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(54) Title: IMPROVEMENTS IN CURING AIDS WITH TETRASILVER TETROXIDE MOLECULAR CRYSTAL DEVICES

(57) Abstract: A cure for treatment of AIDS which specifically represents an improvement over the instant inventor's U.S. Patent 5,676,977 entitled Method of curing aids with tetrasilver tetroxide molecular crystal devices. The improvement embodies curing non-terminal AIDS patients with 15 PPM of the tetroxide, as well as curing terminal patients by the administration of slow injections at 40 PPM so as to reduce side effects such as benign hepatomegaly. Only a single injection is required to achieve a cure.

IMPROVEMENTS IN CURING AIDS WITH TETRASILVER TETROXIDE MOLECULAR CRYSTAL DEVICES

1. Technical Field

This invention relates to improvements in a cure for AIDS comprising use of electron active molecular crystals of tetrasilver tetroxide, as disclosed in applicant's U.S. Patent 5,676,977 issued on October 14, 1997. The improvements embody curing non-terminal AIDS patients with 15 PPM of the tetroxide, as well as administration of slow injections to terminal patients at 40 PPM so as to reduce side effects, such as benign hepatomegaly.

2. Background of Related Art

On October 14, 1997, U.S. Patent 5,676,977 entitled METHOD OF CURING AIDS WITH TETRASILVER TETROXIDE MOLECULAR CRYSTAL DEVICES issued to the instant inventor. In said patent, AIDS was cured by employing nanoparticulate molecules comprising electron active molecular crystals of tetrasilver tetroxide. These crystals are capable of destroying pathogens and immune suppressing moieties (ISM) by "electrocution" and chelation, the mechanisms of which have been duly described in that and other patents by the instant inventor. It was only necessary to receive a single tetroxide injection in order to be cured of AIDS.

The aforesaid patent included a Table (I), reproduced below, which summarized the treatment of AIDS patients belonging to two etiological AIDS groups of terminal patients, i.e., Candidiasis and Wasting Syndrome. It will be noted by reference to said Table that eight out of the ten patients became afflicted with the side effect of hepatomegaly. While it is true that the condition was benign, since the patients did not display liver enzyme damage, it is highly

marketed under the trademark Tetrasil, owned by Marantech Holding Company, LLC, for which a U.S. registration is pending.

Disease Group	PATIENT Sex	Condition	Age	Medication Regimen	Date of Ag_2O_4 (1994)	WBC Initial	WBC Final	CD4 Initial	CD4 Final	CD8	Hepato-megaly	Date of Death (1994)	Weight (lbs.) Initial	Weight (lbs.) Final	Elevated Temp Pain Reported Fatigue	Response To Therapy
Candidiasis	M	p	28	Diflucan	5/5	1,200	4,200	41	-	221	Yes	6/11	82	76	T	Pos
	F	m	33	Diflucan	5/5	6,000	6,700	554	872	394	No	N/A	98	98	T	Pos
	F	m	33	Ketaconazole	5/27	2,600	3,850	248	181	951	Yes	N/A	123	123	T	Pos
	M	p	62	Ketaconazole	6/2	3,300	3,700	89	237	59	Yes	N/A	105	92	F	Pos
	F	m	31	Pentamidine	6/2	2,400	3,050	9	181	65	Yes	N/A	121	118	P	Pos
Wasting Syndrome	M	m	27		5/27	3,600	4,600	39	14	709	Yes	N/A	119	120	T	Pos
	M	m	28		5/27	2,750	-	10	-	60	Yes	7/19	121	119	T, F	No
	F	p	43		5/27	3,600	2,700	68	246	248	Yes	N/A	101	98	T, F	Pos
	M	m	19		5/10	3,850	5,400	137	36	48	Yes	N/A	103	106	T, F	Pos
	F	p	52		6/3	2,550	3,450	230	-	998	No	N/A	130	127	T	Pos

Table I. Response of AIDS Patients to Single Administration of Tetrasilver Tetroxide at 40 ppm Blood Volume.

The aforesaid patent also called for effective treatment at optimum Tetrasil concentrations of 40 PPM. It was thought that this concentration might be too high for non-terminal and new AIDS cases. Accordingly, arrangements were made for clinical studies to be performed by a contract research organization named Exetec Lab SA in Honduras on non-terminal AIDS patients, using slow infusion IV at 15 PPM of Tetrasil. All patients were cured of AIDS, and none manifested hepatomegaly. Thereafter, arrangements were made for toxicity tests in rats, in order to study the parameters of intravenous injections. The tests were performed by Harlan Biotech Israel on Sprague-Dawley rats. They concluded in a report dated May 10, 2001 that with respect to Tetrasil concentrations of "48mg/kg (corresponding to 800 ppm in blood)....administered by slow IV infusion and corresponding to about 20x the anticipated applied therapeutic level (40 ppm in blood), may be considered as a test article dose level not presenting an acute toxic risk." With this information, arrangements were made for slow infusion clinical studies with patients in advanced and/or terminal stages of

AIDS, in the Republic of South Africa. Eight patients exhibiting Wasting Syndrome or p. carinii pneumonia etiologies of AIDS were tested with Tetrasil at 40 PPM, administered in slow IV injections. All patients were cured of AIDS, and only three patients manifested hepatomegaly.

