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# Hypothesis: disodium EDTA and vitamin C combination therapy for COVID -19

## Abstract

COVID.19 Pandemic represent major problem facing research community worldwide. Based on information mentioned in book entitled; COVID-19: Man-made pandemic, Lead AND Cadmium mutate influenza virus produce: SARS COV-2 we suggest Disodium EDTA Vitamin C combination therapy successful protocol to overcome this lethal health condition. This protocol need pre-clinical experiments to a prove it.

**Keywords:** COVID-19 treatment, SARS COV-2, Disodium EDTA, vitamin C, infusions

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Mosab Nouraldein Mohammed Hamad
Medical Parasitology Phylum, Medical Laboratory Science Department, Faculty of Health Science, Elsheikh Abdallah Elbadri University, Berber, Sudan

**Correspondence:** Mr. Mosab Nouraldein Mohammed Hamad, Medical Parasitology Phylum, Medical Laboratory Science Department, Faculty of Health Science, Elsheikh Abdallah Elbadri University, Berber, Sudan, Tel +249929194137, Email musab.noor13@gmail.com

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## Introduction

COVID.19 pandemic remains the hottest issue worldwide, from its emergence in late of 2019, up to date.[1] It is the result of bad human behaves with the environment. Pollution in the environment is the price we have paid for growth in industrialization and urbanization. While advancement in technology has improved the standard of living, it has also released unwanted substances into the environment, thereby raising issues with public health. Ineffective regulations on pollution and emission controls due to increasing urbanization and industrialization have put humans at risk. Heavy metals are persistent environmental pollutants and humans are exposed to them through water, air, food, or industrial settings. Biological buildup in the food chain allows multi-heavy metal pollutants to increase. Heavy metals are extensively used to uphold the standard of living in developed nations and they enter the environment through natural and anthropogenic sources, including artisanal mining, illegal refining, inadequate disposal of waste, and the constant increase in industrialization and urbanization.

Thus, the risk of human exposure continues to increase as a result of the prevalence of heavy metals in the environment. Insufficient control of reclaim plans has led to unplanned exposure in the past. Metal poisoning from various sources is a significant problem, from evolutionary, natural, and dietary perspectives. Cadmium and lead toxicity is a newly emergence problem particularly in Industrial countries, beside pollution of air with industrial fumes, water with sewage contained heavy metals especially cadmium and lead, soil pollution by using of inorganic fertilizers contained those poisonous heavy metals, furthermore contamination of food chain with them increase their danger.

Vegetarians are at great risk of cadmium toxicity, beside those whom depend in meat and animal based food. Lead induce change in C-U bases of influenza virus, and cadmium replace zinc and copper in sulfhydryl group of it and produce what is known as SARS COV-2.

Olfactory dysfunction due to invasion of virus to the olfactory nerve lead to transitional loss or reduction of smell and taste, while taste return rapidly, smell take longer time to act properly, this attributed to role of influenza virus in loss of smell which make dysfunction of this sense is more severe than taste. Low hemoglobin lead to absorption of more cadmium which is important for viral replication and lead to severe complications. Women enriched with cadmium in comparison to men that explain why they suffer from serious complications. Highest concentration of lead and cadmium occur in elderly, then viral mortality see among this age group.

Trump decisions in 2017 enhance pollution and accelerate emergence of SARS COV-2 pandemic, which is pure result of man-made pollution in air, soil, water and even their food. Beginning of the pandemic in Wuhan, due to heavy cadmium and lead pollution in water and air, also high content of seafood with these elements promote emergence of it.

Indian SARS COV-2 crisis occur because of that most population are vegans and high usage of that metals in aqua-agricultural farm.[2] $Na_2EDTA$ is considered more able to chelate $Ca^{++}$ than $CaNa_2EDTA$ and has been used to treat atherosclerosis, chronic inflammation related to endothelial dysfunction, as EDTA is thought to operate by scavenging calcium from fatty plaques. Indeed, EDTA chelation therapy using $Na_2EDTA$ has been used in the past and is still used today, to treat patients with coronary disease.

A recent trial assessed that in stable postmyocardial infarction patients the combination of oral high-dose vitamins and EDTA chelation therapy, compared with a double placebo, reduced clinically important cardiovascular events to an extent that was both statistically significant and of potential clinical relevance. Chelation infusion contents contained a variable dose of ethylene diamine- tetraaceticacid up to a maximum of 3 g depending on estimated glomerular filtration rate and were $Na_2EDTA$ based. A regimen of 40 infusions was carried out. The results of this clinical trial (which showed that a metal chelator reduced cardiovascular events) highlight the potential connection between metal pollutants and CVD. Indeed, Hg, Pb, Cd, and As have been shown to display epidemiologic and mechanistic links to atherosclerosis and CVD, suggesting that environmental metal pollution might be a potent and modifiable risk factor for atherosclerotic disease . Epidemiological evidence suggests that Cd and as exposure are associated with CVD incidence and mortality.

Diabetes mellitus is a well-known risk factor for early CVD. EDTA chelation affects both transition and toxic metals. In fact, transition metals like Cu and Fe play important roles in the oxidative stress pathway, which is involved in insulin resistance, whereas the metals Pb and Cd are particularly toxic for the cardiovascular system. Recent findings therefore suggest the use of EDTA chelation therapy in the treatment of CVD, especially in diabetic patients.[3]

Usage of disodium EDTA vitamin C combination therapy may give good outcomes to treat COVID.19.

## Dosage

1. 20mg/kg of body weight diluted in 500ml of 0.9% Sodium chloride injection as first choice or 5% Dextrose injection ( as second choice) \ once per day, day one followed by 15mg/kg in second and third day (persons with a body weight of 120kg or more use 15mg/kg once per day for 3 days).
2. Vitamin C tabs 500 mg/ 8 hours for 3 days, then 500mg/day for 4 days.

**Requirements:**

Renal function test (RFT) (certainly serum Creatinine level), Calcium level and Cardiac enzymes test prior to start treatment, 12 hours, 36 hours and 72 hours after treatment.

## Conclusion

This protocol needs pre-clinical experiment, prior to man usage.

## Acknowledgments

None.

## Conflicts of interest

The authors declare that there is no conflict of interest.

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