

Editorial:

Trace Elements Association with COVID-19

Siddhartha Dutta¹, Mainul Haque².

Keywords: Micronutrients, Biometals, Trace Minerals, functional relationship, 2019-nCoV Infection, SARS CoV 2 Infection, COVID-19 Pandemics.

*International Journal of Human and Health Sciences Vol. 05 No. 02 April'21 Page : 271-275
DOI: <http://dx.doi.org/10.31344/ijhhs.v5i3.275>*

“A balanced diet and supplementation with proper nutrients may play a vital role in prevention, treatment, and management of COVID-19”¹.

The current global pandemic of COVID-19, caused by severe acute respiratory syndrome (SARS) coronavirus 2 (SARS-CoV-2), has already infected 101561291 individuals and has claimed about 2196944 lives in about 223 countries of our planet till today, January 31, 2021,²⁻⁵. COVID-19 is a potentially fatal disease in severe cases and speedily led to global public emergency and concern for every nation of the globe^{5,6}. Therapeutic management of COVID-19 has been a critical issue for physicians because of the novel and unknown nature of the disease as encountered by mankind. The exact pathological basis of this disease is yet to be explored. Due to the same fact, to date, we do not have any fully approved specific medicine or vaccine to address the disease^{7,8}. Currently, mankind is combating COVID-19 by utilizing older medicines approved for other indications through repositioning or repurposing to find an answer for this disease⁹⁻¹¹. Additionally, several studies reported that dietary manipulation positively impacts health and can prevent COVID-19 infection¹²⁻¹⁴. Equivocally, both nutritional superfluous intake and deficit of

nutrients are related to low immune status¹⁵⁻¹⁷.

Optimum levels of macronutrients, micronutrients, and energy sources are indispensable and have an influential role in every aspect of maintaining a healthy immune system^{18,19}. Micronutrients play an essential role in innate immunity by conserving the mechanical and efficient integrity, such as skin and mucus membranes^{18,20}. Micronutrients positively affect the supportive activity of antimicrobial proteins and chemotaxis among innate immune cells¹⁸. Additionally, many vitamins (A, D, C, E, B6, and B12, folate) and minerals (zinc, iron, magnesium, copper, fluoride, chromium, iodine, manganese, molybdenum, and selenium) play significant roles to promote the innate and adaptive immune systems. Thereby, micronutrients and trace elements offer added synergistic outcomes to potentiate the effects of neutrophils and macrophages²⁰⁻²⁴.

Furthermore, the population-based research reveals that consumption levels of pertinent micronutrients-especially vitamin D, C, B12, and iron are inversely associated with COVID-19 incidence and/or mortality, predominantly in people genetically susceptible to display lower micronutrient status²⁵. Additionally, the non-interventional and non-experimental studies, and clinical trials, quantified that vitamins A,

1. Siddhartha Dutta, Department of Pharmacology, All India Institute of Medical Sciences, Jodhpur, Rajasthan, India. Email: siddhartha.dutta87@gmail.com, Orcid ID: <https://orcid.org/0000-0001-6525-5950>
2. Mainul Haque, Professor of the Unit of Pharmacology, Faculty of Medicine and Defence Health, Universiti Pertahanan Nasional Malaysia (National Defence University of Malaysia), Kem Perdana Sungai Besi, 57000 Kuala Lumpur, Malaysia. Email: runurono@gmail.com. Orcid ID: <https://orcid.org/0000-0002-6124-7993>

Correspondence to: Mainul Haque, Professor of the Unit of Pharmacology, Faculty of Medicine and Defence Health, Universiti Pertahanan Nasional Malaysia, Kem Perdana Sungai Besi, 57000 Kuala Lumpur, Malaysia. Email: runurono@gmail.com Cell Phone: +60109265543 Orcid ID: <https://orcid.org/0000-0002-6124-7993>