3. Summary

The main object of this invention is to reduce the collateral side effects to patients afflicted with AIDS who undergo Tetrasil therapy, and especially the side effect of hepatomegaly. Another object of this invention is to quantify the Tetrasil IV treatment of non-terminal AIDS patients.

4. Detailed Description of the Preferred Embodiment

This invention relates to improvements in the administration of Tetrasil therapy against AIDS. In conventional Tetrasil therapy, as described in U.S. Patent 5,676,977, the invention relates to a molecular scale device not only capable of destroying the AIDS virus, but of purging the human bloodstream of pathogens and restoring immunity to AIDS patients. Said molecular device consists of a single crystal of tetrasilver tetroxide (Ag_4O_4). The crystal lattice of this molecule has a unique structure since it is a diamagnetic semiconducting crystal containing two monovalent and two trivalent silver ions, which in effect are capable of "firing" electrons under certain conditions which will destroy AIDS viruses, other pathogens and immune suppressing moieties (ISM), not only through the electrocution mode, but also by a binding process which occurs simultaneously with electron firing, namely, binding and chelation of divalent silver, i.e., the resulting product of the electron transfer redox that occurs when the monovalent silver ions are oxidized and the trivalent ions are reduced in the crystal. The binding/chelation effect occurs at active sites of the AIDS virus, pathogens and ISM. Because of the extremely minute size of a single molecule of this crystal, several million of

these devices may be employed in concert to destroy a virus colony to purge a life support system of ISM and pathogens with the consumption of only parts per trillion of the crystal devices. Thus an optimum of 40 PPM of the devices by weight of human blood was found to be sufficient to completely obliterate AIDS.

The actual destruction of pathogens, ISM and the AIDS virus is effectuated by injection of a suspension of these devices in distilled or deionized water with a non-reacting electrolyte directly, i.e., intravenously, into the bloodstream. A single injection is all that is required under these conditions. Accordingly, humans injected in this manner, upon being inspected after three weeks or more had elapsed and compared with similar humans that had been given placebos, were completely cured of AIDS.

Despite the fact that this AIDS cure was highly effective, there were side effects. Turning to Table I, it will be noted that eight out of the ten patients treated suffered from hepatomegaly, four patients experienced fatigue, and one suffered pain (a headache). This invention addresses itself to the amelioration of these side effects. Furthermore, in the course of the amelioration of said side effects, the invention concerns itself with the quantification of a least side effect therapeutic dose of Tetrasil for non-terminal patients. In essence, this invention concerns itself with the afore-delineated improvements in Tetrasil therapy of AIDS patients.

5. Detailed Description of Specific Examples

Improvements in Tetrasil AIDS therapy were experimented with clinically with variables of Tetrasil dosage concentration, type of patient, and length of time administration of Tetrasil to ameliorate side effects without compromising efficacy.

Other objects and features of the present invention shall become apparent to those skilled in the art when the present invention is considered

in view of the accompanying examples. It should, of course, be recognized that the accompanying examples illustrate preferred embodiments of the present invention. It should of course be also recognized that those skilled in the art can design an oral-administered tablet of tetrasilver tetroxide optimized in a controlled release vehicle such as enteric coating for delivery to the blood stream based on the preferred embodiments of the present invention.

Example 1

Clinical testing was performed at Exetec Lab, SA, in Honduras. Thirty AIDS patients were selected who were non-terminal from three etiological AIDS groups, ten for each group, namely, Candidiasis, Wasting Syndrome, and p. carinii pneumonia. Each patient was given an intravenous infusion of 15 PPM Tetrasil dispersed in a sodium acetate buffer solution administered over a three-hour period. All patients experienced temperature elevation within 48 hours of administering the Tetrasil, which was indicative that the immune system was now functioning, along with the fact that all patients also started to have dramatic increases in their white blood cell counts. At the end of 30 days of observation, all patients were cured of AIDS. All patients presenting Wasting Syndrome were completely cured of the Syndrome, the average patient gaining approximately one-half pound per day. Three patients were completely cured of their pneumonia, and all patients presenting Candidiasis were cured of that affliction. Because the protocol was changed from direct injection to slow IV infusion of the Tetrasil, there were no side effects of hepatomegaly, pain or fatigue.

