ABSTRACT

Aim: The aim of the study to analyze the structural basis of SARS-CoV-2 3CL pro drug and anti-COVID-19 discovery from medicinal plants.

Materials and Methods: A systemic strategy was employed using keywords to search the literature in medical databases: PubMed, Google Scholar, etc.

Discussion: The ongoing pandemic of coronavirus sickness 2019 (COVID-19) realized by SARS-COV-2 has raised overall prosperity concerns. The viral 3-chymotrypsin like foundational protease (3cl ace) impetus controls coronavirus replication and it is fundamental for its life cycle. 3cl professional is an exhibited drug disclosure concentrated on the record of an extraordinary severe acute respiratory syndrome (SARS-COV) and Middle East respiratory syndrome coronavirus (MERS-COV). The sum total of what patients had was related to the Wuhan Wholefood advertisement, where fish and live creatures are sold. The infection spread quickly and general wellbeing experts in China started a control exertion. Notwithstanding, at that point, voyagers had conveyed the infection to numerous nations, starting recollections of the past coronavirus scourges, serious intense respiratory disorder severe acute respiratory syndrome, Middle East respiratory condition, and causing broad media consideration and frenzy. In light of clinical models and accessible serological and atomic data, the new illness was called coronavirus malady of 2019 coronavirus, and the novel coronavirus was called Coronavirus-2 severe acute respiratory syndrome, underlining its cozy relationship to the 2002 SARS infection (SARS-CoV). Established researchers hustled to reveal the birthplace of the infection, comprehend the pathogenesis of the sickness, create treatment choices, characterize the hazard factors, and work on antibody advancement. Here we present a rundown of the ebb and flow information with respect to the novel coronavirus and the illness it causes. Continuous assessments revealed the genome progression of severe acute respiratory syndrome coronavirus.

Conclusion: Thus, in this, we separated the 3cl master gathering, built up its 3D homology model, and screened it against a helpful plant library containing 32,297 are likely vitality of phytochemicals/standard Chinese remedial blends. Our examinations revealed that the best nine hits may fill in a likely for the SARS-COV2 lead particles for extra upgrade and drug improvement methodology to fight COVID-19.

Key Words: SARS-COV2, COVID-19, Natural products, Pandemic coronavirus, Viral structure, Antibodies

INTRODUCTION

Coronavirus, named the crown-like spikes on the surface, positive-sense RNA viruses, belongs to the coronaviridae family, in the corona virinae family of the Nidovirales order. There are four sub-group - alpha, beta, gamma, and delta based on their genomic structure. Alpha and Beta coronaviruses infect only mammals, usually causing respiratory symptoms in tumors and gastroenteritis in other animals.

