

Biopharmaceuticals Tier -3 Antibiotics for Prognosis and Dual Treatment of Bacterial and Viral Conditions

Dadiane L¹, Lunde Dadon V^{2*}, Simone Bridgesson³, Manuka L Edmundsson D¹, & Sydney Lunde¹

¹Fleet Ecology Institute on Metallurgic Studies, DPO Outlying Island

²Oak Ridge Aerospace Institute DOE, DPO Outlying Islands, Monaco

³Bio_RAD and Bio_MED Research Center Artic Circle, DPO, Bouvet Islands

*Corresponding author: Lunde Dadon V, Oak Ridge Aerospace Institute DOE, DPO Outlying Islands, Monaco.

Submitted: 19 February 2025 Accepted: 21 February 2025 Published: 10 March 2025

 <https://doi.org/10.63620/MKSSJMCCS.2025.1061>

Citation: Dadiane, L., Dadon, V. L., Bridgesson, S., Edmundsson, M. L., & Lunde, S. (2025). Biopharmaceuticals Tier-3 antibiotics for prognosis and dual treatment of bacterial and viral conditions. *Sci Set J of Med Cli Case Stu*, 4(2), 01-04.

Abstract

This study explores the role of tier-3 biopharmaceutical antibiotics in the prognosis and dual treatment of bacterial and viral infections. Through a five-year clinical observation, improper antibiotic prescriptions were linked to exacerbated pulmonary conditions. A novel treatment protocol incorporating antibiotics, antivirals, and immunotherapy demonstrated efficacy in reversing chronic bronchial disorders. The research underscores the importance of precise pharmaceutical interventions and regulatory oversight in managing infectious diseases.

Keywords: Biopharmaceuticals, Pertussis, Tussis, Anti-Virals, Anti-Biotics, Enzymes, Catalysts, Vectors, Viruses, and Bacterial Phages, Medications, ICD-11, Legal Medical Advice

Article I- Introduction Anti-Biotics, and Anti-Viral Prescriptions and Plebscites

Article II- Objective to countering Anti-Viral Prescribing, Plebscites, and Anti-Bacterial Forum

Article III/IV- PCT/CPC/IPC for New Biopharmaceuticals Experimentation is reversing long-term pulmonary and bronchial chronic conditions {Fig 2} {Fig 3}

This new CAS is embedded in the enzyme Protocol and catalyst research and testing for reversing long-term pulmonary conditions and bronchial chronic conditions.

For 5 years, we monitored our patient, under PCP (Primary Care Practitioner) {Fig 1} guidelines. The patient was presented with flu like symptoms, and cold and cough, we did an oscillemetry test, and vasodilatations. We found that the patient was prescribed obscene amounts percocets, bronchodilators', steroids, incorrect antibiotic class, and albuterol sulfate. We were not only presented with the problem of Legal Medical Advice, but we had to treat the symptoms and we have to treat the adverse affects of malpractice. Each body is different, each species has its own immune functions, most show their incapability of surviving

in normal flora as life goes on, and others remain cautious with the same immunogenicity. Immunity is having plasticity, it can change and strengthen over time, if it has its barriers, some "homo sapiens" species mostly have lost the barriers and cannot be procured. Immunity is not the same for everyone.

Medical Dossier (APC/CPC/PCT) CASE 1 {Fig 4}

A1. Patient was observed every 6 months for 5 years, Medical Dossier and APC reveals, bronchial conditions, cough, flu-like symptoms, and sleeping disorders.

B1. Patient was presented with two issues, adverse affects to drug prescribed for untrained unlicensed health professional, secondary to manifestations of adverse drug affects, patient needed Oscillemetry Treatment, anti-biotic, anti-viral control products, and Bactrim, Geri-Tussin Expectorant (cough and bronchial aid). Tosses is a cough a chronic cough that is noisy cough from lungs and throat, voluntary or involuntary. Pertussis is the sudden expulsion of air through large breathing passages clearing fluids, irritants, microbes, foreign particles, followed by a distinctive sound.

