

coviki.org : The really good ideas and the scientific record on Covid-19 viral disease.

Ossip Groth, BIAS Institut für Medizinische
Bibliographie, Steutzer Strasse 6, D-39264 Bias

Abstract

coviki.org collects citations of the peer-reviewed literature on covid-19 disease and additional sources from news, predators and social media to keep the record of our knowledge, to fast-access knowledge on a given concept and to highlight unanticipated data on any related topic.

coviki.org serves the individual clinician, the individual scientist but it is basically intended to give public health leaders hints on policy-changing developments and ideas.

coviki.org is intended to give a indexing platform to the unproven hypotheses years before experimental validation and commercial exploitation.

Database URL: <http://www.coviki.org>

Introduction

Covid-19 disease is caused by a novel coronavirus of highly speculative origin which caused the first series of fatal clinical cases in the Wuhan department of ophthalmology being reported in the subground literature by the physician Li Wenliang who deceased to that condition.

Many have followed, colleagues, health professionals, vulnerable and obviously normal persons.

Since it is transmittable by airborne anthropogenic aerosols (amongst any other plausible way) and no specific or at least disease-modifying concept is available at the peak of the first outbreak, social distancing, tissue-based filter masks and locking down the lesser essential part of the economy, the carrier could be functionally separated from the population, the carrier who is maximum infective days before he recognizes any clinical sign of this novel disease. In a sense of secondary prevention, contact-tracing of anyone who got in contact with an identified carrier and taking those into quarantine evolved as an archaic way of saving the population

at high economic, educational and mental cost.

There are three basic concepts to prevent Covid 19 disease expression in a conventional medical way, making people permanently resilient by applying a specific vaccination, by interfering with specific viral properties addressing viral targets or cell biological targets used by the virus in any part of its life cycle, or by making the host resistant by changing his properties by induced immune-deviation by unrelated vaccination or immunonutritional measures.

In case of a fatal infection, many options are in the hypothetical state, and, indeed, it is not possible for the lonely reader and involved physician to keep up with the crowded publication record even to list the basic concepts.

A database is needed to stream the signals from the whole spectrum, peer-reviewed and indexed material, news and social media to create an accessible portal to the beyond 10k specific publications.

Methods

All technical measures applied have been developed or adapted by me for other related or nonspecific purposes. PubMed and PMC Central were accessed by my moremed.org searchhouse (which uses ncbi's eutils and prints stable offline results with barcod39 marks). [1] Selected items were put into the format used to publish my MedVIP literature collections. [2]

From there, every entry opened a common linkout box from which the paper could be accessed by multiple ways, and reformatted metadata in some useful formats for copy/pasting into other applications, concretely, from which a wikimedia template was copied and put into an ancient wikimedia 1.18.6 series wikipedia cms into its final location, first into a mirror page of the topic map, second step, bulk into specified 'articles', third step subsorting in the 'article'.

The way the user goes is to enter the e.g. 'heart' section to learn about cardiac manifestations.

Currently, there is no searchable database by whole content, for which there is no need since PubMed and PubMed Central can be searched with

moremed.org. Principally, any citation can be accompanied by an extract page which could give hits by a standard wiki search, Example 'secretion and shedding'.

Whether a searchable db should be set up with contents from other sources like doaj or medrxiv, symposium abstracts or book chapters is a secondary question in case a scaleup would be efficient. A dedicated db space inside the same system is easy to implement.

I made a predecessor project 'Metatextbook of Medicine' which aligned about 100k free review articles to about 14k concepts with systematic automatization by tagging and latter complete transformation of the dataset. [3] Resources used were Visual Studio, PHP, MySQL.

All code and experience used here has its roots in that project. Nothing 'new' had to be developed.

Results

An index organized in the way a book's table of contents looks like has been structured by local concept similarity. Each entry opens the 'article' which per intention contains the citations, with regular and highlighted ones, with possible substructuring smaller topics and possible subindexing of bigger topics (i.e. candidate compounds -> hydroxychloroquine).

At writing, 2500 items are indexed into 60 main topics ordered into 11 concept fields. The estimated selected output from PubMed and PMCcentral is 8000 items per 8th May 2020.

The user in need of fast clinical advice, of overall review or a known clinical manifestation will retrieve easily suited information.

Discussion

coviki.org has been born by another reason than to restructure and present the valid scientific record - which it does well.

There is no dropbox where a late-breaking idea could be put into - and from where it would go into the mind & concepts of those who are doing the work and even those who are controlling the work.

No public health official would look into gab.com to learn about a new idea, nobody would put it into twitter or facebook setting himself at risk of being penalized and deprived from a resource he needs in addition to his publication list to complement students ranking. A too simple idea would not go into press, even if it was linked to a mighty enhancer story.

I had my personal idea, put it into a webpage, emailed to Trump, Boris Johnson while on respirator, German, Swiss and Austrian health ministries, RKI, WHO and the result was nothing. I set a petition to the german Bundestag to operate an expert panel to check the substantiated ideas scratched from the

crowd.

In this way, coviki.org is the magazine, the ammunition comes from the crowd, the scientists and from the industry and the gun is anyone whose predisposition is to implement strategies and concepts at any level from WHO down to the individual patient-to-physician relationship.

Because the real highlights have to be brought actively to the reader, there is the currently smallest and possibly mightiest topic - 'Unproven ideas'.

So, coviki.org is the host of the ideas, pre-experimental, proven and failed. It is easily accessible, it is stable, and anything included is at least an accepted thought on a major problem.

References

The Introduction is common-sense and needs not to be based. Additional references in the Collection.

1. Groth, Ossip. (2013) Biomedical Searchhouse Mormed.org <http://www.moremed.org>
2. Groth, Ossip (2013) PMCcentral collections <http://house-of-papers.com/hop/index.php?title=MedVIP>
3. Groth, Ossip. (2012) Literaturrecherche: Metatextbook of Medicine, *Dtsch Arztebl* 109(7): A-330

Acknowledgements

To the Deceased and Invalidated, frontliners and patients, to the brave people who wear their masks and remain reluctant to the brilliant offers of a vanishing lockdown, to the Politicians who use their native brains in times of only one valid piece of evidence - the thing is real.