? is staple. Nursing too often makes the difference between life & death irrespective of the pathology, prognosis, therapy, response pathologies, likely emergencies, etc. Covid-19 is a long scope pandemic that has evolved into syndemic [1]. Is marked by simple quarantine-to-complicated intensive care. Logically, has become nurse dependant. Thus is falling fatalities world wide. In this transaction we state (i) Less Known Aspects of potho-clinico issues (ii) 'Food fails fatality' – i.e., anti-virus food (iii) Medical meteorology. Any

apparent frailty and or debatable aspects need be glossed over post due diligence for time shall set the tide into cadence. Covid pandemic cum syndemic nursing is associated with a never before range of less known aspects. A paradigm shift is warranted. "The most important practical lesson that can be given to nurses is to teach them what to observe – how to observe – what symptoms indicate improvement – what the reverse – which are of importance – which are of none – which are the evidence of neglect – and of what kind of neglect" ~ Florence Nightingale c. 1820-1910 [2]. Hence, the averments herein are neither prescriptions nor advisories. The team is multi-lateral; the model is multi-disciplinary; heuristic and pedagogic. We intend mere frank discussion/s with a hope to because more.

Politico-National Forcings - Extra Nursing

The first techno-clinical report of unexplained viral pneumonia in Wuhan, Hubei, China, is dated to 8-12-2019, as highly pneumophilic and causes acute viral pneumonia [3]. Gigantic state sponsored oral & enacted efforts noted in launching [4] and propelling extra nursing [5]. That what was launched in Crimea c.1855-56 as real time combat place operation was given a (sponsored) vacation in c.2020 [6]. Taxonomically, Covid-19 is SARS CoV-2 [7].

Market Forcings & The Nurse

Money however small is necessary for anything mini-to-massive, includes nursing - labour intensive gainful employer. Money's master is market. Inseparable couple. Exerts overwhelming cohesive thrust. Current market forces are indulgent for vaccines and repurposed oral. Covid-19 vaccine (1st inoculation + booster) have a prophylaxis period ranging between 8-12 months. This means every year each person shall have to take 2 intramuscular injections year-on-year basis. Instead of a pill-a-week (oral prophylaxis) it is 3-4 intra-muscular vaccines every 36-40th week. A pill can be made by a many. Employment ennobling. Intra muscular injection only by a few. Pill making is an economic harbinger. Vaccines not. Vaccines creates monopolies; have & have-nots; pro developed economies. Vaccines are toxins (metamorphosed). No nurse would prefer a toxoid (CoV-2 vaccine) if an oral alternative be available. The availability; price; in-hospital stay period; logistics; clinician's dispositions; et.al., if be collated, coalesced & compared it then maths up as 'market forcings' and the nurse (reluctantly) opting for the vaccine is logical cave-in phenomena to socio-economic cohesive thrust (civilisational). Covid is now commerce [8]. No going away.

CoV- 2 Viremia

'Virion' (singular); virus is it's plural (collective noun); a species (spp) or a sub spp., as 'virus'; in-vitro in dishes & tubes as 'colony' and active state physiological infestation with clinical manifestation is 'viremia'. Blood cells are of 15-22 μ (μ = micro meters) diameter. Gravity does not play upon any cell that is not fixed nor is in a clump of >25 μ dia. Average corona virions measure 20-25nm (nano meters) and is 1000 times smaller diametrically, volumetrically much less; logically not effected by gravity. Any cell can house a few thousand virions. There are 2 types of viruses (i) having a lipid coat (capsule) which encases the charge RNA (ribonucleic amino acid = proteins) e.g., CoV-2 (ii) without. Acids are charge potentiated alias ion. At 20-25nm the quantum of charge: mass, is dynamic (say) bio-isotopes i.e., virus is a biogenic charge particle. And its size i.e., cross section is measured in nano meters (1meter \div 100,000,000 = 1×10^{-9} = a nano meter nm). Comparatively E coli bacterium is 1000 times larger. CoV-2 virion has RNA. The length of an average RNA is equal to 1,000 pairs of amino acids = 1 Kilobase

(kbp) = one nucleotide bases (1 bp) and corresponds approximately to 3.4 Å (angstrom). 1 angstrom = 10 Billionth of a meter i.e., 100 pico meters (1nm = 1000pm). So 3.4 Å = 340pm. Since RNA's length dimension = 1,000bp it works out to 3400Å or 34000pm alias 34nm. And whereas the diameter of the CoV-2 @ 100 nm is almost double the size than of the average corona viruses. Therefore, the RNA which is a sub-particle (34nm) can with ease swivel around in any axis within the globular virion (radius = 50nm). Continuous auto-mutation enabling ? In fact it may be spinning at very high rate. RNA is comprised of ribose nucleotide (sugar & nitrogen) linked by phosphate, the whole being filamentous = basic building block of the RNA. The DNAs and the RNAs are polymers made of long chains of nucleotides. And the RNA of CoV-2 produces an electricity of 1eV (electron volt) within the host virion. 1 eV = 1.60218e-19 Joules while 1 joule = 0.000239006 kilo-calorie. Now Volume 'v' can be arrived at using the formula $V = 4/3\pi r^3$ i.e., $4.19^3 \times 50nm = 73.56 nm^3$. Thus a CoV-2 virion has a vol of 73.56 cubic nm with an (spinning ?) spindle (i.e., RNA) of 34nm size that has an work done energy quotient of 1.6 joules. Hugely efficient. 1.6 is the Fibonacci factor (natural number). Thus, the CoV-2 virion is a well insulated supreme power house. It is such efficiency that makes the virus a biogenic charge particle and gives to it the virulence. Among fuels, coal is light and bulky (140 million nano gram {ng} per cubic nm). 1 Ton coal = 1000000000000 nano grams and produces electrical power of the order 22,000000000 Joules (22 Billion). So, $1000000000000 \div 22,000000000 = 45.45$ ng of coal is needed to produce 1 j of power. Whereas, a Cov-2 virion produces 1.6 j additionally DNAs\ RNAs have electrostatic fields of variable orders [9]. And viruses have no bulk density. Hence, we have used the term pairs (i) biogenic charge particle & (ii) bio-isotope, respectively. A bio-isotope is a biological warfare candidate. Clinically & Specially from nursing perspective nurses have to brace up. The CoV-2 virion has a size ~ 100 nm diameters variable by an order of 10%; produces (additionally) an electricity of more than 1 eV as it crosses the outer membrane of the host cell registering in acyclic fever in case of more toxic virus species (CoV-1) and continuous subdued fever in case of less toxic virus species viz., CoV-2 (is a sub spp., of SARS CoV-1), the erstwhile real fail proof swift killer of 2010. Initial greater availability of electricity results in a feel good factor and at acute levels of infection the person feels debacalised, prefers supine posture = resulting in more rapid viremia ! clinically manifesting as myalgia and pyrexia dependent on the spp., of the virus. Paracetamol (4-Acetamedophenol) is anti-inflammation (2nd best); nurses shall have to weigh in the (lovely) option of using Acetylsalicylic Acid (aspirin sub-clinical say 35-40mg per dose) as the main & 4-Acetamedophenol (paracetamol) alongside at a ceiling at 400mg/dose at adult 60kg combine as 'fire-&-time get' therapy. In viremia fever wanes sans wet cycle (sweat); is smooth

and heralds appetite in place of sleep; no Buffy coat on tongue. Any deviation requires report - possibly bacteremia mixed or something strange! Antibiotics are proteins; cholinergic; toxic and have variable pH with unpredictable gastric phase character additionally being deleterious to the gut biome (Akkermansia) & uptake pathway (Urolithin/s). Hence contrasting multi-drug therapy from confabulating and/or toxicity up-regulating synergic groups (present style) needs informed nursing and a lark among the attendants. Examine tongue (with photo). Tongue is the face [10].

The embedded charge acts on the inert caspace and cause (volcanic schist type) eruption i.e., spikes which all under magnification imparts to the whole virion a crown like appearance = corona. The spikes have (ionic) residues of the inner RNA and exert paramagnetism (alias signalling) results in docking and attachment followed by inoculation of the whole virion into the cytoplasm of the attached host cell (it is not a case of attack); is nature ordained for progenation. Is a preferred cycle. This happens in disparate & in a diffused manner involving the whole body (including dermis). After an extended period the physiology responds with waves of antibodies expressions (from multi organs every 6th hour) known as 'cytokine storm'.

Paracetamol is vital in countering such storm while aspirin (as adjunct) also in acute pyrexia; myalgia; obstinate subdued fevers and to thwart any unforeseen & unwarranted haematological and or cardio-thoracic (non asthma) response pathologies via a delayed action mechanism/s. For asthma short puff broncho dilators are the choice and not IV steroids i.e., flush the fossa and the upper bronchus. Avoid the entire circulatory system and the prime organs from continuous exposure to steroid loading doses (mono bolus is always fruitful); followed by warm saline gargle.