C, and D, omega-3 fatty acids, and zinc have an imperative role in enhancing immunity²⁶⁻²⁹. Besides, the current global pandemic increases the possibility of added worsening effect of nutritional status during lockdown (to prevent transmission of COVID-19 virus), which has a significant influence on the health system of low and middle-income countries (LMICs)³⁰⁻³². Around 70% of mortality in LMICs is due to diet-correlated Non-Communicable Diseases (NCDs) misery, and it remains indeed an ongoing public health challenge^{29,33}. Thereby, COVID-19 imposes additional public health challenges. Multiple studies reported that enhancing our immune system remains one of the best strategies to combat COVID-19³⁴⁻³⁹. Zinc has been known as one of the most indispensable trace elements to accomplish this thought-provoking intention in managing COVID-19. It is because zinc possesses antiviral property in mammalian cells^{29,37,38}. Zinc displays a spectrum of physiological roles; these include several enzymes and protein activation, maintaining normal health, and managing immune-related issues^{39,40}.

Additionally, vitamin A, E, and folate absorption are dependent on adequate availability of zinc^{37,41}. These vitamins are an essential requirement to develop immunocompetence¹⁹. Nevertheless, the resistance of human being against the virus although has several determinants yet a competent immune system to an extent depends upon on the availability of micronutrients and trace elements, including vitamins A, C, D, E, B6, B12, folate, iron, zinc, copper, selenium, and magnesium²¹,

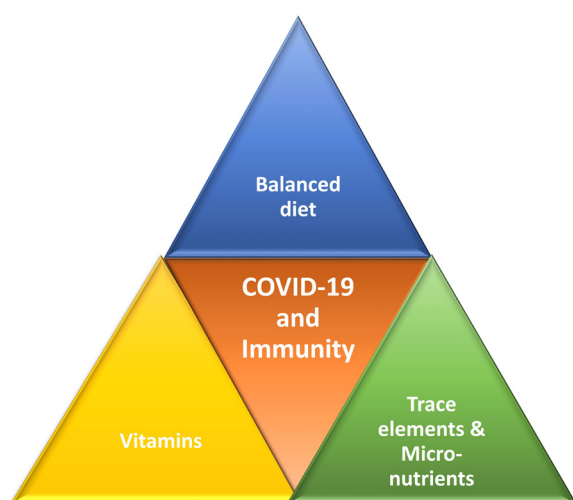


Figure 1: Illustrating COVID-19 Association with Balanced Diet, Vitamins, Trace Elements, and Micronutrients to Augment Immunity.

⁴². Micronutrients and trace elements have a broad spectrum of activities in influencing immune physiology of both innate and adaptive immunity, “including differentiation, proliferation, and functions of T-cells, the interactions with the presenting viral antigens the production development of virus-specific antibodies”⁴³. However, micronutrients and trace elements work synergistically regarding virus-host responses. Nonetheless, one particular nutrient deficiency increases the possibility of severe COVID-19 infection^{21,42,44}. [Figure 1]

Angiotensin-converting enzyme 2 (ACE2) has a spectrum of biological activity: a negative regulator of the renin-angiotensin system, facilitator of amino acid transport, and the severe acute respiratory syndrome-coronavirus (SARS-CoV) and SARS-CoV-2 receptor⁴⁵. On the other hand, dietary practices have a robust consequence on ACE levels. A diet containing high-saturated fat increases ACE serum level^{46,47}. Multiple studies have revealed comprehensive dietary programs that include bioactive [food-derived angiotensin-converting enzyme inhibitory (ACEI)] peptides and ACE-inhibitory activity⁴⁸⁻⁵¹. It has been reported that milk, eggs, fish, meat, and plants with milk and dairy proteins possess a significant quantity of bioactive ACE inhibitory peptides^{52,53}. Furthermore, blood levels of ACE are exceedingly and promptly sensitive to dietary intake^{46,47}. The World Health Organization (WHO) has broadcasted nutritional strategies for the period of the COVID-19 plague, emphasizing the necessity of a balanced diet to preserve and promote a resilient immune system and evade or abate chronic disease infections⁵⁴. Stimulatingly, WHO recommended dietary intervention strategy to be an enhanced version of the standard plan of a balanced diet to combat COVID-19 infection⁵⁵. Hence, indeed, a balanced diet (ensures all necessary vitamins, micronutrients, minerals, trace elements) is a significant issue to prevent COVID-19 infection and several non-communicable chronic diseases⁵⁶⁻⁵⁸. Thereby, it reduces both morbidity and mortality⁵⁶.

