

# INTERNATIONAL JOURNAL OF CLINICAL PHARMACOKINETICS AND MEDICAL SCIENCES

Published by PharmaSprings Publication

Journal Home Page: <a href="https://pharmasprings.com/ijcpms">https://pharmasprings.com/ijcpms</a>

## A review on Lassa fever

Sk.Mahaboob Basha<sup>1</sup>\*, Penabaka Venugopalaiah<sup>2</sup>, Yadala Prapurna Chandra<sup>3</sup>

- <sup>1</sup>Ratnam Institute of Pharmacy, Pidathapolur Village and Post, Muthukur (M), SPSR Nellore, Andhra Pradesh 524346.
- <sup>2</sup>Department of Pharmaceutics, Ratnam Institute of Pharmacy, Pidathapolur Village and Post, Muthukur (M), SPSR Nellore, Andhra Pradesh 524346.
- <sup>3</sup>Department of Pharmacology, Ratnam Institute of Pharmacy, Pidathapolur Village and Post, Muthukur (M), SPSR Nellore, Andhra Pradesh 524346.

Article History:	Abstract
Received on: 01 June 2023 Revised on: 01 August 2023 Accepted on: 04 August 2023	Lassa fever (LF) is indeed a significant public health concern, particularly in parts of Africa. This viral infection, caused by the Lassa virus (LASV), is known for its high prevalence and fatality rates in certain regions, including North Africa. Research indicates that the estimated case fatality rate of Lassa fever in North Africa ranges from 16.5% to as high as 50% in some areas. For example, in Plateau State, North Central Nigeria, the case fatality rate was reported to be 57%. Across Western Africa, up to 300,000 new infections and 5,000 deaths
Lassa fever, Arena virus, Mammarena virus, Flu shot, Haemorrhage fever	are estimated to occur annually, with fatality rates reaching up to 25.4% in recent Nigerian outbreaks. The high fatality rates, especially among hospitalized patients, highlight the severity of this disease. For instance, in Nigeria, the overall mortality rate has been reported to be around 19%, with higher rates among health workers.

#### \*Corresponding Author

Name: Sk.Mahaboob Basha Phone: +91 6300636938

Email: mahaboob630063@gmail.com

eISSN: 2583-0953

DOI: https://doi.org/10.26452/ijcpms.v3i3.542



■5.5 Production and hosted by Pharmasprings.com © 2023 | All rights reserved

## INTRODUCTION

Lassa fever is a disregarded tropical sickness that is endemic in West Africa. The illness was first portrayed during the 1950s, and the infection was recognized in 1969 after 2 evangelist medical caretakers passed on from the sickness in the Nigerian town of Lassa. Lassa fever is a high result irresistible illness (HCID). Around 100,000 to 300,000 contaminations of Lassa fever happen yearly, with around 5,000 passings. Thalassa infection is communicated to people mostly through dealing with rodents, food or household things debased by rodents" pee and excrement. Ribavirin, an antiviral medication, has been

utilized with progress in Lassa fever patients [1]. The target of this article, hence, is to give a basic outline of Lassa infection disease in the West African sub-locale with thought of the beginning of the infection. Mixes of catchphrases, for example, Lassa fever and West Africa were utilized in the pursuit that yielded 51 sections as of June 2006. serious consideration of patients under separation, contact following, sufficient prudent steps in dealing with irresistible lab examples. control of the vector as well as care and removal of irresistible wast. The infection is likely communicated by the contact with the defecation and pee of creatures getting to grain stores in private [2].

# **Effected Areas [3]**

Lassa fever is a viral hemorrhagic fever brought about by the Lassa infection, which is principally tracked down in West Africa. It is named after the town in Nigeria where the infection was first recognized. Lassa fever is endemic in a few nations in West Africa, and it is assessed that there are huge number of cases and a few hundred passings every year. A portion of the impacted nations include:

Nigeria: Lassa fever is most normal in Nigeria, where it was first found. Different locales of Nigeria, especially in the southern and center belt states, are endemic for Lassa fever. Sierra

Leone: Lassa fever is a critical wellbeing worry in Sierra Leone, and there have been flare-ups in different regions of the country.