Human physiological defence i.e., cytokines do not attack own RBC. It is entirely oriented away. Yet, the virions do not aspect RBCs although RBCs have more permeable outer membrane & least to nil receptors specific for virion aminos/proteins docking; and do not have DNA nor the other organelles viz., mitochondria i.e., no cytoplasm. This organelle being essential for (i) production of additional electrical power that is needed for the transcription process (ii) the infested cell to survive the period of repeat transcription else incomplete (dud) virions would spill into the blood stream. RBCs are loaded with liquid iron (O₂ ~ hemoglobin) which is highly ionic & reactive. On entering the RBC the virion's lipid-capsid lyses and forms a firm inner side coating of within the RBC's inner membrane (thus the virion gets locked). Furthermore, RBCs architecture is torus hence has a very low cohesive thrust at mid centre which creates a large space for the lyses process of the capsids baring the RNA in the 'low' domain resulting in rapid

quenching of the bio-isotope and prolapse of the RNA strand. RBC's diameter being 20μ (1 micron is few tens of thousand times larger in volume than a whole virion). Furthermore, the non compressible (liquid) O₂ exerts its oxidative stress as an hydrodynamic thrust that converts the viral toxin/s into toxoid/s = a virion thus thence can easily act as guardian (anti-virus) ! Anemic; low RBC, & hemostasis compromised patients (e.g., marrow subdued cancer/osteoporosis/osteomalacia/TB/Congenital heart disease; etc) are prone to complicated prognosis & refractile status due viremia. And whereas, non RBC cells offers a paradigm shift (opposite) additionally with cell's outer walls having virus/CoV-2 docking devices called Angiotensin-Converting Enzyme 2 (ACE-2) which assists (a) virus inoculation (b) drug delivery. Washed - packed RBCs infusion preceded by 100-150ml NaCl (small quantities regulated in fractions transfused intermittently and never as bolus) is indicated well. Viruses crowd gut lumen to avert systemic anti-body onslaught resulting in gut biome upset, the biome in turn turns down turns peristalsis and purges (squeeze of lumen cross section i.e., diarrhoea). Thence bitter food is not good. Chickpea flour; arrowroot; noodles; puffed rice; boiled egg; potato & Daikon Radish along with ORS fluid (tipped with potassium Chloride solution) are well indicated. All these be carefully weighed in on previous case history basis and salty solid & ascorbic liquid food shall be restorative systemically including for the whole elementary system & its biome (*note -i*) so that drug @ loading & bolus can be done. Phosphates & Urea compounds are bad.

Nano components of the blood exert greater BP. The virus due its small globular size (10⁻⁹ particle) alters the blood chemistry and viremia exerts a falls hemodynamic thrust registered as pseudo BP factor. Stony or ground glass lungs (is associated varying systole & raised diastole; also with changing posture) cannot be given physiological saline >100ml per infusion else there will be pulmonary flooding (intractable). In CoV-2 diabetes complicates; high-end blood glucose level (also exerts additional systole) is better than medically induced normal with injected insulin (true for all viremias including herpes & papillomas). Virions love insulin (i.e., hormones including thyroid).

HRCT\MRI: Anti virus

Charge particle character permits continuous pole shifting specially if the virion be insulated i.e., has a lipid/polymer casing/caspase (CoV-2); alters surface morphology; alters ion charge type clumps i.e., alteration in drug binding sites a phenomena known as mutation. Such phenomenon does not down-turn the paramagnetic potency (arising out of variable stable electrostatics) yet normally weakens-fob-fail therapeutic drug binding. This is because DNAs\RNAs (sub particles of Biogenic charge particles). Charge particles & sub-particles more suffer extreme

consequences if discharged or depolarised (viz., exposure to high voltage power lines; transformers; radar; X-ray; Y-ray; electro-magnetic field, etc.). This suggests that a quick exposure to intense magnetic field viz., HRCT\MRI\X-ray machine run through of neck-to-toe (exclude head) of acute viremia case/s is likely to be multifariously fruitful. Immediate indices being wane of pyrexia; myalgia; flatulence; reflux; sub-lingual rancidity; reducing therapeutic need & in-bed period; etc. Lab test of virus count\antigen confirmation must. This construe non-invasive treatment. Safe. Neo. Innovative.

Variety Thy Name

World wide Flu\Influenza is ever present and vaccines too which all need to be taken on year on year basis [11]; they have poly-toxoid composition [12; *note -ii*]. New versions are developed twice a year, as the influenza virus rapidly changes [13]. Flu & CoV-2 types make close call in character, structure & clinical conditions at first presentation with gross contrast in pathophysiology & prognosis. Viruses in general have high survival & re-emergence character in all climatic zones and more so in seasonal & moist-warm-wet agromet regions (home to most of the pan global census). Moreover, SARS (CoV-1) & MERS have no vaccines [14] (more more swift fatality than CoV-2) in spite of much similarity with CoV-2. Furthermore, good viruses populate the human feminine reproductive organs which give them tone, tenor, hormonal balance, ability to attain coitus (lowers the threshold), cheerfulness, feminine grace, mammary firming, anti-mastitis (mastalgia), etc. In the male sub-populations absence of good virus be co-incident with low libido. Bacteriophages populate the air-ways making nasopharyngeal-larynx-epiglottis moist, mucus responsive & air exchange comfortable. Down turning them leads to irritation and resultant fingering causes epistaxis (weather dependant), induces allergic reactions, cough, etc. In developing world such human response are dominant more due to heat & dust environment & life style. Viremia are mostly self limiting and are clinically associated with downturned libido; erratic menstruation and more often failed insemination. All anti-viruses clear the good and more the pathogenic viruses. Clearance of the pathogenic heralds rebound libido, urge, smooth menarche. In menopause viremia is mostly subdued and obstinate (less hormone status), clearance being associated with discharges; menopause onset and dry vaginal tract. Close private on & often consultancy becomes a need. The economically developed societies prefer longer menarche, while the economically weak societies prefer early menopause. Good viruses and bacteriophages do get downturned, killed or cleared for variable time scales (individual specific) with anti-viral therapies; and acutely so in case of vaccines. In the developing nations population density is high with close knit residential & public utility layouts. The settlements have a religious centre as the umbilical with numerous health service

physicians many of whom work with missionary zeal. Vaccine discounts them and all rural-remote clinicians. In such locuses malnutrition; anemia;; gastro-enteric & vector borne maladies; skin & scalp infestations; rashes & itches; dementia; vertigo; vitiligo; tinnitus; hard of hearing; lenticular issues; tuberculosis; seasonal self limiting & virulent pathogenic virus abound and are noted as syndemic members. In the developed nations over age\geriatric; COPD; cardio-thoracic/pulmonary; oncogenic; vessel & circulation; diabetes; arthritis; macular; Parkinson's; psoriasis; renal; among the affluent, geriatric, pill poppers is predominant. Viremia exhibit affinity for K^+ i.e., the cerebral parynchema; fine veins & and the circulation terminals while related clinical manifestation happens over long scope (staggered & delayed action also). Thus effect of vaccine on macula; aneurisms and on cerebro-vascular environment remains dark areas (*note-iii*). Rest are gray areas. Pan globally families are breaking up; self dependant mono member type are widening; lengthened working life expectancy; geriatric is leap forging, etc., issues abound and are noted as syndemic members. In the over populated large cities of the over populous economically developing nations an admixture is noted. Apart being individual patient specific nursing has become location period specific & even weather dependant [15, 16]. And nursing means attendance to an ailing having an overbearing malady with even contrasting co-morbidities overt and covert that may be confabulating each other (temporary intra pathology limiting effect) and get complicated due vaccine; nutrition and associated aspects [17]. Any standard operation procedure (SOP) for viremia-vaccine nursing-nutrition on a large geography or mixed ethnic composition or life style basis is difficult (too early). Information & communication leaps to the fore. Pandemic-syndemic nursing is variety thy name. Covid nursing is now interventional with never before possibilities and opportunities. Nurses from the developing nations handle more cases per day. Hospitals are alike market places i.e., chock-a-bloc. Irrespective, nurses serve to save. Nature & scope of the works remain the same. The barriers be: (i) currency value at foreign exchange range between 80-200 times (or more) is acutely disabling & insurmountable (ii) instrumentation. Any other, not. Therefore, nurses from the affording nations\societies may create bridges of communication with nursing communities from the developing. Profitable for either. Win-win for all.