Consent for Publication

All authors reviewed and approved the final version and have agreed to be accountable for all aspects of the work, including any issues related to accuracy or integrity.

Disclosure

The authors declare that they do not have any

financial involvement or affiliations with any organization, association, or entity directly or indirectly with the subject matter or materials presented in this article. This also includes honoraria, expert testimony, employment, ownership of stocks or options, patents or grants received or pending, or royalties.

Funding

This paper was not funded.

Authorship Contribution

All authors made a significant contribution to the work reported, whether that is in the conception, study design, execution, acquisition of data, analysis, and interpretation, or in all these areas; took part in drafting, revising, or critically reviewing the article; gave final approval of the version to be published; have agreed on the journal to which the article has been submitted, and decided to be accountable for all aspects of the work.

References:

1. BourBour F, Mirzaei Dahka S, Gholamalizadeh M, Akbari ME, Shadnoush M, Haghighi M, Taghvaye-Masoumi H, Ashoori N, Doaei S. Nutrients in prevention, treatment, and management of viral infections; special focus on Coronavirus. *Arch Physiol Biochem*. 2020;1-10. doi: 10.1080/13813455.2020.1791188.
2. World Health Organization. Coronavirus disease (COVID-19) pandemic. 2021. Available at <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> [Accessed January 31, 2021]
3. Sharma A, Tiwari S, Deb MK, Marty JL. Severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2): a global pandemic and treatment strategies. *Int J Antimicrob Agents*. 2020;56(2):106054. doi: 10.1016/j.ijantimicag.2020.106054
4. Zheng J. SARS-CoV-2: An Emerging Coronavirus that Causes a Global Threat. *Int J Biol Sci*. 2020;16(10):1678-1685. doi:10.7150/ijbs.45053
5. Alabdulmonem W, Shariq A, Rasheed Z. COVID-19: A global public health disaster. *Int J Health Sci (Qassim)*. 2020;14(3):7-8.
6. Cvetković VM, Nikolić N, Radovanović Nenadić U, Ōcal A, K Noji E, Zečević M. Preparedness and Preventive Behaviors for a Pandemic Disaster Caused by COVID-19 in Serbia. *Int J Environ Res Public Health*. 2020;17(11):4124. doi:10.3390/ijerph17114124
7. Elengoe A. COVID-19 Outbreak in Malaysia. *Osong Public Health Res Perspect*. 2020;11(3):93-100. doi: 10.24171/j.phrp.2020.11.3.08
8. Qian X, Ren R, Wang Y, Guo Y, Fang J, Wu ZD, Liu PL, Han TR; Members of Steering Committee, Society of Global Health, Chinese Preventive Medicine Association. Fighting against the common enemy of COVID-19: a practice of building a community with a shared future for mankind. *Infect Dis Poverty*. 2020;9(1):34. doi: 10.1186/s40249-020-00650-1.
9. Rosa SGV, Santos WC. Clinical trials on drug repositioning for COVID-19 treatment. *Rev Panam Salud Publica*. 2020;44: e40. doi:10.26633/RPSP.2020.40
10. Haque M. The COVID-19 pandemic - a global public health crisis: a brief overview regarding pharmacological interventions. *Pesqui Bras*

