



## **HIV TYPE-1 PATIENT'S SERUM POSITIVE BLOOD STATUS WAS CHANGED INTO SERUM NEGATIVE THROUGH 3 COURSE (ONE COURSE FOR 10 DAYS) KALLUNK OXIDE IMMUNOTHERAPY TREATMENT**

**Ramakrishnan Madhusoodanan\***

U.S. NIH trained Principal Investigator, Project Site Office HIRS, Karoor, Ambalapuzha, Alleppey- District, Kerala, India.  
Traditional Alternative Medicine Res Ctr, TAMRC-INDIA, Velumparambil House, Kakkazhom-PO, Alleppey-5, Kerala, India.

Corresponding Author:- **Ramakrishnan Madhusoodanan**  
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<p><b>Article Info</b> <i>Received 15/07/2015</i> <i>Revised 27/07/2015</i> <i>Accepted 02/08/2015</i></p> <p><b>Key words:</b> T-Cells.</p>	<p><b>ABSTRACT</b> The T- cells (CD3+, CD4+, and CD8+) immune response to kallunk oxide [Immunotherapy] treatment could changed the HIV type-1 patient's serum positive blood status into HIV type-1 serum negative. In July- 2015, the most amazing study results as four (4 ) adult patients were performed through a phase III cost effective intervention clinical study "Traditional Complementary and Alternative Medicine (CAM) in the Treatment of HIV/AIDS" project. This is the recent interim study results (from external laboratories) on the treatment of immunotherapy from a resource limitation country, India. Clinical Trial Registration ID: NCT01349062.</p>
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### **INTRODUCTION**

The participants with the baseline CD4+ T-cells >450 cu/mm<sup>3</sup> of HIV type-1 infected patients were enrolled in to the study. The pertained study is currently recruiting HIV+ patients. The 4 cases study results were most relevant and confirmed that the HIV cure by Kallunk Oxide (Immunotherapy) treatment, a Siddha medicine, is possible. ELISA, 4th- generation and Card tests are carried out The case study was conducted at the project site office (HIRS), Karoor, Ambalapuzha, Alleppey- District, Kerala, India. Dr. Madhusoodanan, Ramakrishnan, the principal investigator (PI) was carried out this study.

Traditional Alternative Medicine Research, India an organization of Traditional Alternative Medicine Res Ctr [IPF Code;10001796] is overseeing this study with appropriate informed consents were obtained under the U.S. HHS approved Institutional Review Board {IRB} and it's Data and Safety Monitoring Board (DSMB). The organization has an international status as IORG0004200 listed by the U.S. Office of Human Research Protections (OHRP).

### **METHOD**

After the three months follow-up,[ the baseline to 12 weeks] the 2 out of 4 HIV+ patient's study results were achieved HIV seronegative blood Statuses and the other two patients are reaching to that milestone. All four (4) patients have a history of 5 years HIV+ background and the fourth female participant has HIV+ caused diabetes mellitus (type-II). The once daily dose regimen on 10 days treatment as the booster dose 5 mg Kallunk oxide + 1995 mg antidote (Piper Longum) was given to 4 patients. No ART (Anti Retroviral Treatment) was used. No short term adverse effect was encountered. Another Siddha medicine for diabetes was taken to control the female patient's complex blood sugar level (case report- 4). The case report -2 had infected with Herpes (HSV) and HIV.

### **RESULTS**

The 4 cases study results was most relevant and confirmed that the HIV cure by Kallunk Oxide (Immunotherapy) treatment, a Siddha medicine, is 100 per cent possible.



Case Report-1



Sreekandath Road (EAST), Ravipuram, Kochi - 16  
Phone : 0484 4112000, 2357044, 2358066

U85195 KL 1990 PTC 005887. PAN No.: AABCM 6449H

LABORATORY TEST REPORT

Reports online : www.medivision.in

TIENT'S NAME : Mr. Pat. ID : Sample Coll. : 16/05/2015 13:18  
E : 32 Years / MALE Reg. DATE : 16/05/2015 Sample Acc. : 16/05/2015 13:58  
FERRED BY Dr : IP/ OP No. : Report Auth. : 16/05/2015 17:35  
ent Name : NA Report Status : FINAL

Department Of Haematology

Packed Cell Volume	:	48	%	40 - 54
Red Blood Cells Count	:	5.3	Millions/cumm	3.5 - 5.5
Mean Corpuscular Volume	:	90	fL	80 - 92
Mean Corpuscular Haemoglobin	:	31	Pg	27 - 32
Mean Corpuscular Haemoglobin Concentration	:	35	%	32 - 36
RDW	:	13.0	%	11.5 - 15.0
PDW	:	12.2	fL	9 - 14
MPV	:	10.0	fL	8 - 12
P-LCR	:	24.5	%	15 - 35

\*\*\* END OF REPORT \*\*\*

Dr. Kazi Wajid Husain, MD  
LABORATORY DIRECTOR & PATHOLOGIST

162021

NOTE : - L= Low , H= High, The tests marked with \* are not accredited by NABL.