Potho-Clinico Issues

Angiotensin-Converting Enzyme 2 (ACE-2) is must for CoV-2 virion to get inside any cell (and cause the malady SARS CoV-2 : severe acute respiratory syndrome – Corona virus sub species-2 is the causative [18]. ACE-2 are not present on RBC; Bone marrow & Adipose (fat) tissues therefore these cell lines remain unaffected [19]. Almost all others have, thus CoV-2 can infect any organ including blood & lymph vessels directly via ACE-2 signal-binding mechanism (tropism

is malapropos) or indirectly by attaching to cytokines (anti-bodies), the DNA and/or RNA particles that have got released into circulation due to cell lysis/necrosis, etc., and re-enter cells [20]. Very technical indeed. Hence, we discuss some of the terms and associated jargons. The virus CoV-2 is extremely infectious via air & contact = pandemic; collinearly involves multi organ and or gets moored to pre-existing co-morbidities and or individual based systemic frailties = syndemic. Prognosis being grave if not countered. Incubation 5-7 days; At presentation and until discharge/demise fever is @ 37.5°C i.e., 99-100⁰ F (low pyrexia); acute Lymphocytopenia (<1500 cells mm³); cum Leukopenia; mild Thrombocytopenia (< 150,000 mm³); Rhabdomyolysis; Ground glass effect (bilateral patches or shadows in lung fields) sputum production, headache, diarrhoea, dyspnoea, dimer-D, blood urea, significantly elevated neutrophil count, with continuing decrease in lymphocytes [21]. Initial dry cough on-set; loss of smell & taste; later sputum with prominent heavy-stringy exudates = pulmonary damage [22]; hemotysis; pneumonia; acutely down-turned thoracic cage mechanics; pulmonary crisis; bilateral fibrosis; right ventricle failure; acute kidney failure; acute heart failure; etc., i.e., a cascade is the reported order. Other less notable symptoms being freak cutaneous emphysema [23]; WBC distribution width; high C-Reactive protein & plasma viscosity; Chloride ion deficiency (yet saline infusion is contra); etc. Saline infusion leads to heightened pleurisy & lungs flooding (drowning) & lobe shearing; infusion site oedema & hematoma. Gravity route of saline infusion fails as system does not take. Patient can neither remain supine nor alpine due to rising flood & fibrosis. Severe angina pectoris - yet analgesics are contra. Steroids also contra indicated yet severe acute COPD conditions demand. Steroid treatment gets syndemic oriented (threshold being individual specific). There being no specifically antagonistic oral drug these presents focuses on smart nursing; functional food with family welfare at heart. Demystifying the jargons and explaining to the nurses worldwide is the frank objective. 1st time effort to reach out directly.

Functional foods : Means 'prescribed menu' and food that up-regulates the efficacy of the therapies and also contain natural moieties of the therapeutics. Anti- Functional Food- 'proscribed menu'.

Symptoms Less OR Not noted : No damage to the underlying pulmonary matrix as are noted in Tuberculosis; etc., (not noted even in end stage or post mortem covid). Other less notable symptoms Lactokalamia; hyponatremia; rigor; K⁺ depletion; cerebro spinal involvement are not reported; even vascular complications being conspicuous by absence. Most arises due drugs interaction; response pathology.

Pandemic : Disease that has spread swiftly encompassing a vast geographic area and or sub-

population. Syndemic : Systemic idiopathic interactions of (pre *in-situ*) poly pathologies and or co-morbidities with (neo) pandemic patho candidate resulting in up-regulation; complication; refractive status even making intensive clinical management difficult and prognosis grave. Contagion : Infection or disease that spreads very efficiently via physical contact or even mere closeness. Infectious : Malady that can afflict any living body by entering via any route.

Diagnosis : Assessment and judgement on the disease/malady and its related issues via naked eye, touch, feel, smell, and or via using tools, implements, software, systems and equipments and machines. Prognosis : Future of the malady and or that what is going to happen to the afflicted. Prescription : Opposite of proscribe (banned); must take; permitted to consume.

Innovative Safe Nursing Intervention ISNI: CoV-2 requires ISNI. Indoor keep room barometric pressure around 950-970 hPa (hecta Pascal) so that nothing flows out from the wards to the out as nursing, clinical, allied staff & logistics move in-&-out (mechanically induced mild breeze flow is from out →in); auto fresh air loading of indoors & fresh feel. Yeomanly assists pulmonary ventilation (for all).

Pyrexia: Fever, normally high fever (in case of Covid fever is very low!).

ISNI: Acetylsalicylic Acid 75mg + pomegranate juice 100-200ml + diluted with Battery grade de-ionised demineralised water 50% by vol., + ½ tea spoon of ORS.

Lymphocytopenia: Lymphocytes are the most vital group of WBCs. They rush to disease spots and fight on behalf of the body; each WBC fights variously, numerously, fights many an antigens one after another and keeps physiology cleansed of antigens i.e., one lymphocyte can kill many. Such action is known as phagocitisation. Lymphocytopenia means the lymphocytes have been killed and or are no more in production = debacalised defense (danger). Suggests bone marrow suppression and or WBC destruction inside the lungs of the covid patient.

ISNI : Ellagic acid and or Ellagi-tannins as in the dried peel of the juvenile (chloroplast stage) pomegranate fruit 500mg BD (*Bis die sumendum* OR *bis in die*) + Betamethasone (0.5mg) OD (once daily) for 3 days. Plan alter as per progress/presentation (PCP).

Lymphocytopenia is more often associated with a (unmarked) rise in platelet count and concurrent anisocytosis/right shift (which distracts clinical attention). Heightened platelet count results in initial smooth tolerance to toxic drug moieties and to loading or bolus doses subsequently lessened relief i.e., drug loss. Also crowd infusion needle site region. Raises embolism possibilities.

ISNI: Astute case specific combination of fractional 4-Acetamedophenol + Acetyl Salicylic acid (syrup =

syrup, oral) is well indicated in almost all Devil and the Deep sea situation's. Time buy. Even standard dose of such combination = risk up-regulation (hence fractional). Functional Food = Lemonades; andrographis paniculata & nil micro nutrients\minerals.

Leukopenia: Apart lymphocyte there are many a other WBCs. All together are known as Leucocytes. In covid all such non-lymphocyte WBC are also noted in down turned state. Suggests entire defense mechanism in knocked down state.

ISNI : Ellagic acid and or Ellagi-tannins as in the dried peel of the juvenile (chloroplast stage) pomegranate fruit 500mg BD + Phosphate loaded foods\drinks (citrated also); Di-hydrogen citrate buffer; Sesquiterpene eudesmine as in the white kernel of the Rhizome of Rotundus\Nut grass (best)\almost all nuts & berries. Maximum for 72 hrs. PCP.

Thrombocytopenia: Less platelet (thrombocytes). Thrombocytes stops blood from flowing out in an unending manner. They form plaques jointly with RBCs and stop bleeding [24]. In CoV-2 platelets show lot variation. Extreme cases far in between. However, in covid & other viremias thrombocytes do get inactivated\destroyed by viral\cytokine toxins up-regulated by pre-existing inflamed blood vessel; acyclic blood leaks i.e., petechiae being more below the gastrocnemius i.e., leukemic or haemophilic co-morbidities. Dermal itch, blotch, flush followed by vasculitis as skin lesions as red\purple blood spots. Spots >1cm diameter is purpura enlarging as (spontaneous) hematoma. Anemia further complicates. Anemia is common in greater part of the globe. Such in-situ combination spells grave prognosis. **ISNI:** Stamp down on sugar\glucose\fruit juices; citrates and citrated drinks; roll up entire lower limbs with hand made authentic silk or cotton (permit skin breathing) – light tight; cream of milk i.e., casein micelles products at RT (room temp); clarified warm butter (mild apply on gums); R-Sol [25] if available. Consider : 4-Acetamedophenol + Acetyl Salicylic acid standard dose + Lemon juice (&or Disodium Hydrogen Citrate (1.4gm/5ml). Platelet infusion with intermittent stop (6 hr) along with salt-citrate drink not >50ml per hour i.e., 50 x 6 = 300 ml or less in 6 hrs; intermittently leg up-inclined position for 15 minutes at a stretch during transfusion period & thereafter depending on petechiae and or signs of vasculities or any supra hematoma at infusion site.

Plasma Therapy

Post whole red blood extraction into empty container not having any fluid nor any anti-coagulant and keeping it stand-still results in clot with all cells precipitation = bottom clot and a yellow supernatant liquid is serum. Also can be quick got via centrifugation. Post whole blood donation into an anti-coagulant solution container and centrifuged to remove all blood cells = Plasma (pale yellow supernatant liquid

with anti-coagulants). It is got by chemico-mechanical processing of the whole red blood. Plasma is frozen & stored in Blood Bank @ -30-40°C. And used post thaw (takes 6 hrs). Even a few repeat freeze thaw cycles has nil-to-least adverse effect, cryo-precipitates included (1 yr limit).