On January 10, 2020, the primary entire genome arrangement of 2019-nCOV was discharged, which helped specialists to rapidly distinguish the infection in patients utilizing reverse interpretation polymerase chain response (RT-PCR) techniques. Quick moves were made by the Center for Disease Control and Prevention, Chinese well-being specialists, and analysts. The World Health Organization (WHO) briefly named the pathogen 2019 novel coronavirus (2019-nCOV),
On February 12, WHO for all time named the 2019-nCoV pathogen as SARS-COV-2 and the causing infection as coronavirus ailment 2019 (COVID - 2019) The Chinese Government’s quick activities helped them to control COVID-19 in china and SARS-COV-2 influenced a few nations around the world. On March 11, the WHO officially perceived COVID-19 as a pandemic. Ongoing investigations demonstrated that SARS-COV-2 has a comparative genomic association to that of another beta-coronavirus, comprising 5'-untranslated region and a replicase complex, encoding non-basic proteins, spike protein, quality protein, quality protein, and envelope protein in spite of SARS-COV-2 being ordered into beta - coronavirus gathering, it is unique in relation to MERS-COV and SARS-COV. The 3-CL pro divides the polyprotein at 11 particular locations to create different proteins that are significant for viral replication. The 3-CL pro assumes the replication of infectious particles and not all like basic / extra protein - encoding qualities, situated at the 3’ end which shows extreme inconsistency. It is a potential objective against coronavirus inhibitors screening Structure based on movement investigation and high throughput Contemplate have distinguished potential inhibitors for SARS-COV and MERS-COV, 3 CL pro. Restorative plants particularly those utilized in customary Chinese medications have pulled in critical consideration. Since, they incorporate bioactive drugs that could be utilized to create formal medications against a few illnesses with insignificant symptoms. In 2002-2003, the severe acute respiratory syndrome coronavirus (SARS - COV) caused a SARS epidemic that resulted in 10% of mortality. Similarly, the Middle East respiratory syndrome (MERS-COV) caused a devastating pandemic in 2012 with a 37% mortality rate. In late 2019, a cluster of pneumonia cases in Wuhan city, China were identified with a novel beta coronavirus called (2019-CoV) referred as Wuhan coronavirus, shared 79.5% genetic sequence of SARS-COV caused 2002-2003 pandemic. Previous outbreaks of coronavirus in humans involved direct exposure to animals other than bats. In the case of SARS-COV and MERS-COV they were transmitted directly to humans. There was some early speculation that SARS-COV-2 emerged from a mammal manipulation of an existing coronavirus, but there is no evidence to support such a theory. A Review type of study is to understand the significance of the structural basis of SARS-COV-2, by retrieving 10 articles.

**SEVERE ACUTE RESPIRATORY SYNDROME (SARS): RESPIRATORY ILLNESS CAUSED BY SARS-COV**

**Pathogenesis**

For SARS-COV-2, the biochemical interactions and the pathogenesis are similar. Binding of SARS-COV-2 occurs to the angiotensin-converting enzyme (ACE-2) receptors in the type-II pneumocytes of the lungs respiratory tract. It has been demonstrated that when the SARS spike protein binds to the ACE-2 receptor, the complex is proteolytically processed by Type - 2 transmembrane proteases, leading to cleavage of ACE-2 and activation of spike protein. Viral entry and cell infection trigger the host immune response, the inflammatory cascade is initiated by antigen-presenting cells. Thus, presents the foreign antigen, CD-4 T helper cells, and the target cells containing the foreign antigen to the system. In addition, stimulated B-cells produce antigen-specific antibodies. There was some early speculation that SARS-CoV-2 emerged from a manmade manipulation of an existing coronavirus, but there is no evidence to support such a theory. In fact, suggest that the particular mutation that was found in the RBD of SARS-CoV-2 is different from what would have been predicted based on previously used genetic systems.

**Sequence and Structural Analysis**

Multiple sequence alignment results revealed that 3CL pro was conserved with 100% identity among all SARS-COV2 genomes. SARS-COV 2 genome, 3CL pro-protein sequence was compared with homologs COV 2, SARS-COV, MERS-COV, and Human - COV. Analysis of physicochemical parameters revealed that SARS-COV 2,3CL pro polypeptide is 306 amino acids long with high molecular weight categorizing the protein as a stable, hydrophilic molecule capable of establishing hydrogen bonds to probe the molecular architecture of SARS-COV 2, 3CL pro, comparatively homology modeling was performed. To select closely related templates for modeling PSI - BLAST was performed against all known structures in the protein data bank, were used for initial quality estimation, mutation analyses, and image processing. Remdesivir, an adenosine analog used...
against RNA viruses (including SARS and MERS-CoV), was a candidate Ebola treatment with promising in vitro results but disappointing in vivo effects against Ebola. There is currently in vitro evidence that remdesivir may be effective in controlling SARS-CoV-2 infection.

