

## CASE SERIES

# COVID Stage 5 Vrs Punica Granatum – Best Recorded of Cure Case Series; API: Ellagic Acid & Ellagitannins

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## SUMMARY

Stage 5 covid-19 case with ground glass effect of lungs is considered as fatal/end stage. An Indian medicine (Ayurvedic/herbal) made of the dermis of the indo native Punica Granatum (dalim) was given. Named AVIR (anti virus india research). Contains ellagic acid & ellagitannins (e.acid {gallagic group} being the principal therapeutic moiety. X-Ray & HRCT were availed pre to treatment. X-Ray only post recovery. Resulted in eventless smooth swift recovery. The results are presented & discussed. Posits as a possible for home remedy. Rapid Brief Communication.

**Keywords :** Covid-19 stage 5 case; Punica Granatum; Ellagic acid; ellagitannins; Ground glass effect.

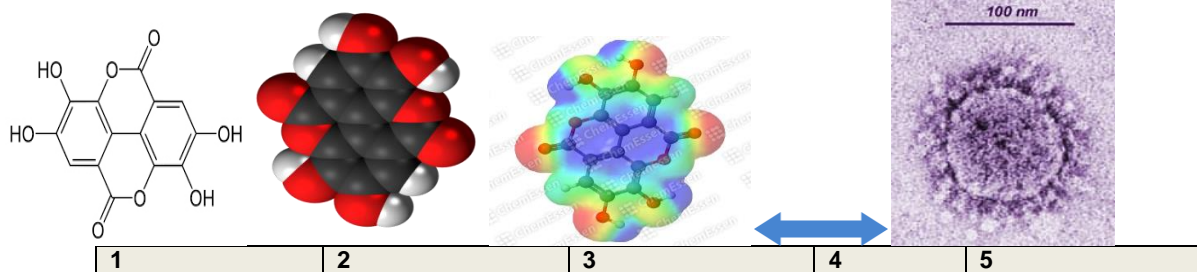
## INTRODUCTION

Covid-19 is being targeted with vaccine. However the family physician; the home maker, Head of family; the large markets & bazaar need some immediate support specially as a food support to the therapies that are being prescribed. Ayurveda holds much info. We report Punica granatum (india is the pan global largest producer of this fruit) as having sterling wide spectrum anti-viral property. Ellagic acid is the API (active pharmaceutical ingredient). It is a well known moiety ~ with 1<sup>st</sup> time anti-virus use alias new moiety. It is as safe as vitamin C and is even pregnancy safe. We propose it as a holistic food supplement and as a good drug discovery candidate. We have used it to reverse covid (even end stage). The best

recorded case is presented & discussed. To vaccinate 1.4 Billion sub-populations spread over a sub-continent not having cold chain support system over 50% of the territory may require 24 to 40 months. Therefore, all intermediate support systems needed.

New Moiety: Sun dried carp powder of Ayurvedic Punica Granatum (indo native) contains approx 30mg of Ellagic acid & 30mg Ellagitannins/400-500mg of powder. Either hydrolyse as the other in gastric chamber alike marriage rings. Compatible. Least lost. Such carp powder used. Acid is more viricide. Tannins more plasmocidal. Swift response in end stage Covid-19 patients. 1<sup>st</sup> time, pan global.

Schematic presentation. 1-to-3 = Ellagic acid; No.4 = architectural conformity (enantiomer to enantiomer i.e., ellagic acid is to virion apart bio-chemic affinity) with No 5 = Corona virus.



Status: Severe acute breathlessness, continuous low fever, uneasy face & head, angina pectoris, myalgia, loss of taste & smell, listless; unable to remain supine nor fully alpine; often rolling cough, side lower ribs of the thoracic cage pain & palpable; bed ridden. Home quarantined. X-Ray (P-A View) & [Fig. 1] conforal High Resolution Computerised Tomography indicates [Fig. 2] (i) diffused ground glass phenomena in bi-lateral lung fields (ii) fibrosis. Throat Swab

test indicates as COVID +ve (positive). Combined confirmed stage c-RADs 5 [Fig. 3].

