

cardiovascular adverse effects. Hence, as a cautionary approach, it is better to recommend the use of NSAIDs as the first-line option for managing COVID-19 symptoms (302). The use \_ of corticosteroids in COVID-19 patients is still a matter of controversy and requires further systematic clinical studies. The guidelines that were put forward to manage critically ill adults suggest the use of systemic corticosteroids in mechanically ventilated adults with ARDS (303). The generalized use of corticosteroids is not indicated in COVID-19, since there are some concerns associated with the use of corticosteroids in viral pneumonia. Stem cell therapy using mesenchymal stem cells (MSCs) is another hopeful strategy that can be used in clinical cases of COVID-19 owing to its potential immunomodulatory capacity. It may have a beneficial role in attenuating the cytokine storm that is observed in severe cases of SARS-CoV-2 infection, thereby reducing mortality. Among the different types of MSCs, expanded umbilical cord MSCs can be considered a potential therapeutic agent that requires further validation for managing critically ill COVID-19 patients (304). Repurposed broad-spectrum antiviral drugs