**Chloroquine Derivatives**

Hydroxychloroquine is a synthetic form of quinine, a compound found in the bark of cinchona trees used to treat malaria. Chloroquine was an essential element of mass drug administration throughout the world. Chloroquine is still widely used against three species of plasmodium and to treat autoimmune disorders and some cases of infections. Chloroquine’s antiviral properties were explained in the mid-1990s against HIV in the following decade against severe acute respiratory syndrome (or) SARS. Indeed Chloroquine, an old anti-malarial drug used for the clinical treatment of COVID-19. The drug was reported to function as antiviral at both the entry and post-entry stages of COVID-19 infection Chloroquine has recently reported a potential broad-spectrum anti-malarial drug. The rich tradition of herbal medicine in China is also being deployed against COVID-19. Anti-viral herbal medicine has been used in many historic epidemics. For example, two previous coronavirus outbreaks; SARS-COV in 2013 and MERS-COV in 2012. Like chloroquine phosphate, these herbal medicines are generally not highly potent and this cannot be regarded as a cure. In an emergency, like the current COVID-19 outbreaks, drugs like remdesivir, an experimental drug. Plants are important not only for food but also for medicine. Another compound from herbal remedies recruited to control COVID-19 is diammonium glycyrrhizinate, an extract of liquorice roots.

**Antiviral Activities against SARS**

Severe Acute Respiratory Syndrome (SARS) is a respiratory illness caused by Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV). This is life-threatening and highly contagious. In China traditional herbal medicine is frequently used in conventional medicine to treat SARS. It has been shown that natural plants contain antiviral activities to other coronavirus. In this study, we selected over 200-in house-made extract of medicinal plants which is used for the treatment of virus-induced infections, diseases in china and tested their antiviral activities against SARS-COV. The screening was helped on MTS assay Lycoris radiata, and exhibited significant inhibition effects on virus-induced CPE when SARS-COV strain was used in screening. The inhibition effects of all natural products samples showed dose, dependent patterns. The addition of active compounds significantly worked because viral infections or replication kept cells in a viable state. Interferon-alpha showed limited inhibition effects on virus-induced CPE. The inhibition of all compounds to virus infection / replication was apparently more potent than that of the interferon-alpha judged by visual observation.

**SARS-CoV and Structure of 3CL Pro**

Coronaviruses are a family of positive-strand RNA viruses that cause acute & chronic respiratory disease. This family features the target cell genomes. The genomic RNA is complexed with basic nucleocapsid protein to form a helical capsid within the membrane. The membrane of all coronaviruses consists of viral proteins, spike proteins, a type of glycoprotein, membrane protein. 3CL pro-enzyme, the main enzyme is indispensable to viral replication & infection process, thereby making it an ideal target for antiviral therapy. The crystal structure of SARS-COV 3CL-pro is dimer which is highly active, while the monomer is principally inactive. Therefore, it is essential to discover novel compounds that may inhibit SARS-COV-2 3-CL pro serve as a potential drug for Anti-COVID-19 compounds. We developed a library from previously published studies that contain numerous natural compounds possessing antiviral activities against SARS-COV 2, 3 CL pro.

**Inhibition of SARS CoV 2; 3cl Pro**

To screen for inhibitors of SARS-COV 2 3cl pro they prepared a peptide substrate with a fluorescence which resulted in an extremely sensitive assay and allowed many potent inhibitors of SARS-CoV 3CL Pro to be identified. 3-CL pro is a cysteine protease which is analog to the main pi-coronavirus family, a family of viruses that also cause respiratory illness. Although, the functional similarities of 3-CL pro have cleavage specificity. The SARS-COV 3-CL pro cleaves polyproteins at numbers less than 11 conserved sites involving the sequences which appear to be conserved patterns of 3-CL pro of SARS-COV. The active site of SARS-COV 3-CL pro contains a dyad in which the cysteine functions as a common nucleophile in the proteolytic process Therefore the functional significance of 3-CL pro is the viral life cycle makes the protease an ideal target for the development of drugs against SARS and other coronavirus infections. Many infected droplets have landed on surfaces, their survivability on those surfaces determines if contact transmission is possible. Based on our current understanding from other beta coronaviruses, including SARS and MERS, coronaviruses can survive, and remain infectious, from 2 to 9 days on inanimate surfaces such as metal, glass, or plastic, with increased survival in colder and drier environments. For this reason, the Chinese government has been reported to be disinfecting and even destroying cash in an effort to contain the virus.