Page 2 of 3

ANJU MOHANDAS :25/05/2015 10:23:12AM

H.O. : Medivision Scan & Diagnostic Research Centre Pvt.Ltd. Medivision House, Sreekandath Road (EAST), Ravipuram, Kochi - 16  
Phone : 0484 4112000, 2357044, 2358066, Fax : 0484 4037327 Email : info@medivision.in www.medivision.in





Sreekanadath Road (EAST), Ravipuram, Kochi - 16  
Phone : 0484 4112000, 2357044, 2358066

CIN: U85195 KL 1990 PTC 005887. PAN No.: AABCM 6449H

LABORATORY TEST REPORT

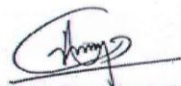
Reports online : www.medivision.in

PATIENT'S NAME : Mr. Pat. ID : Sample Coll. : 16/05/2015 13:18  
AGE : 32 Years / MALE Reg. DATE : 16/05/2015 Sample Acc. : 16/05/2015 13:39  
REFERRED BY Dr : IP/ OP No. : Report Auth. : 23/05/2015 11:42  
Client Name : NA Hosp. Name : Report Status : FINA

Department Of Microbiology

CD 3

<u>INVESTIGATION</u>	<u>OBSERVED VALUE</u>	<u>UNITS</u>	<u>REFERENCE RANGE</u>
CD 3 Percentage	: 73.13		59-83
CD 3	: 1094.0		677 -2383
*** END OF REPORT ***			

  
Anuroop G.M.Sc.(Med.Microbiology)  
Microbiologist

NOTE: L= Low, H= High

Page 4 of 4

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Sreekandath Road (EAST), Ravipuram, Kochi - 16  
Phone : 0484 4112000, 2357044, 2358066

I: U85195 KL 1990 PTC 005887. PAN No.: AABCM 6449H

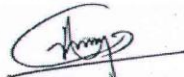
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 Patient Name : NA Hosp. Name : Report Status : FINAL

Department Of Microbiology

PARAMETER	OBSERVED VALUE	UNITS	REFERENCE RANGE
CD 45 Percentage	: 100.0		
CD 45	: Positive		
Serum Anti HSV I & II IgM	: Negative(0.24)	A.I.	< 0.9 : Negative >0.9 - <1.1 : Equivocal > 1.1 : Positive
Technique used : ELISA			
Serum Anti HSV I & II IgG	: Negative (0.32)	A.I.	< 0.9 : Negative 0.9-1.1 : Equivocal > 1.1 : Positive
Technique used : ELISA			
Absolute Lymphocyte Count	: 1496	/uL	990 - 3150
CD4 percentage	: 31.9	%	31 - 59
Absolute CD4 Count	: 478.00	Cells/uL	424 - 1509
CD 8 Percentage	: <b>H</b> 40	%	12 - 38

  
 Anuroop G.M.Sc.(Med.Microbiology)  
 Microbiologist

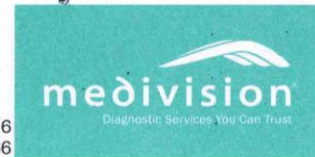
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Phone : 0484 4112000, 2357044, 2358066

CIN: U85195 KL 1990 PTC 005887. PAN No.: AABCM 6449H

LABORATORY TEST REPORT

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PATIENT'S NAME : Mr. Pat. ID : Sample Coll. : 16/05/2015 13:18  
 AGE : 32 Years / MALE Reg. DATE : 16/05/2015 Sample Acc. : 16/05/2015 13:57  
 REFERRED BY Dr : IP/ OP No. : Report Auth. : 16/05/2015 16:14  
 Client Name : NA Report Status : FINAL

Department Of Biochemistry

PARAMETER	OBSERVED VALUE	UNITS	REFERENCE RANGE
Random Blood Glucose (Plasma / Hexokinase)	: 89.00	mg/dl	70 - 140
Cholesterol (Serum / CHOD-POD / End point)	: 202.0	mg/dl	< 200 Desirable 200-239 Borderline high > 240 High
Bilirubin Total (Serum / DPD / End point)	: 0.9	mg/dl	0 - 1.0
Bilirubin Direct (Serum / DPD / End point)	: 0.2	mg/dL	0.0 - 0.2

\*\*\* END OF REPORT \*\*\*

NABL Accredited



*KWA*  
 Dr. Kazi Wajid Husain, MD  
 LABORATORY DIRECTOR & PATHOLOGIST

162022

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 Phone : 0484 4112000, 2357044, 2358066