Non CoV-2 : Infusion of stored plasma from healthy donors has no adverse effect on non CoV-2 +ve recipients. Infusion poises the patient for loading-bolus therapies with re-purposed drugs and specially with anti-cancer moieties. Plasma infusion permits more uptake of physiological saline; packed Red cells & platelets; etc.

Plasma & CoV-2 Patients : Plasma infusion is loaded with frailties (almost contra indicated). So also in sepsis\endotoxemia. Concurrent MgCl₂ @ 100pg BD shall up-regulate salutary and/or contradictory\adverse effects (e.g., Ringer's lactate sol) – case pecific. MgCl₂\Na⁺ can squat on the anti-viral drug's receptors (better avoid). Plasma infusion therapy in Covid nursing denotes plasma received from erstwhile CoV-2 +ve recovered cases, processed – stored - thawed infused to current\active CoV-2 +ve cases (may include anti-coagulants). Now, any CoV-2 +ve recovered case must have gone through various regimes of therapeutics for various periods & hence his\her physiology should have undergone the insult and spill over loads in-circulation; delayed action expressions as part of drug kinematics and systemic response (is not naive); recovery-donation time gap & ACE-2 receptors. Such recovered donor may have\had anaemia; coagulation related factors; anti-obesity; diabetes; arthritis treated with chemotherapy; genetically acquired frailties; left over anti-coagulants; viral &\or cytokine toxins more specially toxoids and consequent depletion-degradation of the entire range of cytokines (pro-inflammatory polypeptide signalling molecules) the target molecules & ketones in the donor or the recipient's blood) i.e., altered plasma chemistry. Such plasma is likely to on-&-often act as dud (not 100% failure). Cytokines &\or CRP & PV values of donor's plasma should be on the higher side. Greater the donor-to-receiver gradient the better efficacy. Such ideal condition's is more possible from persons who have been afflicted by CoV-2 and recovered sans therapeutic bombardment; fresh inoculated with vaccine thereafter; have no co-morbidities; not on daily pills; no adverse filial history; etc. Such plasma shall invariably be effective. Fresh (well matched) warm plasma transfusion from bed side to bed side (donor's to patient's) is loaded with frailties even in adept clinics. Plasma therapy in CoV-2 cases leads to Heart Failure in BP case [26]. And also in diabetes; hypo-thyroid; Chronic renal; COPD; cancer; osteoporosis; high pro-thrombin; mycosis cases post such co-morbidity specific medicaments (own observation). The primary constituent of plasma is albumin; globulins & fibrinogen. Albumin down regulates the expression of the ACE2 receptors [27].

Fibrinogen leads to three most severe clinical components of COVID-19 because of ACE-2 expression deregulation [28]. Plasma also contains ACE-2 hence plasma infusion heightens complications. Additionally with Na⁺ cation (physiological saline) leads to anti-viral therapy failure. Daily pill viremia patients also be not considered for plasma infusion. Whence thrombin factors & all cryo-precipitate are removed plasma infusion is moderately indicated in CoV-2 patients. Nurse should extrite as much info as possible from such donors about clinico-medical history with tactical suggestion-question & report.
ISNI : Stamp down on protein rich food. Increase oral fluids; brews; stews; soups; brines & wines. Liquids ad-libitum, belly full. Case history. Habits. Report.

Rhabdomyolysis: Severe - acute muscle wasting & pain at site. Particularly the large working musculatures. Severe means continuous. Acute means intense at any point of time/instant. Covid draws upon protein and even possibly other constituents of the musculature (to form the fibrosis) which is why muscle wasting (scouring) with unbearable cessation less shooting pain. Note: may also be due response pathology? Large functional muscles are loaded with fibbers & Ca⁺. Any strange (inter organ-intra location mobilisation) report & record well.

ISNI: Apply & mild scrub/massage the location with wet ORS + table salt + CaOH 15% v/v in NaCl or H₂O. Functional Food : Boiled colocasia + boiled egg yolk; belly full stew of goat\antelope's Achilles & planter bone (hoof less) well pressure cooked in salt, turmeric, black pepper. Serve in bell metal plates with capsicum sauce + green chillies + tamarind powder + Indian roti (well roasted) + sugar cane salty fluid (natural glucosamine) hourly 50ml for 12hrs. PCP. R-Sol if available. Other stews & soups.

Ground Glass Effect

Radiography plates shows smoky patches in lung field regions in far lower end locations (not bronchial tree). In far deep CoV-2 virion gets relative more oxygen depleted air (more N₂ & WBCs for pleural walls release most). Outcome result is bilateral fibrosis. As response pathology the human body pumps in fluid into the lungs = pleurisies; preceded by cytokine storm from the pleural parynchema & followed by pseudo pneumonia symptom. By the time the patient starts coughing 50% of the bilateral fields are affected by fibrosis i.e., in X-ray plate 'ground glass' phenomena by 12-16th day [29]. Saline infusion via gravity route fails by 10th day. Pain killers & steroids & O₂ are all contra indicated. Too Late. Most difficulty arising out of phagocytosis failure + fibrosis - unique affliction aspect of this virus sub spp [30].

Fibrosis: Formation of fibers normally inside the body at any place where fiber is not generated and if generated causes severe & acute problems e.g., covid - lungs. In covid radio images the lung's both sides

exhibit diffused fibrosis clinically termed as 'ground glass like effect'. Fat deposition is opposite of fibrosis. (read concurrently with pneumonia; obesity & diabetes).

ISNI: For Ground Glass & Fibrosis same.

Bringle roast smoke inhale; wake sleep; Vicks vapo-rub (in-clinic hand made made 'menthol-camphor compound' 1 : 1, v\v). 5 minutes OD or BD. Lab to bed side example. Ff = pomegranate juice\squash + ripe papaya + grilled bringle with clarified butter + Bilwa (*Aegle marmelos*) & Tulsi (*Ocimum sanctum*)leaves + crushed ginger fibbers = Bristling Brine ad-libitum. Pressure cooked warm rice water + NaCl @ 15-20ppt + black pepper As vehicle for all oral medicaments. Steroids ban.

Antibiotics ~ Penicillin @ 200 mg OD (alongside other antibiotics if any prescribed) and or tetracycline 200-250mg OD.

Chloride ion deficiency: from diagnostic point and more specially from bio-physics & patho-physiology means Na salt is not being used only the chloride ion (part of NaCl) is being selective consumed without adequate replenishment + bio-synthesis failure (danger).

ISNI: ORS & Potassium Chloride admixed @ 1 tea spoon per 100ml of brine + bristling brine. If needed Ranil's tube (intubation).

Pneumonia: Lungs air sacs filled with viscous fluids\purulent matter. Stringy mucus (also) unable to exchange air. Clinical emergency. (few) Fatty degeneration of the lungs have been reported also mimic pneumonia (no citation). System generates liquid as it is non-compressible exerts exponential thrust on compressible fluids (air) and tends to make up the loss of thrust mechanics that may have occurred due to aberration in the bronchial tree. Is compensatory mechanism.

ISNI: Inert bone dry Cannabis seed powder + turmeric + honey (all cool) + warm clarified butter (1+1+1, v\v) mix, slow lick ½ or 1 tea spoon full per hour 3 times = nice in taste; excellent result. Best if licked mild warm. Maintain sequence of the mix. Mild sweat - good indication = return of hemodynamics towards normal. Consider to repeat post midnight. Cold nights excellent for asthma & COPD cases. Syzygium aromaticum chew.

Pleurisy: The lungs (either side lobes) have 2 layers of thin tough very flexible yet dexterous membrane that do not permit gas pass. Assists thoracic cage mechanics (pump back with highest pressure from the sides angled towards upper bronchus). Due covid it gets filled with stringy mucous; fluid and loses its parent properties.

ISNI: country bringel's seed burning smoke inhalation. 5 minutes session; OD or BD.

Pulmonary crisis: Break in the smooth cycle of breathing; long-slow-noisy exhale (mouth) ~ hard effort breathing. Acutely down-turned thoracic cage mechanics. Chest cage is no more expanding nor contracting. Pre to End of life stage.

ISNI: Shift patient to low atmospheric (column) pressure room @ 950 hPa. Effective. Also try wake sleep (if feasible). O₃ (Ozone) exposure. 1 hr per session. or Dry O₂ run via a field of atomised mist of O₃ (Ozone) for all emergencies; including COPD; pulmonary shear/collapse; battle field \ accident casualties; neuro-cardio; trauma cases; etc., (emergency medicine) be considered. Heavy water (2H₂O) i.e., shoring up hydrogen ion and resultant para-magnetic property for swift drug-pathogen interaction (nasal & fossa spray medicaments). Ozone therapy preferred if not on nasal route medication.

