

Nutritional intervention should be persuade & encouraged as effective prevention for COVID 19 like CRV

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Community acquired respiratory viral infections (CRV) can increase morbidity, mortality in some critical disease conditions like cancer. These are the result of infections with a heterogeneous group of viruses including RNA viruses, such as respiratory syncytial virus (RSV), influenza virus (IV), parainfluenza virus (PIV), metapneumovirus (HMPV), rhinovirus (RhV), and coronavirus (CoV). Infections due to recent COVID 19 outbreak maintain similar seasonal pattern to those of immunocompetent patients. Clinical manifestations vary significantly depending on type and degree of immunosuppression, from upper to lower respiratory tract infection and prolonged viral shedding. Use of corticosteroids and immunosuppressive therapy are risk factors for severe disease. The clinical course is often difficult to predict, and clinical signs are unreliable. Accurate prognostic viral and immune markers, which have become part of the standard of care for systemic viral infections, are currently lacking; and management of CRV infections like COVID 19 remains controversial. Defining effective prophylactic and therapeutic strategies are challenging, especially considering, the spectrum of immunocompromised patients, the variety of respiratory viruses, and the presence of other opportunistic infections and medical problems.

Prevention remains one of the most important strategies against such viruses. Early diagnosis, supportive care and antivirals at an early stage, when available and indicated, have proven beneficial. In high-risk patients, pre-emptive treatment with antivirals for upper respiratory tract infection (URTI) to decrease progression to LRTI is a common strategy. In the future, viral load and immune markers may prove beneficial in predicting the disease, supporting decision making and monitor treatment in this case.

In fact the time respiratory manifestation comes as symptom (systemic) inflammation of the airways, impaired lung function, airflow obstruction, morbidity and mortality. Patient can be at risk of fragility, because the disease and the lack of oxygen also consumes muscles. Therefore, and especially clinical nutrition is needed to ensure proteins, vitamins and minerals are provided. The disease also 'consumes more' of these and therefore nutrition and professional support on diet is needed. When people with COVID19 have other chronic diseases like diabetes or heart disease which also come with a specific dietary guidance and nutritional intervention become critical and significant.

We must not forget respiratory infection is the one which become deadly reason for COVID 19 infection. Although the respiratory tract is the third-commonest site of infection in the body, it is the commonest site of fatal infections, which often represent the 'final common pathway' complicating the many effects of under-nutrition. For example, deaths among the malnourished with CRV like corona are frequently due to pneumonia. The D vitamins have demonstrated protective effect in preventing lung infections in many studies.

Hence, along with greater research and inventions of Corona prevention/management in medicines, equal

encouragement of nutritional intervention should be persuade as effective prevention from such deadly viral infections in the field of research and innovation.



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