**Dose :** 60mg mixed moiety in 500mg capsules; 2 caps at a time; BD - 12 hrs interval + 4-acetamedophenol concurrent both times @ 250-350mg as syrup with water ad-libitum. All oral. Sample available known as Anti Virus India Research – AVIR. Dose Size: Small.



**Compliance:** Fully Complaint. Confounding : No confounding intakes nor any other applications. Total taken 40caps in 10 days. Strict Restrictions : Multi-vitamins; enzymes & iodised foods.

## RESULTS

Within 48hrs patient started feeling much better (feel good factor with every dose). Precipitous wane of myalgia; fever. Able to breath and was completely free of all feeling of ailment within 4 days; do full volume lungs inhalation and controlled exhale from 7<sup>th</sup> day. Normal appetite & thrust. No acidity; gastritis; flatulence. Sound sleep. Fully asymptomatic. Complete regain of taste & smell from 10<sup>th</sup> day. No relapse. Assured repeatability.

Retest: For covid-19 via swab test on 25th day = Covid -ve (negative). Repeat X-Ray after 2 months [fig-4] shows lungs field as clear.

**Rest Family:** 3 more members, nucleus with geriatric member. All members on 1 cap every 3<sup>rd</sup> day for 1 full month. All tested -Ve (negative).

History: Long use against all sorts of viruses since 2000. Against Covid as Therapeutic – 4 cases. Well documented – 2. Result=All 6 back to -Ve (negative) status (6-7 days).

**Prophylaxis :** In hundreds of cases (1 cap every 3<sup>rd</sup> day – adult); enlarging by the day.\*\*\*

**Known Kinematics:** (based on our own research publication). Herein the focus is home based use as a complementing cum supplementing food. Either moiety have mid gut up-take via urolithin pathway. Activate & enter via the nfkb terminal. Immunology: enables phagocytosis regain. Toxicity : Non toxic to MRC-5 cells. WBC: anti inflammatory; Bio-Physics: Para-magnetism. Pharmacomechanics : enters parasitised cells via the nfkb terminal & also re-activates it and also anatagonises the virion directly (as viremia count drops precipitously post ingestion of AVIR). In blood 24hrs. Citrate buffer; Choloroquine phosphate; any repositied viricide; sub-clinical dose up-regulate efficacy. Fig 5 is that of Ellagic acid; Fig-6 is that of Ellagitanins; **Fig 7a** is that of the indo medicinal fruit punica granatum; Fig 7b is that of the dermis of the fruit which contains the drug moieties and is used as food.

**Contradictions:** Iodine and its compounds. They up-regulate viremia and other pathogenesis viz., bacterial infections; sepsis and cancer.

Superintendence: Co-author; family physician; Advocate for information exchange in English\Hindi & vernacular. Patient self propelled and self willed to avail AVIR modality as end of life stage palliative SOS. No invite nor any inducements. Willing & forthcoming for all investigational and validation purpose. No commerce. No connection, no commercial or professional gains to authors. Family Welfare Social Service informed consent taken.

## DISCUSSION

Getting an anabolic juvenile stage 5 case who has also NOT been exposed to any immunisation during 10yrs before present is difficult. Nor was administered any immunomodulator; neither exposed to any anabolic nor malignancy medications; barbiturates (opium specially); Parentral infusions or blood\plasma transfusion. NOT a

habitual and or an intuitive pill popper. Was on multi-vitamin & Azithromycin post diagnosis – was sinking fast. Introduction of AVIR swivelled the course. Such a case most best ideal.

**Large scale:** Indian Red Cross Society, Koraput, Charitable Dispensary AVIR being dispensed free to hundreds of beneficiaries since 05-2020. This clinic operates under the aegis of Collector Cum District Magistrate, Koraput, Odisha, India.

## CONCLUSION

Enantiomer Virion Antagonist. Therapeutic (non repositied). Excellent arsenal for the Family Physicians; all stage use. For Ayurveda – for it is india's national school of medicine & also the spring board for modern medicine. Anyone can copy and make the family level assistive intervention; research; etc. namely AVIR – no restrictions, no conditions.