Liberia: Lassa fever cases have been accounted for in Liberia,

Guinea: Guinea has encountered episodes of Lassa fever, especially in the Woods Area.

Benin: Lassa fever cases have been accounted for in Benin, a country in West Africa.

Ghana: Instances of Lassa fever have been accounted for in Ghana.

There Lassa fever is known to be endemic or has been accounted for. The infection is sent to people through contact with pee, excrement, or other natural liquids of contaminated rodents, especially the multimammate rodent. One individual to the next transmission can likewise happen, particularly in medical services settings.

## Types and Differentiate [4-5]

Lassa fever is brought about by the Lassa infection, which has a place with the Arenaviridae family. There is one sort of Lassa infection, yet it can appear in changed structures and severities. The critical contrasts in Lassa fever connect with the seriousness of the sickness and the particular side effects that might happen. Here are a portion of the kinds and separations of Lassa fever.

## **Asymptomatic Contamination**

A few people tainted with Lassa infection might stay asymptomatic, meaning they foster no recognizable side effects. Nonetheless, they can in any case convey the infection and possibly spread it to other people.

# **Gentle Lassa Fever**

Many instances of Lassa fever present with gentle or vague side effects that can be confused with other normal ailments. These side effects can incorporate fever, cerebral pain, shortcomings, and general discomfort.

#### Extreme Lassa Fever

In extreme cases, Lassa fever can advance to a more serious and perilous disease. Extreme side effects might incorporate discharging (dying), respiratory trouble, facial enlarging, chest agony, regurgitating, and neurological issues. Serious Lassa fever is frequently connected with a high death rate.

It's critical to take note of that Lassa fever, especially in its serious structure, can be separated from other viral hemorrhagic fevers.

# Recognizing elements of Lassa fever include [6] Geographic Circulation

Lassa fever is principally tracked down in West Africa, while other hemorrhagic fevers like Ebola have different geographic conveyances.

#### **Rat Repository**

Lassa infection is communicated to people through contact with the pee or droppings of contaminated rodents, particularly the multimammate rodent (Mastomysnatalensis). Other hemorrhagic fevers have different creature repositories.

## One individual to the next Transmission

Lassa fever can be communicated from one individual to another through direct contact with the blood, tissues, discharges, or discharges of a tainted person. This can be a separating highlight as not all hemorrhagic fevers are effortlessly sent between people.

#### **Clinical Show**

The side effects and movement of the infection, including the presence of draining and organ association, can change among various hemorrhagic fevers, assisting medical services experts with separating between them.

It's essential to counsel a medical service proficient for an exact determination on the off chance that you suspect Lassa fever or are in a space where the illness is endemic. Early determination and legitimate administration are significant to working on the possibilities of recuperation and forestalling further transmission.

#### **CAUSES**

Lassa fever is brought about by the Lassa infection, which is a solitary abandoned RNA infection having a place with the Arenaviridae family. The infection is basically sent to people through contact with tainted rodents or their discharges. Here are the primary drivers and methods of transmission of Lassa fever:

## **Rat Repository**

The normal supply of the Lassa infection is the multimammate rodent (Mastomysnatalensis), which is ordinarily tracked down in many pieces of West Africa. These rodents can convey the infection and shed it in their pee, excrement, and spit [7].

## Osocomial (Medical services) Transmission

Medical services laborers and people who care for Lassa fever patients are in danger of disease in the event that appropriate contamination control rehearses are not followed. Transmission can happen through contact with defiled clinical hardware or ill-advised treatment of contaminated patients.

#### **Spray Transmission**

In uncommon cases, the Lassa infection has been known to communicate by means of spray,

significance through small respiratory drops when an individual takes in vaporized particles. This sort of transmission isn't normal, however is a worry in medical services settings, especially during systems like intubation or bronchoscopy [8].