Example 2

During the summer of 2001, three patients in the Republic of South Africa who presented advanced AIDS, in moderate and non-terminal conditions, were each administered a single slow injection of Tetrasil. The

injection comprised 40 PPM of Tetrasil calculated on a blood volume estimate for the patient, e.g., 200 mg. of Tetrasil for a patient having 5 liters of blood. Said injection comprised Tetrasil and a sodium acetate buffer having a total volume of 25-30 mL. Each patient was fitted with a catheter having a leur interface with a syringe containing the injection. The injection was administered intravenously at the rate of 1 mL per minute. Since Tetrasil is insoluble in water, the finest particle size was utilized, and the administering physician periodically removed the syringe from the catheter and shook the Tetrasil/buffer mixture in order to keep suspended matter from settling, thereafter continuing the injection. The first patient, a 41-year-old male with Wasting Syndrome, was completely cured of AIDS and the Syndrome within 30 days. He gained 11 pounds during that period. After 60 days had elapsed, he was running his business and was in excellent condition. The next two patients were afflicted with the p. carinii etiology of AIDS, one a female 38 years old, and the other a male age 34. Both were completely cured of their AIDS and pneumonia. Both were examined after 30 and 60 days and were found to be cured, and normal after 30 days, having no signs of remission on day 60.

Example 3

Four terminal AIDS patients presenting the etiology of Wasting Syndrome were all treated with Tetrasil IV injections in the manner of Example 2 by the same South African clinic. Two were females ages 29 and 30, the others, males ages 30 and 33. The latter requested a priest to give him last rites. He was also suffering from pulmonary TB and Candida of the esophagus. One week after taking his injection his state had changed from drowsy to alert, and he had gained 11 pounds. By week two he had gained 22 pounds. He was found to be normal and fully recovered from AIDS and collateral injections after 30 days. The other male was borderline terminal

and completely recovered of AIDS within 30 days, showing no signs of remission after 60 days. Initially this patient was very depressed. On day 60 he was optimistic and looking for a job.

As for the females, the 29-year old was cured of AIDS within 30 days. The 30-year old was initially in worse shape than the 29-year old. She had a baby who died of AIDS and suffered from oral candida and skin hyperpigmentation. She was constantly depressed. She required feeding by caregivers because of collateral chest infections. By day 30 after the Tetrasil injection she was cured of AIDS and was feeding herself and doing house work. She was no longer depressed, and her skin had returned to its original pigmentation. At day 60 she had no signs of remission. As for the patients having a 30-day examination but no 60-day one, this was due to the fact that their reports had been received shortly after their 30-day report, and the 60 days had not elapsed since receiving their single Tetrasil injection.

As this invention may be embodied in several forms without departing from the spirit or essential characteristics thereof, the present embodiments are therefore illustrative and not restrictive, since the scope of the invention is defined by the appended claims rather than by the description preceding them, and all changes that fall within the metes and bounds of the claims or that form their functional as well as conjointly cooperative equivalents, are therefore intended to be embraced by these claims.

Claims

1. An improved method in tetrasilver tetroxide AIDS therapy comprising:

administering an IV injection of a therapeutically effective amount of tetroxide against AIDS at a slow-enough rate so as to minimize side effects of hepatomegaly and/or fatigue and/or pain in contradistinction to a fast injection.

2. The method of claim 1 wherein the tetrasilver tetroxide is dispersed in a carrier medium at a concentration corresponding to 5-20,000 PPM of patient blood volume.

3. The method of claim 2 where the concentration is from about 8-1200 PPM.

4. The method of claim 1 wherein collateral infections associated with AIDS such as Candidiasis, p.c. pneumonia and Wasting Syndrome are cured as well.

5. The method of claim 2, where the carrier medium is sodium acetate buffer.

6. The method of claim 1 where the period of time of administering the IV solution varies from 5-500 minutes.

7. The method of claim 6 where the time elapsed is from 10-180 minutes.

8. The method according to claim 1 where said silver tetroxide dosage is administered by a controlled release vehicle to the blood stream instead of as an IV injection.

INTERNATIONAL SEARCH REPORT

International application No.
PCT/US01/43227

A. CLASSIFICATION OF SUBJECT MATTER

IPC(7) : A61F 2/02
US CL : 424/423

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

U.S. : 424/423

Documentation searched other than minimum documentation to the extent that such documents are included in the searched

Electronic data base consulted during the international search (name of data base and, where practicable, search terms u

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to cl
X	US, 5,676,977 A (ANTELMAN) 14 October 1997, see Abstract; column 2, lines10-15, 53, and 65; column 4, lines 1-4; claims.	1-6

☐ Further documents are listed in the continuation of Box C. ☐ See patent family annex.

*	Special categories of cited documents:	"T"	later document published after the international filing date or prio date and not in conflict with the application but cited to underst the principle or theory underlying the invention
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