

COVID-19 pandemic - Is the bright sun in sight?

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Since March 2020, the huge shadow of the corona pandemic has engulfed the world, not just geographically but also with its pan-organ system involvement. Never before in the remote past there has been an instance where in such a short span of time, almost every single medical speciality was compelled to revise its diagnostic algorithms to include COVID. Consequently there has been a torrential in-pouring of data of research and reports into the overflowing bowl of COVID literature. This enthusiasm no doubt, much needed yet needs to be disciplined to prevent interpretation of associations which are closer to fiction rather than to facts. The currently available voluminous literature many times, mutually conflicting has made it difficult for a practising clinician to derive useful messages and use this data to achieve tangible and desirable clinical outcomes. This special issue is a compendium of articles from each speciality of medicine, summarizing the available data at the point of writing with a serious effort to present as far as possible, an unambiguous picture to the practising clinician. The authors in a limited time have done a commendable job and it is hoped that it will kindle the interest of the readers.

It's amazing to see what began as a disease that was within the confines of infectious disease and pulmonology with inputs from radiologists for CT pictures of lung, rapidly involving almost all medical specialties. The extra-pulmonary manifestations became increasingly recognized some of them being the sole presenting features of COVID-

19. The atmospheric spread of corona virus has ignited the research minds of computational fluids engineers and atmospheric scientists, who have described the physics of corona virus spread by mathematical equations and enabled physicians to draw interpretations of clinical value. This valuable research has shifted focus of preventive strategies to combat airborne dissemination rather than fomite mediated transmission. The propensity for genesis of thrombus in a primarily respiratory infection has resulted in thrombo- embolic manifestations in pulmonary vasculature, coronary and cerebro-vascular beds. With the advent of multifactorial strokes and neural involvement, the neuro critical care has been put on the front foot. The practice of cardiology though temporary has undergone a paradigm shift away from invasive procedures [1]. Acute coronary care has seen the re- emergence of thrombolytics and elective procedures have been put off. Arrhythmias and conduction disturbances were reported in about 7% of COVID patients and are related to hypoxia, heart failure, myocarditis, cytokine storm, prolonged QTc, and electrolyte disturbances [2]. Fortunately, many of these, including heart blocks have been found to be reversible. An area of concern is in the realm of mental health which though not addressed in this supplement, presents several psycho social issues which need emphasis while treating a patient with COVID. The therapeutic arm of this pandemic has faced serious challenges starting with global controversies on Hydroxy-Chloroquine data. Not being able to show consistent benefit on hard end points like mortality with any of the pharmacotherapies including IL-6 inhibitors has been a major disappointment [3]. Nevertheless, a consensus practice worthy algorithm seems to have precipitated in the minds of clinicians involving corticosteroids, remdesivir, prone ventilation for refractory hypoxaemia, convalescent plasma and the use of ECMO. Patient wait of humanity has been blessed with emergence of vaccines. The randomized placebo controlled trial with a 2 dose BNT162b2 in 43548 participants' conferred 95% protection against COVID-19 [4]. There are hopes and expectations that the timeline of this tragic story that began in Wuhan in March 2020, that has taken millions of lives, will happily end with immunization in 2021. Throughout history novel medical illnesses have always launched themselves with panic and uncertainty followed by careful observation of data with a scientific eye, analysis of patterns and

emergence of treatment and preventive strategies. A remarkable consistency of this pattern is seen in the current pandemic too, but compared to bygone times, the trans-country borders are not impermeable, dissemination of information can occur at lightning speed, human tolerance to mortality is far less, patience with masterly inactivity with expectation is limited and a result seeking scientific temperament is pervading all around.

Conflicts of interest

Authors declare no conflicts of interest.

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