C1. From B1 we concluded that we need to treat the Pertussis which was caused by the malpractice of prescribed wrong medications and over exposure to aerosol such as (albuterol sulfate). So we designed a ACE inhibitors and prescribed codeine, and dextromethorphan, and Zithromax. The Anti-Viral Treatment was to also prescribed a Vitamin-C and Immunotherapy. The Zithromax was taken with the Cough Suppressant, and Codeine was used for signs and symptoms of the Tussis, and the secondary manifestations of Pertussis. We also prescribed a caffeine derivative because the Neuro-Sensory Disorder associated with chronic cough, resulted in low levels of oxygen reaching the brain, in result causing irritation, memory loss, sleeping disorders,

and excessive anxiety. Caffeine assisted with the Ocular and Neuro-chemical Barriers to assist the homeostasis of the circulatory system (et al 2019 2020).

D1. After the patient recovered, from 14 days of antibiotics treatment, we continued the Anti-Viral treatment for signs and symptoms, recommended fresh air, or steam pressured air purifier, we also recommended that they watch there symptoms, and take Cough Expectorant to reduce the Pertussis, and provided a medical prescription for Vitamin-C and Immunotherapy drugs {- Fig 1} {Fig 3}



Figure 1: Biopharmaceuticals with Molecular Science Laboratory Testing

F1. The patient will be recovering in intervals, regular Chest X-Ray examinations, and circulatory functions are examined every two weeks, CT Scans, and Hyperbaric Anti-Toxicity tests are performed, AI Telehealth assists in the comprehensive rehabilitation of the patient.

Antibiotics are recommended for coughs and colds, but not HIV/HERPES/COVID19. Antibiotics are ineffective against viral infections, including Blood Disorders affecting Blood Brain Barriers (et al 2019 2020). Antibiotics only target bacterial infections, so they will not work against viral illnesses.

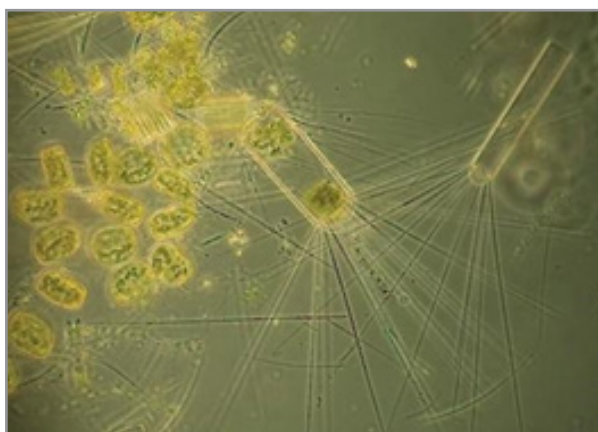


Figure 2: Here under a ddPRC we show the microphages of the vector with its enzymes, and receptors, in order to use recombinant RNA we need to examine the features, et al 2019 2020

Article V/VI- Methodology from Research and Investigational Medicinal Products for Anti-Viral and Anti-Bacterial Forum

Methodology we use for Research is to explain and classify Anti-Virals and Anti-Biotics in our Forum and Article.

Anti-virals for Virus

Viruses and Vectors (Anti-Vector Control Products): An antiviral is a substance that fights against any substance that slows the replications of the viruses is an antiviral. Viruses are microscopic organism that can infect animals, plants, and environmental organisms. Viruses consist of a protein coats, called, capsular. Antiviral, antimicrobial, antibacterial and antifungal substance. We have to identify the Virus and Vector Control Product to identify the viral proteins. The Research and IMD Investigational medicinal product testing and administration can take 2-5 years. {Fig 1.2} Toxicity of protein from the viruses itself spread, remotely, and by proxy. If we can target a critical enzyme synthesized by the virus, we can disabled certain strains, and interfere with the proteins toxicity. Once the target is clearly identified by plebiscite's the target is then a candidate for laboratory computer aided design [1]. Treatment includes inserting the gene that synthesizes the target protein into bacteria. The cells are cultured and counted under LINDA-CF-DM a new Genome Sequencer by Automation, LINDA-CF-DM ddPCR Rapid ScreeningApp,