CIN: U85195 KL 1990 PTC 005887. PAN No.: AABCM 6449H

**LABORATORY TEST REPORT**

Reports online : [www.medivision.in](http://www.medivision.in)

PATIENT'S NAME : Mr. Pat. ID : Sample Coll. : 16/05/2015 13:18  
 AGE : 32 Years / MALE Reg. DATE : 16/05/2015 Sample Acc. : 16/05/2015 13:39  
 REFERRED BY Dr : IP/ OP No. : Report Auth. : 16/05/2015 15:58  
 Client Name : NA Hosp. Name : Report Status : FINA

**Department Of Microbiology**

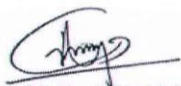
PARAMETER	OBSERVED VALUE	
Serum Anti HIV I & II	: Non Reactive(0.068)	< COV : Non Reactive >= COV : Reactive
Cut Off	: 0.237	

**Note**

HIV ELISA is a screening test for the detection of HIV I & II antibodies in serum. The test result should be confirmed with Western Blot. False positive reactions can occur with sera containing RF or other auto-antibodies and from persons with hepatic disease. Negative reactions can occur in acute illness & sometimes in the very late cases where the immune system is non-reactive. To arrive at the final diagnosis the test result should be interpreted in the context of other diagnostic procedures like P24 Assay, HIV DUO Ultra (Combined detection of HIV antibody & P24 antigen by ELFA), PCR, CD4 count etc. and the total clinical status of the patient.

Technique used : ELISA

\*\*\* END OF REPORT \*\*\*

  
**Anuroop G.M.Sc.(Med.Microbiology)**  
 Microbiologist

**162025**  
 NOTE : L= Low, H= High

Page 3 of 4

ANJU MOHANDAS: 25/05/2015 10:23:18AM





**REPORT**

Age: 33 Years Sex:MALE  
Tel No:

Ref:Dr.

SID:  
PID NO:  
Collection DateTime:  
**09/03/2015 11:39 AM**  
Registration DateTime:  
09/03/2015 11:39 AM  
Report DateTime:  
16/03/2015 11:30 AM

Test Description	Observed Value	Biological Reference Interval with Units
<b>IMMUNOASSAY :</b> HIV 1&2 by CMIA (IV th Generation test) Serum	<b>NON REACTIVE (0.18)</b>	< 1.00 COI Non reactive >= 1.00 COI Reactive

**Infections**

RPR (VDRL) Test by Flocculation Serum	<b>NON REACTIVE</b>	Non reactive
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Page 2 of 3

Ramesh Kumar M.Sc., PhD  
Laboratory Director

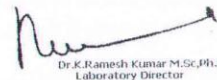
Dr. Roshini Anand Patel MBBS, DCP  
Consultant Pathologist

Renjith K. Soori M.Sc  
Dept. of Biochemistry

Kenny D'Souza M.Sc.  
Dept. of Microbiology  
Certificate No. : 03-03-04

D. Nisha M.Sc  
Dept. of Serology  
& Immunology

Dr. Siva Mathur Bansal MBBS MD  
Consultant Pathologist

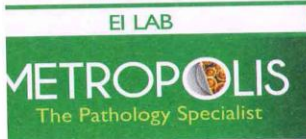


Dr. K. Ramesh Kumar M.Sc, PhD  
Laboratory Director

Refer to conditions of reporting overleaf

\*\*Referred Test

Results relate only to the sample as received



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**EI Lab Metropolis**





**REPORT**

Age: 33 Years Sex:MALE  
Tel No:

SID:  
PID NO:  
Collection DateTime:  
**09/03/2015 11:39 AM**  
Registration DateTime:  
09/03/2015 11:39 AM  
Report DateTime:  
16/03/2015 11:30 AM

Ref:Dr.

**Haemogram**

Test Description	Observed Value	Reference range & Units
<b>Erythrocytes:</b>		
Erythrocyte Count, EDTA blood, Automated	<b>5.33</b>	4.7 to 6.0 mill/c.mm
Haemoglobin, EDTA blood by AECI	<b>16.8</b>	13.5 to 18 gm/dL
PCV (Packed Cell Volume), EDTA Blood by AECI	<b>48.1</b>	42 to 52%
MCV (Mean Corpuscular Volume), EDTA Blood	<b>90.0</b>	78 to 100 fl.
MCH (Mean Corpuscular Haemoglobin), EDTA	<b>31.5</b>	27 to 31 pg
MCHC (Mean Corpuscular Haemoglobin	<b>34.9</b>	30 to 35%
RDW (Red Cell Distribution Width), EDTA blood,	<b>12.3</b>	11.5 to 14 %
<b>Leucocytes:</b>		
Total Leucocytes, EDTA Blood by AECI	<b>8,400</b>	4,000 to 11,000/uL
Neutrophils	<b>64</b>	40 to 80%
Lymphocytes	<b>34</b>	20 to 40%
Eosinophils	<b>1</b>	1 to 6%
Monocytes	<b>1</b>	0 to 3 %
Basophils		0 - 2 %
<i>* Differential count is based on 10,000 cells</i>		
<b>Platelets:</b>		
Platelet count, EDTA Blood, by AECI	<b>2.52</b>	1.5 to 4.5 Lakhs/uL
ESR-Erythrocyte Sedimentation	<b>6</b>	< 20 mm/hour