**Acknowledgment:** Authors thank the stake holders. Special thanks to the individual who's case is presented – with consent. Ethics headed by advocate Dr. K C Sethi (LLM; Ph.D). Director, NPRC-ICAR Sholapur is taken as a guest author as she represents the knowledge repository of Govt of India (the pan global largest pomegranate producer & sole dedicated research institute; she has been a co-author vis-a-vis AVIR. This communication is dedicated to the society at large.

Patient's Address: Nandamuri Bhavanand; 3-5-773, King Koti Road, King Koti, Hyderabad, Telengana – 500001. Mob No: +91-9700499874 & 8328260286. E. mail: kreativedreams6@gmail.com

Can others contact this case ? : Yes. English known.

NOTE : after this there has been hundred of cases – that have used. Ellagi acid loaded Pomigranate powder to get rid of infestation. To editor. May be deleted.

Pre treatment

Fig.1:



Fig. 2:

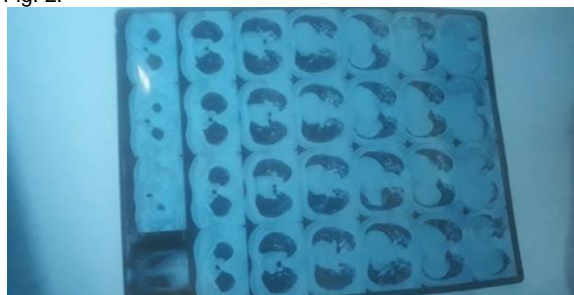
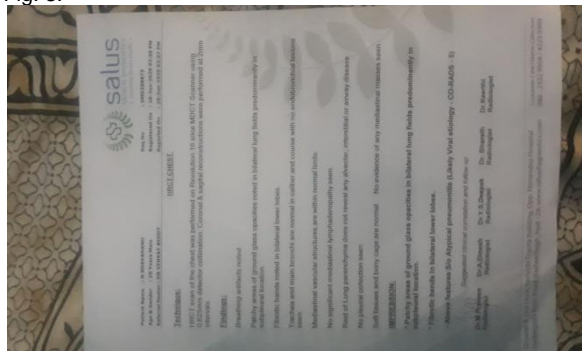




Fig. 3:



## POST TREATMENT

Fig. 4:

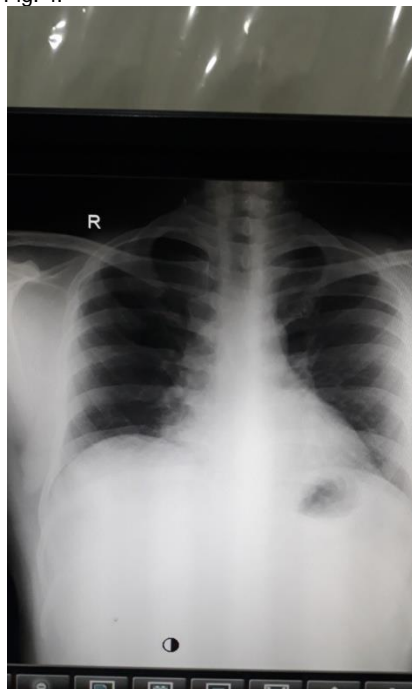


Fig. 5:

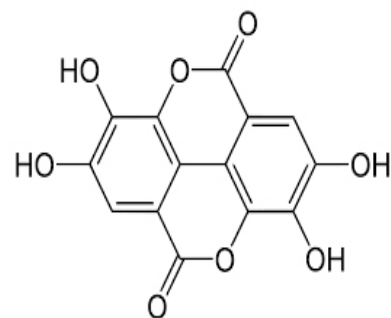


Fig. 6

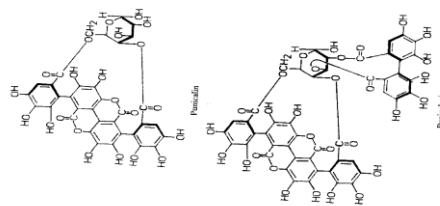


Fig. 7 a



Fig. 7b



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