On the Efficacy of Toxic Drugs in the Treatment of Viral Diseases

Luxin Zhang
Luxin Zhang Scientific Research Team, Urumqi 830000, China
Email: 463099832@qq.com

Abstract: More than forty years ago, the author was a patient with viral hepatic disease B. He cured his disease with ultra-micro toxic drugs, and moved towards the research road of using toxic drugs to treat viral diseases. Through the successful treatment of multiple severe viral patients, the author has proved that the theory of treatment with poison is effective. Toxic drugs can inhibit the virus, quickly reduce inflammation and reduce fever, and have irreplaceable effects with other drugs. It is also possible to prevent the infection of viral diseases by taking half the amount of the treatment.
***Keywords*:** fight poison with poison, antibacterial, anti-inflammatory, anti-fever, anti-virus

1. Re-understanding of toxic drugs

The prospect of fighting drugs with poison is broad and can make critically ill patients get better. Some toxic drugs are not only for external use and disinfection, but can also be selected as antibacterial, anti-inflammatory, fever-reducing, and antiviral drugs.[1]

When it comes to treating diseases with toxic drugs, many people think it is forbidden. The author believes that when viral diseases strike, especially COVID-2019 that has swept the world this time, when there are no large-scale low-cost effective drugs, toxic drugs have irreplaceable drug effects with other drugs, and there is an urgent need for development and application. There is already a precedent in our country that Professor Zhang Dongting of Harbin Medical University uses arsenic trioxide (As_2O_3) to treat leukemia, and pioneered the use of poisons to treat diseases.[2]

Broadly speaking, all toxic drugs have the effect of killing and inhibiting viruses, but they do not harm the human body and have no major side effects. The human body can absorb very few toxic drugs. Mercury ($HgCl_2$) is one of the few drugs to choose from. As long as the dosage is well controlled, it can double the effect.[3]

Mercury ($HgCl_2$) is a highly toxic drug among the drugs. It can be used to prepare external medicines for the treatment of skin diseases, and can be used as a disinfectant and antiseptic. In agriculture, it is used to infuse seeds and prevent them from being bitten by insects. However, the oral administration of mercury has not been used to treat diseases. Because its toxicity can directly endanger human life, the National Pharmacopoeia also clearly prohibits oral administration, but its toxicity is the natural enemy of many viruses. If used in very small amounts, in addition to renal failure, basic Except for more diseases, most people can be broken down through the liver and excreted in urine without any adverse reactions.[4]

2. Discoveries in treatment practice

Finding one: Toxic drugs can reduce inflammation when treating viral diseases, so that patients no longer have fever, and the effect is obvious. Generally, patients can see the effect within a few hours, and patients with high fever will no longer have fever within 24 hours.

Finding two: If the viral disease is serious, the dose of the therapeutic drug can be increased appropriately, and its toxicity can offset each other with inflammation and virus.

Finding three: The existing antiviral drugs only have the effect of curing viral diseases, while antiviral Chinese medicines can also be taken in half or even lower amounts to prevent viral infections. For COVID-2019, which is currently sweeping the world, it is not ruled out that traces of toxic mercury ($HgCl_2$) Chinese medicine can be used to prevent it.

Finding four: In our life world, viral diseases are increasing. There are almost no antiviral drugs suitable for treatment with a broad spectrum, and the production of vaccines often cannot save near fires. The broad spectrum of toxic drugs is very strong, and theoretically can treat a variety of viral diseases, such as viral hepatitis B, AIDS, Ebola, SARS, plague, cholera, rabies, etc., of course, including the current COVID-2019. And toxic drugs are not affected by virus mutation.

Finding five: Existing antiviral drugs, including nucleoside drugs, have slow curative effects for the treatment of viral diseases, second, the expected results are not very satisfactory, and third, it is often difficult to save the lives of critically ill patients. And toxic drugs fighting the virus are like a violent wind sweeping fallen leaves, which is unreasonable. A small

amount of toxic drugs that the human body can withstand has a curative effect that is many times stronger than the body's own immunity against viruses.

3. Antiviral Chinese medicine formula (patent application 202010308774.6)

Mercury (also known as high mercury chloride $HgCl_2$), highly toxic, weighs 0.1-0.3mmg; malt; tangerine peel; lily; yam; honey, etc.

3.1 Drug properties

Mercury ($HgCl_2$) ultra-micro use can kill viruses in the body, quickly reduce inflammation and reduce fever.

Hawthorn, Divine Comedy, Malt, Tangerine Peel, Woody, Gallus gallus domesticus are used to strengthen the spleen and appetite.

Yam, Codonopsis, Adenophora, Angelica, Astragalus are used to consolidate the roots.

Turmeric, Mulberry, Salvia, Ligusticum chuanxiong, Atractylodes, Poria are used to strengthen the body.

