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Review Article

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Therapeutic Efficacy of an Herbal Remedy in the Treatment of Human Viral Diseases

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Abstract

Backgound There are still no satisfactory treatment options for viral infections. Recent reports indicate that Marecipe AV, a herbal remedy, has demonstrated significant therapeutic benefits in managing viral infectious diseases, particularly lifethreatening ones, in both humans and animals.

Methods This review was compiled by analyzing published studies and integrating unpublished clinical and experimental data on Marecipe AV therapies from the original authors.

Results Treatment with Marecipe AV therapeutics led to the resolution of COVID19-related fever within 24 hours. The time to sustained clinical symptom resolution was less than 48 hours in the Marecipe AV-treated group, compared to 216 hours in the placebo group. The hospitalization rate due to progression to severe COVID19 was 0% among treated highrisk patients, in contrast to 68.18% in untreated patients. For preventive treatment in populations exposed to SARS-CoV-2, the incidence of COVID19-related fever was 0% in the Marecipe AV intervention group, compared to 98% in the placebo group. Additionally, using Marecipe AV to treat influenza resulted in fever resolution within 12 hours, with sustained clinical symptom resolution achieved in less than 24 hours. In cases of acute herpes zoster virus infection, severe pain was completely alleviated within 1 to 3 days following the administration of Marecipe AV. A 5day treatment regimen with Marecipe AV for postherpetic neuralgia resulted in complete resolution of symptoms in the majority of treated patients. The administration of Marecipe AV facilitated a rapid reduction in detectable virus levels in cases of hepatitis B virus and human immunodeficiency virus infections.

Conclusion Marecipe AV herbal remedy has clear and satisfactory efficacy for human viral diseases.

Keywords: COVID19, SARSCoV2, Influenza, Hepatitis B, HPV infection, Herpes zoster, Postherpetic neuralgia, HIV/AIDS, Herbal medicine, Therapy, Human Viral Diseases

Introduction

There is still an absence of effective treatments for viral infectious diseases, especially acute viral infectious diseases. These pathogens have and will continue to pose a significant global threat with the potential to cause tremendous morbidity and mortality. [1] Urgently needed are effective antivirals to combat the increasing number of emerging and reemerging viruses in the future [2].

Feng and his team recently reported a significant breakthrough involving an herbal remedy for the treatment of viral infections. This remedy, known as Marecipe AV, is derived from an ancient herbal formula called Ma Recipe, which was originally utilized for treating venomous snake bites. [3-5] Due to its analgesic properties, the Ma Recipe is used to alleviate pain associated with herpes zoster, postherpetic neuralgia, and cancer. Clinical observations suggest that primary viral diseases may be effectively treated when the Ma Recipe is employed as a pain management strategy. For example, it experienced a loss of detectable hepatitis B virus while receiving Ma Recipe for pain management in patients with hepatitis B related

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liver cancer. The remarkable therapeutic effects of Marecipe AV have been confirmed in the treatment of lifethreatening viral infections in animals. Clinical studies have demonstrated that Marecipe AV can reduce mortality rates from nearly 100% to 0% for several highmortality diseases, including African swine fever, avian influenza, canine distemper, and canine parvovirus. [6-8] In this review, the clinical outcomes of Marecipe AV in the treatment of various human viral diseases are summarized.

Materials and Methods

This review was compiled by analyzing published studies and integrating unpublished clinical and experimental data on Marecipe AV therapies from the original authors.

Results

Outcomes of Marecipe AV Herbal Therapy in the Treatments of Covid19 Infection

Treatment with Marecipe AV for mild to moderate COVID19 resulted in the resolution of fever within 24 hours for all febrile patients. The time to sustained resolution of clinical symptoms (headache, myalgias, sore throat, excluding cough) for two consecutive days was less than 48 hours in the Marecipe AV-treated group, compared to 216 hours in the untreated group. For populations exposed to SARSCoV2 during the pandemic, the incidence of COVID19related fever was 0% in the Marecipe AV intervention group, compared to 98% in the control group that did not receive Marecipe AV. Among highrisk patients with mild to moderate COVID19 who received Marecipe AV herbal therapy, the hospitalization rate for progression to severe COVID19 was 0%. In contrast, the hospitalization rate among untreated patients was 68.18%. Furthermore, among a cohort of critically ill COVID19 patients in the intensive care unit (ICU), the mortality rate was 36.36% for those who did not receive Marecipe AV treatment, while it was 0% for patients who did receive Marecipe AV therapy [9,10].

Given that Marecipe AV herbal therapy may effectively resolve fever within 24 hours and conclude the course of illness within 48 hours in all treated cases of mild to moderate COVID19, it suggests that this therapy has a satisfactory therapeutic effect for the condition.

Although Marecipe AV treatment for critically ill COVID19 patients in ICU settings resulted in zero mortality, definitive conclusions regarding the efficacy of this therapy in this population cannot be drawn due to the limited number of cases treated.

