

Egregious Results on Conjunctival PV, by Administration of Oral Supplements that Could Find a Gladly Application Even in the Field of Feminine Genital PV.

Texia Research¹, Lorenzo Martini²

1Texia Research-Eu-TURIN, 2Department of Pharmaceutical Biotechnologies University of Siena

Abstract: Purpose of my research (I conducted directly on myself, in corpore vili, without the credentials of whichever Ethical Committee, as in Italy they are forced to respect the Commandments of the Mafia) is to demonstrate that conjunctival Papilloma virus (belonging to type 4 and 11, the same of the feminine genital mucosae, that sometimes evolve in carcinoma) may be treated by the oral administration of a mix of antioxidants, immunostimulating agents, Zinc and sulphuric aminoacids.

It should be taken in consideration that the chance of treating even genital PV in females is valuable, stating the importance of these results obtained, avoiding to employ excariotic agents and drastic keratolytics, since they are suppose to let PV to recur periodically, after treatment, even if prolonged.

Keywords: PV, eyelid wart, lopinavir, goldenseal, bloodroot.

I. Background

Of the 120 known human papillomaviruses, 51 species and three subtypes infect the genital mucosa. 15 are classified as high-risk types (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68, 73, and 82), 3 as probable high-risk (26, 53, and 66), and 12 as low-risk (6, 11, 40, 42, 43, 44, 54, 61, 70, 72, 81, and CP6108) and are commonly baptized as warts or verrucae, and these latter are subdivided in common and plantar ones.(1)

Common warts correspond to HPV types 2 and 4 (most common); but even to types 1, 3, 26, 29, and 57 and others, as well and have a characteristic appearance under the microscope. They have thickening of the stratum corneum (hyperkeratosis), thickening of the stratum spinosum (acanthosis), thickening of the stratum granulosum, rete ridge elongation, and large blood vessels at the dermoepidermal junction.

Human papillomaviruses types 6 and 11 are the most frequently found in conjunctival papillomas. Low-risk (LR) HPV 6 and HPV 11 are found in the majority of conjunctival papillomas along with dysplasia in several cases. In spite of such a dysplasia, carcinoma rarely develops in conjunctival papillomas.

Squamous cell carcinoma of the conjunctiva is a rare tumor that has been strongly linked with UV radiation and immunosuppression (particularly in HIV patients). Plantar warts (myrmecia) indeed comprehend HPV type 1 (most common) but also types 2, 3, 4, 27, 28, and 58 and others. Finally eyelid PV and/or conjunctival warts may be equated to condylomas of the female genital tract, since they are represented by HPV 6 and 11, that in eye are always benign skin warts that never evolve in cancer or melanoma. The general remedies dermatologists use to administer to people who suffer from verrucae are the following:

Salicylic acid, that can be prescribed till a higher concentration than that found in over-the-counter products. Several over-the-counter products are readily available at pharmacies and supermarkets of roughly two types: adhesive pads treated with salicylic acid, and bottled concentrated salicylic acid solution (with lactic acid and collodion).

Imiquimod, that is a topical cream that helps the body's immune system fight the wart virus by encouraging interferon production. It has been approved by the U.S. Food and Drug Administration (FDA) for genital warts (2)

Cantharidin, found naturally in the bodies of many members of the beetle family Meloidae, causes dermal blistering. It is used either by itself or compounded with podophyllin. Not FDA approved, but available through Canada or select US compounding pharmacies.

Bleomycin is not US FDA approved and can cause necrosis of digits and Raynaud syndrome. (3,4) The usual treatment is one or two injections.

Dinitrochlorobenzene (DNCB), like salicylic acid, is applied directly to the wart. Studies show this method is effective with a cure rate of 80%. But DNCB must be used much more cautiously than salicylic acid; the chemical is known to cause genetic mutations, so it must be administered by a physician. This drug induces an allergic immune response resulting in inflammation that wards off the wart-causing virus. (5)

Cidofovir is an antiviral drug which is injected into HPV lesions within the larynx (laryngeal papillomatosis) as an experimental treatment.(6)

Another product available over-the-counter that can aid in wart removal is silver nitrate in the form of a caustic pencil, which is also available at drug stores. In a placebo-controlled study of 70 patients, silver nitrate given over nine days resulted in clearance of all warts in 43% and improvement in warts in 26% one month after treatment compared to 11% and 14%, respectively, in the placebo group. (7) The instructions must be followed to minimize staining of skin and clothing. Occasionally pigmented scars may develop.

