



Covid-19 Pandemic of ARDS will End Triumphantly Soon: Depends on Cooperation of Scholars and Doctors' Researchers

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There is currently substantial evidence that reports the research of my ongoing 40-years investigation to precise the patho-aetiology and therapy of the acute respiratory distress syndrome (ARDS) [1-5]. The books document my 14 new scientific discoveries reported in >100 articles and 8 books of whom 5 have been published recently. It is well established that Covid-19 kills its victims by causing the acute respiratory distress syndrome (ARDS). I have demonstrated that ARDS [4] is caused by volumetric overload shocks (VOS) [1] induced by excessive fluid gain that complicates fluid therapy of shocks in hospitals [3,5] because of an error that is not the treating physician's fault.

It is well documented now that the wrong Staling's law dictates the faulty rules on fluid therapy that mislead physicians into giving too much fluid therapy during the resuscitation of shock of trauma, haemorrhage and sepsis, acutely ill patients, and prolonged major surgery. This professional research has established that VOS is induced by excessive infusion of fluids during the management of shock [1] and cause ARDS [4] from which sepsis has proven to be as innocent as the Wolf in Josef' story.

It has been just realized that there is a link between this common type of ARDS seen in the usual clinical practice, but usually attributed to sepsis and septic shock, with ARDS of Covid-19. The reader is most likely to have heard this theory for the first time here in this Journal [6] because all my >100 articles on the subject reported over the last 4 years do not turn up on searching PubMed!

This is because PubMed does not list articles reported in Open Access Journals (OAJ). All my articles, however, do appear on Google Scholars' search with citations and probably in other search engines. There is probably a stupid money cause for PubMed not referencing OAJ which qualifies them for stupidity [7]. Let us hope it is temporary curable stupidity by repenting and rectifying the error by listing OAJ that survived > 2 years and referencing my articles reported over the last 4 years, not the permanent utter stupidity that is a problem without solution and malady without a cure [6]. I have also been obstructed by top journals around by putting a fire wall that prevent my articles from informing their readers and reject them without sending to peer reviewers.

The war on Covid-19 pandemic of ARDS has been going on for over a year now. It kills hundreds of thousands of patients every day all over the world and has caused great loss in humans' lives and billions of dollars. I have reasons to believe that this war shall and must end triumphantly soon [7,8]. This is due to a combination of the eradication of the vicious Covid-19 virus by active immunization but will take time to work. Patients who are currently critically ill patients dying with ARDS caused by Covid-19 seen every day now deserve an immediate specific therapy that may help saving their lives. This therapy is available now [4]. The therapy has not been tested in Covid-19 induced ARDS yet. I suggested an immediate prospective comparative cohort study of 199 patients to start comparing the conservative current practiced therapy of one group to another similar randomised group who should get the added

hypertonic sodium therapy (HST), then compare the results with regards to morbidity and mortality on discharge or death. Such study can be done at any hospital or research centre that received Covid-19 cases. It does not require extra money or much time and should be concluded and reported within a month. You only need to investigate 100 patients and you may not need even to complete the study as I anticipate a clear superiority of HST that will urge you to give it to all patients to save their lives.

Treatment using concentrated salt solution of 5%NaCl and/or 8.4%NaCo₃ is professionally researched and established by me to save the lives of ARDS patients induced by sodium-free fluid that cause the transurethral resection syndrome (TURP) syndrome known in urology to present with acute dilutional hyponatraemia. This causes VOS which is a shock that complicates other types of shocks hence commonly mistaken for one of the recognized shocks and gets wrongly treated by further volume expansion using crystalloids, colloids and/or blood fluids. Thus, VOS occur seamlessly and unnoticed particularly VOS type 2 of sodium-based fluid. Thus VOS 2 is an almost impossible to recognized that complicates other known type of shocks, cause ARDS, and occur seamlessly, unnoticed without a clear serological marker such as hyponatraemia of VOS 1.

Drug companies are working hard with enormous amount of money to develop a safe and effective vaccine for Covid-19- this is for future prevention. I have been working equally hard from my home in Egypt in complete isolation and confinement since Covid-19 started its war against humanity a year or so ago. I shall continue to do so at home in the UK until the war is over. I work 20 hours per day and sleep only 4 interrupted hours a day. During the long sleepless nights and days, I do not feel a moment of boredom at all and there is nothing that I need that does not come to me with the help of family members, my wife Nannah Abdullatif and daughter Sarah, and a dear friend of mine Mr. Ahmed Awed. I do not miss seeing the streets or shops but miss seeing my friends every Friday. This period of isolation and confinement at home was spent most productively and usefully in authoring > 70 articles and 8 books. In the passenger allocation form that all passengers entering the UK must fill 48 hours before landing, it asks whether I wish to shorten the 10-days period of my isolation confinement at home. There was not a question whether I wish to voluntarily extend it for as long as the pandemic lasts. I would have answered yes because

I am on a voluntary mission to end this pandemic war against Covid-19 triumphantly within < 2 months if other scholars researchers co-operated with me and conducted the required study [7,8] that I cannot do it myself being retired.

I work without any external financial help at all to help in the research that validate both the aetiology of ARDS and the effective therapy of concentrated salt solution of 5%NaCl and/or 8.4%NaCo₃ in treating VOS that cause ARDS. This is a definitive life-saving therapy for patients who have developed ARDS and usually die in hundreds of thousands all over the world, so it should work on that caused by Covid-19 and sepsis [6] as well as the acutely ill patients and patients undergoing prolonged major surgery who suffer from ARDS and present during their hospital stay. I know that the challenge and the stake or risk is extremely high, but it is only my reputation that being at stake here. The rewards might be equal or greater. It is a calculated risk. I trust my observations, scientific acuity, and the results and conclusions of my professional research that would not let me down. This is how I put my money where my mouth is. The race is on. Prove me wrong if you dare! Just kidding, I should say if you care.

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