Right ventricle failure: Lungs no more sending adequate quantity of blood into the right side of the heart i.e., dry running. Valves & heart muscle of the right side getting damage. Angina pectoris (mostly subdued). Unless there is a pre existing cardio-thoracic comorbidity (including rheumatic heart) RVF\LVF getting affected by CoV-2 is a chance rarity.

ISNI: Face down position i.e., wake sleep. Fold lower limbs & hands upwards (conveniently) OR massage the gastrocnemius alternatively of either feet as alike normal heart rate.

Arthritis & Rheumatism: As a norm patients have variable degrees of rheumatic heart & gastritis/epi-gastritis (also induced due Methotrexate treatment). CoV-2 affliction enlarges the cardiac factor; gets ignored and/or misdiagnosed resulting in complications and gross deviations in response to therapy = bad prognosis. Cases abound; also invariably have pseudo hypertension; forget to announce at presentation/admission.

ISNI: Controlled/slow exhale exercise simultaneous use stethoscope extensively front & back; any flutter; murmur; creeping; lot variety bowl sounds? Report. Action station.

Diabetes: Normally well announced at admission. Insulin & all other hormones up-regulate viremia. While, internal fungal mass derive energy from blood glucose; and relatively more from insulin; other systemic hormones and sustained loading dose steroids thus become aggressive & invasive = grave prognosis. Jointly fail drug moieties from binding to target. Virus colonies do not grow well on sugar/glucose beds. Fungi do. Furthermore, ACE-2 is a participant in the development of both islet β -cell insufficiency and in the development of nephropathy [31]. This necessitates high doses of insulin. CoV-2 viremia increases insulin resistance which multiplies disease severity [32] high doses act as catabolic & drug target distracter. And

insulin supports fungi [33]. Diabetes - Fungus – CoV 2 create a triangular Hobson's choice scenario.

ISNI: Maintain blood glucose at upper threshold levels. MRI [34] Strictly no knife or scrapping insults on fungus locations. Best - Proton beam. Galagic group moiety loaded food & drinks.

Hypotension: Normal in the non affluent groups. If Hb is >9 than only blood & vessel borne infection/infestations or even excess ghrelin expression. Rule out gut parasites.

ISNI : Stemitil (sub clinical potency); Gua\supari;

Hypertension: Drug moieties confabulate and confound viremia pathways; swing symptoms 4-6 hourly; alter systemic response. Mustard oil as cooking medium.

ISNI : Moringa leaf soup & fruit stew; bitter gourd; wild guava; mini shrimps (paanu).

Sleeplessness : (non insomnia) ~ ripe plantain (non GM); Mustard oil as cooking medium. Alert : Be monitored with a suspicious mind for Covid-19 demise often creeps in due to flooding of the lungs; muteness (no noisy breathing) and abrupt heart failure.

Obesity: Obesity is a prominent cause of hospitalisation due CoV-2 [35] . It is caused by fat/lipid comprised of 2 types (brown & white) of adipose tissues which arise off adipocytes. Adiposes are secretory cum endocrine organs. Leptin hormone being the most has complex poly-phasic regulatory role. Obesity results in exponential increase in the size of each adipose tissue. Viremia results in dislipidemia (loss of fat) wallop fat via insulin pathway. Virions & adipose have a preference relationship. Below dermis fat creates difficulty in finding veins for blood sample draw – results in fewer tests. Therefore, one single large draw & store may be useful.

ISNI: Green plantain soup\stew with peel; *Abrus precatorius* (rosary pea); phylunthus niruri chew raw; green chillies & spicy food + tamarind & light juice (Chaaroo paanee); cucumber; pumpkin; *Anthocephalus cadamba*.

Thyroid: thyro-globulin/thyroxin produced by thyroid gland due thyrotropin stimulus. Is Iodine class; metabolism stimulator. Viral toxin (similar) act as thyrotropin. Up-regualtes & complicates virus; cancer & sepsis. Binds to most drugs and fail\down turn therapy efficacy.

ISNI : Maintain serum thyroxin at shade less than the lower threshold. Ayurvedically processed Kadamba fruit (*Anthocephalus cadamba*) sans seed. Roasted wild bringle. Juvenile cucumber's peel containing bitter exudates. Iodine banned.

Acute heart failure: As corollary to ventricle failure the whole heart-lung system loses its previous symphonic cadence (almost irreversibly) = failure.

ISNI: BP dictated trunk posture & feet position. Massage gastrocnemius alternatively of either feet as alike heart rate; Cool-dry room.

Thrombosis: Thrombus arising off serum thrombin leading to emboli in arteries & veins; lumen occlusion; flow retard or arrest. Result off a poly centric cascade; involves numerous blood components. Grave/Fatal.

ISNI: Raw Citrus lemon squash + NaCl followed by embelica merabolum sub-lingual; warm *moringa oleifera* stew\ soup cupful (drum sticks & leaf fry). R-Sol loading dose. Pro-thrombin; BT-CT lab test.

Acute Kidney Failure: Liquids & gases construe the term 'fluids'. Kidney's function is to filter physiological fluids = 'renal'. Retain the best & the needed, give pass to rest (specially ketones). Failure is a cascade (does not happen all of) i.e., initially filter performance alters; then chokes; finally fails. As the diseased/fibrotic lungs is no more able to exchange O₂ there is steady rise in large number of particulates and cell debris and even particles of myriads forms (which all would be adversely affect vital organs.); many other organs such as the very vital pancreases also starts malfunctioning due to low oxygen and or altered level of other blood gases and ketones (are versatile & dynamic chemical reaction starting members; complicates pathology; confounds clinical presentations; up-regulates rashes-fungus-bed sores; diabetes; thrombus).

ISNI: Oxygenated water [36] & Demineralised cum de-ionised water, alternatively 100ml. O₃/O₂ inhalation run via H₂O₂ (heavy water). Disodium Hydrogen Citrate buffers (1.4gm/5ml) for 72hrs; BD or TID – day 1; OD for next 2 days. TID (*ter die sumendum*).

Heavy Heart: Load stone syndrome when seated; breathless during ambulation. Supine feel better. Aftermath of ground glass stage such feeling along with breathlessness (steady improving due commensurate reduction in fibrotic lung condition; noted post kill & clearance of viremia) continues for 2-4 weeks post therapy.

ISNI: Bringle smoke inhalation once a week and roasted country bringel as culinary dish (daily menu) + capsicum\Green chillies. Effective.

Breathlessness: noted pre to hospitalisation stage. Also lingers post therapy.

ISNI: In post therapy stage commercial oxygenated water (OW) may be considered. OW has numerous benefits including for patients of hypo-thyroid. Skin is the largest organ. It demands & stores O₂ much. Vigorous sponging of cool OW (10⁰<RT) onto whole body with or without menthol-camphor admixtures viz., Vicks Vapo-Rub [37] i.e., non corporeal external tissue oxygenation = crisis averter! (good in absence of ECMO equipment and collinear application specially in bony geriatric cases). Menthol-camphor also capture O₂

efficiently from environment with tissue absorbance (due massage); anti fatigue; stable. G6DP test recommended.

Fossa & Tonsils: Contact transmitted, the virus first settles in the fossa. The epiglottis acts as the 1st physical barrier. Only 1/10th can get past the fossa-epiglottis check gate system.

ISNI: Treat the fossa periodically @6 hrs interval with inhalers (every sort). No limitations.

Mucormycosis (zygomycosis)

Is the present continuous term of a fungal infection caused by a group of fungus moulds called mucormycetes moulds (Black colour; Fig-9). Are compact fungi inert to drug transvasation\uptake; are present throughout the environment, viz., soil, decaying organic matter, compost, animal dung, fruits, etc. It is a parasite of the dermis & smooth lamina (host). Mycosis is co-habitation. Dermis is the largest organ of human body and m-mycosis moulds can affect the dermal (outer) and also the epi-dermis (inner); get into blood stream & cause diffused afflictions of (distant) organs; obstinate thrombosis; ocular\orbital; pulmonary & ENT; etc., involvement. Grave prognosis [38]. Post surgical intervention – very grave [39].

ISNI: Internal : Ellagic acid + Ecosprin + (SOS mycotic therapy as advised by CDC). Optional whole body exposure to X-ray; Y-ray; proton beam. Exposing the fossa & naso-pharengial parynchema to dental X-ray.