3.2 Production method

Crush the above-mentioned Chinese herbal medicines, stir-fry them, add honey, mix and add mercury ($HgCl_2$) weighing 0.1mmg, mix well, and make a pill.

3.3 The safety of this drug

The oral lethal dose of mercury ($HgCl_2$) to dogs is 10-15 mg/kg. The content of mercury ($HgCl_2$) in each pill of antiviral Chinese medicine is 0.1mmg to 0.3mmg, which is 30,000 to 50% of the lethal dose. About one ten thousandth, with high safety. Because it is used in very small amounts, most people have no major adverse reactions after taking it. Its toxicity can be absorbed through the human liver and excreted in the urine, without causing long-term poisoning. To ensure the safety of medication, for critically ill patients, you can take one antiviral pill for the first time, the size of soybeans; one hour later, you can take two soybeans; you can take four soybeans after another two hours; in eight hours Take one pill within twelve hours. Depending on the fever, you can take up to two pills within 24 hours.

3.4 Adverse reactions

A small number of people will experience instant dizziness, mild nausea and increased heart rate when the drug is taken for the first time. Excessive use can damage the liver and kidneys and even die.

3.5 Matters needing attention

People who are particularly weak, people who are too old and young, and pregnant women use it with caution. Patients with renal failure are contraindicated.

3.6 Overdose

After taking this product overdose, supportive treatment measures including monitoring vital signs and observing the patient's clinical status should be taken. After taking this product overdose, there is no specific antidote; if it occurs, vomiting or gastric lavage can be used to remove unabsorbed drugs.

4. Antiviral Chinese medicines for the treatment of viral diseases

The antiviral Chinese medicine has a simple production process, can be produced on a large scale at any time, and has a low cost, and it has irreplaceable effects in the antiviral Chinese medicine. Below, the author reports on the treatment of viral diseases with antiviral Chinese medicine as follows.

First of all, the author suffered from viral hepatitis B in 1974. Since then, he has been working and treating the disease. After more than 20 years of illness, his liver disease has gradually deteriorated. The most serious time is early cirrhosis, and he has retired early due to illness. . In the treatment practice for more than 20 years, the author focused on a highly toxic drug-mercury ($HgCl_2$). In the research and discussion of the toxic drug, the author gradually grasped the characteristics of mercury-induced toxicity and cured his viral hepatitis B. Now the author's various indicators including hepatitis B surface antigen are all normal.

Now the author reports the treatment of several viral disease patients.

4.1 Case One

Wang, male, Han nationality, from Shihezi City, Xinjiang, born in May 1975. Medical history: On October 21, 1999, he was admitted to 9 beds in Department 2 of Liver Diseases, General Hospital of Xinjiang Military Region, Urumqi

due to acute jaundice hepatitis. Chief complaint on admission: diarrhea, fatigue, with anorexia, nausea, and jaundice for ten days; diagnosis: acute jaundice hepatitis. Laboratory test results on October 23 showed that liver function: STB155, IBIL133.6, ALT59.1, AST50 hepatitis B five "small three positive". After more than a month of treatment, STB was 42.6 and TBIL was 33.7.

On March 16, 2006, the patient Wang was admitted to the Fourth Department of the Xinjiang Production and Construction Corps Hospital in Urumqi due to recurrence of liver disease. Main complaint: Intermittent mouth pain, fatigue, and abdominal distension for 5 years, and aggravation for 20 days. On physical examination, the skin and sclera all over the body were slightly yellowish, the abdomen was flat and soft, no abdominal varicose veins were found, the liver and spleen were not palpable, and Murphy's disease was negative. Liver function display: ALT 711. Laboratory results on April 18, 2006: ALT559, GGT213, DNA viral load 3.70 times 10 to the 7th power. B-ultrasound showed: coarse liver echo; splenomegaly, dilatation of hepatic portal vein and splenic portal vein; abdominal effusion, depth 90 mm. Admission diagnosis: hepatitis B. Admission to the hospital tested positive for hepatitis A antibodies. Wang was discharged from hospital on April 22, 2006. Discharge diagnosis: hepatitis B, acute icteric hepatitis (type A).

Patient Wang came to see a doctor on May 4, 2006. Diagnosis of the condition: Patient Wang was pale, extremely thin, yellow, anorexia, sanity, poor spirit, edema of both lower limbs, and bulging abdomen. Preliminary judgment: liver ascites decompensated in the middle and late stages of liver cirrhosis. Patient Wang started treatment on the same day, taking antiviral Chinese medicine. On the second day after taking the medicine, appetite began to increase. On the third day, the pain and swelling of ascites in the belly began to decrease, and the swelling of the legs began to ease. When the fifteenth day of taking the medicine, the volume of ascites began to decrease.