Page 1 of 3

Dr. Ramesh Kumar M.Sc., PhD  
Laboratory Director

Dr. Roshini Anand Patel MBBS, DCP  
Consultant Pathologist

Renjith K. Soori M.Sc.  
Dept. of Biochemistry

Kenny D'Souza M.Sc.  
Dept. of Microbiology  
Certificate No.: 13-0264

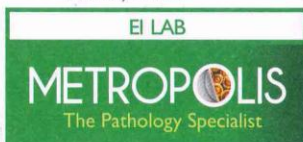
D. Nisha M.Sc.  
Dept. of Serology  
& Immunology

Dr. K. Ramesh Kumar M.Sc., PhD  
Dr. Siva Mathur Bansal MBBS MD  
Consultant Pathologist

Refer to conditions of reporting overleaf

\*\*Referred Test

Results relate only to the sample as received



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North Square, Paramara Road, Opp. Town Hall, Ernakulam North, Kochi-682 018  
0484-4000123/124. Fax: 0484-4000126

**EI Lab Metropolis**





Mr.  
**PORT**  
 PID NO:  
 Age: 33 Year(s) Sex: Male

**Reference:**  
 Sample Collected At:  
 ENDOCRINOLOGY & IMMUNOLOGY  
 LAB  
 North Square, Paramara Road, Opp.Town  
 Ha Ernakulam, Cochin-682 018  
**Zone: OUT-01(OS)682018**

**VID:**  
 Registered On:  
 10/03/2015 12:43 PM  
 Collected On:  
 10/03/2015  
 Reported On:  
 11/03/2015 08:20 PM

**CD3/CD4/CD8 Test**

Test Description	Observed Value	Unit	Biological Reference Interval
CD 45 absolute(Lymphocyte gated)	2566	/c.mm	1115-4009
CD 3 (T Cells) Percentage	71.46	%	55-81
CD 3 (T Cells) Absolute	1834	cells/ $\mu$ L	457-3926
CD 4 (Helper T Cells) Percentage	31.00	%	27-51
CD 4 (Helper T Cells) Absolute	795	cells/ $\mu$ L	448-1611
CD 8 (Suppressor T-Cells) Percentage	30.04	%	20.06-42.52
CD 8 (Suppressor T-Cells) Absolute	771	cells/ $\mu$ L	218-1396
CD 4/CD 8 ratio	1.03		0.39-3.02

Ramesh Kumar M.Sc., PhD Laboratory Director  
 Dr. Roshini Anand Patel MBBS, DCP Consultant Pathologist  
 Renjith K. Soorj M.Sc Dept. of Immunology  
 Kenny D. Souza M.Sc Dept. of Microbiology  
 Dr. Rajesh Bendre MD(Path), DNB, DNB (Chief Pathologist & Head Laboratory Services  
 D. Nisha M.Sc Dept. of Serology  
 Dr. Siva Mathur Bansal MBBS MD Consultant Pathologist




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 0484-4000123/124. Fax : 0484-4000126

**EI Lab Metropolis**



 <p>11147809441</p>	Mr. <b>ORT</b> PID NO: Age: 33 Year(s)    Sex: Male	<b>Reference:</b> Sample Collected At: ENDOCRINOLOGY & IMMUNOLOGY LAB North Square, Paramara Road, Opp.Town Ha Ernakulam, Cochin-682 018 Zone: <b>OUT-01(OS)682018</b>	<b>VID:</b> Registered On: 10/03/2015 12:43 PM Collected On: 10/03/2015 Reported On: 11/03/2015 08:20 PM
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**Instrument :** BD FACS Canto II automated 6 colour Flow cytometer using Canto clinical software.