External organs: Mucormycosis sites (alike any rash) have intense itch, ooze & bleed. Run a lab sonicator probe = disruption\collapse of the micro filamentous; precipitous anti itch ~ feel good. Follow with Formula -1. Itch returns post 1hour of application in rim regions-enlarges, massage site (not scratch) ~ deleterious for fungal moulds (any spp); wash with NaCl\Battery grade water.

Formula 1:

Sulphur powder + Boric acid (H₃BO₃) @ 1 : 1 vol\vol) + any anti-mycotic ointment – hand mix, paste apply.

Formula 2:

Sulphur powder + H₃BO₃ & Sodium thiosulfate (Na₂S₂O₃) in place of anti-mycotic all admixed in H₂O\NaCl. Inexpensive. Intense mucolytic. Broad spectrum. Can be prepared in hospital pharmacies or at home by nurses even in the most developed nations. *Note* : Target group (i) afflicted in the remote of the rural regions (ii) lone combatant nurse (iii) bed ridden geriatric\terminal (iv) home service in affluent houses/nations (v) Barracks.

Formula 3:

Sulphur powder + H₃BO₃ + Na₂S₂O₃ + any anti-mycotic ointment (1+1+1+1; v/v).

Dose : Day 1 & 2 : 2 times\day. Day 3rd to 10th every 3rd day; Thence once a week. Keep site oily.
 Contradictions : downturns libido (marginally); rebounds with vigour post 24hrs of cessation. Avoid nose and mouth; complete guard of eyes.

The following are contra indicated viz.,
 Alkalis; plant alkaloids; Urea (other than mustard oil)

carbamides; Dioscorea; Steroids; Multi-vitamins; Iodine; Enzymes; denatured blood\products; Soap ingredients; surfactants; Homeo tinchers; Talcum/s; etc.

Formula 4:
 Mix 1/4th tea spoonful of asafoetida (commercial grade) in 10-20ml of battery grade distilled water. Dissolve. Apply on fungus effected sited. Effective. Blaming.

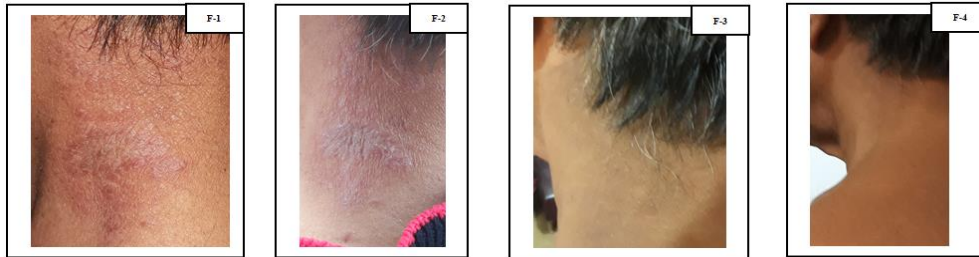


Fig 1 to 4: Shows the effect of Formula-1 on Tinea fungus. Human adult, neck

Discussion: *Observation & record period Nov-Dec, 2020. Fig 1 pre application. Fig -2 post 24hrs of 1st application. There is a sense of itch between 1st – 6th hr of 1st application. Needs to be awashed = instant relief. Post every application reducing itch. Fig.-3 & Fig-4 post 1 & 6 month, respectively. No acid reflux, flatulence; no sleep disturbance (rather nocturnal intense itch syndrome waned precipitously); no adverse effect nor deviation from normal on urine & bowl; no post bath\wash comfort or discomfort. Ambient RH*

85%. We have selected this case as he is a Sr clinician. Shaving; talcum; detergents gives a feel of relief followed by exacerbation, heightened itch in the wee hours, REM sleep break. Moderate massage\rubbing → wider window of relief; does not exacerbate as much! mature spores loaded sporangium of the inert bulbs of the mould pick electrostatic charge and dermal adherence cum germination falters ? Scratching up-regulates.

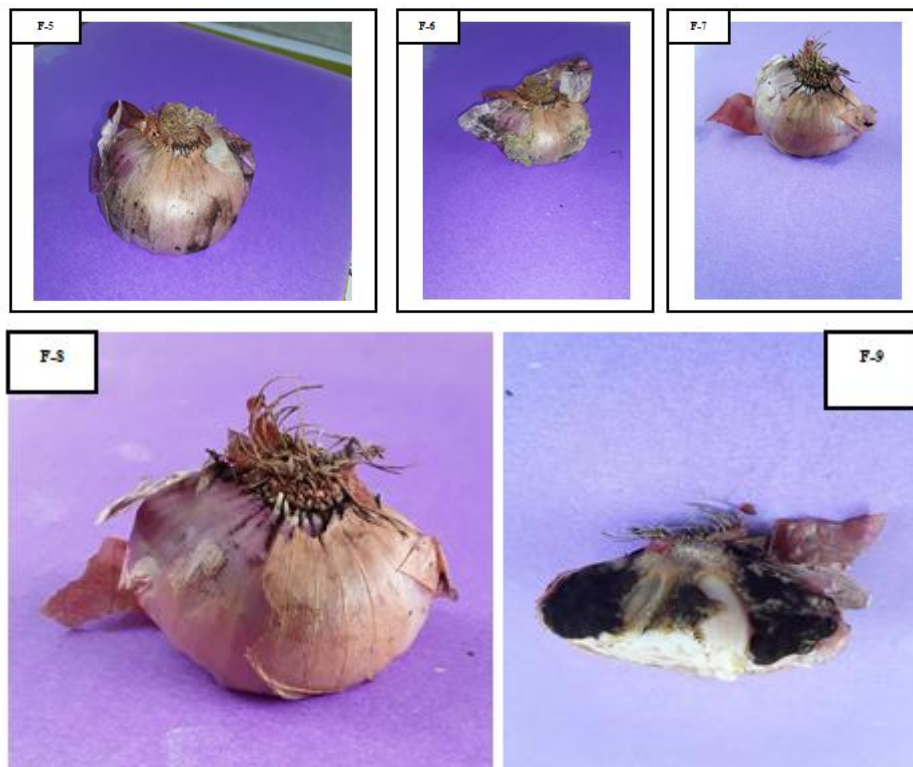


Fig 5 to 9: Shows the effect of Formula-1 on Onion. Open road side seller sourced

Discussion: Fig-5 pre application of Formula No.1. Fig-6 post application 25th hr after rinsing with tap water-mini sprayer. Fig-7 post 48hr, no rinsing, only drying RT in open. Fig- 8 post 72hrs., return of tunic's tone & colour. Fig-9 shows acute black fungus development, bilateral progression, on the non-applied side emanating from root (disc); primary source ↔ soil (root-fungi is symbiotic relationship) ~ blade insult side. Fungus is noted in the inner side of the bulb's bi-fold tunic. Moored to the outer side of the inner tunic; leaves a mirror image on the inner side of the outer tunic = contact dermatitis. Much alike in anthropomorph & theriopomorph dermis ↔ epidermis pathophysiologies. Application on the outer (topical) effects the inner (percolation). Formula has a good spread property effects the whole curvature although only select patches were smeared with. Experiment & record period 3rd week Aug -2021 (ambient RH 95%; 26-36^oC RT range).

We chose the common bulb onion (*Allium cepa* L.) for it is well reported to be worldwide afflicted in every agro-met by a range of Black mould fungus i.e., *Rhizopus* alias black spots being the most common type [40]. *Mucormycosis* is part of Covid syndemic and *mucormycosis* are *Rhizopus* and/or *Mucor* species. 70% of reported human afflictions being from the order *Mucorales*; Genus *Rhizopus* & spp., *oryzae*. In Onion we also get the same order, genus & spp., [41].

Dermal -trauma is important for fungal infection. Fungi is a unicellular organisms that normally gets inoculated onto the skin via scratching. Post entry becomes filamentous (grip providing architecture), gains entry and establish the cornified layers of the traumatized or macerated skin, multiply by metabolizing the insoluble cum tough fibrous keratin protein to that of keratinase [42]. Fungi eat skin; thrives in between dermis & epidermis. Black fungus or for that matter any mycosis are dermatophytes. They colonize the skin limited to the keratinized tissues. If insulted with blade/knife/nails acquires greater invasive properties. Massaging is better (when itch comes on). In Fig-9 the knife insult plane is seen with massive moulds having developed between 55-65th hour; fulminates very rapid. The parabolic non-cut side not.

Radio-Therapy: EBRT –external beam radio therapy viz., exposure to Y (Gamma) rays ranging between 15-20 mGy (milli grays i.e., CT Scan intensity) limited to 6 grays (Gy) as in RT. Possibly best Proton Beam therapy. Dental X-Ray. Collinear benefit\s being precipitous wane of pain\myalgia (idiopathic or specific) & sore drying including sore throat & hoarse voice.

