We are very proud to announce that our clinical study from India on the use of Magnascent Iodine against Tropical Malaria had been accepted for inclusion in the INTERNATIONAL SCIENTIFIC EXCHANGE (ISE) section of the '15th International Congress on Infectious Diseases' in Bangkok, Thailand, June 13th through the 16th, 2012.

COMPLEMENTARY MEDICINE THERAPY & RESEARCH CENTRE G.S. DONKI MEDICAL FOUNDATION (CHARITABLE CLINIC FOR TROPICAL & ENDEMIC DISEASES)

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"CLINICAL STUDY OF EFFICACY OF MAGNASCENT IODINE (NASCENT IODINE) AS THERAPEUTIC AND CHEMOPROPHYLAXIS AGENT IN TROPICAL MALARIA"

INTRODUCTION:

India records 1/10¹⁵ of world malaria cases. In 2009, 25 million cases of malaria and 30,000 malarial deaths were recorded in India.

Malaria is a general term applied to a group of diseases caused by infection with specific protozoan parasite[s] of the genus *Plasmodium* and transmitted to man by certain species of infected female *Anopheles* mosquitos.

Malaria is clinically characterized by episodes of chills and fever with periods of latency, enlargement of spleen and secondary anemia. In India, 50% [of] malaria is caused by [a] member [of] *Plasmodium falciparum*.

Incubation period of malaria: 10 days - 12 days for falciparum, 13-17 for vivax, and 28-30 for quartan malaria.

TRADITIONAL MANAGEMENT OF MALARIA, EFFICACY AND SIDE EFFECTS:

Traditionally malaria is treated with antimalarial drugs like Chloroquine, Oxinine, Sulfodoxamine, Pyrimethamine and [the] latest Artemisinin, in combination with others. Though these drugs initially were effective, unfortunately there has been [an] emergence of resistance to these

traditional antimalarials and toxicity associated with long term therapy with these traditional antimalarials.

NEED FOR BETTER, SAFER, NONTOXIC, EFFECITVE THERAPEUTIC AGENT FOR MALARIA:

Due to the emergence of resistance of available traditional antimalarials by malaria parasite[s], an exploration of a new therapeutic agent was considered. There are anecdotal reports of efficacy of nascent iodine (Magnascent Iodine) reported. Hence a study was conducted on a field clinical trial in malaria endemic areas of [the] coastal part of Karnataka and suburban areas of Bangalore City, India. The clinical study was conducted to assess the efficacy of Magnascent Iodine (nascent iodine) both as a therapeutic agent and also as a chemoprophylaxis for malaria.

AGENT USED FOR MALARIA CLINICAL STUDY:

Magnascent Iodine (nascent Iodine) 2% liquid

Each ml: 400 mcg of nascent lodine

10 drops: 4mg. Supplier: Shield Bearer,

Inc..

5 drops: 2 mg.

John Brookshire,

[Bedford,] Texas, U.S.A.

MAGNASCENT (Nascent Iodine):

Magnascent Iodine (nascent iodine) is atomic iodine, [and] is the culmination of many years of research work by Dr. S.A. Bisey, D.Sc. (Hon), a distinguished scientist and inventor who discovered [it] in 1914, and [it became] scientifically known as "nascent iodine" since 1926.

ACTION OF MAGNASCENT (NASCENT) IODINE:

Magnascent lodine is nascent iodine that liberates the element in an atomic or nascent state on contact with an excess solvent such as the fluids in the body. By liberating nascent or atomic iodine, iodine furnishes the organism with the element in such a form that it may be readily absorbed and utilized.

The nascent iodine has been documented as an antibiotic, antifungal, antiviral, anti-protozoal, and antiseptic agent.

SELECTION OF MALARIAL CASES FOR CLINICAL STUDY USING MAGNASCENT IODINE (nascent iodine):

- (1) Treatment of malaria confirmed cases by Rapid Diagnostic Test (R.D.T.) (Malaria Test Kit) with Magnascent Iodine.
- (2) Chemoprophylaxis with Magnascent lodine to family members of positive malaria case[s].