that counts the life cycle of autophagy's based on depository evidence, and plebiscites for candidates for catalyst transfers. The Viruses (in bodegas) Body of the virus head to tail, consists of genome and enzymes and stored in capsule make of protein (capsid), covered with lipase (lipid layer). The experiment consists of creating a host, the infiltrates the target cell by binding to receptor, general, and fusing with the envelope of the capsid, a pseudo cell is introduced into the Virus- Associated Protein. Then when the cells and viruses are ready for synthetic disablement the Anti-Idiotypic attaches ligands to receptor and anti-receptor anti-bodies. Synthetic Receptors mimics the Idiotypic Molecules. Receptors commonly targeted are CD4 and CCR5 {Fig 3}. Chemokine Experiment is performed to block the virus/ cell from fusion. New Approaches are to block viral entry points, Viral Enzymes (nuclear noise), Anti-septic Remote Entry, proxy, or hybrid. Regulations call for Enzymatic Protocols. During this process, it important to value your judgement, and keep the virus control product which keeps produces the virus, on Anti-Viral Treatments and Anti-Biotic treatments {Anti-Viral Ref List} [2].



Figure 3: Here we show how we use Metallurgic Substance, Human-Animal Contact Vecotrs, Cell Biology, Pathology, and Ocular Biology, the store and investigate barrier of Viruses, Vectors, Pathogens and Disease, and full Empirical Data System that uses all Methods of Technology and Medicinal Products to produce Biopharmaceuticals.

In Fact: Population Health Index should in 2025 Philippine's, Switzerland, Armenia, and California were the most affected with HIV, Herpes, and COVID three branch together as Sexually Transmitted disease since 2019-2020, and K-12 public health index shows, young females from ages of 7-12 adolescents {Fig3}

Our Infectious Disease Physicians, Medical Physicists, and Osteopathic Medicine Physicians have completed the first set of research in our Labs. Patented under PCT/CPC/IPC with DEA50044 License {Fig 1}

- Azithromycin
- Cephalexin
- Clindamycin
- Augmentin
- Ciprofloxacin
- Erythromycin
- Levofloxacin
- Metronidazole

Anti-Viral- Penicillian, Bactrim, Amantadine, Umifenovir, Baloxavir, Marboxil, Ensitrelvir, Moroxydine, Molnupriavir, Nirmatrelvir, Oseltamivir, Peramivir, Nitazoxanide.

Antiviral medications for 3 PLY introduced in 2019 and 2020 SUSTAINED, are Abacavir (HIV treatment), Adefovir (Hepatitis B Treatment), Amantadine (Influenza A), Ensitrelvir COVID-19 STD). COVID-19 is a Herpes Simplex Vector with HIV Vector Virus, patients present with autoimmune disease COVID-19 STD, and have suppressed immune systems therefore resulting in Influenza A/B. COVID-19 STD is a Herpes Simplex Vector with receptors transcriptase HIV [3]. Manifestations are Influenza A/B {Anti-Microbial Ref List}

- ICD-11 Code
- Acute Bronchial Disorder (CA42)
- Sleep related to pulmonary disorder (7A40-7A4z)
- Lung infections (CA40-CA4Z)
- Lung Disease due to terrorism pathogens (CA60-CA8Z)
- Respiratory disease principally affecting the lung interstitium (CB00-CB0Z)
- Post procedural disorder of the respiratory system (CB 60-CB 64)
- Disease, Pleural Cavity diaphragm or mediastinal disorders (CB20-CB2Z)

