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A Randomized Open Label Parallel Clinical Study to Evaluate the Safety and Efficacy of Clevira Tablets against Mumps, HPV and Herpes zoster

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Abstract

Objective: To compare the clinical efficacy of Clevira tablets in Human adult patients, with Mumps, HPV and Herpes zoster.

Methods: An Open Label, Balanced, Randomized, Multi-Dose, Two-Treatment, Parallel, Comparative Phase III Clinical trial to determine the Safety and efficacy of Clevira Tablets. 20 Patients were enrolled for two types of treatments received. Treatment 1-Clevira Tablets for Mumps/HPV (n=10) and Treatment 2- Clevira Tablets for Herpes Zoster virus(n=10). Enrolment was based upon the diagnosis of Haematology, Biochemistry, Serology, RT-PCR and Chest X-Ray and inclusion and none of the exclusion criteria and included in the study.

Results: All the patients demonstrated safety measures with respect to Blood pressure and Pulse rate. Also, statistically significant ($p < 0.0001$) improvement showed in temperature from baseline for Treatment 1- (101.89 ± 1.14) and at the end of the study period (97.84 ± 0.83), improvement showed in temperature from baseline for Treatment 2- (101.82 ± 1.15) and at the end of the study period (97.74 ± 0.88).

Conclusion: The study demonstrated an expedited clinical cure with normal vital signs & haematological results which validated that Tablet Clevira is safe and efficacious in patients with Mumps/HPV and Herpes zoster virus. The data's further entrusted that Clevira can be used in infected patients with Mumps/HPV and Herpes zoster, and relieve the signs and symptoms, with a rapid recovery, without any adverse side effects.

Keywords: Clevira; Mumps; Clinical trail; HPV; Herpes zoster virus; RT – PCR

Introduction

Fever is a clinical feature that manifests due to an infection. The infection may be due to a virus, bacteria or other microorganisms. Viral fever is a condition characterized by a temperature above 38.0 to 38.4 (100.4 to 101 F) associated with symptoms like sudden onset of fever, severe headache especially behind the eyes, severe joint and muscle pain, nausea and vomiting & sometime accompanied by body rash persisting for four to seven days after infection. Viral infections include Herpes, Chikungunya, Dengue, Influenza, etc.

In recent days, the usage of many herbal formulations for various illnesses has increased. Clevira is one among them, which is a polyhedral formulation consisting of many ingredients, which has antiviral activity against HSV-1 and HSV-2. Pre-clinical, Clinical and docking studies have also shown its antiviral activity against, fever of viral origin.

Clevira is a Proprietary Ayurvedic Medicine. The individual herbal ingredients used are known to have variety of medicinal properties against fever of viral origin and proven to have effective antipyretic, analgesic, anti-viral and immuno-modulatory properties [1].

Clevira tablet is made out of *Carica papaya, Melia azedarach, Andrographis paniculata, Vettivera zizanoides, Tricosanthus dioica, Cyperus rotundus, Zingiber officinale, Piper nigrum, Mollugo cerviana and Tinospora cordifolia,* which is a Proprietary Ayurvedic Medicine. The individual herbal drugs used are known to have variety of medicinal values, against fever of viral origin and proven to have effective antipyretic, analgesic, anti-viral and immunity boosting properties [2]. These ingredients were found to have anti-inflammatory, anti-pyretic, antibacterial, anti-microbial, anti-cancer, antihelmintic, larvicidal, hepatoprotective, antidiabetic, antiobesity and hypolipidemic activity [3].

Methodology

Study design and patients

This study was an Open Label, Balanced, Randomized, Multi-Dose, Two-Treatment, Parallel, Comparative Phase III Clinical Trial to determine the safety and efficacy of Clevira tablets.

Totally 20 patients were enrolled for the study and divided into 2 groups as Treatment 1 and Treatment 2. Whereas in Treatment 1 group patients were treated with received Clevira Tablet, twice daily, after food for Mumps / HPV (n=10), In Treatment 2 group patients received Clevira Tablet twice daily, after food for Herpes Zoster (n=10).

Ethical conduct of the study

The study was conducted as per the Ethical guidelines for biomedical research on human participants, ICMR (2017), ICH (Step

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5) 'Guidance on Good Clinical Practice. The study was initiated after obtaining proper ethical committee approvals and registered in Clinical trial registry of India (CTRI/2023/02/050004).