Following cases were excluded from the study:

- (1) Impaired consciousness/coma
- (2) Repeated generalized convulsions
- (3) Renal failure, creatinine >3

- (4) Jaundice, bilirubin >3
- (5) Severe anaemia HB<5
- (6) Pulmonary oedema ARDS (Acute Respiratory Distress Syndrome)
- (7) Hypoglycaemia <40mg/100 ml
- (8) Metabolic acidosis
- (9) Circulatory collapse / shock (BP<80)
- (10) Abnormal bleeding
- (11) Haemoglobinuria
- (12) Pregnancy

FIELD WORK

Based on incidence of malarial cases, house-to-house visit was given and malaria medical camps were conducted providing convenience to the patients logistically and economic factors as most of the families are economically very poor, do not have access to medical facility, cannot afford medicines and living in poor, unhygienic conditions. Many have to travel long distances for medical treatments and most cannot afford or [show] lack of awareness regarding the disease, prevention, and proper education about malaria.

Patients with symptoms of fever (intermittent, periodic, continuous) chills (rigors), myalgia, bodyache, headache, arthralgia, nausea, vomiting were tested for malaria with Rapid Diagnostic Test (R.D.T.) and positive cases were treated with Magnascent (nascent) lodine. At the same time, all family members of positive cases were also treated for chemoprophylaxis to malaria.

DOSE OF MAGNASCENT (nascent) IODINE USED:

(1) ADULTS (12 YRS AND ABOVE)

10 drops in 100 ml. of water 4th hourly (every 4 hours) before food for 2-3 days. Once fever subsides, 10 drops 4th hourly for 3-4 more days. Test for malaria with RDT (Rapid Diagnostic

Test). If negative, 10 drops twice daily for one month.

(2) <u>CHILDREN (5-12 YRS)</u>

Half of adult dose (5 drops). Regimen same as above for adults.

(3) CHEMOPROPHYLAXIS

Advised to all family members of positive cases as prophylaxis, with dose of 10 drops in 100 ml. of water 3 times a day for one month, as [the] more common form of malaria has [an]incubation period of one month.

All patients were advised not to take any other medication at the same

time or along with the iodine consumption.

TABLE OF RESULTS OBSERVED USING MAGNASCENT IODINE (NASCENT IODINE) IN TREATMENT OF MALARIA POSITIVE CASES:

AGE GROUP	MAL ARIA POSI TIVE CAS ES	DOSE (TO BE CONSUME D AS SOON AS CONSTITU TED)	MALAR IA FALCIP ARUM TYPE	MAL ARIA VIVA X TYP E	TES T FOR MAL ARIA AFT ER ONE WEE K	RESP ONSE RATE
Men (12yrs - 70 yrs)	230	10 drops (4mg) in 100 ml of water	148	82	-ve in 210 case s	91.3%
Women (12 yrs - 70 yrs)	180	10 drops (4mg) in 100 ml of water	110	70	-ve in 140 case s	77.7%
Children (5 yrs - 12 yrs)	75	5 drops (2mg) in 100 ml of water	60	15	-ve in 58 case s	77.3%

CONCLUSIONS

- 1. Magnascent (nascent) Iodine could be used in malaria both as a therapeutic and chemoprophylactic agent as an alternative to traditional antimalarials like Chloroquine, Quinine, Pyrimethamine and Artemisinin. The emergence of resistance of malarial parasites to traditional antimalarials sends an urgent signal for a safe, effective, nontoxic and cost effective antimalarial agent, and Magnascent (nascent) Iodine fits into the bill and can serve as a promising agent superior to Chloroquine, Quinine, Pyrimethamine and Artemisinin.
- 2. After using Magnascent (nascent) lodine, the temperature returns to normal with 24-48 hours with no side effects and increased sense of well-being.
- 3. Magnascent (nascent) lodine is safe, even up to 50 drops as a single

dose without iodism and is rapidly excreted in the urine without side effects.

- 4. Repeated small doses of Magnascent (nascent) lodine is [more] effective than larger amounts in less frequent intervals.
- 5. Long term prophylaxis may be needed in cases of recurrences more than 3 years after the first attack. Magnascent lodine appears to be safe in such cases.
- 6. In all known cases of positive malaria treated with Magnascent (nascent) lodine, follow-up up to 6 months is ideal for complete remission and prevention of relapses.
- 7. In all malaria positive cases, supportive therapies including parenteral hydration was employed.
- 8. In summary, Magnascent (nascent) lodine is an asset to tropical malaria.