# **SIGNS AND SYMPTOMS [9-10]**

Lassa fever can appear with a scope of side effects, from gentle to serious. The underlying side effects are vague and can be confused with other normal sicknesses. The seriousness of the illness can fluctuate, and a few people might stay asymptomatic. Here are the signs and side effects related with Lassa fever:

#### **Gentle Side effects:**

- 1. Fever
- 2. Headache
- 3. Weakness
- 4. Malaise (a general sensation of distress)
- 5. Sore throat
- 6. Muscle torment
- 7. Nausea
- 8. Vomiting
- 9. Diarrhea
- 10. Abdominal torment
- 11. Chest torment
- 12. Cough

## **Serious Side effects:**

- 1. Bleeding (from the gums, nose, or different regions)
- 2. Respiratory pain
- 3. Swelling of the face and neck
- 4. Convulsions
- 5. Hearing misfortune
- 6. Tremors
- 7. Encephalitis (irritation of the mind)
- 8. Shock
- 9. Organdisappointment

# PATHOPHYSIOLOGY [11-12]

The pathophysiology of Lassa fever includes the connection of the Lassa infection with the human body and the resulting invulnerable reaction. Lassa fever is a viral hemorrhagic fever brought about by the Lassa infection, an individual from the Arenaviridae family. Here is an outline of the pathophysiological processes associated with Lassa fever:

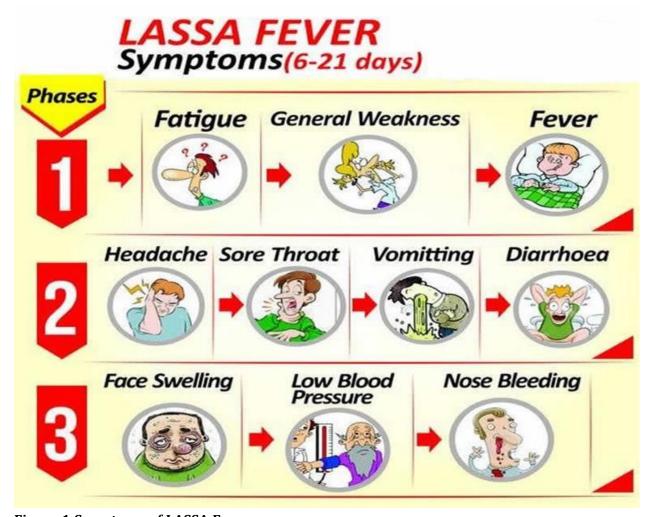


Figure 1 Symptoms of LASSA Fever

## **Beginning Disease**

Lassa infection is commonly communicated to people through contact with the pee, dung, spit, or blood of contaminated rodents, especially the multimammate rodent. The infection can enter the human body through mucous films, breaks in the skin, or inward breath of sprayed particles containing the infection.

## **Infection Replication**

When inside the body, the Lassa infection enters cells, essentially focusing on cells of the insusceptible framework, including monocytes, macrophages, and dendritic cells. The infection duplicates inside these cells, prompting a high popular burden.

#### Safe Reaction

The body's safe framework perceives the presence of the infection and endeavors to mount an

insusceptible reaction. This can incorporate the initiation of intrinsic safe protections, like interferon reactions, as well as the enlistment of insusceptible cells to the site of disease.

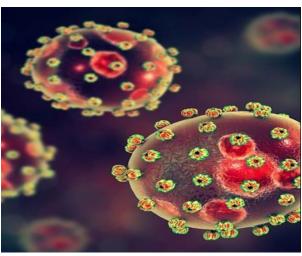


Figure 2 Image of Dangerous Virus

## RISK FACTORS [13-14]

Lassa fever is an intense viral ailment that happens in West Africa, basically in Nigeria, Sierra Leone, Liberia, and Guinea. It is brought about by the Lassa infection, which is communicated to people through contact with the excreta (pee and dung) of tainted Mastomys rodents or through the utilization of food or family things debased with the infection. Here are some gamble factors related with Lassa fever:

## Geographic Area

Lassa fever is endemic in West Africa, especially in districts where the Mastomys rodent is predominant. Going to or dwelling here builds the gamble of openness to the infection.