Patient information and consent

Patients were asked to read the informed consent document which was followed by a presentation by the trained study personnel. All the queries of the patients were resolved before obtaining their consent. Copy of the informed consent documents (English and vernacular language versions) used for obtaining consent for participation in the study. Patients were under medical supervision throughout their stay in the clinical facility to ensure safety and wellbeing of the patients.

Diagnosis and main criteria for inclusion and exclusion

Patients who met all of the following criteria [4] were considered for enrolment in the study:

Before enrolling in the study Haematology, Biochemistry, Serology, RT-PCR will be done to the patients for Diagnostic purpose/ Conformation of infection

Inclusion Criteria

Patients meeting all of the following criteria were considered for enrolment in the study:

- Either sex between the ages of 18-75 years, with an oral temperature of more than 38.0°C (100.4°F), with or without associated rash, body pain and joint pain, severe headache especially behind the eyes, nausea and vomiting.
- Mild to Influenza and other respiratory viral infections, Common cold and cough, Mumps / HPV and Herpes zoster associated disease as defined by the WHO.
- With Viral fever accompanied by thrombocytopenia with a platelet count between 80,000 /micro litre to100, 000/micro litre, along with stable vitals like pulse and blood pressure.
- Female patients who tested negative for pregnancy (up to two weeks prior to the study).

Exclusion Criteria

- Patients with Dengue haemorrhagic fever grade III and IV
- Patients with platelet count less than 80,000/micro litre.
- Pregnant or lactating women
- Patients who have received blood or blood products transfusion, during the current illness
- Patients with Thrombocytopenia Purpura (ITP), Leukemia, Hemophilia
- Patients with serum ALT level 3 times higher than the upper limit of the normal range (>165 U/L) and Impaired renal function with serum creatinine > 1.5 mg/dl (males) and > 1.4 mg/dl (females).
- Patients who were hypersensitive, to any of the components of the formulation.

Primary selection of patients: The primary selection was to assess the efficacy of Clevira from day one of enrolment/treatment initiation, soon after the confirmation of illness, which is defined as time taken for clinical recovery. Patient enrolment was confirmed by RT-PCR results with symptoms of Mumps and other respiratory viral infections.

Sample size and treatment

Treatment 1: Totally 12 patients were screened and 10 Patients were enrolled and received Clevira Tablet for Mumps and HPV.

Treatment 2: Totally 11 patients were screened and 10 Patients were enrolled and received Clevira Tablet for Herpes Zoster.

Dosage: A dose of 1 to 2 Clevira tablets, twice a day for 7 to 10 days / 30 days based on the severity of infection.

Data analysis

Analysis sets: The statistical evaluation was performed using Chi-square test or Fisher exact test between the treatment groups. The proportion of patients with Mumps/HPV and Herpes Zoster on Day 10/30 and the percentage of patients receiving rescue therapy during the treatment period were analysis by using Pearson correlation coefficient or Spearman rank correlation. Statistical analysis was performed using the appropriate software.

Safety analysis: A total of 20 patients were dosed successfully recovered from the infections. There were no adverse events and serious adverse events reported during course of the study. The planned safety analyses consisted of descriptive summaries of the data as relevant to the scale of data, e.g., frequency and percent for recovered days, and mean changes from baseline as appropriate. Frequency and percentage of patients were to be provided for each categorical variable by treatment group.

Efficacy and safety assessment

Evaluation schedule: The first visit (Visit 1) is the screening Visit, followed by the second visit (Visit 2) which is a randomization visit/ Study enrolment visit (Day 0). The third visit (Visit 3) is subdivided into two viz., (i) Evaluation visit on Day 1 to 10 (T1); (ii) Evaluation visit for One month (Treatment 2) if required and followed by the final fourth visit (Visit 4) which is an follow up visit after One month, if required. The visit is based upon the patient's signs and symptoms, which are reduced between the treatment days and based on the Investigator's decision.

Results

Treatment 1

Out of 12 patients 2 were found to be Negative for RT- PCR, out of ten enrolled patients seven were positive for Mumps Virus, three were detected with Human Papilloma Virus (HPV) (Figure 1).