Wang’s B-ultrasound report on May 15, 2006 showed that the liver morphology was acceptable, the capsule was not smooth, the parenchymal echo was slightly thickened, the enhancement distribution was uneven, the duct system was not clearly displayed, the portal vein was 19 mm, and the spleen was saturated and long. 180 mm, thickness 70 mm, internal echo is still uniform, splenic vein 10 cm, abdominal cavity, visible liquid dark area with a maximum depth of 67 mm. Ascites has dropped from 90mmj to 67mm. On June 1, 2006, B-ultrasound showed that the liver shape and size were not abnormal. The capsule is not smooth, the parenchymal echo is diffusely thickened, the duct system is clearly displayed, there is no abnormality in the course, the portal vein is 15 mm, and the CDFI shows no abnormal blood flow. The spleen is plump, about 190 mm long and 68 mm thick, with thickened internal echo, and 9 mm splenic vein. The shape and size of the kidneys were not abnormal, the spleen and medulla were clearly demarcated, and the collection system was not separated. CDFI shows that the blood flow signals in both kidneys are abundant. Distributed in a tree shape. The left and right sides are symmetrical, the maximum depth of the liquid dark area visible in the pelvic space is 44 mm, and the volume of ascites drops again.

Married on May 28, 2006, and on June 3, 2006, he and his new wife took medicine to travel in the mainland. He returned from tourism on June 21, 2006. Liver function display: albumin, Alb 38.3, Globulin 39.6, AST54U\L, ALT57U\L, GGT66, STB18 UMO\L, DBil 15UMO\L, IBIL7UMO\L. B-ultrasound examination: the portal vein of the liver was 14.0 mm, the portal vein of the spleen was 10 mm, there were liquid dark areas in the abdominal cavity, and the depth of 20mm/ascites decreased again. Liver function display on August 8, 2006: albumin, Alb38.5, Globulin 33.5, AST42U\L, ALT50U\L, GGT55, STB21 UMO\L, DBil 8 UMO\L, IBIL7 UMO\L. Liver function display on September 12, 2006: albumin, Alb 40.8, Globulin 31.7, AST42U\L, ALT42U\L, GGT53, STB118UMO\L, DBil 15 UMO\L, IBIL7 UMO. The B-ultrasound report on September 12, 2006 showed that the liver morphology, but the membrane is not smooth, the parenchymal echo is slightly thicker, the enhancement distribution is uneven, the duct system is not clearly displayed, the portal vein is 14 mm; the spleen is saturated and 180 mm long , 62 mm thick; internal echo is still uniform, spleen and splenic vein 9 cm; abdominal space, no liquid dark area ascites disappeared. So far patient Wang has been treated for four months, the effect is obvious, the liver function has all been normal.

4.2 Case Two

Wang, female, Han nationality, born in 1988. Native of Kashgar, Xinjiang; native place: Anhui; occupation: student; unmarried.

Medical history: Wang discovered hepatitis B in 2003 and had been treated with traditional Chinese medicine and interferon. She developed fatigue, nausea, vomiting, yellowish skin and sclera, and dark urine after fatigue in May 2006. She went to Kashgar District People's Hospital. During the hospitalization, the patient still felt fatigue, deep jaundice, abdominal distension, edema of both lower limbs, fever, accompanied by chills, no chills, and once reported critical illness. The patient was transferred to the Department of Infectious Diseases, the First Affiliated Hospital of Xinjiang Medical University on June 5, 2006. Admission diagnosis: viral hepatitis (type B) is chronic and severe.

Liver function display on June 6, 2006: Alb28, Globulin34, AST63U\L, ALT75U\L, GGT75, STB196.3, DBil 83UMO\L, IBIL113UMO\L,

Bile acid 121.03, alpha fetoprotein 114.6 (the patient's liver disease has begun to develop in the direction of liver cancer). B-ultrasound showed an enlarged spleen and fluid around the spleen. After twenty days of treatment, the liver function showed on June 26, 2006: Alb37, Globulin 33, AST46U\L, ALT34U\L, GGT75, STB203, DBil 88UMO\L, IBIL114UMO\L, and bile acid 228.1. This shows that the jaundice index continues to rise. The hospital issued a critical illness notice to the patient's relatives, and the patient was discharged on July 3, 2006.

On July 3, 2006, the patient Wang came to see a doctor. The diagnosis: the patient's skin was severely yellowish, the sclera was slightly golden, he was clear of mind, had poor spirits, was weak, had anorexia, and began to feel a little irritable. The patient started treatment on the same day. One week later, the patient's mental condition began to improve and his appetite increased significantly. The patient took the medicine home to continue taking the medicine. On July 31, the liver function test report of Kashgar First People's Hospital showed: Alb34, Globulin 34.9, AST56U\L, ALT38U\L, GGT46, STB86.3, DBil 72UMO\L, IBIL62UMO\L, bile acid 63.03, alpha-fetoprotein Indicator alpha fetoprotein 13.5.