**CONCLUSION**

The review had highlighted the structural basis, drug discovery, and has compared the various efforts involved in SARS-
COV-2, 3-CL pro, and its implementation in pathological conditions associated with relevant concepts. Further in vitro and in vivo analyses are required to transform these potential inhibitors into clinical drugs. The chronic toxicity of compounds to environmental species is more difficult to predict from SARs, with robust data sets and more mechanistic information required. In addition, the toxicity of mixtures is little addressed by SAR approaches. We anticipate that the insights gained in the present study may prove true value for exploring and developing novel natural anti-COVID-19 therapeutic agents in the future.

ACKNOWLEDGEMENT

I would like to thank the Department of General Pathology, Saveetha Dental College and Hospitals, Chennai for their valuable inputs in this review.

Authors Contribution

S. Kamala Devi contributed more to the execution of the work, data collection, and drafting of the manuscript. M. P. Brundha helped in study design, validation of the data collection, revision, and proof reading of the review. A. S. Smiline Girija helped in the validation of the data collection, revision, and proofreading of the review.

Conflict of Interest: Nil

The authors declared that there is no conflict of interest.

Source of Funding: Nil

REFERENCES

1. Cui J, Li F, Shi Z-L. Origin and evolution of pathogenic coronaviruses [Internet]. Vol. 17, Nature Reviews Microbiology. 2019. p. 181–92. Available from: http://dx.doi.org/10.1038/s41579-018-0118-9
2. Shenoy PB, Brundha MP. Awareness of polycystic ovarian disease among females of age group 18-30 years. J Pharm Sci [Internet]. 2016; Available from: http://search.proquest.com/openview/a8409fe7b2e9d29f67b3f3e479c7018/a?pq-origsite=gscholar&cbl=54977
3. Bokadia GS, Sneha. Bokadia G, Brundha MP, Ariga P. Current aspects of patients infected with 2019 novel coronavirus in Wuhan, China: a descriptive study [Internet]. Vol. 395, The Lancet. 2020. p. 507–13. Available from: http://dx.doi.org/10.1056/nejmoa2003781
4. Ksiazek TG, Erdman D, Goldsmith CS, Zaki SR, Peret T, Emery S, et al. A Novel Coronavirus Associated with Severe Acute Respiratory Syndrome [Internet]. Vol. 348, New England Journal of Medicine. 2003. p. 1953–66. Available from: http://dx.doi.org/10.1056/nejmoa030781
5. Harsha L, Brundha MP. Prevalence of dental developmental anomalies among men and women and its psychological effect in a given population. Journal of Pharmaceutical Science and Research. 2017;9(6):869–73.
6. Swetha S, Brundha MP. Analysis of knowledge about the hospital warning symbols among the postgraduate dental students-A comparative study [Internet]. Vol. 10, Research Journal of Pharmacy and Technology. 2017. p. 975. Available from: http://dx.doi.org/10.5958/0974-360x.2017.00177.9
7. Perlman S. Faculty Opinions recommendation of A crucial role of angiotensin converting enzyme 2 (ACE2) in SARS coronavirus-induced lung injury [Internet]. Faculty Opinions – Post-Publication Peer Review of the Biomedical Literature. 2005. Available from: http://dx.doi.org/10.3410/j0127119.326005
8. Hayden F. Faculty Opinions recommendation of A crucial role of angiotensin converting enzyme 2 (ACE2) differentially and only proteolysis by TMPRSS2 augments entry driven by the severe acute respiratory syndrome coronavirus spike protein [Internet]. Faculty Opinions – Post-Publication Peer Review of the Biomedical Literature. 2013. Available from: http://dx.doi.org/10.1341/j01210.21319.131514
9. Anand K, Ziebuhr J, Wadhwani P, Mesters JR, Hilgenfeld R. Coronavirus Main Proteinase (3CLpro) Structure: Basis for Design of anti-SARS Drugs [Internet]. 2003. Available from: http://dx.doi.org/10.1021/pdb109p123
10. Notredame C, Higgins DG, Heringa J. T-coffee: a novel method for fast and accurate multiple sequence alignment 1 1Edited by J. Thornton [Internet]. Vol. 302, Journal of Molecular Biology. 2000. p. 205–17. Available from: http://dx.doi.org/10.1006/jmbi.2000.4042
11. Madhusudhan MS, Marti-Renom MA, Eswar N, John B, Pieper U, Karchin R, et al. Comparative Protein Structure Modeling [Internet]. The Proteomics Protocols Handbook. 2005. p. 831–60. Available from: http://dx.doi.org/10.1385/1-59259-890-8:381
12. Eswar N, Webb B, Marti-Renom MA, Madhusudhan MS, Erman D, Shen M-Y, et al. Comparative Protein Structure Modeling Using Modeller [Internet]. Vol. 15, Current Protocols in Bioinformatics. 2006. p. 5.6.1–5.6.30. Available from: http://dx.doi.org/10.1002/0471250953.bi506es15
13. Wang M, Cao R, Zhang L, Yang X, Liu J, Xu M, et al. Remdesivir and chloroquine effectively inhibit the recently emerged nov-
el coronavirus (2019-nCoV) in vitro. Cell Res [Internet]. 2020 Mar;30(3):269–71. Available from: http://dx.doi.org/10.1038/s41422-020-0282-0