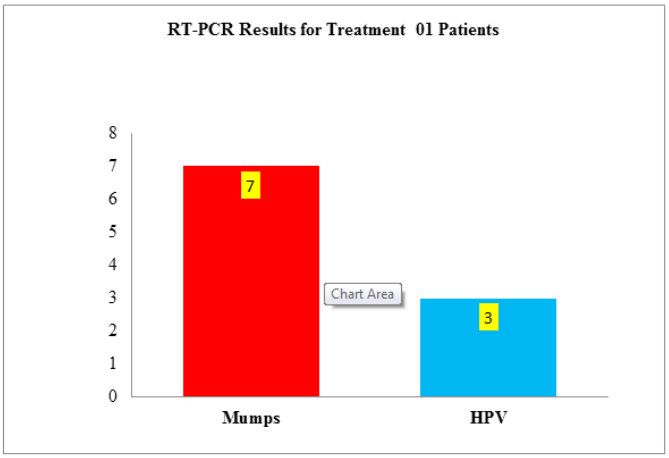

Figure 1: Identification of infection by RT – PCR Results.

Some common symptoms were observed from the patients with Mumps like, Fever, difficulty in chewing, Cold, Loss of appetite Discomfort in salivary glands. Patients with HPV have symptoms like, Common warts occur on the fingers, nails and back of the hands Genital warts, Flat warts, etc.,

Treatment 2

Out of 11 patients, 1 was found to be Negative for RT- PCR, out of ten enrolled patients all are detected with Herpes zoster virus (Figure 2).

Patients with Herpes zoster have symptoms like, Fever, Burning sensation, Headache, Itching, Rash, Stomach upset, Chills, and Blisters.

Demographic and Other Baseline Characteristics

A total of 20 patients were enrolled into the study and their mean age, height, weight and BMI were recorded (Table 1 and Table 2).

All patients included in the study were Asians. Table 3 explains the Summarized Demographic details of patients who were enrolled in the study.

Efficacy evaluation

Statistical analysis of phase III clinical trial of Clevira tablet: Primary and secondary end point efficacy evaluations were performed for Clevira Tablet. Primary and secondary end point of recovery analysis data from Day 01 to Day10 and safety measure analysis data for the all the patients (Haematology and vital signs) were performed by SAS software.

Haematology parameters

All haematology parameters were found to be normal and within limits, and at the end of the study period of day 30 for Treatment 1 and day 10 for Treatment 2 (Table 4 and Table 5).

Vital signs

During the course of study at Day 1 and Day 30/ Day 10, blood Pressure, radial pulse rate, temperature and wellbeing status were enquired and recorded (Table 6 and Table 7). Paired T-test, Baseline vs End of treatment comparison given in Table 8.

Patients undergoing the treatment with Clevira tablets clearly

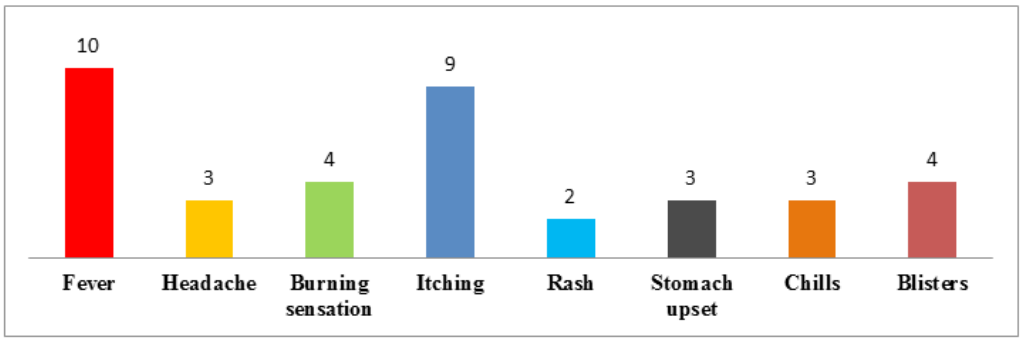

Figure 2: Identification of infection by RT – PCR for Treatment 2 patients.

Table 1: Demographic details of patients of Treatment 1.

S. No	Patient Enrolment Number	Gender	Race	Age (years)	Height (cm)	Weight (Kg)	BMI (Kg/m²)
1	S002-03-001	F	Asian	30	160.0	63.0	24.6
2	S002-03-002	M	Asian	30	170.0	73.0	25.3
3	S002-03-003	F	Asian	27	162.0	66.0	25.1
4	S002-03-004	F	Asian	65	154.0	55.0	23.2
5	S002-03-005	M	Asian	26	171.0	69.0	22.3
6	S002-03-006	F	Asian	47	162.0	60.0	22.9
7	S002-03-007	M	Asian	47	175.0	74.0	24.2
8	S002-03-008	M	Asian	30	170.0	66.0	22.8
9	S002-03-009	M	Asian	39	172.0	68.0	23.0
10	S002-03-010	F	Asian	70	160.0	55.0	21.5

Table 2: Demographic detail of patients of Treatment 2.

