

Medicinal synthetic aluminum-magnesium silicate $[Al_4(SiO_4)_3+3Mg_2SiO_4 \rightarrow 2Al_2Mg_3(SiO_4)_3]$ effective treatment for HIV/AIDSMaduiké C O Ezeibe¹, Dahiru Aleeyu², Nnaemeka K Aneke¹, Thompson N Obarezi¹, Ijeoma J Ogonna¹, Ekenma Kalu¹ and Njoku U Njoku¹¹Michael Okpara University of Agriculture Umudike, Nigeria²Basic Health Clinic, Nigeria

Small size (110 nm) of the Human immunodeficiency virus (HIV) is what allows it access across physiological barriers, to get to the sanctuary cells in brain, bone marrow and testes where antiretroviral medicines (bigger molecules) have no access to it. Since the infection also depopulates lymphocytes (AIDS), nothing was left to terminate it. So, HIV/AIDS has been incurable. However, platelets (Nanoparticles) of molecules of aluminum-magnesium silicate (AMS) are smaller (0.96 nm thick). Edges of the nanoparticles are positively charged and their surfaces negatively charged while HIV is positively charged and infected cells, negatively charged. As nanoparticles AMS-platelets have access to all organs/tissues to bond their surfaces onto HIV-particles and their edges onto HIV-infected cells (including the sanctuary cells). They destroy the infected cells by the mechanism AMS traditionally disintegrates drug-capsules, so that hidden infections are unmasked. When 100% of the viral infection is mopped out, it terminates. For clinical trial of Medicinal synthetic aluminum-magnesium silicate (MSAMS, Antivirt[®]), 10 HIV/AIDS patients were treated daily, with MSAMS (50 mg/kg), MSAMS-stabilized ampicillin trihydrate (7.5 mg/kg) and immunace extra-protection[®] (1 tablet) for one month and then, for 10 months with only MSAMS and the immune stimulants. They were tested, monthly, for viral loads (VL) and CD4-lymphocytes counts (CD4). When their VL became undetectable they were tested for HIV confirmation. Their mean-VL increased ($P=0.020$) from 1820.30 ± 868.75 to 2855.90 ± 960.98 before reducing ($P=0.0030$) to: 1565.20 ± 743.17 ; 759.20 ± 473.65 ; 345.50 ± 115.012 ; 192.80 ± 97.40 ; 95.00 ± 55.80 ; 37.40 ± 26.46 and $<20/ml$ (undetectable: 17.50 ± 16.88 ; 8.10 and 0.00 ± 0.00). Their mean-CD4 reduced ($P=0.008$) from 496.80 ± 194.39 to 263.90 ± 149.26 before improving ($P=0.001$) to: 507.90 ± 133.19 ; 692.70 ± 113.34 ; 840.20 ± 139.41 ; 1007.30 ± 163.50 and $>1500/ml$ (normal maximum: 1537.10 ± 302.10 ; 1924.60 ± 247.45 ; 2707.00 ± 837.87). Three patients recovered after 8 months treatment, 2 after 9 months and 5 after 10 months. The Antivirt[®]-immune stimulants regimen terminated HIV-infection and repopulated lymphocytes. So, it is an effective treatment for HIV/AIDS.

Biography

Maduiké C O Ezeibe is a Professor of Veterinary Medicine in the Department of Veterinary Medicine, Michael Okpara University of Agriculture, Umudike, Nigeria and a graduate of University of Nigeria, Nsukka from where he obtained Doctor of Veterinary Medicine degree (DVM), MSc and PhD. He is also a Fellow of College of Veterinary Surgeons, Nigeria (FCVSN). He has won many academic prizes, including Best Student in Veterinary Microbiology, Pathology, Public Health and Jurisprudence and in Veterinary Clinics. In 2011, he won Nigerian Government's presidential Standing Committee Award for invention of Medicinal Synthetic Aluminum-Magnesium Silicate (nanoparticles); a broad spectrum antiviral medicine which has proved effective against *Avian influenza virus*, *Measles virus*, *Newcastle disease virus*, *Peste des petits ruminants virus*, *Infectious bursal disease virus*, *Egg drop syndrome 76 virus*, *Avipoxvirus* and *Canine parvovirus*.

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