

be employed for SARS-CoV-2-infected patients. These possess benefits of easy accessibility and recognized pharmacokinetic and pharmacodynamic activities, stability, doses, and side effects (9). Repurposed drugs have been studied for treating CoV infections, like lopinavir/ritonavir, and interferon-1B revealed in vitro anti-MERS-CoV action. The in vivo experiment carried out in the nonhuman primate model of common marmosets treated with lopinavir/ritonavir and interferon beta showed superior protective results in treated animals than in the untreated ones (190). A combination of these drugs is being evaluated to treat MERS in humans (MIRACLE trial) (191). These two protease inhibitors (lopinavir and ritonavir), in combination with ribavirin, gave encouraging clinical outcomes in SARS patients, suggesting their therapeutic values (165). However, in the current scenario, due to the lack of specific therapeutic agents against SARS- CoV-2, hospitalized patients confirmed for the disease are given supportive care, like oxygen and fluid therapy, along with antibiotic therapy for managing secondary bacterial infections (192). Patients with novel coronavirus or COVID-19 pneumonia who are mechanically ventilated often ; lati ,