



REVOLUTIONIZING THERAPY: EXPLORING THE PROMISING ROLE OF P-BLOCK ELEMENTS IN MEDICINE

Areeba Sajid¹, Sidra^{1*}, Sadaf Fayyaz¹, Sibgha Noureen¹, Musrat Sana¹, Maham Amjad², Chanda Ashraf¹, Sadia Munir¹, Iqra Shahzadi¹, Sadais Ahmed³, Aqsa Ikram¹

¹Department of Pharmacy, The University of Chenab, Gujrat, Pakistan

²Department of Pharmaceutics, Government College University, Faisalabad, Pakistan

³Department of Pharmacy, Mirpur University of Science and Technology, Mirpur, AJK

Email: areeba.sajid121@gmail.com

Email: sidrayousaf123@gmail.com / sidra@pharm.uchenab.edu.pk

Email: sadaffayyaz867@gmail.com

Email: sibgha@pharm.uchenab.edu.pk

Email: musrat@pharm.uchenab.edu.pk

Email: maham5211amjad@gmail.com

Email: chandaashraf70@gmail.com

Email: saaadmunir12@gmail.com

Email: druoliqra786@gmail.com

Email: sadaisahmed074@hotmail.com

Email: aqsamughal283@gmail.com

***Corresponding Author: - Sidra**

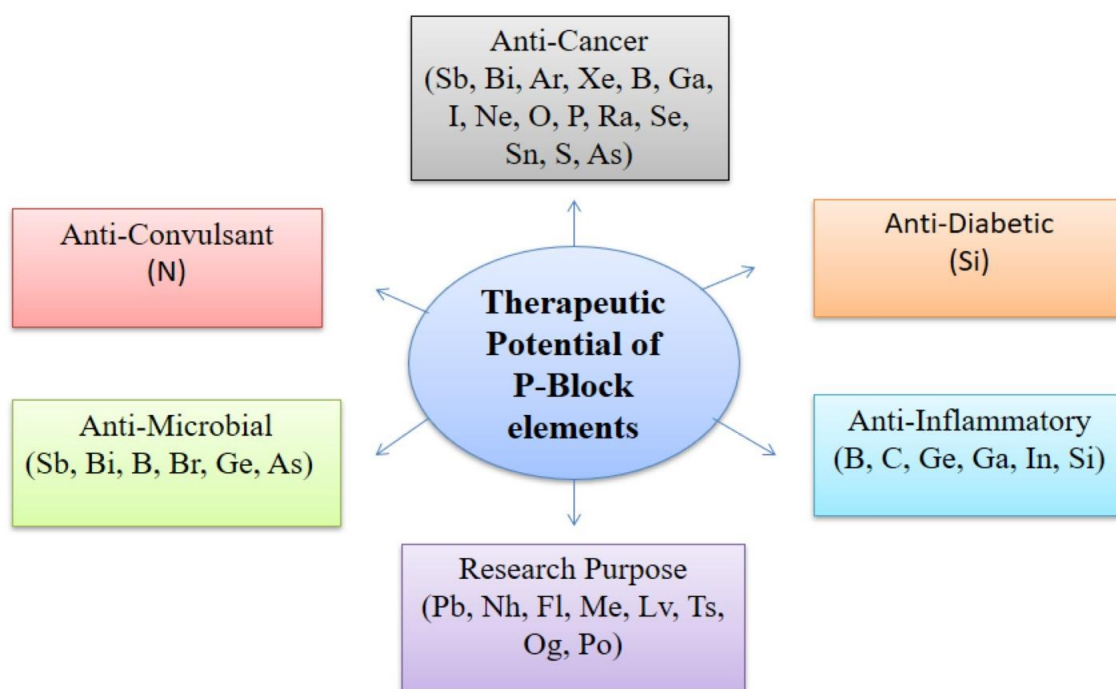
*Email: sidrayousaf123@gmail.com / sidra@pharm.uchenab.edu.pk

Abstract

P-block elements have a long and varied history from ancient times. In pharmacological therapy, P-block elements might have some advantages over purely organic compounds. Such as dental problems, drug delivery, eye, respiratory, and gastrointestinal diseases. These elements are also used as anti-cancerous drugs, anti-ulcerative drugs, anti-microbial, anti-bacterial, anti-fungal agents, etc. For example, antimony (anti-protozoal), bismuth (anti-ulcer), gold (anti-arthritis), iron (anti-malarial), platinum (anti-cancer), and silver (antimicrobial) compounds in the treatment of various diseases. This review is the collection of pharmacological and therapeutic advantages of P-block elements. Many different transition metal and main group element compounds have been studied for their potential anti-tumor action. Although P-block elements are widely used to treat a wide range of illnesses, few of them have been scientifically screened out. Even though research into the potency of p-block elements has advanced tremendously, efforts to find newer therapeutic candidates continue. Therefore, research into the untapped potential of P-block elements should be done.