S. No	Patient Enrolment Number	Gender	Race	Age (years)	Height (cm)	Weight (Kg)	BMI (Kg/m²)
1	S002-04-001	F	Asian	19	145.0	52.0	24.7
2	S002-04-002	M	Asian	38	175.0	77.0	25.1
3	S002-04-003	F	Asian	32	164.0	66.0	24.5
4	S002-04-004	M	Asian	58	162.0	69.0	26.3
5	S002-04-005	M	Asian	38	174.0	68.0	22.5
6	S002-04-006	M	Asian	75	167.0	70.0	25.1
7	S002-04-007	M	Asian	65	173.0	64.0	21.4
8	S002-04-008	M	Asian	37	174.0	72.0	23.8
9	S002-04-009	M	Asian	30	169.0	68.0	23.8
10	S002-04-010	M	Asian	23	165.0	63.0	23.1

Table 3: Summarized Demographic details of patients.

Treatment	Parameters	Mean	SD	Min	Max	CV%
Treatment -1 (Mumps / HPV, N=10)	**Age (years)**	41.10	15.91	26.00	70.00	38.70
	Height (cm)	165.60	6.83	154.00	175.00	4.13
	Weight (kg)	64.90	6.67	55.00	74.00	10.28
	BMI (kg/m²)	23.49	1.25	21.50	25.30	5.33
Treatment- 02 (Herpes zoster, N = 10)	**Age (years)**	41.50	18.45	19.00	75.00	44.45
	Height (cm)	166.80	8.97	145.00	175.00	5.38
	Weight (kg)	66.90	6.59	52.00	77.00	9.85
	BMI (kg/m²)	24.03	1.43	21.40	26.30	5.94

Table 4: Comparison of Hematology parameter between baseline and end line (Day 0 vs Day 30) for Treatment 1.

Patient Enrolment Number	Time of evaluation	RBC count (x1012/ µL)	Packed Cell Volume (%)	Total WB C count (/ µl)	Lymphocytes (%)	Neutrophils (%)	Eosinophils (%)	Monocyte (%)	Basophils (%)	Platelet count (× 10^9 / L)
S002-03-001	Day 0	4.12	38.1	8475	57	34	3	5	1	162
	Day 30	4.7	40.3	7320	40	54	2	3	1	167.9
S002-03-002	Day 0	4.3	42.4	9627	52	42	2	4	0	198
	Day 30	4.62	44.1	9762	36	61	1	2	0	200
S002-03-003	Day 0	4.4	36.6	9128	50	41	5	3	1	200
	Day 30	5.2	38.8	8459	32	63	2	2	1	218.4
S002-03-004	Day 0	4.57	37.8	9500	47	44	4	5	0	232.5
	Day 30	5.1	39.4	8652	35	60	2	3	0	275.3
S002-03-005	Day 0	4.8	41.2	9910	51	42	3	4	0	248.6
	Day 30	5.34	43.5	9072	31	66	1	2	0	277
S002-03-006	Day 0	4.6	39.4	8978	48	44	2	5	1	268
	Day 30	5.47	41.7	8950	29	67	1	2	1	282.6
S002-03-007	Day 0	4.75	42.3	9320	45	48	4	3	0	246.8
	Day 30	5.8	44.6	9015	37	60	2	1	0	292
S002-03-008	Day 0	4.5	43.4	8105	52	40	3	4	1	178
	Day 30	5.6	45.2	7915	32	63	2	2	1	185.2
S002-03-009	Day 0	4.2	42.7	7326	47	45	2	5	1	211
	Day 30	5.19	43.9	6876	36	59	1	3	1	268
S002-03-010	Day 0	4.9	40.8	7753	49	48	1	2	0	244.3
	Day 30	5.7	42.1	6890	39	58	1	2	0	294.3

Note: Day 0- Screening baseline

Table 5: Comparison of Hematology parameter between baseline and end line (Day 0 vs Day 10) for Treatment 2.