**Technique :** Flow Cytometry Single Platform Technology.

Specimens are sequentially gated as follows:

CD45 Leucocyte common antigen >> CD3 T-cells >> CD4 Helper T-cells >> CD8 Suppressor T-cells

**Interpretation guidelines:**

1. CD4 counts may change upto 30% without any change in clinical status due to biological and method variation. Therefore, trends over time should be monitored rather than change in a specific test result. (Ref: J Wallach : Interpretation of laboratory medicine)
2. For monitoring, both CD4% & Absolute CD4 counts should be considered. However, Absolute CD4 counts can show variation as it is dependant absolute lymphocyte count (CD45) & total T-cell count (CD3) within a sample which in turn are affected by various infective/inflammatory conditions. While CD 4% is considered a stable parameter as it shows minimal biological variation & least dependent on absolute counts within a sample.
3. An unexpected result must be repeated before changing therapy.
4. Very low CD4/8 absolute cell counts and percentages though satisfactorily acquired by the flow cytometer could be associated with cellular degeneration, hence correlation with clinical findings & viral load is advised. If clinically indicated kindly repeat the test with fresh sample.
5. Factors affecting CD4/CD8 counts:  
 Circannual rhythm, Age, Sex, ethnic origin, stress, effect of drugs, presence of anti lymphocyte antibody, splenectomy, menstrual cycle, smoking, infections, pregnancy,  
 Time of collection, delay in analysis, sequential use of different assay and sample storage.  
 \*\* CD8 counts are not enumerated if request is made for CD4 counts only.

**Reference :**

\* Thakar et al. Establishment of reference CD4+ T cell values for adult Indian population. AIDS Research and Therapy 2011, 8:35  
 \* Uppal et al. Normal Values of CD4 and CD8 Lymphocyte Subsets in Healthy Indian Adults and the Effects of Sex, Age, Ethnicity, and Smoking. Cytometry Part B (Clinical Cytometry) 52B:32-36 (2003)  
 \* Giorgi JV, Hultin LE, Lymphocyte subset alterations and immunophenotyping by flow cytometry in HIV disease. Clin Immunol Newslett. 1990;10:55-61.  
 \* Landay A, Ohlsson-William B, Giorgi JV. Application of flow cytometry to the study of HIV infection. AIDS. 1990; 4:479-497.  
 \* Centers for Disease Control. 1997 Revised guidelines for performing CD4+ T-cell determinations in persons with human immunodeficiency virus (HIV). MMWR. 1997;46 (No.RR-2), 1-29.

-- End of Report --

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*R. Bendre*  
**Dr. Rajesh Bendre**  
 MD(Path), DNB, DNB, DNB  
 Chief Pathologist &  
 Head Laboratory Services



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 0484-4000123/124. Fax : 0484-4000126





# MANGALAM DIAGNOSTIC RESEARCH CENTRE

Baker Junction, Kottayam-686 001  
Tel: 2569668, 2567639. Mob: 9447189819  
Fax: 2302158 Email: mangalamhospitals@in.com

**24 hours Service**

The first ISO 9001-2000 Certified Diagnostic facility in Central Kerala



**Branches Palakkad | Gandhinagar | Kurichi | Mathumoola**

## LAB REPORT

**Patient : MR.** [redacted] (32 Yrs., Male)

**Address :** [redacted]

**Sample Date : 24/06/2015**

**Doctor : .**

**Bill No :** [redacted]

**Result Date : 24/06/2015**

### DEPARTMENT OF BIOCHEMISTRY

Name of Test	Result	Normal Value
CHOLESTEROL	: 170 mg/dl	140 - 230

MEDICAL SUPERVISOR

*[Handwritten signature]*  
24/6/15

*[Handwritten signature]*  
24/6/15  
BIOCHEMIST

Medlabs-GDS

MRI | SPIRAL CT SCAN | DOPPLER SCAN | ULTRA SOUND SCAN | X-RAY | ECG | CLINICAL LABORATORY





# MANGALAM DIAGNOSTIC RESEARCH CENTRE

Baker Junction, Kottayam-686 001  
Tel: 2569668, 2567639. Mob: 9447189819  
Fax: 2302158 Email: mangalamhospitals@in.com

**24 hours Service**

The first ISO 9001-2000 Certified Diagnostic facility in Central Kerala



**Branches Palakkad | Gandhinagar | Kurichi | Mathumoola**

## LAB REPORT

**Patient : MR.** [redacted] **(32 Yrs., Male)**

**Address :** [redacted]

**Doctor : .**

**Bill No :** [redacted]

**Sample Date : 20/06/2015**

**Result Date : 24/06/2015**

### DEPARTMENT OF MICRO BIOLOGY

Name of Test	Result	Normal Value
--------------	--------	--------------

**HIV ( ELISA )**

RESULT : 0.060 ✓

CUT OFF VALUE

0.249

**HSV I & II IgG**

RESULT : 0.2 (Non Reactive) ✓

**REFERENCE RANGE**

Non Reactive

<0.9

Equivocal

0.91 - 1.1

Reactive

>1.1

*[Signature]*  
**MICROBIOLOGIST**  
*[Stamp]*

Medlabs-GDS

**MRI | SPIRAL CT SCAN | DOPPLER SCAN | ULTRA SOUND SCAN | X-RAY | ECG | CLINICAL LABORATORY**



**CASE REPORT -2**

**DIAGNOSTIC REPORT**



CLIENT CODE :