Outcomes of Marecipe AV Herbal Therapy in the Treatments of Influenza

Among the 102 febrile patients confirmed to have influenza, 99 experienced a fever duration of less than 12 hours following the initial administration of Marecipe AV. In contrast, the duration of fever in the placebo group was 132 hours. None of the 150 individuals exposed to the influenza virus who were treated with Marecipe AV developed a fever, whereas 150 out of 217 individuals (69%) exposed to the influenza virus who did not receive Marecipe AV developed a fever. The time to resolution of primary influenzarelated symptoms (excluding cough) was 24 hours in the Marecipe AV-treated group, compared to 168 hours in the untreated group [10].

The primary benefit of Marecipe AV therapy in treating influenza is its ability to rapidly resolve fluinduced fever within 12 hours of initial administration. Additionally, it significantly reduces the clinical course from 5 to 9 days in the placebo group to just 24 hours in the treated group. This therapy will greatly alleviate the discomfort caused by influenza symptoms and substantially reduce the risk of secondary illnesses associated with influenza, including complications that may lead to death in highrisk populations.

Outcomes of Marecipe AV herbal Therapy in the Treatments of Chronic Hepatitis B Virus Infection

All patients, including 22 with antiviral therapy failure, demonstrated a significant reduction in HBV DNA levels, which decreased to below the detection limit from elevated levels prior to treatment after 8 weeks of oral administration of Marecipe AV. Additionally, serum biomarkers HBsAg and HBeAg converted from positive to negative in most treated cases. These effects were consistently maintained during the subsequent 3 to 9 months of treatment and follow up.

In a retrospective case series study, HBsAg was found to be negative in patients with hepatitis B virus related hepatocellular carcinoma (HCC) who had previously tested positive before receiving long term Marecipe AV therapy. Furthermore, the application of Marecipe AV extract effectively cleared HBsAg in vitro within 72 hours [11].

Marecipe AV herbal therapeutics offers benefits in facilitating a rapid loss of detectable virus in the treatment of chronic hepatitis B. Furthermore, the conversion of HBsAg from positive to negative with medical treatment is uncommon in clinical practice [12].

Outcomes of Marecipe AV Herbal Therapy in the Treatments of HPV Infection

In a case series study, without any other therapy, HPV-DNA levels in cervical samples decreased from elevated pretreatment levels to below the detection threshold after 4 weeks of oral treatment with Marecipe AV in all 11 patients. Since the virus can be cleared naturally in HPV infections, no definitive conclusions can be drawn from this case series study.

Outcomes of Marecipe AV Herbal Therapy in the Treatments of Acute Herpes Zoster Infection and Postherpetic Neuralgia

In the management of acute herpes zoster infection, severe pain was completely alleviated within 1 to 3 days following the administration of Marecipe AV in all treated cases. Once relieved, the pain did not return. Furthermore, a 7day treatment with Marecipe AV led to the rapid resolution of herpes zoster symptoms and overall healing. Notably, none of all 60 cases treated with

Marecipe AV developed postherpetic neuralgia, as indicated by the follow up data.

In the management of postherpetic neuralgia, most patients achieved complete pain relief within 5 days of treatment with Marecipe AV. However, approximately 20% of patients required 20 days of oral Marecipe AV therapy for complete pain resolution. Once relieved, the pain did not return in any of the treated cases.

The findings suggest that in the absence of specific treatment options, Marecipe AV therapy may be a viable treatment option with a significant effect on this disease [13,14].

Outcomes of Marecipe AV Herbal Therapy in the Treatments of HIV/AIDS Infection

In a retrospective analysis of outpatient medical records, all six HIV/AIDS patients who experienced virologic failure of antiretroviral therapy demonstrated a significant reduction in viral load, decreasing from a high baseline to below the lower limit of detection after 8 weeks of oral treatment with Marecipe AV. Furthermore, the viral load remained below the detection threshold during a follow up period of 6 to 9 months posttreatment. While the efficacy of Marecipe AV in treating HIV infection cannot be conclusively established based solely on data from these six cases, these preliminary findings suggest that Marecipe AV herbal therapy may have therapeutic potential for HIV treatment.

Discussion

In the current absence of satisfactory treatments for viral infectious diseases, Marecipe AV herbal therapeutics offers hope for overcoming these conditions. The studies have provided clear evidence that Marecipe AV herbal remedy demonstrates a robust therapeutic effect against human viral infectious diseases.

Marecipe AV therapeutics for COVID19 provide several benefits: they may resolve fever in mild to moderate COVID19 patients within 24 hours and shorten the overall clinical course of the illness to less than 48 hours, reducing the duration from 7-12 days to under 2 days. In terms of the time to sustained alleviation of symptoms-a critical measure of efficacy-Marecipe AV demonstrates significant superiority over Nirmatrelvir/ritonavir (Paxlovid), which is approved by the WHO and FDA for the treatment of COVID19. Specifically, Marecipe AV achieves this in less than 2 days, compared to 10.9 days for Paxlovid [15-19].

