



Case Report

Domiciliary Therapy for Covid-19 to Boost Natural Immunity: An Italian Case Study

Diego Tomassone^{1,2*}, Giorgio Albanese², Davide Spagnoli², Elena Rossi³

¹“Foundation of Physics Research Center” (FoPRC), Celico-CS, Italy

²“Holos medica” Clinical and Research, Rome, Italy

³“Sygnumlab”, Turin, Italy

*Corresponding author: Diego Tomassone, Foundation of Physics Research Center (FoPRC), Celico-CS, Italy

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Abstract

Covid-19 disease, caused by the SARS-CoV-2 virus and variants, remains a challenge for all global health systems in this decade, despite worldwide vaccination. The combination of drug therapy and immune system boosting therapy as reported in this case, could greatly help the Covid-19 patient, both to treat the patient at home and to prevent dangerous exacerbations and over-infections that may require hospitalization.

Keywords: Covid-19; Infectious diseases; Presentazione clinica; Diagnosi, Trattamento, Innate immunity, Acute respiratory infections; Long Covid syndrome

Introduction

In 20 January 2022, a 60-year-old male hotel concierge, unvaccinated for Covid-19 [1,2], with no existing chronic diseases, returning home in the morning at around 7.30 a.m. after finishing his night shift, began to experience the first symptoms of a flu syndrome: exhaustion, not particularly severe pains all over his body, headaches starting in the occipital area, generalized cold chills, cough and sore throat. When he got home he went to bed and rested for a couple of hours, when he got up he noticed that the symptoms had worsened, he felt dizzy, the pains all over his body had intensified, only the headache seemed to remain constant. Having measured his fever he notices that he has a core temperature of 38.5°C, so he decides to do a rapid home swab to rule out Covid-19: positive result.

He then decides to also do the molecular nasopharyngeal swab to be on the safe side, a test that after 72 hours will also give a positive result. For safety and responsibility, he also self-isolates from his wife and quarantines himself, contacting his own doctor to immediately start home treatment, since he had already suffered from pneumonia a few years earlier. The doctor

immediately recommends an anti-inflammatory drug, a broad-spectrum antibiotic, vitamin D, vitamin K2, probiotics, and an immunomodulatory multivitamin, with a request to update him every morning on his state of health. The aim of this therapy is to avoid a worsening caused by the onset of pulmonary bacterial over infection, reduce pain, reduce symptomatology, avoid the risk of the dangerous cytokine storm, and avoid the danger of subsequent long-Covid.

Treatment

For the first 3 days of symptoms, the patient took ibuprofen 600mg every 8 hours, for 5 days cefixime 400mg as a single morning dose, for 14 days vitamin D3-cholecalciferol 100mcg after lunch, vitamin K2 60mcg after breakfast, probiotic containing Bifid bacterium lactis W51, Bifidobacterium lactis W52, Enterococcus faecium W54, Lactobacillus acidophilus W22, Lactobacillus paracasei W20, Lactobacillus plantarum W21, Lactobacillus salivarius W24, Lactococcus lactis W19, 80 mg in the morning at breakfast, and 80 mg in the evening at dinner, and a multivitamin containing Acetyl-N cysteine-L (300 mg), quercetin (300 mg), hesperidin (200 mg), lactoferrin (150 mg), resveratrol (50 mg), selenium methionine (50 mg), zinc gluconate (40 mg), chromium picolinate (200 mcg), 5 grams daily [3-12]. The patient only had a fever for the first two days, by the third day of therapy he was already better, no more pain, the cough subsided immediately,

there was never any dyspnoea so no ventilatory support with O₂ was required, nor was he admitted to hospital, he was however monitored daily by his doctor. The patient made a full recovery on day 10 from the onset of symptoms, on day 14 the swab was negative, to be on the safe side on day 18 a pulmonary CT scan was performed, which revealed nothing [13]. He resumed work on day 21 from the onset of symptoms, without any problems, complications or residual disease.

Conclusions

This clinical case emphasises the importance of starting home therapy as soon as possible after the onset of symptoms, pharmacological therapy to combat the symptoms, and natural immunity support to speed up recovery time and avoid the risk of sudden and long-Covid worsening [14]. It also emphasises the importance of continuous monitoring of the patient by the physician, and the provision of all appropriate diagnostic and therapeutic measures.

Declarations

Consent for Publication: Written informed consent were signed by the patient

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Conflict of interest: Authors declare no conflict of interest, financial or otherwise

References

1. Muralidar S, Ambi SV, Sekaran S, Krishnan UM. (2020) The emergence of COVID-19 as a global pandemic: Understanding the epidemiology, immune response and potential therapeutic targets of SARS-CoV-2. *Biochimie*. 179: 85-100.
2. Vitiello A, Ferrara F, Troiano V, La Porta R. (2021) COVID-19 vaccines and decreased transmission of SARS-CoV-2. *Inflammopharmacology*. 29: 1357-1360.
3. Moore N, Bosco-Levy P, Thurin N, Blin P, Droz-Perroteau C. (2021) NSAIDs and COVID-19: A Systematic Review and Meta-analysis. *Drug Saf*. 44: 929-938.
4. Parasher A. (2021) COVID-19: Current understanding of its Pathophysiology, Clinical presentation and Treatment. *Postgrad Med J*. 97: 312-320.
5. Crawford-Faucher A. (2022) Antibiotics for the Treatment of COVID-19. *Am Fam Physician*. 105: 237-238.
6. Goddek S. (2020) Vitamin D3 and K2 and their potential contribution to reducing the COVID-19 mortality rate. *Int J Infect Dis*. 99: 286-290.
7. Visser MPJ, Dofferhoff ASM, van den Ouweland JMW, van Daal H, Kramers C, et al. (2022) Effects of Vitamin D and K on Interleukin-6 in COVID-19. *Front Nutr*. 8: 761191.
8. Fratta Pasini AM, Stranieri C, Cominacini L, Mozzini C. (2021) Potential Role of Antioxidant and Anti-Inflammatory Therapies to Prevent Severe SARS-Cov-2 Complications. *Antioxidants (Basel)*. 10: 272.
9. Bauer SR, Kapoor A, Rath M, Thomas SA. (2020) What is the role of supplementation with ascorbic acid, zinc, vitamin D, or N-acetylcysteine for prevention or treatment of COVID-19? *Cleve Clin J Med*.
10. Sundararaman A, Ray M, Ravindra PV, Halami PM. (2020) Role of probiotics to combat viral infections with emphasis on COVID-19. *Appl Microbiol Biotechnol*. 104: 8089-8104.
11. Derosa G, Maffioli P, D'Angelo A, Di Pierro F. (2021) A role for quercetin in coronavirus disease 2019 (COVID-19). *Phytother Res*. 35:1230-1236.
12. Haggag YA, El-Ashmawy NE, Okasha KM. (2020) Is hesperidin essential for prophylaxis and treatment of COVID-19 Infection?. *Med Hypotheses*. 144: 109957.
13. Alarcón-Rodríguez J, Fernández-Velilla M, Ureña-Vacas A, Martín-Pinacho JJ, Rigual-Bobillo JA, et al. (2021) Radiological management and follow-up of post-COVID-19 patients. *Radiologia (Engl Ed)*. 63: 258-269.
14. Aiyegbusi OL, Hughes SE, Turner G, Rivera SC, McMullan C, et al. (2021) Symptoms, complications and management of long COVID: a review. *J R Soc Med*. 114: 428-442.