Light Therapy: Moulds falter whence exposed to extreme violet rays (viz., anti flea\fly blue light) + dry\desiccated air conditioned room (70% Rh at 22^oC).

Moulds do well in infra red & yellow spectra (3000^oKelvin & below).

Rashes

Spp., unexplained mycosis & dermatitis in neck-nape, arm-pits, chest, back, groin, gluteus. Sweat\perspiration is comprised >99% H₂O and trace amounts of ammonia; urea, magnesium, sugar create a non acidic & energy metabolic envira that support fungus and up-regulate to form obstinate moulds post initial co-habitation. Talcum acts as slimy semi-conducting alkaloid base that effectively further assists (6 hrs cycle). Alkaline phosphates & phosphorus as in anthropomorphic\theriopomorphic urine are up-regulators of all sorts of fungi. Infants\child; diaper users; incontinence; bed ridden patients; etc., are targets. High fragrance (tropical bee swarming: used in Hindu rituals) flowers downturn sweat e.g. *Mesua Ferrea*.

Rashes & Blisters : Report. Implore the need of Tetracycline as least adjunct @ sub-clinical; OD.

ISNI : Anti-mycotic hand made home made mixes as indicated in the formulas. Multani maatee\metee (Bentonite\ Fuller's earth) fails mycosis and all dermal parasites. Functional food : Green plantain soup (boiled with peel + turmeric + black pepper {acidic phosphates & TnF activators). Apply fresh cut (non genetically modified) green plantain ooze onto fungal regions. *Mesua Ferrea* rub-scrub (topical); powder @ 200mg OD (internal with or without water as vehicle).

Vegitable

Such evidence cum observation based inspiration prompts formula 4. Worth-a-while to dip & dunk wash of vegetable (specially) for immunity compromised persons. Our anthro & horti examples points in the direction of Lab-to-bed possibilities.

Formula – 4: 1gm of H₃BO₃ + 1 Ltr of Battery grade water.

Expose all on-body, bed & bed side usables in an electrostatic field in a closed box @ 15mts. (electrostatic intensity alter\disregulate nano energised poles = dud virion).

Cook all vegetables & lintels with a mini pinch of asafoetida (anti fungal & anti- gut parasites).

Immune Compromised Patients: viz., cancer; HIV; MERS, sepsis; typhoid; addicts & alcoholics; etc.,

ISNI: Pomegranate juice\squash; Turmeric, honey, Tulsi; Bilwa; pomelo; country lemons; green\ripe papaya; tropical guava; maize; nuts & berries; hemp oil; Rice-brine (tanka toranee); clarified butter; sugar cane (grass's) upper salty sections (natural glucosamine); cream of milk (casein); fast food; capsicum, green chillies & spicy food; black pepper; clove (sub-lingual); melanoxylon (kendu); andrographis paniculata (chiraita); phyllanthus niruri (Bhoomi anla); elephant apple; wood apple; etc.

AVOID: Apple; custard apple (anona squamosa); phosphates and phosphate drinks; enzymes; Ranil's solution; multi-vitamins; occidental breads (mould based eatables); iodised salt cold drinks (instead lukewarm); extra helpings of bitter food; cannabis & poppy seed;

Bare foot Patients: Hygiene compromised patients should continuously take all lintels & vegetables cooked with a pinch of asafoetida (Hingu) for it is anti fungal and anti infestives.

Addicts: Are also immunity compromised. However most moieties of addiction and binge drinking in particular has been reported to have controlling effect on viremia & malaria [43]; least on E-coli. Addicts are difficult customers.

ISNI: Step down on addiction drugs (abrupt withdrawal is fraught with cardio-pulmonary-neural pseudo symptoms), shore with supporting cum ameliorating medicaments; placebos. maintain time. Belly full brine + wine. Music & lull to sleep.

Stethoscope

Chest : front & back; below arm pits (rib cage); deep sustained inhale and at slow exhale. **Abdomen :** note food type taken & time; any medication (extraneous short period swing inducers). Deep inhale – hold- exhale; move diaphragm in a pre determined geometric manner. Repeat numerously. Viremia = shrill\whistling type bowl sounds; mostly small intestine; no or low noise, smelly fart (anal gas) irrespective of posture. Place diaphragm on ascending colon (ask patient to hold it still) press place to fingers in 'V' shape tap beside with other hand's fingers. If drumming type resonance = viremia or some bacteremia (other than Typhosa); also inflated general feeling. This is because of systemic NO₂ production as virus killer gas. Idiopathic diarrhoea. Gut parasites = trundling loud sounds; umbilical & below; mostly turmoil feeling descending colon & turbulent sounds~transverse to sigmoid colon; non smelly low sound fart initially (onset) alters rapidly train chain. Amoebic stool. Enteric infections = least sound, sense of void, constipation. Epigastritis = soft abdomen & liver; diffused mini air pockets; if abstained day long mini fart patient. Patient sinks rapidly to any infection & also intolerance to therapy. All these means systemic deep seated inflammation (which all can be anecdotally co-related with CoV-2). Healthy = well spaced, loud bowl sounds that can be tracked as the air bubble moves until posture facilitated noisy farts.

The stetho is a peerless acoustic device. Select ear-set that fits comfortably, leaves no leaks/slippings. Length shortest possible (sound frequency propagation jumbles, cancels, gets impregnated with extraneous wave lets to register as noise with increase of tubular length dimensions). Send your eye, ear & mind into the

patient's body at the location of the diaphragm. Using it a nurse hears rumblings when others not. **REPORT.**

Appetiser: Phyllanthus niruri (Bhoomi anla) raw or dried. Munch fistful.

Tests

ESR : Normal range is 0 to 22 mm/hr for men and 0 to 29 mm/hr for women; increases with age. Higher than normal = CoV-2 related inflammation i.e., response pathology.

C-Reactive Protein CRP : is indication of deep seated malady/systemic disease/cytokine storm/ inflammation. Normal value < 3-10 mg/L. In CoV-2 value rise up high up.

PV (plasma viscosity) : requires viscometer (rotary). Normal is 1.10-1.30 mPa s at 37⁰C; age & gender not relevant. Higher than normal = CoV-2 related inflammation i.e., response pathology.

In absence PV facility BT-CT test results less than normal = CoV-2 related inflammation i.e., response pathology. These indications are co-related anecdotally to CoV-2. Not last word.

Room Sterilisation

ISNI : (i) Fumigation with *Shorea Robusta* tree resinous exudates (Saal Jhonnaa) amber burn this resin on a bunch of dry copra @ 1-10gm (resin) for every 1000³ feet; shutters open. Contains Versatile ketons; Enantiomer; Non volatile; less aerodynamic. Result = Viricide & de-odorant. Non clarifier (ii) Burn Camphor (Sri Karpura) same amount with shutters closed in rooms that do not have windows (iii) *Artemisia Vulgaris* keep fresh or burn dry leaves. Smoke is potent viricide. Flower up-regulates WBC & CD4 expression [44]. Oil lamp/s in room. All 4 have nasal- route efficacy; also smites viruses and vectors.

Wake Sleep

Chest down supine position. Thoracic cage compresses most from the side-back regions angled towards the bronchus junction. In pleurisies; pulmonary oedema etc., fluid gravitates downwards displaces air towards the back thereby oxygenation happens better. Wake sleep for 1 hr at dawn is marginally helpful in Good bowl form and nice evacuation, IBS, constipation, low back pain & averting mucus drain towards epiglottis. Not any guarantee against bacteremia\ viremia.

Sleep: step down on diazepam & related group (induce case specific swings in therapeutic indexes of drugs in sleep state). In status Covid wakefulness is better. Re-refer sleeplessness.

ISNI: Inclined posture (must). Else more fraught. Read. Music (hear\sing); murmur; wine; opioid oily extract <50mg bed time OD.

Cough & Sneeze: No ~ cough syrups; anti-histamins; multi-drug anti cold/flu.

ISNI: Wine; warm oil – garlic massage; Vapo-rubs.

Report

Means oral & written communication along with photographs & other visual records as much and as far as possible with date, and every other apparent info. Assist yeomanly the scholar among the clinicians.