Patient Enrolment Number	Time of evaluation	Haematology RBC count (x1012/ µL)	Packed Cell Volume (%)	Total WB C count (/ µl)	Lymphocytes (%)	Neutrophils (%)	Eosinophils (%)	Monocyte (%)	Basophils (%)	Platelet count (× 10^9 / L)
S002-04-001	Day 0	3.8	37.3	7943	47	46	2	5	0	157
	Day 10	4.4	39.9	7725	39	55	2	4	0	172
S002-04-002	Day 0	4.3	42.2	8246	45	47	3	4	1	164
	Day 10	4.7	43.6	6870	37	56	2	4	1	180
S002-04-003	Day 0	4.45	36.5	8167	49	41	3	6	1	158.2
	Day 10	5.06	38.7	7803	36	58	1	5	0	182.3
S002-04-004	Day 0	4.1	44.7	8100	48	43	4	5	0	163.4
	Day 10	4.65	46.1	7710	40	53	2	4	1	184
S002-04-005	Day 0	4.6	43.5	7845	50	40	2	7	1	170
	Day 10	5.2	45.4	7739	37	57	1	5	0	179
S002-04-006	Day 0	4.4	44.1	8273	47	42	5	6	0	168
	Day 10	4.9	46.3	6147	35	57	3	4	1	186
S002-04-007	Day 0	4.7	42.6	8355	51	42	3	4	0	156
	Day 10	5.34	44.5	6072	38	58	2	2	0	188.4
S002-04-008	Day 0	4.9	43.8	8040	49	39	4	7	1	176
	Day 10	5.5	45.9	7984	36	57	2	5	0	177.1
S002-04-009	Day 0	5.1	45.1	7890	52	36	5	6	1	184
	Day 10	5.67	46.2	6050	39	53	3	4	1	194
S002-04-010	Day 0	4.8	45.3	7758	50	43	2	5	0	180
	Day 10	5.4	46.8	6763	38	58	1	3	0	202

Note: Day 0- Screening baseline

Table 6: Vital signs (Blood pressure, Radial pulse rate, Temperature Day 0 vs Day 30).

S.No	Patient Enrolment Number	Treatment.1	Day 01			Day 30		
			Blood pressure (mm Hg)	Radial pulse rate (Per min)	Body temperature (°F)	Blood pressure (mm Hg)	Radial pulse rate (Per min)	Body temperature (°F)
01.	S002-03-001	Mumps	114/80	76	100.58	120/82	72	97.7
02.	S002-03-002	Mumps	115/70	75	101.66	123/75	68	98.78
03.	S002-03-003	Mumps	112/76	80	101.12	120/82	71	98.42
04.	S002-03-004	Mumps	120/74	83	102.92	123/76	70	97.52
05.	S002-03-005	Mumps	110/70	84	101.66	118/74	68	99.14
06.	S002-03-006	Mumps	122/80	76	103.1	125/84	72	97.7
07.	S002-03-007	Mumps	118/76	81	102.56	124/80	70	96.44
08.	S002-03-008	Mumps	120/86	79	100.58	122/82	69	97.88
09.	S002-03-009	Mumps	119/81	78	100.94	120/79	72	98.06
10.	S002-03-010	Mumps	115/75	82	103.82	119/83	70	96.8

Table 7: Vital signs (Blood pressure, Radial pulse rate, Temperature Day 1vs Day 10).

S.No	Patient Enrolment Number	Treatment 02	Day 1			Day 10		
			Blood pressure (mm Hg)	Radial pulse rate (Per min)	Body temperature (°F)	Blood pressure (mm Hg)	Radial pulse rate (Per min)	Body temperature (°F)
01.	S002-04-001	Herpes zoster	130/85	84	100.76	128/83	76	98.06
02.	S002-04-002	Herpes zoster	110/81	81	100.76	114/78	78	98.96
03.	S002-04-003	Herpes zoster	122/80	84	101.3	125/77	70	99.14
04.	S002-04-004	Herpes zoster	119/83	78	100.94	121/80	74	97.34
05.	S002-04-005	Herpes zoster	121/84	82	103.64	117/85	80	96.98
06.	S002-04-006	Herpes zoster	118/82	80	102.02	122/84	83	97.16
07.	S002-04-007	Herpes zoster	116/79	78	103.28	120/83	75	96.98
08.	S002-04-008	Herpes zoster	115/90	82	103.28	117/86	77	96.62
09.	S002-04-009	Herpes zoster	126/84	80	101.12	123/80	82	98.42
10.	S002-04-010	Herpes zoster	122/81	86	101.12	125/86	76	97.7

Table 8: Paired T-test (Baseline vs End of treatment comparison).

