Management of Covid-19 booster mRNA vaccines with Colchicine and NSAIDS

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Whilst we are waiting for the development of the acclaimed live-attenuated vaccines, to circumvent the adverse effects we noticed from the mRNA vaccines, such as thrombocytopenia, which is particularly a severe adverse event, and that is observed in certain populations, particularly those who are asymptomatic of the virus, as well as the heart inflammation with pericarditis and myocarditis which have been observed in the youth 12-40 years old, but is indiscriminate of age, booster vaccinations are being implemented. These latter side effects are again not fully understood, as every booster vaccine increases risk of myocarditis. Nevertheless, due to the pandemic and the virus, which also gives us the same exact symptoms and dangerous effects, if not worse, such as death by suffocation from the lack of the ability to breathe, if untreated, vaccination remains important. Moreso than ever for the fact that there are still non-compliant patients in getting the vaccine, thus not having led us to the achievement of a complete eradication of the virus. The only solution is to get vaccinated regardless of the “hazards” of the mRNA vaccine, but not without management of the population at risk who experienced important adverse effects during the second booster vaccine which can in turn lead to a potentially worse event at each following booster dose.

Management with Colchicine and NSAIDS

Colchicum autumnale L. is a floral (Angiosperm) plant of the family *Colchicaceae* which has long been associated with its main active principle ingredient (API), Colchicine, whose uses are namely in both the treatment of cardiac inflammation, i.e. pericarditis and myocarditis¹. Also known as autumn crocus, it can be found in both temperate and subarctic regions, and is characterised by its peculiar lilac colour and yellow nectar. It is the bulb that is responsible for the extraction of the API, which is then employed for the above-mentioned uses. The rest of the plant is classified as poison, and thus not good for the fauna. Colchicine for recurrent

pericarditis, that can be linked as an effect to the booster vaccine, can be given either in association with Aspirin or another NSAID at the dosage of 250-500 mcg *die*, thus a halved dosage compared to that normally prescribed for pericarditis, whereas the NSAID medication, i.e. Aspirin can be given at either a high (500 mg) or low dose (75-125 mg) until the symptoms disappear completely, and the live attenuated vaccine can be finally approved for the population at risk. Aspirin can also be administered alone, or alternatively Acetaminophen, until the evanescence of symptoms, since Colchicine although a generally well-tolerated drug can weigh on the kidneys, muscles and liver negatively.

EXCLUSION OF REYE SYNDROME in the youth and adult population

It is important to exclude Reye Syndrome in the adult and youth population too, as aspirin can worsen Reye Syndrome in patients affected by viral load, whether it were a “fictitious” viral load (such as in vaccines), or “real”, particularly at a dosage higher than 45 mg/Kg.²⁻³

No conflicts of interest to disclose

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