Medical Meteorology

Meteorology is boundary less, local-to-planetary in scale, effects & affects biological & physiological processes, maladies; causes infectious diseases and assists in inter region migration and re-emergence [45, 46]. Weather is nature hour-to-hour period scale; climate is its long period average. Meteorology is the science of either. Herein med-met denotes weather-meteorology. Funguses worldwide germinate; grow or survive very less in arid, semi arid and high altitude settlements (30% of global geographic domain). Viruses can. Dermal fungi prefer body regions that are most exposed to the environment viz., head-neck-nape-arm pits-groin; wax & wane with the seasons. Season change alters moisture; temperature & evapotranspiration i.e., symbiosis failure. Internal locations are relatively more symbiotic on annual time scale basis. Thus internal fungi remains masked, unattended, fulminate, become obstinate or invasive. Preferred non dermal locations (naso-pharynx; brain) are also marked by abundant O₂; Vit-D; micro-nutrient; (gluco) carbohydrate; cation; hormones (Insulin\Thyroxin); least agitation; moist space\sinuses and nil evapotranspiration i.e., are least influenced by weather. Covid's biological development also mandates similar ecology and biochemical condition. Thus CoV-2 the air borne particle prefers internal paryncchema for its biological development. Evapotranspiration is vital. High is detrimental. Low is good; Nil is best for fungal moulding.

Glucose-6-phosphate dehydrogenase (G6pd) deficiency is a life long co-morbidity. Deficient persons suffer acute viral exacerbation with idiopathic complications. G6pd; systemic anemia and or other co-morbidities viz., depleted Akkermansia muciniphila and or impaired Urolithin; post enteric fever; et.al., be the causatives & over-arching catalysts. Each of these swing respond to meteorological events (swings). Cyclonic or local storm noise\boom cum cloud to ground arching also trigger bounty full release of oxytocin + psychosomatic fear; furthermore during cyclone\tornado ingress and near\overhead pass period there is a reduction of atmospheric column pressure of an order 40-60 hPa which is a reduction of the order 30-50 gms/cm² same as 2nd stage Labor which means early labor & smooth child birth. Covid patients including recent recovered cases show heightened feel good effect (pseudo) and unusually agility. Soon after storm\tornado pass & onset of fair weather the person's

have severe exacerbation non responsive to interventions (average case = demise = spike in fatality graph). Fair weather is marked by meteorological gravity waves (heightened column pressure ~ 995-1002 hPa) because ventilation falter & fail. Gravity waves further up-regulate un-explained fatality; clinical emergencies mostly post zenith pass of moon + any meteorological system. Liquid cancer patients all develop a range of strange complications with high fatality amidst infant & juvenile segments as any storm or tornado passes overhead. Heightened column pressure on the other hand instils salutary effect on patients having pitchie; vasculitis; hemophilia. Such being the architecture of medical-met local weather has to be factored in with lightning speed (by the nurse). No alternative.

Volcano is a geo-met event. Indonesian Volcano, Mt Merapi, Java, Indonesia erupted on 8-8-2021 [47]; spewed pyroglastic blast >3kms above sea level. Has come down to earth as extensive ash rain (meteorological air flow down stream); planetary circulation; has adversely affected the intensity of Indian monsoon. Volcanic ash is deleterious for COV-2, COPD patients; is also intently anti-virus & anti-fungus in the short run. On the other hand it has contributed to global warming which in the long run is pro-viremia. Delayed action and further delayed manifestation (e.g., in 2021 Indonesian volcano eruption down-turned Indian ocean monsoon adversely effecting all the littoral and rim nations). Contributes on malady-pathology type/s and further on case basis. Immediate requirement is to devise nursing SOPs and tools for post volcano and distant volcano scenario. Mass spirometry tests; MRI of airways and pulmonary paryncchema for black & gray bodies; Venal O₂; Blood Co₂; etc., to start with. Post volcano work seems to be of long scope engagement. Eagle watch needed about mutagenesis. Complex. Little understood. Least studied. In every natural disaster nurses have been in the out. Nurse is the outpost health officer on 24 x 7 duty.

Functional Food

Hippocrates of Kos, Greece, (DoB 460A.D.) said "Let food be thy medicine and medicine be thy food", i.e., 'functional food' be our guiding light [48]. "A physician who fails to enter the body of a patient with the lamp of knowledge and understanding can never treat diseases. He should first study all the factors, including environment, which influence a patient's disease, and then prescribe treatment. It is more important to prevent the occurrence of disease than to seek a cure". Charak (*Samhita* : compendium) Date, 300BC-200BC, Meulenbeld [49]. Drugs were and continue to be derived from functional foods.

Life variety (plural life = 'Vedic' in Sanskrit) on the globe is due to mutagenesis which in turn is maximum virus becaused. Pan global smiting of a virulence loosing – cum-swift mutating virus spp., is an

idea of fail. Periodic annihilation = ok = medication *alias* functional food. Vis-à-vis covid-19 the choice best champion functional food is pomegranate juice/squash [50]; how to make it [51]. It is super safe; greatly antagonistic to broad spectrum viruses with myriads of down stream cum lateral benefits (also hematinic cum gut biome restorative); evidence based. For constipation –belly full ripe papaya salad (*Carica papaya*) and other non temperate fruits optional, specially the wild varieties (non Genetically modified essentially). *Coccinia grandis* (kunduri) for folates at mid-gut {umbilical hernia} cum colon purging. For anti-anemia *alternanthera sessilis* (madaranga – red stem variety better); for natural pro-steroid *Dioscorea* (yam); Asfoetida for gut and lymph parasites. The bare foot or haggard foot ware and the rural rustic CoV-2 cases come with such co-ailments (non morbidities) and have also access to organic functional foods aplenty.

Complete Ban: for standard BMI ~ Iodine (CoV-2 grows on I); Enzymes; Cations; vitamins. For poor BMI ~ only Iodine is banned.

DISCUSSION

Drug discovery is civilisational. To such civility the route; money; time requirements; safe-successful discovery & out-come results are drastically cut short and many a regulatory steeples become redundant if (discovery-innovation-designing) be dotted with nursing inputs [16]. On mother earth in 15-20% of her geographic domain nursing is assisted by machine controls; remote observance and extra mural super expert resource personnel. Rest of her domain is yet light years away from anything alike. Yet, any nurse is smart and the least remunerated. Nursing is the closest in-continuum witness to have & have-nots. Nurses handle drugs as do non other. In addressing the less known aspects of Covid pandemic cum Syndemic the highest journals are seen wanting. In information age nurses have to be shared with vital-critical information (however disparate or difficult). There are no alternatives.

CONCLUSION

Avoiding the known, the beaten & the staple we have tried to chart a (a never before) multi-disciplinary route to unravel the (i) less known aspects of pandemic cum syndemic 2020-2022 (ii) in simple language (iii) concurrent de-mystification (iv) keeping in view that nurses provide good health to >60% of the global sub-populations in tiring conditions. Yet almost 100% of the nursing community have been in the dark (relatively) about devil covid. Covid nursing offers never before opportunity to chart fresh courses; gainful sustained investment & employment opportunities (hospital & at-home concept); scientific evidence based approach; buttable & boundable by top academic organs. Due nursing's inherent flexibility and abilities fatality curve world wide has nose dived. Timing with the covid tide this transaction is a mini step to set the

ebb. Covid is a goliath of a malady. Nurse is David. Covid nursing is battle ground royal. And, nursing is winning.

Acknowledgement: These presents to the nurses world-wide with love & regards.

Notes

Note -i: Architecture, Scale, Surface Morphometry, Long & Active Life From NIH & NASA-JH. The 1st image of CoV-2 was noted (by Corr Author) on the NASA web Site in early 2020. Not available any more. It was on the left top corner of the front page.

Note -ii: Fluzone Quadrivalent vaccine contains 4 'killed' flu virus strains + formaldehyde + 1 inactive ingredient viz., octylphenol ethoxylate and thimerosal as preservative in the booster for Flu\influenza. 'Killed' means irreversibly denatured\ metamorphosed = toxoid the best example being Titanus toxoid. Thus all Covid vaccines are denatured toxins of erstwhile active-cum-virulent covid virus. Non virulent virions cannot be used to make vaccines. Post metamorphosis (i.e., thermo-chemical mild shock for viruses are very susceptible; prone to death & denature at the slightest variation in its ecology; including CoV-2) a stage specific filtered harvest is made and a further select reap from such harvest is freeze dried (lyophilised) and packed as a labeled fixed dose for clinical application/s.

Note -iii: Our G.mail dt. 14-1-2021., to Prof. Dr. Gustavo Zubieta-Calleja; Bolivia and info that was shared by them to various stake holders. Head. High Altitude Pulmonary and Pathology Institute Av. Copacabana, Prolongacion # 55. Estacion Av. del Poeta Teleferico Celeste. La Paz, Bolivia at gzubietajr@altitudeclinic.com

Note -iv: Acute Cardio-thoracic; Thrombosis; COPD; Renal Factor; Heavy Heart; Angina; Breathlessness; mycosis; etc. dither from plasma; ringer lactate; multi-vitamins; & saline >500ml in 48hrs. Iodine; Thyroxin →Fatal.

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