Contact with Tainted Rodents: Individuals who live in or visit regions where Mastomys rodents are found are in danger of disease assuming they come into contact with these rodents or their excreta.

#### **Food Defilement**

Eating food or family things polluted with the infection, frequently because of rat pee or defecation, can prompt contamination. This can happen through the readiness or capacity of food in unsanitary circumstances.

#### **Medical services Laborers**

Medical care experts who care for Lassa fever patients are at an expanded gamble of disease through contact with the natural liquids or discharges of tainted people.

Unfortunate Cleanliness and Sterilization: Lacking cleanliness and disinfection practices can add to the transmission of the infection inside families or networks, as well as in medical care settings.

## **Medical care Offices**

Deficient contamination control estimates in medical care offices can bring about the spread of the infection to the two patients and medical care laborers.

#### Travel and Relocation

Explorers to Lassa fever-endemic districts, particularly in the event that they are curious about neighborhood safeguards and preventive measures, might be in danger.

#### **Absence of Immunization**

Presently, there is no broadly accessible antibody for Lassa fever, which leaves people without invulnerability in danger of disease.

Preventive measures, for example, rat control, great cleanliness, and early conclusion and separation of thought cases, are essential in decreasing the gamble of Lassa fever transmission. Moreover, medical care laborers and those in Lassa fever-endemic regions ought to play it safe to limit their gamble of disease.

# **COMPLICATIONS** [15]

Lassa fever can prompt different entanglements, particularly in extreme cases. The seriousness of the infection can go from gentle side effects to an extreme and frequently lethal sickness. A portion of the inconveniences related with Lassa fever include:

#### **Multi-organ Disappointment**

In extreme cases, Lassa fever can cause brokenness or disappointment of numerous organs, including the liver, kidneys, and spleen. This can prompt an outpouring of medical problems.

#### **Hemorrhagic Signs**

Lassa fever can cause draining issues, which might bring about inward or outer discharging. This can prompt circumstances like dispersed intravascular coagulation (DIC), where the body's ordinary blood thickening instruments are upset.

#### **Deafness**

Hearing misfortune, either halfway or complete, is a known inconvenience of Lassa fever. This can happen in overcomers of the illness and is a drawn out confusion.

## **Neurological Issues**

A few people who recuperate from Lassa fever might encounter neurological inconveniences, including memory issues, seizures, or other mental disabilities.

## **Respiratory Pain**

Serious respiratory misery might happen in certain people with Lassa fever, which can life-compromise.

## **Cardiovascular Entanglements**

Heart-related issues, like arrhythmias, may create a complexity of Lassa fever, especially in serious cases.

# **Auxiliary Diseases**

Patients with Lassa fever might be at expanded chance of creating optional bacterial or viral contaminations, which can additionally confuse their condition.

#### Shock

Extreme Lassa fever cases can prompt shock, a perilous condition where the body's crucial organs don't get sufficient blood and oxygen.

## **Organ Harm**

The infection can harm different organs in the body, including the liver and spleen. This can have long haul wellbeing results.

#### **Demise**

In extreme cases, Lassa fever can be lethal. The death rate fluctuates yet can be critical, particularly in the event that the sickness isn't analyzed and treated immediately.