- Odontopediatria Clin Integr.* 2020; 20(Suppl): e0146. doi: 10.1590/pboci.2020.137
11. Andrade BS, Rangel FS, Santos NO, et al. Repurposing Approved Drugs for Guiding COVID-19 Prophylaxis: A Systematic Review. *Front Pharmacol.* 2020; 11:590598. doi:10.3389/fphar.2020.590598
 12. Chaari A, Bendriss G, Zakaria D, McVeigh C. Importance of Dietary Changes During the Coronavirus Pandemic: How to Upgrade Your Immune Response. *Front Public Health.* 2020; 8:476. doi:10.3389/fpubh.2020.00476
 13. Gorji A, Khaleghi Ghadiri M. Potential roles of micronutrient deficiency and immune system dysfunction in the coronavirus disease 2019 (COVID-19) pandemic. *Nutrition.* 2020:111047. doi: 10.1016/j.nut.2020.111047.
 14. Richardson DP, Lovegrove JA. Nutritional status of micronutrients as a possible and modifiable risk factor for COVID-19: a UK perspective. *Br J Nutr.* 2020:1-7. doi: 10.1017/S000711452000330X.
 15. Bourke CD, Berkley JA, Prendergast AJ. Immune Dysfunction as a Cause and Consequence of Malnutrition. *Trends Immunol.* 2016;37(6):386-398. doi:10.1016/j.it.2016.04.003
 16. Chandra S, Chandra RK. Nutrition, immune response, and outcome. *Prog Food Nutr Sci.* 1986;10(1-2):1-65.
 17. Oz HS. Nutrients, Infectious and Inflammatory Diseases. *Nutrients.* 2017;9(10):1085. doi:10.3390/nu9101085
 18. Maggini S, Pierre A, Calder PC. Immune Function and Micronutrient Requirements Change over the Life Course. *Nutrients.* 2018;10(10):1531. doi:10.3390/nu10101531
 19. Pecora F, Persico F, Argentiero A, Neglia C, Esposito S. The Role of Micronutrients in Support of the Immune Response against Viral Infections. *Nutrients.* 2020;12(10):3198. doi:10.3390/nu12103198
 20. Gombart AF, Pierre A, Maggini S. A Review of Micronutrients and the Immune System-Working in Harmony to Reduce the Risk of Infection. *Nutrients.* 2020; 12 (1):236. doi: 10.3390/nu12010236.
 21. Carr AC, Maggini S. Vitamin C, and Immune Function. *Nutrients.* 2017;9(11):1211. doi:10.3390/nu9111211
 22. Chen L, Eapen MS, Zosky GR. Vitamin D both facilitates and attenuates the cellular response to lipopolysaccharide. *Sci Rep.* 2017; 7:45172. doi:10.1038/srep45172
 23. Chandra RK. Nutrition and the immune system: an introduction. *Am J Clin Nutr.* 1997; 66 (2): 460S-463S. doi: 10.1093/ajcn/66.2.460S.
 24. National Research Council (US) Committee on Diet and Health. Diet and Health: Implications for Reducing Chronic Disease Risk. Washington (DC): National Academies Press (US); 1989. 14, Trace Elements. Available at <https://www.ncbi.nlm.nih.gov/books/NBK218751/> [Accessed January 10, 2021]
