Rescue treatment and prevention of asthma using magnesium throat lozenges: Hypothesis for a mouth-lung biologically closed electric circuit.


Source
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Abstract
In the rescue treatment of acute asthma, injected and inhalant magnesium are relatively weak having demonstrated value only in severe illness, although theoretical and laboratory considerations suggest that magnesium should be strongly effective as an asthma rescue agent. It was hypothesized that a mouth-lung biologically closed electric circuit (BCEC) exists capable of nearly instantly transporting positively charged magnesium ions from the mouth and throat into the lungs. One hundred milligram magnesium (magnesium chloride) 4-g throat lozenges producing 100+ mM magnesium ion concentration in saliva were tested to determine if they had beneficial effects in asthma rescue and prevention. Subjects were selected based solely on need for asthma rescue, and lozenges were used as needed. Case histories are presented showing the nearly immediate effect of magnesium chloride throat lozenges in terminating and preventing asthma attacks. Throat lozenges containing magnesium chloride produced much more rapid and stronger benefits than has been reported for inhaled and injected magnesium. An added benefit from magnesium chloride lozenge treatment of asthma was relaxation. In this first report of its kind, magnesium chloride throat lozenges appeared to provide rescue benefits in the treatment of asthma equivalent to pharmaceutical asthma drugs. Countering these benefits, strong ionic magnesium solutions greatly increase rhinovirus, herpesvirus and Candida albicans in vitro, and appear to worsen these infections in humans. Magnesium lozenges releasing concentrated magnesium ions appear contraindicated during common colds, oral herpes infections, chronic rhinosinusitis, oral and respiratory infections in general, and their use must immediately be terminated if respiratory or oral symptoms worsen. Double-blind, placebo-controlled, clinical trials in people without respiratory or oral infections
are needed to determine magnesium lozenge safety, and the extent by which drug treatment of asthma can be reduced.

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