## **CLINICAL MANIFESTATIONS [16]**

Here are the common clinical appearances of Lassa fever:

- 1. Incubation Period: Lassa fever has a hatching time of roughly 6 to 21 days.
- 2. Fever: The sickness frequently starts with an unexpected beginning of fever, which can be high and diligent.
- 3. Shortcoming and Discomfort: Patients might encounter general shortcomings, weariness, and disquietude.
- 4. Migraine: Cerebral pains are normal and can be extreme.
- 5. Sore Throat: A few people might have a sensitive throat.
- 6. Muscle Agony: Muscle hurts and torment are habitually revealed.
- 7. Hack: A dry, non-useful hack can create.
- 8. Sickness and Spewing: Patients might encounter queasiness, and regurgitating can happen at times.

- 9. The runs: Looseness of the bowels is a typical side effect and can prompt parchedness.
- 10. Stomach Torment: A few people might encounter stomach torment.
- 11. Chest Agony: Chest torment can happen and might be related with respiraton side effects.
- 12. Respiratory Side effects: Lassa fever can prompt respiratory side effects, for example, trouble breathing and aspiratory edema.

# DIAGNOSIS [17-18]

Diagnosing Lassa fever includes a mix of clinical assessment, research facility testing, and epidemiological data, especially in districts where the illness is endemic. Here are the vital strategies and contemplations for diagnosing Lassa fever.

#### 1. Clinical Assessment

Medical care suppliers first survey the patient's side effects and clinical history. A high record of doubt is vital in districts where Lassa fever is endemic.

Side effects frequently incorporate fever, shortcoming, migraine, sore throat, muscle torment, and, now and again, hemorrhagic appearances.

## 2. Epidemiological Data

Data about the patient's new travel or home in Lassa fever-endemic regions, as well as any possible openness to rodents or people with the sickness, is fundamental.

## 3. Research center Testing

Research center tests are important to affirm the analysis of Lassa fever. These include:

## 4. Polymerase Chain Response (PCR)

PCR testing identifies the hereditary material of the Lassa infection in blood, pee, or other body liquids. It is an exceptionally unambiguous technique for diagnosing Lassa feveR.

## **TREATMENT [19-20]**

## 1. Hospitalization

Patients with thought or affirmed Lassa fever ought to be hospitalized in confinement offices to forestall the spread of the infection to medical services laborers and different patients.

Disease → Progression	Day 1-4	Day 5–9	Day 7-15	Day 10-20
Detect host resp	onse			
Mild infection	Early innate immune response	You might note mild signs: headache, weakness, myalgia. Strong CMI <sup>a</sup> .	CTL assay or T cell proliferation assay detects strong CMI	ELISA to detect Lassa virus- specific IgM or IgG is clearly positive.
Severe infection	Trancriptome <sup>b</sup> : Drop in PTGS2, & NR4A2. Kinomics shows low signaling.	Late innate response, weak CTL response. Disease signs = fever, high liver enzymes, low blood pressure.	Signs = pharyngitis, petechial rash, vascular leakage, facial edema. High liver enzymes: ALT/AST >5X normal.	Signs = kidney failure. Deafnes possibly hemorrhage. ELISA might deto antiviral antibodies, but they are weak.
Detect virus, v	irus protein, or viru	s RNA		
	No detectable virus until d3 or d4.	- Virus plaque assay detects peak viremia.  - qRT-PCR detects viral RNA - Immunohistochemistry detects viral antigens in tissues - Antigen capture ELISA detects viral antigen - Western blot or Rapid detects viral protein.	In a mild infection, viral components decrease due to good immune response.  In a severe infection, viral components remain high, virus >10 <sup>4</sup> infectious units/ml.	In a mild infection disease signs disappear and the patient becomes well. In a severe infection, 16% hospitalized cases succumb death. For tho who recover, virus RNA persists for months.

**Figure 3 Disease Progressions** 

#### 2. Supportive Consideration

Strong consideration is a urgent part of treatment. This incorporates keeping up with hydration, overseeing fever and torment, and tending to different side effects. Intravenous liquids and electrolyte boardmight be important to battle lackof hydration.

