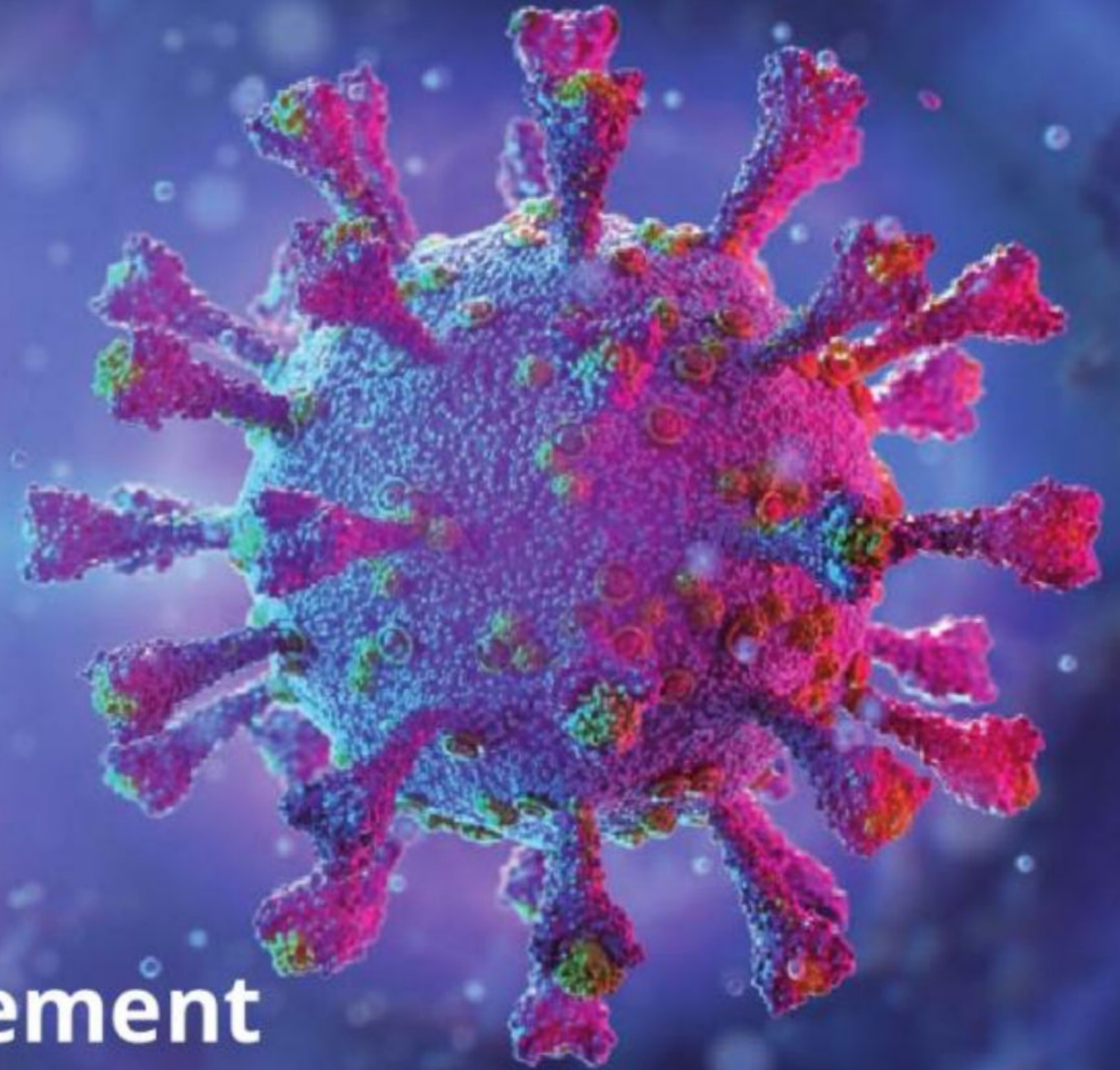




ROUNDUP

Window on the World

A KZN Doctor's Observations and Treatment of COVID-19 Reveal a Missing Element



Dr Shankara Chetty, a general practitioner with a natural science background in genetics, advanced biology, microbiology and biochemistry, has been critically reviewing information that has arisen from observations of the COVID pandemic from around the world. Knowledge gained from a broad natural science background, convinced him that there was a missing element in these reports.

"A wealth of knowledge of hospital presentations, pathology and investigations has been generated, but there has been a distinct lack of information regarding initial presentation, progression and pathogenesis," said Chetty.

Type 1 hypersensitivity reaction

When COVID arrived in South Africa, he isolated himself so as to limit interactions with family and the public and erected a tented field clinic in his practice parking so as to be able to examine and follow up on every COVID patient without risk to his other patients. According to him he had a theoretical understanding of the possible pathogenesis but needed to verify his suspicions.

"From the examination, treatment and follow up of over 200 symptomatic COVID patients, it is my opinion that COVID illness has two aetiologies. It is initially a respiratory viral infection with typical symptoms, progression and outcomes over the initial 7 days. On around day 7, a Type 1 hypersensitivity reaction is triggered in those that are sensitive, leading to the sequelae typically seen on admission."

"This reaction causes the release of chemical mediators in the lung, resulting in inflammation, oedema, and in time, massive cell damage. The resultant cellular disruption is what triggers the "cytokine storm" in an attempt to repair damaged cells and remove debris. This release of cytokine triggers a cascade of events that produces the variety of pathologies that are seen," said Chetty.

Rapid response to treatment

His treatment protocol included the use of hydrochloroquine, azithromycin and doxycycline to combat the viral component and antihistamines, leukotriene receptor antagonists and steroids, amongst others, for the Type 1 hypersensitivity reaction. The protocol produced consistent

outcomes, no sequelae and rapid recovery of all patients. In all, they had no deaths, no hospitalisations and recovery of all patients, regardless of age, within 14 days.

"Outcomes of identifying and treating a Type 1 hypersensitivity reaction were most telling in the more severe dyspnoeic patients, with saturations below 85% on presentation that had improvement to over 95% in 24 hours, with outpatient treatment on room air, negating the need for oxygen or hospitalisation," said Chetty.

According to Chetty, the rapid response to the medications used to treat Type 1 hypersensitivity reactions confirmed its existence. This could have some serious implications for the future management of the COVID pandemic. Monitoring for a hypersensitivity reaction and prompt treatment would decrease morbidity and mortality significantly.

To read a more detailed account of Dr Chetty's hypersensitivity insights and treatment protocols see the digital edition of Modern Medicine magazine: www.modernmedia.co.za/modernmedicine