20. Shreya S, Brundha MP. Alteration of Haemoglobin Value in Relation to Age, Sex and Dental Diseases-A Retrospective Correlation Study [Internet]. Vol. 10, Research Journal of Pharmacy and Technology. 2017. p. 1363. Available from: http://dx.doi.org/10.5958/0974-360x.2017.00241.4

21. Tetz G, Tetz V. In vitro antimicrobial activity of a novel compound, Mul-1867, against clinically important bacteria [Internet]. Vol. 4, Antimicrobial Resistance and Infection Control. 2015. Available from: http://dx.doi.org/10.1186/s13756-015-0088-x

22. Timothy CN, Samyuktha PS, Brundha MP. Dental pulp Stem Cells in Regenerative Medicine – A Literature Review [Internet]. Vol. 12, Research Journal of Pharmacy and Technology. 2019. p. 4052. Available from: http://dx.doi.org/10.5958/0974-360x.2019.00698.x

23. Kalaivani R, Janaki Devi V, Umarani R, Periyanayagam K, Kamaraguru AK. Antimicrobial Activity of Some Important Medicinal Plant oils against Human Pathogens [Internet]. Vol. 2, Journal of Biologically Active Products from Nature. 2012. p. 30–7. Available from: http://dx.doi.org/10.1080/22311866.2012.10719105

24. Janovská D, Kubíková K, Kokoska L. Screening for antimicrobial activity of some medicinal plants species of traditional Chinese medicine [Internet]. Vol. 21, Czech Journal of Food Sciences. 2011. p. 107–10. Available from: http://dx.doi.org/10.17221/3485-cjfs

25. Chatterjee A, Pakrashi SC. The Treatise on Indian Medicinal Plants [Internet]. 1991. 1013 p. Available from: https://books.google.com/books/about/The_Treatise_on_Indian_Medicinal_Plants.html?hl=&id=LH8Xvt4xsXQC

26. Prashaanthi N, Brundha MP. A Comparative Study between Ppoplet Notes and Conventional Notes for Learning Pathology [Internet]. Vol. 11, Research Journal of Pharmacy and Technology. 2018. p. 175. Available from: http://dx.doi.org/10.5958/0974-360x.2018.00032.x