 25. Galmés S, Serra F, Palou A. Current State of Evidence: Influence of Nutritional and Nutrigenetic Factors on Immunity in the COVID-19 Pandemic Framework. *Nutrients.* 2020;12(9):2738. doi: 10.3390/nu12092738.
 26. Gutiérrez S, Svahn SL, Johansson ME. Effects of Omega-3 Fatty Acids on Immune Cells. *Int J Mol Sci.* 2019;20(20):5028. doi:10.3390/ijms20205028
 27. Shakoor H, Feehan J, Al Dhaheri AS, Ali HI, Platat C, Ismail LC, Apostolopoulos V, Stojanovska L. Immune-boosting role of vitamins D, C, E, zinc, selenium and omega-3 fatty acids: Could they help against COVID-19? *Maturitas.* 2021; 143:1-9. doi: 10.1016/j.maturitas.2020.08.003.
 28. Cucchi D, Camacho-Muñoz D, Certo M, Niven J, Smith J, Nicolaou A, Mauro C. Omega-3 polyunsaturated fatty acids impinge on CD4+ T cell motility and adipose tissue distribution via direct and lipid mediator-dependent effects. *Cardiovasc Res.* 2020;116(5):1006-1020. doi: 10.1093/cvr/cvz208.
 29. Sharma P, Reddy PK, Kumar B. Trace Element Zinc, a Nature's Gift to Fight Unprecedented Global Pandemic COVID-19. *Biol Trace Elem Res.* 2020;1-9. doi:10.1007/s12011-020-02462-8
 30. Jayawardena R, Misra A. Balanced diet is a major casualty in COVID-19. *Diabetes Metab Syndr.* 2020;14(5):1085-1086. doi: 10.1016/j.dsx.2020.07.001.
 31. Gregório MJ, Irving S, Teixeira D, Ferro G, Graça P, Freitas G. The national food and nutrition strategy for the Portuguese COVID-19 response. *Eur J Clin Nutr.* 2021;1-3. doi:10.1038/s41430-020-00818-w
 32. Donnelly R, Keller H. Challenges Providing Nutrition Care During the COVID-19 Pandemic: Canadian Dietitian Perspectives. *J Nutr Health Aging.* 2021;1-2. doi:10.1007/s12603-020-1585-z
 33. Joachimiak MP. Zinc against COVID-19? Symptom surveillance and deficiency risk groups. *PLoS Negl Trop Dis.* 2021;15(1): e0008895. doi: 10.1371/journal.pntd.0008895.
 34. Xu Y, Baylink DJ, Chen CS, Reeves ME, Xiao J, Lacy C, Lau E, Cao H. The importance of vitamin d metabolism as a potential prophylactic, immunoregulatory, and neuroprotective treatment for COVID-19. *J Transl Med.* 2020;18(1):322. doi: 10.1186/s12967-020-02488-5.
 35. Bhattacharya PT, Misra SR, Hussain M. Nutritional Aspects of Essential Trace Elements in Oral Health and Disease: An Extensive Review. *Scientifica (Cairo).* 2016; 2016:5464373. doi:10.1155/2016/5464373
 36. Uwitonze AM, Ojeh N, Murererehe J, Atfi A, Razzaque MS. Zinc Adequacy Is Essential for the Maintenance of Optimal Oral Health. *Nutrients.*

