

Tendency of Post COVID Muscle and Joint Pains

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ABSTRACT

Objective: To the study Trend of post COVID muscle and joint pains.

Study Design: Observational Study

Place and Duration of Study: This study was conducted at the Imran Idris Teaching Hospital Sialkot and Allama Iqbal Memorial Hospital Sialkot 26 Feb 2020 to Nov 2020.

Materials and Methods: Fifty-five patients of COVID were included in the study. History of fever, flue, was found and on examination of blood sample PCR it was confirmed patients of COVID-19. The written informed consent of every patient was taken before history of fever, flue, was found and on examination of blood sample PCR it was confirmed patients of COVID-19. Ethical permission of institute was taken before collecting the data and get publishing in Medical Journal. The results were analyzed by SPSS version 20. The patients follow up was conducted and they complaint muscle and joint pain.

Results: The incidence of Post COVID muscle and joint pain was maximum 15(27.27%) at age group 48-58 years and was minimum 2(3.63%) in age group 15-25 years.

The incidence of Post COVID muscle and joint pain was 35(63.63%) in male and was 20(36.36%) in female. The incidence of Post COVID muscle and joint pain was maximum 26(47.27%) in lower class and was minimum 9(16.36%) in high gentry. The incidence of Post COVID muscle and joint pain was maximum 25(45.45%) in patients of back ache and was minimum 2(3.63%) in patients having headache

Conclusion: Low education rate and without awareness leading to not-serious of people towards the adopting of social distance and hand washing. The congestion of people in big cities of Pakistan can lead in the spread of virus. Approach of trace, test and treatment needs to be applied to prevent the transmission in community leading to increase in cases. It was also found that post COVID-19 muscle and joint were evident.

Key Words: COVID 19, Muscle and joint pains

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INTRODUCTION

The COVID 19 corona virus, which started in China, Wuhan, has spread two hundred thirteen countries and peripheries. As of seventeen April two thousand twenty, nineteen lakhs ninety five thousand nine hundred eighty three cases and one Lakhs thirty one thousand thirty seven deaths have been reported internationally⁽¹⁾. It is an international threat, and now a pandemic said by the WHO, pretending multi-directional challenges to nations internationally.

The World Health Organization has given warning about the speed up of pandemic, as it took sixty seven days to reach one Lakh cases from the first reported

case, eleven days to reach the 2nd one lakh 4 days for the 3rd one lakh and just in a matter of 2 days figures reached to the 4th one lakh⁽²⁾. Patients without symptoms have also become a definite source of spreading contamination. China and South Korea containing the virus, shown by their rapid decrease in numbers of new cases⁽³⁾. Increases in numbers of cases in other parts of the world has forced several governments to put one point seven billion people (almost twenty percent of global population) restriction in home. Ban entry and closing markets, schools and institutions are among the serious measures taken in an attempt to contain the virus⁽⁴⁾.

As the borders of Pakistan are not as much vigilant especially with Iran so the transfer of virus through those areas is highly prevalent. Hence migration of virus from Iran and China caused up rise of virus in Pakistan. As the Pakistan has got lesser health facilities available so that Pakistan could rely upon body temperature checking through forehead, detection of close mates of positive cases and collection of information for further strategy formation and implementation.⁽⁷⁾ Later on along with these preventive measures confirmation of suspected cases became possible through laboratory detection⁽⁸⁾. As per rules all suspected and confirmed cases have been isolated at the

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places fixed for this purpose in various cities of Pakistan. All the contacts are also checked for presence of virus ⁽⁹⁾, as recommended by the WHO.

Pakistan, being a financially weaker country. It lacked lab detection kits, standard medicines to treat case, ventilators and other facilities like isolated hospitals. So it mainly relied upon preventive measures like public awareness through print, electronic and social media, importance of wearing mask, keeping social distance, restricting the togetherness of humans in death or wedding ceremonies, in bazaars and in public transport. Still there is a lot to do more. It was also found that post COVID-19 muscle and joint were evident.

