

Methionine by soybean and spiruline and bivalent iron, calcium and manganese as catalysts to alleviate skin rashes and fever in monkeypox: A case report

Piotr Brzeziński^{1,2}, Lorenzo Martini^{2,3}, Franco Deraco³

¹University of Siena, Department of Physiotherapy and Medical Emergency, Faculty of Health Sciences, Pomeranian Academy, Slupsk, Poland, ²University of Siena, Department of Pharmaceutical Biotechnologies, Via A. Moro 2, 53100 Siena, Italy, ³C.R.I.S.M.A. Inter, University Centre for Researched Advanced Medical Systems, Via A. Moro 2, 53100 Siena, Italy

Corresponding author: Piotr Brzeziński, MD PhD, E-mail: brzezoo77@yahoo.com

ABSTRACT

Monkeypox is invading day after day the entire nations and several programmes have been established to abate this condition. So far from the chance to produce a vaccine, many are the attempts to loose the problem, and it is important to stress that children are more prone to contract the virus (the propagation is monkey-human, human-human and through the metabolites of the urines in swimming pools or in the seas or oceans). Here the AA propose an experiment employing the natural methionine and the catalysts apt to facilitate the transversion that foresees the enzymatic substitution of isoleucine instead of methionine in the code sequence of the virus itself. So, adding pure natural methionine to the diet of a child who contracted the virus, it has been possible to estimate a lowering of skin symptoms in the volunteer.

Key words: Methionine; Soybean; Monkeypox; Calcium Glycerophosphate; Iron Gluconate.

INTRODUCTION

Monkeypox is an acute viral infection with a clinical course resembling smallpox. However, unlike smallpox (now eradicated), which only affected humans, monkeypox is a zoonosis endemic in parts of sub-Saharan Africa. The initial symptoms of monkeypox in humans involve a brief (2–3 days) febrile prodrome, which is followed by the development of a disseminated rash that consists of monomorphic, well circumscribed, deep-seated, and frequently umbilicated, pustular lesions. The density of lesions is generally highest on the face and extremities [1,2].

Lesions can also occur on the palms of the hands and soles of the feet. During the pustular phase, the visual features of monkeypox rash lesions are highly characteristic of an *Orthopoxvirus*-associated infection.

However, during the early stages of rash evolution (i.e., papular, vesicular stages) and after the characteristic peak, when primary lesions have begun to heal and regress (i.e., crusting, desquamation), it can be difficult to discriminate between monkeypox and other rash illnesses based on physical characteristics alone. Laboratory testing is thus pivotal to establishing a definitive diagnosis of monkeypox [3,4].

Though the primary sylvatic reservoir of monkeypox remains unknown, monkeypox is enzootic in northern and central Democratic Republic of the Congo (DRC).

Monkeypox being an acute viral infection with a clinical course resembling smallpox., is endemic in northern and central Democratic Republic of the Congo (DRC), but it is reported only sporadically in neighboring Republic of the Congo (ROC). In October 2009,

How to cite this article: Brzeziński P, Martini L, Deraco F. Methionine by soybean and spiruline and bivalent Iron, Calcium and Manganese as catalysts to alleviate skin rashes and fever in monkeypox: A Case report. Our Dermatol Online. 2022;13(e):e57.

Submission: 13.06.2022; **Acceptance:** 12.10.2022

DOI: 10.7241/ourd.2022e.57

interethnic violence in northwestern DRC precipitated the movement of refugees across the Ubangi River into ROC. The influx of refugees into ROC heightened concerns about monkeypox in the area, because of the possibility that the virus could be imported, or that incidence could increase caused by food insecurity and over reliance on bush meat. As part of a broad-based campaign to improve health standards in refugee settlement areas, the United Nations International Children's Emergency Fund (UNICEF) sponsored a program of intensive community education that included modules on monkeypox recognition and prevention. In the 6 months immediately following the outreach, 10 suspected cases of monkeypox were reported to health authorities. Laboratory testing confirmed monkeypox virus infection in two individuals, one of whom was part of a cluster of four suspected cases identified retrospectively. Anecdotes collected at the time of case reporting suggest that the outreach campaign contributed to detection of suspected cases of monkeypox [3,5].

Within the coding region examined (E9L-A24R), there is only one nucleotide difference between the two isolates that is predicted to result in an amino acid change. (A single nucleotide transversion resulted in the alteration of a methionine to an isoleucine at amino acid position 56 in the small capping enzyme [VACV_Copenhagen D12L]). This region includes the central area of the genome where many of the genes are conserved in all poxviruses [2,5,6].

Catalysts of this nucleotide transversion are Ca²⁺, Manganese²⁺ and Iron²⁺.

CASE REPORT

A single case of a child 7 y.old who contracted monkeypox in Italy has been recruited and treated by the administration of a complex of methionine (extracted from natural source as soybeans and spiruline) and Calcium glycerophosphate and Iron and Manganese gluconate.