Difference	Paired T-Test					
	Treatment 1			Treatment 2		
	DF	t Value	Pr> |t|	DF	t Value	Pr> |t|
Systolic Blood pressure	9	-5.86	0.0002	9	-1.33	0.2165
Diastolic Blood pressure	9	-2.54	0.0315	9	0.65	0.5314
Pulse Rate	9	7.33	<.0001	9	2.68	0.0252
Temperature	9	7.42	<.0001	9	6.83	<.0001

Table 9: Analysis Variables: Recovery Day.

Treatment	N Obs	Mean	Std Dev	Minimum	Maximum	Coeff of Variation
Treatment 1 – (Clevira Tablet) Day 30	10	20.40	3.20	15.00	25.00	15.71
Treatment 2 – (Clevira Tablet) Day 10	10	8.90	0.74	8.00	10.00	8.29

illustrated the safety aspects with respect to Blood pressure and Pulse rate. Also, statistically significant ($p < 0.0001$) improvement showed in temperature from baseline (101.89 ± 1.14) to end of the study treatment (97.84 ± 0.83) for Treatment 1 and from baseline (101.82 ± 1.15) to end of the study treatment (97.74 ± 0.88) for Treatment 2 given in Figure 3 and Figure 4 respectively.

Recovery analysis

Mean recovery day (Mean ± SD) of Treatment (Clevira tablet were found to be (20.40 ± 3.20) for Treatment 1 and (8.90 ± 0.74) for Treatment 2 (Table 9). The overall clinical efficacy shows healthy recovery rate found from 20 patients.

Discussion

The main objectives of this study were to evaluate the efficacy of Clevira Tablets in the treatment in Human Adult Patients with Mumps/ HPV and Herpes zoster infections. Further it is also interesting to

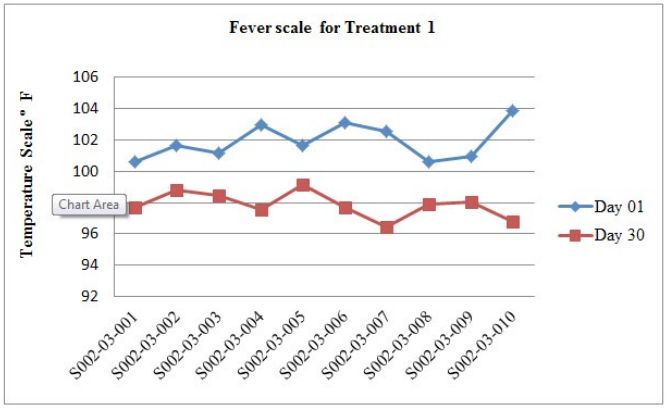

Figure 3: Comparison of fever scale between baseline and end line (Day 11 vs Day 30).

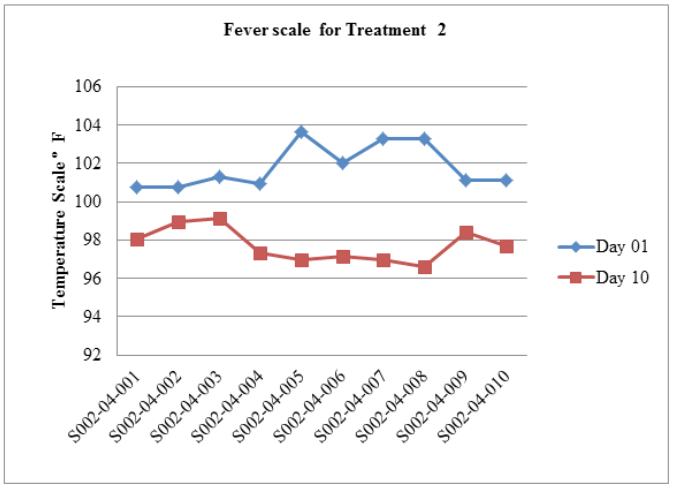

Figure 4: Comparison of fever scale between baseline and end line (Day 1 vs Day 30).

evaluate the additional clinical benefits of an approved antiviral herbal drug for SARS-CoV-2 (Covid 19) where Clevira, is found to be effective and safe for respiratory infections [5].