# 3. Antiviral Drugs

Ribavirin is the essential antiviral medicine used to treat Lassa fever. It has been demonstrated to be compelling when controlled from the get-go over the illness. The previous treatment starts, the better the possibilities of recuperation.

## 4. Infection Control

Severe disease control measures ought to be set

up to safeguard medical care laborers and different patients from being open to the infection. This incorporates wearing individual defensive hardware and rehearsing appropriate hand cleanliness.

# 5. Monitoring

Patients with Lassa fever ought to be firmly checked for any inconveniences, like organ disappointment or draining issues. Early mediation can be basic in dealing with these complexities.

#### CONCLUSION

The successful administration of Lassa fever needs the execution of preventive techniques, brief lab analysis. ideal treatment. arrangement of individual defensive hardware, cross-line reconnaissance, contact following, local area mindfulness and vector control to limit spread.

#### **ACKNOWLEDGEMENT**

The authors are thankful to the Guide Dr.Yerikala Ramesh from Ratnam Institute of Pharmacy, Pidathapolur, SPSR Nellore, for helping and supporting to carry out this review work.

#### **Conflict of Interest**

The authors declare no conflict of interest, financial or otherwise.

# **Funding Support**

The authors declare that they have no funding for this study.

## REFERENCES

- [1] N Medugu, B Adegboro, M S Babazhitsu, M Kadiri, and E A Abanida. A review of the recent advances on Lassa fever with special reference to molecular epidemiology and progress in vaccine development. *Afr J Cln Exper Microbiol*, 24(2): 1598-689, 2023.
- [2] G M Adewuyi, A Fowotade, and B T Adewuyi. Lassa Fever: Another Infectious Menace. *Afr J Cln Exper Microbiol*, 10(3): 144-155, 2009.
- [3] S M Buckley, and J Casals. Lassa fever, a new virus disease of man from West Africa. Isolation and characterization of the

- virus. *Am J Trop Med Hyg,* 19[2]: 680–691, 1970.
- [4] R W Cross, C E Mire, L M Branco, J B Geisbert, M M Rowland, M L Heinrich, A Goba, M Momoh, D S Grant, Md Fullah, Sk Humarr Khan, J E Robinson, T W Geisbert, and R F Garry. Treatment of Lassa virus infection in outbred guinea pigs with first-in-class human monoclonal antibodies. *Antivir Res*, 46[2] 218–222, 2016.
- [5] K A Cashman, M A Smith, N A Twenhafel, R A Larson, K F Jones, R D Allen 3rd, D Dai, J Chinsangaram, T C Bolken, D E Hruby, S M Amberg, L E Hensley, and M C Guttieri. Evaluation of Lassa antiviral compound ST-193 in a guinea pig model. *Antivir Res.* 57(1):70–79, 2011.
- [6] C M Hadi, A Goba, Sk Humarr Khan, J Bangura, M Sankoh, S Koroma, B Juana, A Bah, M Coulibaly, and D G Bausch. Ribavirin for Lassa Fever Postexposure Prophylaxis. *Emerg Infect Dis*, 16(12): 2009–2011, 2010.
- [7] B B Gowen, J G Julander, N R London, M H Wong, D Larson, J D Morrey, D Y Li, and M Bray. Assessing changes in vascular permeability in a hamster model of viral hemorrhagic fever. *Virol J*, 46[1]: 240-300, 2010.
- [8] Ka M. Hastie, M Zandonatti, T Liu, S Li, V L Woods, and E O Saphire. Crystal structure of the oligomeric form of Lassa virus matrix protein Z. *J Virol*, 56[2]:4556–4562, 2016.
- [9] V Raabe, A K Mehta, and J D Evans. Lassa Virus Infection A Summary For Clinicians. *J Infect Dis*, 119(2): 187-200, 2022.
- [10] P B Jahrling, R A Hesse, G A Eddy, K M Johnson, R T Callis, and E L Stephen. Lassa virus infection of rhesus monkeys: pathogenesis and treatment with ribavirin. *J Infect Dis*, 20(2): 580–589, 1980.
- [11] J B McCormick, I J King, P A Webb, C L Scribner, R B Craven, K M Johnson, L H Elliott, and R Belmont-Williams. Lassa fever. Effective therapy with ribavirin. *N Engl J Med*, 314(1):20-26, 1986.
- [12] M M El-Bahnasawy, L A Mawla Megahed, H A Abdalla Saleh, and T A Morsy. Lassa fever