MATERIALS AND METHODS

Fifty-five patients of COVID were included in the study. History of fever, flue, was found and on examination of blood sample PCR it was confirmed patients of COVID19. The written informed consent of every patient was taken before history of fever, flue, was found and on examination of blood sample PCR it was confirmed patients of COVID 19. Ethical permission of institute was taken before collecting the data and get publishing in Medical Journal. The results were analyzed by SPSS version 20. The patients follow up was conducted and they complaint muscle and joint pain.

RESULTS

The incidence of Post COVID muscle and joint pain was maximum 15(27.27%) at age group 48-58 years and was minimum 2(3.63%) in age group 15-25 years as shown in table no 1.

Table No.1: Age distribution in Post COVID muscle and joint pain patients

Sr #	Age distribution	Patients	Percentage
1	15-25	2	3.63%
2	26-36	5	9.09%
3	37-47	11	20%
4	48-58	15	27.27%
5	59 on ward	22	40%

The incidence of Post COVID muscle and joint pain was 35(63.63%) in male and was 20 (36.36%) in female as shown in table no 2.

Table No.2: Gender distribution in Post COVID muscle and joint pain patients

Sr #	Gender distribution	Patients	%age
1	Male	35	63.63%
2	Female	20	36.36%
Total		55	100%

The incidence of Post COVID muscle and joint pain was maximum 26(47.27%) in lower class and was minimum 9(16.36%) in high gentry as shown in table no 3.

Table No.3: Socio Economic status distribution in Post COVID muscle and joint pain patients

Sr #	Socio Economic status	Patients	%age
1	High gentry	9	16.36%
2	Middle class	20	36.36%
3	Lower class	26	47.27%
Total		55	100%

The incidence of Post COVID muscle and joint pain was maximum 25(45.45%) in patients of back ache and was minimum 2(3.63%) in patients having headache as shown in table no 4.

Table No.4: Muscle and joint pain distribution in Post COVID patients

Sr #	Muscle and joint pain	Patients	%age
1	Headache	2	3.63%
2	Back Ache	25	45.45%
3	Knee joint	10	18.18%
4	Hip joint	5	9.09%
5	Ankle Joint	3	5.45%
6	Mixed	10	18.18%

DISCUSSION

Socio-Economic impact of Corona Virus Outbreak on national economy:

The starting expenditure losses in different wings have been about at five billion rupees, as Estimated by the Asian Development Bank ^(11,12). Decreased in rough Domestic things growth is seen because of the decreased in services wings like airline businesses, economic losses, rapid decrease in imports and exports, reduction in remittances, and disruption in food supplies. The country's gross domestic product anticipated loss is ten percent, which is around one point one trillion rupees due to destruction caused by corona. Karachi, a major financial city with a population of around twenty million people, is anticipated to face a major expenditure loss due to the lock down of up to three hundred Eighty billion rupees. The incidence of Post COVID muscle and joint pain was maximum 25(45.45%) in patients of back ache and was minimum 2(3.63%) in patients having headache. Which coincide studies off many Author. (13, 14)

Now the central government is not in favour of a complete shutter down because of the social binding. Of the people Pakistan, twenty-four point three percent live below low income line (15,16). The most at risk people, with regard to compulsory shutter down, and the lower class However, there are methods in place for supporting at risk people in society. Common man programs in Pakistan like EHSAAS, Zakat and Baitul Maal, Langar Khanna, Common man protection, and protection Homes need to be utilized for supporting the at risk class. Poverty is uncontrolled in the country, with poor people unable to have to times living, considering corona virus is not their issues. ^(17, 18)

Other countries that force complete shutter downs had higher income for each man than Pakistan. It is important to keep the economy suspended with the

priority of keeping people safe from the prevalent. In order to decreased the economic influence of the present flare-up, the government has decided to announce a including economic plan giving shelter and motivation to industries and relief packages for the at risk and poor people. The Sindh government has given a relief of 3 months in paying of utility bills below five thousand Rupees. ^(19, 20)

CONCLUSION

Low education rate and without awareness leading to not-serious of people towards the adopting of social distance and hand washing. The congestion of people in big cities of Pakistan can lead in the spread of virus. Approach of trace, test and treatment needs to be applied to prevent the transmission in community leading to increase in cases. It was also found that post COVID-19 muscle and joint were evident.

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