Given that Marecipe AV therapeutics can resolve COVID19 within two days, they may effectively prevent the progression to severe disease in individuals at high risk for complications, including death caused by multiple organ failure. Although Marecipe AV therapeutics has shown benefits in rescuing critically ill patients with COVID19, further verification of this therapeutic effect is needed through additional clinical studies with a sufficient number of cases.

For the treatment of influenza, Marecipe AV therapeutics has shown significant benefit on to shorten the duration of fever and the course of illness caused by influenza viruses. Marecipe AV therapy can alleviate influenza-associated fever within 12 hours and end the course of influenza within 24 hours. In addition to rapid relief of the discomfort caused by fever, rapid recovery can reduce the secondary damage caused by influenza, including influenzarelated death. Overall, Marecipe AV therapy is highly effective against influenza and significantly outperforms existing treatments [20,21].

All evidence indicates that the therapeutic efficacy of the Marecipe AV herbal remedy in treating acute viral infections, including COVID19 and influenza, is not only satisfactory but also exceeds the efficacy requirements for this class of antiviral agents.

Studies on Marecipe AV in the treatment of chronic viral diseases have primarily focused on viral suppression. Marecipe AV herbal remedy may facilitate a rapid loss of detectable virus in chronic and refractory viral infections, such as HBV and HIV, particularly in cases where conventional antiviral therapies have failed. It is important to note that the conversion of HBsAg from positive to negative is rare in the current treatment of HBV infection. This suggests that Marecipe AV therapeutics may offer more effective viral clearance and therapeutic effects compared to existing antiviral agents [12,21-23].

There were no cases of treatment failure among any of the outcomes. All individuals who received treatment or preventive measures with Marecipe AV herbal therapeutics experienced therapeutic benefits, suggesting that the Marecipe AV herbal remedy demonstrates a high efficacy rate in treating human viral infectious diseases.

Marecipe AV therapy exhibits broadspectrum antiviral activity and has demonstrated a therapeutic effect against all 15 infections caused by various types of viruses, including COVID19 (ssRNA, Coronaviridae), influenza (ssRNA, Orthomyxoviridae), viral hepatitis B (dsDNA, Hepadnaviridae), AIDS (ssRNA, Retrovirus), HPV infection (dsDNA, Papillomavirus), herpes zoster (dsDNA, Herpesviridae), among others. These results suggest that the Marecipe AV herbal remedy may have the potential to treat most viral infectious diseases.

The pharmacological mechanism of action of Marecipe AV therapeutics remains to be defined. It has been demonstrated that Marecipe AV therapeutics can clear the virus in vivo and in vitro. For example, Marecipe AV extract can rapidly eliminate effectively clearing the influenza A virus and hepatitis B virus in vitro. It can also reduce viral load to the lower limit of detection in vivo. These findings suggest that Marecipe AV herbal therapeutics exert their effects through direct antiviral action. Moreover, it is plausible that Marecipe AV exhibit other mechanisms of action. Although Marecipe AV has demonstrated potent therapeutic effects against COVID19 in clinical settings, the extract shows limited inhibitory effects on SARS-CoV-2 in vitro. In a case series study of Marecipe AV for feline stomatitis, it was observed that while severe symptoms, such as oral ulcers and excessive drooling, improved within 3 to 5 days of treatment, high levels of calicivirus remained detectable on the seventh day. A similar phenomenon, in which symptoms resolved

despite a persistently high viral load in the body, was observed in the treatment of canine parvovirus and canine distemper. These results indicate that there is no clear correlation between disease recovery and viral clearance. Therefore, the pharmacological effects of Marecipe AV seem to extend beyond mere virus clearance.

A benefit of Marecipe AV therapeutics is that it has few side effects, even with its potent antiviral efficacy.

It is important to emphasize that all data in these studies were derived from prospective case series rather than from randomized clinical trials. Therefore, rigorously clinical trials will be essential to evaluate the efficacy of Marecipe AV therapy in treating viral diseases.

Conclusions

The studies provide compelling evidence to support that the Marecipe AV Herbal remedy has satisfactory efficacy against a range of human viral diseases. Let us hope that future discoveries related to Marecipe AV therapeutics for the treatment of viral infections will lead to the development of truly effective treatment options to combat and ultimately overcome human viral diseases.

Declarations

Ethics approval and consent to participate: As this article is a review, this clause is not applicable to that section.

Clinical Trial

As this article is a review, this clause is not applicable to that section.

Consent For Publication

Not applicable.

Availability of Data and Material

All data generated or analysed during this study are included in this published article.

Competing Interests

The authors declare that they have no competing interests.

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Authors' Contributions

All authors, Jiangnan Feng, Zhenghua Ma, and Meiying Gao, participated in the writing of the manuscript and read and approved the final version.

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