27. Savarino A, Di Trani L, Donatelli I, Cauda R, Cassone A. New insights into the antiviral effects of chloroquine [Internet]. Vol. 6, The Lancet Infectious Diseases. 2006. p. 67–9. Available from: http://dx.doi.org/10.1016/s1473-3099(06)70361-9

28. Holzbauer S, Chiller T. Antimicrobial Resistance in Bacteria of Animal Origin [Internet]. Vol. 12, Emerging Infectious Diseases. 2006. p. 1180–1180. Available from: http://dx.doi.org/10.3201/eid1207.060503

29. Kumar MDA, Ashok Kumar MD, Brundha MP. Awareness about nocturia-A questionnaire survey [Internet]. Vol. 9, Research Journal of Pharmacy and Technology. 2016. p. 1707. Available from: http://dx.doi.org/10.5958/0974-360x.2016.00344.9

30. Brundha MP, Saiyvinesh S. Myeloid sarcoma [Internet]. Vol. 3, International Journal of Clinicopathological Correlation. 2019. p. 41. Available from: http://dx.doi.org/10.4103/ijcpc.ijcpc_11_19

31. Brundha MP. A Comparative Study-The Role of Skin and Nerve Biopsy in Hansen’s Disease. Journal of Pharmaceutical science and Research. 2015;7(10):837.

32. Preethikaa S, Brundha MP. Awareness of diabetes mellitus among general population [Internet]. Vol. 11, Research Journal of Pharmacy and Technology. 2018. p. 1825. Available from: http://dx.doi.org/10.5958/0974-360x.2018.00339.6

33. Hannah R, Ramani P, Brundha MP, Herald. J. Sherlin, Ranjith G, Ramasubramanian A, et al. Liquid Paraffin as a Rehydrant for Air Dried Buccal Smear [Internet]. Vol. 12, Research Journal of Pharmacy and Technology. 2019. p. 1197. Available from: http://dx.doi.org/10.5958/0974-360x.2019.00199.9

34. Ravichandran H, Brundha MP. Awareness about personal protective equipments in hospital workers (sweepers and cleaners). International Journal of Pharmaceutical Sciences Review and Research. 2016;40(1):28–9.

35. Balaji S, Brundha MP, Path DNB. Awareness of About Breast Cancer among Dental Surgeons. Res J Pharm Biol Chem Sci [Internet]. 2016;8(8):797. Available from: http://pharmainfo.in/jpsr/Documents/Volumes/vol8Issue08/jpsr08081621.pdf

36. Pillaiyar T, Manickam M, Namasiyavam V, Hayashi Y, Jung S-H. An Overview of Severe Acute Respiratory Syndrome–Coronavirus (SARS-CoV) 3CL Protease Inhibitors: Peptidomimetics and Small Molecule Chemotherapy [Internet]. Vol. 59, Journal of Medicinal Chemistry. 2016. p. 6595–628. Available from: http://dx.doi.org/10.1021/acs.jmedchem.5b01461

37. Kalaiselvi R, Brundha MP. Prevalence of hysterectomy in South Indian population [Internet]. Vol. 9, Research Journal of Pharmacy and Technology. 2016. p. 1941. Available from: http://dx.doi.org/10.5958/0974-360x.2016.00398.x

38. Ferdioz J, Brundha MP. Awareness of styx. International Journal of Pharmaceutical Sciences Review and Research [Internet]. 2016 Jan 1 [cited 2020 Jun 8];40(1):30–2. Available from: http://dx.doi.org/

39. Fischer E, Speier A. Darstellung der Ester [Internet]. Vol. 28, Berichte der deutschen chemischen Gesellschaft. 1895. p. 3252–8. Available from: http://dx.doi.org/10.1002/cber.189502803176