CLIENT'S NAME AND ADDRESS :  
 DDRC SRL DIAGNOSTICS (PVT.) LTD. KOTTAYAM  
 OTHALATHUMOOTIL BUILDING, SAMKRANTHY JUNCTION,

KOTTAYAM 686028  
 KERALA INDIA  
 481-2595573

SRL LIMITED  
 PRIME SQUARE BUILDING,PLOT NO 1,GAIWADI INDUSTRIAL  
 ESTATE,S.V. ROAD,GOREGAON (W)  
 MUMBAI, 400062  
 MAHARASHTRA, INDIA  
 Tel : 022-67801177, 1800-222-660, Fax : 022 - 67801212  
 CIN - U74899DL1995PLC070603  
 Email : srl.mumbai@srl.in

PATIENT NAME : MR.

PATIENT ID :

ACCESSION NO :

AGE : 39 Years SEX : Male

DATE OF BIRTH :

DRAWN : 13/01/2015 17:00

RECEIVED : 15/01/2015 01:29

REPORTED : 15/01/2015 16:26

REFERRING DOCTOR :

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
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**FLOW CYTOMETRY**

**LYMPHOCYTE SUBSET ENUMERATION, BLOOD**

% CD3+/CD45+ (T-CELLS)	74.7		59 - 84	%
ABSOLUTE CD3+ LYMPHOCYTE COUNT	2082		716 - 2130	/µL
% CD3+/CD4+ (T-HELPER CELLS)	34.5		26 - 48	%
ABSOLUTE CD4+ LYMPHOCYTE COUNT	963		354 - 1100	/µL
% CD3+/CD8+ (T-SUPPRESSOR CELLS)	37.0		18 - 41	%
ABSOLUTE CD8+ LYMPHOCYTE COUNT	<b>1032</b>	<b>High</b>	192 - 980	/µL
CD4/CD8 RATIO	0.93		0.57 - 2.03	

METHOD : FLOW CYTOMETRY

**Test Method(s)**

LYMPHOCYTE SUBSET ENUMERATION, BLOOD-  
 LYMPHOCYTE SUBSET ENUMERATION

**Introduction:**

The lymphocyte population of human peripheral blood is composed of two cell types: T (thymus) derived and B (bone marrow-derived). These cell types are morphologically indistinguishable but can be identified by characteristic antigenic profile on their cell membrane. The present test utilizes monoclonal antibodies against CD3, CD4 and CD8 to identify and enumerate peripheral blood mature helper/inducer and suppressor/cytotoxic T cells via specific binding to cell surface antigens, CD3, CD4 and CD8 respectively.

**Applications:**

CD3, CD4 and/or CD8 positive lymphocyte percentages and absolute counts are used as tools to evaluate immune status, underlying known or unknown disease states and to monitor lymphocyte levels following organ transplantation. Determination of levels of CD4 positive lymphocytes might also assist in the diagnosis and/or monitoring of immunodeficiency diseases. For example, infection with human immunodeficiency virus (HIV) results in progressive immunosuppression due predominantly to a selective depletion of the CD4 positive lymphocytes that express the receptor for the virus (the CD4 antigen). Clinical and immunologic deterioration generally correlates with a falling CD4 positive lymphocyte count. CD4/CD8 ratio is useful as diagnostic and/or prognostic indicators of immune competence. CD4/CD8 ratio falls toward zero in advanced AIDS patients, with no detectable levels of CD4 lymphocytes. In such cases, CD8 lymphocyte levels might be normal, increased or decreased.

**Technique:**

Absolute CD4 and CD8 counts are carried out using single platform (SP) technology. This technology allows direct measurement of lymphocyte subsets by Flow Cytometric analysis alone and is more accurate, compared to the "dual platform" technology especially at lower counts.

GENDERWISE REFERENCE RANGES QUOTED ABOVE WERE GENERATED INHOUSE BY SINGLE PLATFORM TECHNOLOGY.

**Methodology:**

Single Platform/Direct analysis using four-color reagent (CD45/CD3/CD4/CD8) with Flow Count Fluospheres for absolute count determination.

**\*\*End Of Report\*\***

Please visit [www.srlworld.com](http://www.srlworld.com) for related Test Information for this accession

Dr. Vishal Mehrotra, MD  
 Haematopathologist





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Name : Mr.

Age & Sex: 40, Male

Ref. No :

Sudharma Shoranur

Ref. By : Dr.