Several randomized, controlled trials have found that zinc sulfate, consumed orally, often reduces or eliminates warts.(8-10) The zinc sulfate dosage used in medical trials for treatment of warts was between 5 and 10 mg/kg/day. For elemental zinc, a lower dosage of 2.5 mg/kg/day may be appropriate as large amounts of zinc may cause a copper deficiency. Other trials have found that topical zinc sulfate solution (11) or zinc oxide (12) are also effective.

A 2014 study indicates that lopinavir is effective against the human papilloma virus (HPV). The study used the equivalent of one tablet twice a day applied topically to the cervixes of women with high-grade and low-grade precancerous conditions. After three months of treatment, 82.6% of the women who had high-grade disease had normal cervical conditions, confirmed by smears and biopsies.(13) Studies of fat-soluble garlic extracts have shown clearing in greater than 90% of cases. The extract is applied twice daily and covered with an adhesive bandage. Improvements show within 2–4 weeks and total clearing in an average of 6–9 weeks. (14-16)

The acrid yellow sap of Greater Celandine is used as a traditional wart remedy. (17)

The sap can be applied directly to the wart in a similar manner to concentrated salicylic acid solution, but in more modest quantities.

Trivial and vernacular remedies may be found analysing the following digest:

dandelion, powdered birch bark, banana peel, Papaya, raw potato, fresh basil leaf, goldenseal, castor oil, Vitamin E, Aloe vera, Bloodroot (*sanguinaria* off.), all to be rubbed onto the warts or let to stay for days or nights long.

Apart from some medicaments or some folk remedies, it is unusual to find oral remedies apt to combat and eradicate warts (plantar, common or genital ones).

My purpose has been to demonstrate how some special nutraceuticals taken orally can easily defeat the warts outbreak in few weeks, war taken constantly and periodically.

I have made experiences in corpore vili, directly on myself, avoiding the involvement of whichever Ethical Committee (that in Italy undergo the Commandments of the Mafia) .

As aforesaid, eyelid papilloma virus may be assimilated to genital PV (HPV 6 and/or 11) and since I have suffered recently from a conjunctival PV, I have decided to test directly on myself the natural remedy, that will be illustrated as follows, in the section: Materials and Methods.

Eyelid PV (or conjunctival wart) may be provoked by:

immunodeficiency, even if not acquired, due to a viral influenza not well treated, tabagism, and severe exposition of eyes to sun rays (especially when are performed by UVB rays).

This represented excellently my clinical picture some weeks ago.

I had been infected by a trivial influenza, even if severe and perilous, but I did not give to it a greater importance and I let it to follow its destiny, without taking any remedy as Tylenol or antibiotics or vitamins, I am a chain smoker and during my convalescence I was prayed by a friend to help him to varnish and embellish its yacht, and this operation had to be done during the hottest hours of the days, when UVB rays are more aggressive and risky. After one week I was infected by a ferocious conjunctival papilloma virus.

II. Materials And Methods

Once infected by eyelid PV, I began to take twice a day a capsule of the nutraceutical, that is described below:

Magnesium oxide

L-methionine

Calcium glycerophosphate

Iron glycerophosphate

Manganese glycerophosphate

Lactose

It is well known that methionine, as well as Echinacea Purpurea and several antioxidants, and even metallic Zinc may reveal optimal success in struggling PV outbreak, as they act as immunostimulating compounds, on the response of cutaneous warts to conventional standard therapy (CST).(18)

I did not notice any change in the morphology of the wart, that was located inside the eye, close the conjunctival pit till the 19th day. After that day, the remission has been more and more rapid, till the complete restitutio ad integrum after 4 weeks of treatment. I prayed an ophthalmologist to analyze by the aids of a microscope my conjunctiva, and he detected no thickening of the stratum corneum, nor thickening of

the stratum spinosum and thickening of the stratum granulosum and even rete pegs (or rete processes or ridges) that are the epithelial extensions that project into the underlying connective tissue in both skin and mucous membranes, did not undergo to valuable inspissation at all.

III. Discussions

I deem that external warts can be easily treated and completely eradicated by oral administration of antioxidants, aminoacids and immune system strengthening supplements, instead of using topical exsiccative or keratolytic agents, since those are recognized to recur too often.

IV. Conclusions

I am determined to attempt to treat even common warts (HPV types 2 and 4 and even to types 1, 3, 26, 29, and 57) on my hands and fingers in the future, whenever they should outbreak onto my skin and perhaps successively even on genital mucosae (if I'll make up my mind to endure the drastic rules of Ethical Committee, that generally involve the expense of one entire annual salary for proceeding and six-eight years in order to have some good result, valuable to be published).

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