The volunteer who made up his mind to undergo the experimentation declared to deem to have contracted a "sort" of smallpox having been entered in contact with baboons in a zoological garden close to home, feeding the beasts with hazelnuts and having been his hands licked (clear symptoms were fever and skin rashes in hands and soles of both feet).

The patient had to take three pills pro day for two weeks and the dosage of methionine was adjusted to 2000 mg every 8 hours.

The entire treatment lasted 14 days and only after the administration of natural methionine it has been possible to notice that skin rashes tended to diminish at all (absence of itching and disappearance of redness at the extremities).

As far as the dermatitis occurring during the malaise, owing to an old study that forecasted the employ of 10 herbs from TCM (traditional chinese medicine) to be drunk and spreaded onto the skin.

DISCUSSION

Two randomized, placebo-controlled crossover trials were performed in England to study the effects of standardized oral herbal TCM in the treatment of atopic dermatitis cases for which traditional Western therapy had failed [7-9]. The investigators were aided by a Chinese physician who created a standardized mixture of 10 herbs useful for treating atopic dermatitis characterized by erythema, lichenification, and plaques of dermatitis in the absence of active exudation or clinical infection. The 10 herbs used were *Potentilla Chinensis*, Class 1; *Tribulus terrestris*; *Rehmannia glutinosa*, Class 2d; *Lophatherum gracile*; *Clematis armandii*, Class 1; *Ledebouriella saseloides*, Class 1; *Dictamnus dasycarpus*; *Paeonia lactiflora*, Class 1; *Schizonepeta tenuifolia*; and *Glycyrrhizia glabra*, Class 1.

These herbs were placed in sachets and boiled to make a decoction that was orally administered daily as a tea or mixed with glycerin 50:50 to obtain a mild emulsion apt to be spreaded.

It is observable and therefore irrefutable that skin rashes and fevers diminish and/or disappear after 2 weeks of treatment of the young volunteer.

The AA noticed that the infected boy did never scratched his extremities and fever has been decreasing from 39° C till 36.7°C during the treatment.

ACKNOWLEDGEMENTS

The experimentations had been effectuated only owing to the troscisci Dr Deraco had permitted to employ.

Consent

The examination of the patient was conducted according to the principles of the Declaration of Helsinki.

BIBLIOGRAPHY

1. Hutin YJ, Williams RJ, Malfait P, Pebody R, Loparev VN, Ropp SL, et al. Outbreak of human monkeypox, Democratic Republic of Congo, 1996 to 1997. *Emerg Infect Dis.* 2001;7:434–435.
2. Rimoin AW, Kisolu N, Kebela-Ilunga B, Mukaba T, Wright LL, Formenty P, et al. Endemic human monkeypox, Democratic Republic of Congo, 2001–2004. *Emerg Infect Dis.* 2007;13:934–7.
3. Rimoin AW, Mulembakani PM, Johnston SC, Lloyd Smith JO, Kisolu NK, Kinkela TL, et al. Major increase in human monkeypox incidence 30 years after smallpox vaccination campaigns cease in the Democratic Republic of Congo. *Proc Natl Acad Sci USA.* 2010;107:16262–7.
4. Learned LA, Reynolds MG, Wassa DW, Li Y, Olson VA, Karem K, et al. Extended interhuman transmission of monkeypox in a hospital community in the Republic of the Congo, 2003. *Am J Trop Med Hyg.* 2005;73:428–34.
5. Roess AA, Monroe BP, Kinzoni EA, Gallagher S, Iбата SR, Badinga N, et al. Assessing the effectiveness of a community intervention for monkeypox prevention in the Congo basin. *PLoS Negl Trop Dis.* 2011;5:e1356.
6. Pillay A, Chen CY, Reynolds MG, Mombouli JV, Castro AC, Louvouezo D, et al. Laboratory confirmed case of yaws in a 10-year-old boy from the Republic of the Congo. *J Clin Microbiol.* 2011;49:4013–5.
7. Li Y, Olson VA, Laue T, Laker MT, Damon IK. Detection of monkeypox virus with real-time PCR assays. *J Clin Virol.* 2006;36:194–203.
8. Li Y, Zhao H, Wilkins K, Hughes C, Damon IK. Real-time PCR assays for the specific detection of monkeypox virus West African and Congo Basin strain DNA. *J Virol Methods.* 2010;169:223–7.
9. Kulesh DA, Baker RO, Loveless BM, Norwood D, Zwiers SH, Mucker E, et al. Smallpox and pan-orthopox virus detection by real-time 3'-minor groove binder TaqMan assays on the roche LightCycler and the Cepheid smart Cyler platforms. *J Clin Microbiol.* 2004;42:601–9.

Copyright by Piotr Brzeziński, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Source of Support: Nil, Conflict of Interest: None declared.