Date : Jul 04, 2015

No.	INVESTIGATION	PATIENT'S VALUE	NORMAL RANGE
1	Blood Sugar (F)	99 mg/dl	70 - 110 mg/dl
2	Urea	24.6 mg/dl	15 - 45 mg/dl
3	Creatinine	1.16 mg/dl	0.60 - 1.40 mg/dl
4	Uric Acid	4.2 mg/dl	M : 3.40 - 7.00 F : 2.00 - 6.00 mg/dl
5	Calcium	9.6 mg/dl	8.5 - 10.5 mg/dl
6	Phosphorous	4.1 mg/dl	2.5 - 4.8 mg/dl
7	Sodium	142 mEq/L	135 - 145 mEq/L
8	Pottassium	4.4 mEq/L	3.8 - 5.0 mEq/L
9	Chloride	100 mEq/L	98 - 106 mEq/L
10	Bicarbonate	21 mEq/L	20 - 28 mEq/L
11	Blood Sugar (PP)	116 mg/dl	80 - 140 mg/dl

Remarks:

Jul 04, 2015 , 2:22:25 PM

Mr. Irshad Ahamed/DMLT.  
Chief Technician

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Name : Mr.

Age & Sex: 40 , Male

Ref. No :

Sudharma Shoranur

Ref. By : Dr.

Date : Jul 04, 2015

LIVER FUNCTION TEST

NO.	INVESTIGATION	PATIENT'S VALUE	NORMAL RANGE
1	Bilirubin Total	0.88 mg/dl	Upto 1.2 mg/dl
2	Bilirubin Direct	0.14 mg/dl	0.0 - 0.3 mg/dl
3	SGOT (AST)	52 U/L	5 - 35 U/L
4	SGPT(ALT)	60 U/L	5 - 40 U/L
5	Alkaline Phosphatase	214 U/L	100 - 250 U/L
6	Total Protein	7.40 gm/dl	6.3 - 8.2 gm/dl
7	Albumin	4.10 gm/dl	3.5 - 5.0 gm/dl
8	Globulin	3.30 gm/dl	2.3 - 3.5 gm/dl
9	A/G Ratio	1.24	

Remarks:

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Name :Mr.

Age & Sex: 40 , Male

Ref. No :

Sudharma Shoranur

Ref. By :Dr.

Date : Jul 04, 2015

HAEMOGRAM INTERPRETATION

PATIENT'S VALUE

	ABSOLUTE VALUE	NORMAL RANGE	% VALUE	NORMAL RANGE
WBC	6,600/cu mm.	5,000 - 12,000 /cu mm		
NEU ( Neutrophil)	3,690 /cu mm.	1,700 - 7,800 /cu mm.	56 % N	35.0 - 65.0 % N
LYM (Lymphocyte)	2,640 /cu mm.	1,250 - 5,400 /cu mm.	40 % L	25.0 - 45.0 % L
MONO (Monocyte)	70 /cu mm.	0 - 600 /cu mm.	01 % M	0.0 - 6.0 % M
EOS (Eosinophil)	200 /cu mm.	0 - 600 /cu mm.	03 % E	0.0 - 6.0 % E
BASO (Basophil)	0 /cu mm.	0.00 - .100 /cu mm.	00 % B	0.0 - 2.0 % B
RBC	5.0 M/ul	4.50 - 6.50 M / u L		
HGB (Hb)	13.6 g/dl	12.0 - 15.0 g/d L		
HCT (Hematocrit) - PCV	41.8 %	33.0 - 45.0 %		
MCV	83.60 fL	82.0 - 92.0 fL		
MCH	27.20 p g	27.0 - 32.0 p g		
MCHC	32.54 g / dL	32.0 - 36.0 g / dL		
PLT (Platelets)	186,000 /cu mm.	100000 - 350000 /cu mm.		
ESR	36mm / hr.	Upto 20 mm / hr.		

Remarks:

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Mr. Irshad Ahamed DMLET.

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Name : Mr.

Age & Sex: 40 , Male

Ref. No :

Sudharma Shoranur

Ref. By : Dr.

Date : Jul 04, 2015

**URINE ANALYSIS**

Colour	Pale Yellow	<u>MICROSCOPY</u>	
Reaction	Acidic	Red Blood Cells	Nil
Specific Gravity	-	Pus Cells	1 - 2/ hpf
Albumin	Faint Trace	Epithelial Cells	+
Sugar	Nil	Cast	Nil
Acetone	-	Crystals	Nil
Bile pigments	Nil	Bacteria	--
Bile salt	Negative	Ammor. Urates	--
Urobilinogen	-		
Porphobilinogen	-		

Remarks:

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Name : Mr.

Age & Sex: 40 , Male

Ref. No :

Sudharma Shoranur

Ref. By : Dr.