The liver function test report of Kashgar First People's Hospital on September 11, 2006 showed: STB41.3, DBil26.6, IBIL14.7, Alb35.4, Globulin 32.00, AST63, ALT89 bile acid 57.3. Several important indicators of icteric hepatitis have dropped by half. After four months of treatment, the patient's liver function was all normal. After more than two years of follow-up visits, the patient Wang has been in good health so far and he has not committed another liver disease.

4.3 Case Three

Turson, male, was born on June 2, 1975. Patient Tuerxun was diagnosed at the Infectious Disease Hospital affiliated to Xinjiang Uygur Autonomous Region Prevention and Control Center on July 8, 2006 due to fever, cough, fatigue, anorexia, and sluggishness. He was diagnosed as: acquired immunodeficiency syndrome; AIDS stage ; Stage III tuberculosis; fungal infection of the esophagus; HlV wasting syndrome; viral hepatitis (C); viral hepatitis B, CD-4 antibody index 50. After 11 days of treatment, the condition eased and the patient was discharged from hospital on July 19, 2006. On August 9, 2006, the patient Turxun came to see a doctor. The diagnosis: the patient was extremely depressed, lack of energy, and poor appetite, which met all the diagnosis results of the Infectious Disease Hospital affiliated to the Xinjiang Uygur Autonomous Region Prevention and Control Center. The patient started taking antiviral Chinese medicine treatment on the same day. After 30 days of a course of treatment, his condition improved significantly and his appetite began to increase. After half a year, the patient was treated with anti-tuberculosis drugs. Most of the pulmonary tuberculosis lesions were calcified, the fungal infection of the esophagus had disappeared, the gastrointestinal function returned to normal, the HIV wasting syndrome was improved, physical fitness was restored, and weight gained. One year after taking the medicine, the CD-4 antibody index rose to 154. Except for the surface antigen, other indicators of hepatitis C and hepatitis B were normal. It is a miracle that an AIDS terminal patient has survived six years through antiretroviral treatment. Tulson's six-year CD-4 antibody index: 27 in 2006; 154 in 2007; 170 in 2008; 158 in 2009; 202 in 2010; 169 in 2011.

4.4 Case Four

AIDS patient Guli, female, 35 years old, Uyghur nationality. Because her husband was suffering from AIDS and died in March 2007, Guli felt the threat of illness and came to see her. Upon investigation, she was conscious, spirited, facial expression natural, normal development, well-nourished and well-proportioned. Physical examination, normal speech, loud voice, correct answers, normal appetite, normal sleep, no significant changes in weight, normal stool, and normal urination. Past history: deny history of infectious diseases such as tuberculosis and malaria; deny history of chronic diseases such as hypertension and diabetes; deny history of surgery; deny history of trauma; deny history of blood transfusion. Except for HIV positive, other vital indicators are normal. Gu Li started taking anti-viral Chinese medicine pills at the end of 2006. Since 2007, he has taken three anti-viral Chinese medicine pills a week. She has been in good health for 11 years. The CD-4 antibody situation is: 2006 420, 2007 450, 2008 560, 2009 480, 2010 500, 2011 520, 2012 460, 2013 380, 2014 CD-4 antibody 420, 2015 360 , 2016 390, 2017 420. From 2006 to 2017, she had not taken any other antiviral drugs and her health was basically good. The vital signs are still normal, and the living and working conditions are good.

5. The effect of anti-viral Chinese medicine on anti-inflammatory and fever reduction

5.1 Case One

In July 2010, Zhang, a patient with advanced liver cancer in Changji City, came to see a doctor. The patient was blue, weak, and had poor appetite. He was of Han nationality, fifty-two years old, and his body temperature was 37.5. The hospital was diagnosed with advanced liver cancer, with an alpha-fetoprotein index of 230. On the premise of explaining to the patient that the results of treatment are limited and mentally prepared, antiviral Chinese medicine was given for ten days. After taking one-sixth pill of antiviral Chinese medicine that day, the patient's low-grade fever subsided. Due to frequent low-dose antiviral Chinese medicine, the patient did not have fever during the next six months of survival.

5.2 Case Two

On May 5, 2017, the author's 92-year-old father caught a cold and had a fever and was admitted to the Xinjiang Uygur Autonomous Region Traditional Chinese Medicine Hospital. The old man's lower lobes of both lungs have been extensively edema, and the hospital has issued a critical illness notice. At that night, the old man did not take any other anti-fever medicine, and took antiviral Chinese medicine little by little. Twelve hours later, the old man's fever subsided, and after another week of conditioning, the old man was discharged from the hospital. These indicate that antiviral Chinese medicine is also very effective in reducing fever.

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