- 2020;12(4):949. doi:10.3390/nu12040949
37. Razzaque MS. COVID-19 Pandemic: Can Maintaining Optimal Zinc Balance Enhance Host Resistance? *Tohoku J Exp Med.* 2020;251(3):175-181. doi: 10.1620/tjem.251.175.
 38. Sejdini M, Begzati A, Salihu S, Krasniqi S, Berisha N, Aliu N. The Role and Impact of Salivary Zn Levels on Dental Caries. *Int J Dent.* 2018; 2018:8137915. doi: 10.1155/2018/8137915.
 39. Wessels I, Maywald M, Rink L. Zinc as a Gatekeeper of Immune Function. *Nutrients.* 2017;9(12):1286. doi:10.3390/nu9121286
 40. Gaur S, Agnihotri R. Trace Mineral Micronutrients and Chronic Periodontitis-a Review. *Biol Trace Elem Res.* 2017;176(2):225-238. doi: 10.1007/s12011-016-0832-y.
 41. Zoroddu MA, Aaseth J, Crisponi G, Medici S, Peana M, Nurchi VM. The essential metals for humans: a brief overview. *J Inorg Biochem.* 2019; 195:120-129. doi: 10.1016/j.jinorgbio.2019.03.013.
 2. Gasmi A, Tippairote T, Mujawdiya PK, et al. Micronutrients as immunomodulatory tools for COVID-19 management. *Clinical Immunology (Orlando, Fla.).* 2020; 220: 108545. doi: 10.1016/j.clim.2020.108545.
 3. Akhtar S, Das JK, Ismail T, Wahid M, Saeed W, Bhutta ZA. Nutritional perspectives for the prevention and mitigation of COVID-19. *Nutr Rev.* 2020; nuaa063. doi:10.1093/nutrit/nuaa063
 5. Gheblawi M, Wang K, Viveiros A, Nguyen Q, Zhong JC, Turner AJ, Raizada MK, Grant MB, Oudit GY. Angiotensin-Converting Enzyme 2: SARS-CoV-2 Receptor and Regulator of the Renin-Angiotensin System: Celebrating the 20th Anniversary of the Discovery of ACE2. *Circ Res.* 2020; 126(10):1456-1474. doi: 10.1161/CIRCRESAHA.120.317015.
 8. Schüler R, Osterhoff MA, Frahnw T, Seltmann AC, Busjahn A, Kabisch S, Xu L, Mosig AS, Spranger J, Möhlig M, Hornemann S, Kruse M, Pfeiffer AF. High-Saturated-Fat Diet Increases Circulating Angiotensin-Converting Enzyme, Which Is Enhanced by the rs4343 Polymorphism Defining Persons at Risk of Nutrient-Dependent Increases of Blood Pressure. *J Am Heart Assoc.* 2017;6(1): e004465. doi: 10.1161/JAHA.116.004465.
 11. Schüler R, Osterhoff MA, Frahnw T, Möhlig M, Spranger J, Stefanovski D, Bergman RN, Xu L, Seltmann AC, Kabisch S, Hornemann S, Kruse M, Pfeiffer AFH. Dietary Fat Intake Modulates Effects of a Frequent ACE Gene Variant on Glucose Tolerance with association to Type 2 Diabetes. *Sci Rep.* 2017;7(1):9234. doi: 10.1038/s41598-017-08300-7.
 14. Ganguly A, Sharma K, Majumder K. Food-derived bioactive peptides and their role in ameliorating hypertension and associated cardiovascular diseases. *Adv Food Nutr Res.* 2019; 89:165-207. doi: 10.1016/bs.afnr.2019.04.001.
 16. Fan H, Liao W, Wu J. Molecular interactions, bioavailability, and cellular mechanisms of angiotensin-converting enzyme inhibitory peptides. *J Food Biochem.* 2019;43(1): e12572. doi: 10.1111/jfbc.12572.
 18. Martin M, Deussen A. Effects of natural peptides from food proteins on angiotensin-converting enzyme activity and hypertension. *Crit Rev Food Sci Nutr.* 2019;59(8):1264-1283. doi: 10.1080/10408398.2017.1402750.
 20. Manzanares P, Gandía M, Garrigues S, Marcos JF. Improving Health-Promoting Effects of Food-Derived Bioactive Peptides through Rational Design and Oral Delivery Strategies. *Nutrients.* 2019;11(10):2545. doi:10.3390/nu11102545
 22. Iwaniak A, Minkiewicz P, Darewicz M. Food-Originating ACE Inhibitors, Including Antihypertensive Peptides, as Preventive Food Components in Blood Pressure Reduction. *Compr Rev Food Sci Food Saf.* 2014;13(2):114-134. doi: 10.1111/1541-4337.12051.
 24. Lee SY, Hur SJ. Antihypertensive peptides from animal products, marine organisms, and plants. *Food Chem.* 2017; 228:506-517. doi: 10.1016/j.foodchem.2017.02.039.
 26. Tejpal S, Sanghera N, Manoharan V, Planas-Iglesias J, Bastie CC, Klein-Seetharaman J. Angiotensin-Converting Enzyme (ACE): A Marker for Personalized Feedback on Dieting. *Nutrients.* 2020;12(3):660. doi: 10.3390/nu12030660.
 66. World Health Organization. Nutrition advice for adults during the COVID-19 outbreak. 2020. Available at <http://www.emro.who.int/nutrition/nutrition-infocus/nutrition-advice-for-adults-during-the-covid-19-outbreak.html> [Accessed January 14, 2021]
 68. Naja F, Hamadeh R. Nutrition amid the COVID-19 pandemic: a multi-level framework for action. *Eur J Clin Nutr.* 2020;74(8):1117-1121. doi:10.1038/s41430-020-0634-3
 70. Capone K, Sentongo T. The ABCs of Nutrient Deficiencies and Toxicities. *Pediatr Ann.* 2019;48(11): e434-e440. doi: 10.3928/19382359-20191015-01.
 72. Elmadfa I, Meyer AL. The Role of the Status of Selected Micronutrients in Shaping the Immune Function. *Endocr Metab Immune Disord Drug Targets.* 2019;19(8):1100-1115. doi: 10.2174/1871530319666190529101816.
 74. Calder PC, Kew S. The immune system: a target for functional foods? *Br J Nutr.* 2002;88 (Suppl 2): S165-77. doi: 10.1079/BJN2002682.