The pharmacological properties of *C. papaya, M. azedarach, A. paniculata, V. zizanoides, T. dioica, C. rotundus, Z. officinale, P. nigrum, M. cerviana and T. cordifolia, P. nigrum, M. ceruviana, T. cordifolia* plants have concrete approach for developing healthy therapeutic options against respiratory virus infection [6] caused by Mumps/HPV and Herpes zoster.

Availability of potential Phytochemicals of Flavonoids, Alkaloids, Lignan, Coumarinsare targeting the viral infections and arrest the spreading of infections. Flavonoid components of quercetin has significant inhibitory activity against NS2B-NS3 serine protease, particularly against Dengue virus serotype 2 and exerts its antiviral property by preventing viral assembly. Coumarins in *T. dioica* are effective in inhibiting the viral growth and it provides faster relief in conditions of viral fever in chikungunya and dengue and other respiratory illness [7]. However the present study has shown that there was a significant improvement in the patient's recovery on day 7 to day 10, who got treated with Clevira tablets along with standard treatment.

From the study results, it is clear that the normalization of body temperature was evident on Day 5 onwards in Clevira treated group, compared to the control group were it was normalized after day 6 and 7. Thus, Clevira is having a good antipyretic activity. It is also evident that Clevira is having a significant improvement ($P < 0.001^*$) in the Arthralgia and Myalgia score on day 3, 4 & 5, suggesting a good analgesic and antipyretic activity of Clevira [8]. All the haematological and biochemical parameters were within the normal range with significant reduction in haematocrit and WBC count, suggesting the anti-Viral property and immune-modulatory capacity of Clevira against Dengue infections and other viral infectious fever conditions [9]. Unaltered Renal and liver function tests suggest the Safety of Clevira tablets at the recommended dose [1].

There was a significant improvement in the quality of life of subjects in Clevira group related to the fatigue, sense of feeling week, dizziness and sense of feeling depressed, compared to that of baseline and control group. The overall response of Clevira group showed remarkable improvement and were completely free from viral symptoms and very good subject compliance was also observed [10]. There were no clinically significant adverse events during the entire study period.

It was evident on Day 20 onwards Recovery percentage was increased in Clevira patients (Mumps and HPV- T1) group, Thus, Clevira is having a good anti-pyretic activity for curing the symptoms of Fever, Difficulty in chewing, Cold, Loss of appetite and Discomfort in salivary glands for Mumps, 7 patients with highly contagious lesions, skin irritation, Rough skin, painful bumps on the fingers, hands were cured, while having Clevira Tablet Treatment for HPV infected patients [11].

There was significant reduction in the mean score of all the clinical symptoms (decrease the fever, itching, skin irritation and blisters) in Treatment 2 which was more prominent in Clevira tablets. The presence of *A. paniculata* and its active compounds like isoandrographolide might act through cell-differentiation-inducing activity in proliferation of HL-60 cells and it developed antiviral and endodermal activity on affected area [6]. Due to that infected skin recovery was found in Clevira treated patients Day 1 when compared to the cure Day 10, were it was normalized on day 8, Day 9 and Day 10 [12].

Conclusion

This randomized, Phase III, multicentre study has shown that Clevira is clinically effective and safe in Mumps, HPV and Herpes zoster.

The Overall Clinical efficacy shows high recovery percentage was observed in infected patients for Treatment with Clevira tablet. However the Clevira tablet was showed expedited cure clinically on Day 7 to Day 10 showing the marked improvement of cure status.

All haematology lab parameters found to be normal and within limit at the end of the study period (Day 10/30) and All patients in Treatment with Clevira Tablet (N = 20) showed no safety issues with respect to Blood pressure, Pulse rate and Temperature and also high recovery percentage of 50 was observed in infected patients of both Treatment 1&2- Clevira tablets for Mumps, HPV and Herpes zoster. However the Clevira tablets were showed expedited cure clinically on Day 9 & Day 20- 25 showing the marked improvement of cure status.

As there is expedited clinical cure and normal vital signs & haematological results showed that Clevira is safe and efficacious in patients with Mumps, HPV and Herpes zoster. Hence forth, Clevira can be used in infected patients with signs and symptoms of the viral infection and for a rapid recovery without any adverse effects [1].

Conflict of Interest

There is no conflict of Interest.

Acknowledgements

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