Date : Jul 04, 2015

### LIPID PROFILE REPORT

NO.	INVESTIGATION	PATIENT'S VALUE	NORMAL RANGE
1	Cholesterol	<b>172.00</b> mg/dl	Desirable : < 200 mg/dl Borderline High : 200 - 239 mg/dl High : > 240 mg/dl
2	Triglycerides	<b>180.00</b> mg/dl	Desirable : < 150 mg/dl Borderline High : 150 - 199 mg/dl High : > 200 mg/dl
3	HDL Cholesterol	<b>44.0</b> mg/dl	Desirable : > 40 mg/dl Borderline High : 35 - 39 mg/dl Undesirable : < 35 mg/dl
4	LDL Cholesterol	<b>107.00</b> mg/dl	Optimal : < 100 mg/dl Near / Above Optimal : 100 - 129 mg/dl Borderline High : 130 - 159 mg/dl High : > 160 mg/dl
5	VLDL Cholesterol	<b>36.00</b> mg/dl	14 - 42 mg/dl
6	Cholesterol / HDL Cholesterol Ratio	<b>3.9 : 1</b>	Up To 5.0

Remarks:

Mr. Irshad Ahamed DMLT.  
Chief Technician

Jul 04, 2015 2:22:25 PM

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Name : Mr.

Age & Sex: 40 , Male

Ref. No :

Sudharma Shoranur

Ref. By : Dr.

Date : Jul 04, 2015

No.	INVESTIGATION	RESULT
1	HIV - 1&2 - (Tri-Dot)	Negative
2	HBsAg - (Card Test)	Negative
3	VDRL/RPR	Non Reactive

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Name : Mr.

Age & Sex: 40 , Male

Ref. No :

Sudharma Shoranur

Ref. By : Dr.

Date : Jul 04, 2015

No.	INVESTIGATION	PATIENT'S VALUE	NORMAL RANGE
1	RA Factor - Quantitative (by Nephelometry)	13.0 IU/ml	< 35 IU/ml
2	ASO Titre - Quantitative (by Nephelometry)	65 IU/ml	< 200 IU/ml

Remarks:

Jul 04, 2015 , 2:28:51 PM

Mr. Irshad Ahamed D.M.E.T.

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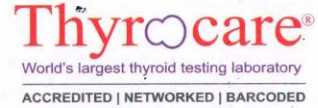
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Ph.: 022 - 3090 0000 / 4125 2525 | Fax: 2768 2409 | Email: info@thyrocare.com | Website: www.thyrocare.com

**REPORT**

**NAME** : MR  
**REF. BY** : SUDHARMA LAB  
**TEST ASKED** : TSH

**SAMPLE COLLECTED AT** :  
( 6111 ), CARE LABORATORY OPPOSITE TO SEMALK  
HOSPITAL ,KOYAS BUILDING, KANNIYAMPURAM,  
OTTAPALAM ,PALAKKAD DISTRICT.

TEST NAME	TECHNOLOGY	VALUE	UNITS	REFERENCE RANGE
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	2.35	µIU/ml	0.30 - 5.5

**Comments** : \*\*\*

**Please correlate with clinical conditions.**

**Technology :**

TSH - ULTRA SENSITIVE SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY

~~ End of report ~~



D82566295

**Sample Collected on (SCT)** : 03 Jul 2015 08:00  
**Sample Received on (SRT)** : 04 Jul 2015 00:22  
**Report Released on (RRT)** : 04 Jul 2015 02:50  
**Sample Type** : SERUM  
**Labcode** : 030726392/KER05  
**Barcode** : 52022320

Dr. Alap Christy MD

Dr. Caesar Sengupta MD  
Page : 1 of 1

Reporting conditions overleaf



## DISCUSSION

All patients had gained boosted immune T-cells and the lymphocyte common antigen CD45+ count was highly increased at about >40 %.

5 Kg body weight was increased. Fourth-generation tests look for both antibodies and antigens.

Antigens are proteins on the surface of the HIV particle. Antibodies are produced by the immune system in response to the HIV antigens.

They fit together like a lock and key. The p24 tests, fourth generation tests, as Tri-Dot and Duo tests were carried out.

## REFERENCES

No references were matched in this study. Author approves this final Manuscript.

## CONCLUSION

No seronegative illness was found. The patient's immune T-cells were highly boosted and they (2 patients) strongly HIV negative. This beneficial study is aiming to recruit 1000 HIV+ patients all over India. More outstanding phase- III observation study is needed. Lack of funding from any source is a big concern to initiate viral load assay and it was not carried out in this study.

## ACKNOWLEDGEMENT

U.S. NIH trained Scientist. No personal conflict of interest. Anticipate possible funding from the National Institute of Allergy and Infectious Diseases NIAID