Article VII/X- Conclusions to Medical Cases Summary

Our Medical Dossiers continue to give us standard test results, Antibiotic Treatment and Research, AntiViral treatments and Research. We have standardized our shares 500 tests to 150 different diseases and illnesses, and 150 diseases and illnesses to 100 different parameters of biopharmaceutical treatments. We continue our research by our Medical Group Island Health Group Corporate Division of Merck-Berkinau Pharmaceuticals, and Ocean Biopharmaceuticals MED Nuclear Research. Our findings are continued progress with our new Enzyme Protocols, Anti-Aerosols Regulations, Anti-Malpractice, Legal Medical Advice Consultations, and Economic Policy for Health Care Administration. Pre-existing conditions as a summary to Anti-Biotics and Anti-Virals are the most prevalent cause of chronic conditions, pre-existing conditions can take up most of the time within Research Parameters, locations. In conclusion, Anti-Biotics and Anti-Virals need to be prescribed, the HIV/Herpes/COVID19 are categorized together, and Influenza and

other chronic conditions are classified separately according to the International Vital and Health Statistics ICD-11 CM Diagnostic Tools {ICD-11 Code List Ref. List}. Our Journal will continue with common publishing, and provide a new approach to Development of Biopharmaceuticals for pre-existing conditions. We standardized our approach from -11 um to +11 um in et al 2019 and et al 2020 {Fig 4}. Even though most are not responsive any longer, considered inhabitable “people” [4].

InFact: Studies remain in et al 2019 and 2020 Library of Congress Infectious Disease, we also refused service to those classified under ICD-11 as “inhabitable homo sapiens”, “language deficient homo sapiens”, “neuro-brain barrier substance deficiency”, this affects over 5 billion people today.

We focus on cases that arise from International Standards and remain at your disposal for comments, and new case entries in Medical Dossier and APC.

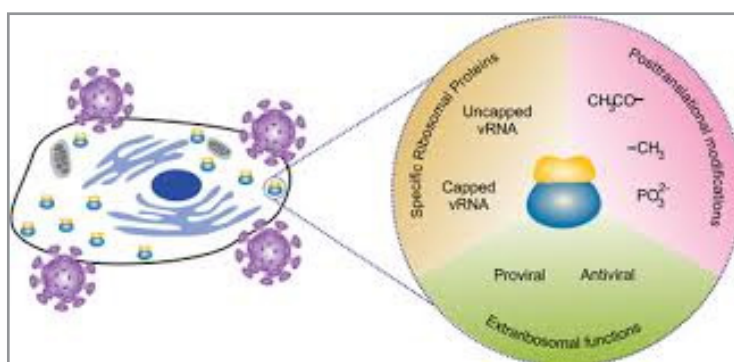


Figure 4: We show the capsids, the virus, and the enzyme transmission, with all the post modifications of the virus and bacteria in its phases.

Conflict of Interest

We reserve the right to no par journal publications and No access fee's for downloads.

Creative Commons License Attribution 4.0 CC BY NC ND: ISO Standards 14001/9001

Acknowledgements

Lofton Publishing Group LLC, Ocean Bio MED Corporation LLC, Dr L Dadiane PhD, Dr V Lunde Dadon PhD MSc JD, Dr Simone Bridgesson PhD, Dr. D Manuka L. Edmundson, Dr Wolfsson PhD.

References

1. Aminov R. I. (2010). A brief history of the antibiotic era: lessons learned and challenges for the future. Fron-

tiers in microbiology, 1, 134. <https://doi.org/10.3389/fmicb.2010.00134>

2. Yuxin, Y., Xin, L., Can, S., Yuan, F., Danyang, Qu., & Dacheng, W. (2025). Synthesis and Evaluation of Colchicine C-Cyclic Amine Derivatives as Potent Anti-Biofilms Agents Against Methicillin-Resistant Staphylococcus aureus. Antibiotics, 14(2): 173. <https://doi.org/10.3390/antibiotics14020173>
3. Matthew, I. Hutchings., Andrew, W. Truman., Barrie, W. (2019). Antibiotics: past, present and future. Current Opinion in Microbiology, 51: 72-80. <https://doi.org/10.1016/j.mib.2019.10.008>
4. MDPI. (n.d.). Antibiotics and Antivirals. ISSN 2079-6382. <https://creativecommons.org/licenses/by/4.0>