- Sk.Mahaboob Basha et al., Int. J. of Clin. Pharm. Med. Sci. 2023; 3(3): 96-103

  Ayg, 19[2]: 680-691, or lassa hemorrhagic fever risk to humans from rodent-borne zoonoses.

  M. Branco, J. B. J. Egypt Soc Parasitol, 45[1] 61-70, 2015.
  - [13] C E Mire, R W Cross, J B Geisbert, V
    Borisevich, K N Agans, D J Deer, M L
    Heinrich, M M Rowland, A Goba, M
    Momoh, M L Boisen, D S Grant, D R Stein, B
    M Warner, G Soule, K Tierney, K L Frost, S
    Booth, and D Safronetz. A recombinant
    vesicular stomatitis-based Lassa fever
    vaccine elicits rapid and long-term
    protection from lethal Lassa virus infection
    in guinea pigs. NPJ Vaccines, 87[1]:543-590,
    2019.
  - [14] Md Fullah, Sk Humarr Khan, K A Fenton, J E Robinson, L M Branco, R F Garry, and T W Geisbert Human-monoclonal-antibody therapy protects nonhuman primates against advanced Lassa fever. *Nat Med*, 37(2):1146–1149, 2017.
  - [15] C Njuguna, Md Vandi, E Liyosi, J Githuku, A Wurie, I Njeru, P Raftery, and C Amuzu A challenging response to a Lassa fever outbreak in a non endemic area of Sierra Leone in 2019 with export of cases to The Netherlands. *Int J Infect Dis*, 45(1): 295–301, 2022.
  - [16] C J Peters, P B Jahrling, C T Liu, R H Kenyon, K T McKee Jr, and J G Barrera Oro. Experimental studies of arenaviral hemorrhagic fevers. *Curr Top Microbiol Immunol*, 37(2):5–68, 1987.
  - [17] K Rosenke, H Feldmann, J B Westover, P W Hanley, C Martellaro, F Feldmann, G Saturday, J Lovaglio, D P. Scott, Y Furuta, T Komeno, B B Gowen, and D Safronetz. Use of favipiravir to treat Lassa virus infection in macaques. *Emerg Infect Dis*, 26(1): 1696–1699, 2018.
  - [18] V N Raabe, G Kann, B S Ribner, A Morales, J B Varkey, A K Mehta, G M Lyon, and S Vanairsdale. Favipiravir and ribavirin treatment of epidemiologically linked cases of Lassa fever. *Clin Infect Dis*, 35(1):855–859, 2017.
  - [19] F I Ibukun. Inter-Lineage Variation of Lassa Virus Glycoprotein Epitopes: A Challenge to Lassa Virus Vaccine Development. *Viruses*, 12(4):386, 2020.

- [20] Ai Olayemi, and E Fichet-Calvet. Genomic analysis of Lassa virus during an increase in cases in Nigeria in 2018. *N Engl J Med*, 34(2):1745–1753, 2018.
- [21] D R Stein, B M Warner, G Soule, K Tierney, K L Frost, S Booth, and D Safronetz. A recombinant vesicular stomatitis-based Lassa fever vaccine elicits rapid and long-term protection from lethal Lassa virus infection in guinea pigs. NPJ Vaccines, 87[1]:543-590, 2019.

Copyright: This is an open access article distributed under the terms of the Creative Commons Attribution-Noncommercial- Share Alike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited, and the new creations are licensed under the identical terms.



© 2023 Pharma Springs Publication