Key Words: P-block Elements, Pharmacological Potential, Anti-cancer activity, Anti-microbial potential, Anti-inflammatory effect.

Graphical Abstract



Introduction

The use of P-block elements (metal-based drugs or noble gases) can be traced back to ancient times and has a rich and varied history (1). Gold-based medicines were being used in China and the Middle East as far back as 3500 years ago and mercurous chloride (Hg_2Cl_2) was used as a diuretic during the Renaissance period, for example (2, 3). More recently in the early twentieth century Paul Ehrlich, who coined the term “chemotherapy”, developed Salvarsan, an arsenic, as a drug for the treatment of syphilis (4). Current medicinal inorganic chemistry though is a comparatively young but vibrant research discipline. There are many examples of metal-based therapeutics and diagnostics.

P-block elements may offer certain advantages over purely organic compounds in drug therapy (5). For example, the coordination of an organic molecule to a metal center may modify the normal metabolic path and may lead to a slow-release mechanism for delivery of the organic molecule, i.e., the metal complex may function as a prodrug (6). Nevertheless, the importance of such compounds in medicine is undisputed as can be judged by the use of, for example, antimony (anti-protozoal), bismuth (anti-ulcer), gold (anti-arthritis), iron (anti-malarial), platinum (anti-cancer) and silver (antimicrobial) compounds in the treatment of various diseases (7). In terms of anti-tumor activity, a wide range of both transition metal and main group element compounds have been investigated for efficacy (8, 9).

The development of bulk production of radioactive isotopes has quickened tracer research in biology and opened a new field of medical applications (10). There is already a large literature dealing with the medical uses of radioactive phosphorus, iron, sodium, carbon and iodine (11). The two main trends of research today are first, utilization of the labelling property of isotope radioactivity, since they are not distinguished physiologically by the body from the stable forms and yet are quantitatively detectable by their emitted ionizing radiations; secondly, their utilization for selective and local tissue irradiation (12). Radioactive isotopes can be used in the laboratory and in the body in the synthesis of compounds which then become labelled (13). Thus, the ingestion of radio-active iron leads to the formation of labelled hemoglobin and the production of 'tagged' red cells (14).

According to a growing amount of studies, some noble gases might exert cytoprotective effects that could be bound to several clinical applications, including the prevention/ inhibition of

ischemia/reperfusion-induced tissue damage (15, 16, 17). Noble gases include helium, argon, krypton, neon, xenon, and radon) (18)

Table 1.1. P-block Elements (Symbols and names)

B Boron	C Carbon	N Nitrogen	O Oxygen	F Fluorine	Ne Neon
Al Aluminum	Si Silicon	P Phosphorous	S Sulfur	Cl Chlorine	Ar Argon
Ga Gallium	Ge Germanium	As Arsenic	Se Selenium	Br Bromine	Kr Krypton
In Indium	Sn Tin	Sb Antimony	Te Tellurium	I Iodine	Xe Xenon
Tl Thallium	Pb Lead	Bi Bismuth	Po Polonium	At Astatine	Rn Radon
Nh Nihonium	Fl Flerovium	Mc Moscovium	Lv Livermorium	Ts Tennessine	Og Oganessine

Pharmacological Potential of Various P-Block Elements

Aluminum

Dental Problems

Alum water solution is used as a gargle to treat mouth ulcers, bleeding gums, inflammatory conditions of gums and teeth, and also in excessive salivation (19, 20) Along with roghane gul and vinegar it is used to treat gum ulcers (21). Gargling with a decoction of black pepper and alum or by locally applying these two in powdered form removes toothache, strengthens the gums, and fixes loose teeth (22).

Eye Diseases

It can be used in conjunctivitis and keratitis (20). Eyewash with its solution is used in the burning eye and pus discharge from the eye. Thickening of the eyelid and blepharitis are cured by the use of alum with honey (21). An Equal quantity of alum, opium, and rasaut (barberry extract) pounded in water is applied around the ear to relieve eye pain in children (19). Applying a few drops of 250mg alum pounded in 30ml rose water (distilled) reduces red eye and excess waste production (23).

Respiratory Diseases

Keeping over the tongue powdered alum in the dose of 10 grains prevent an asthma attack. Keeping it below the pillow of a while sleeping prevent snore (24). Paste made by mixing powdered alum and murmaki (myrrh) in equal quantity in honey is applied into the ear with cotton to relief otalgia. It is also used in pertussis and diphtheria especially in children (19).

Gastrointestinal Diseases

Oral use of alum removes nausea and vomiting, act as stomach and liver tonic. It can be used in chronic diarrhea due to its astringent property (16). In case of chronic diarrhea oral use of alum with opium is helpful (25). Because of its local hemostatic property, it can be given in gastrointestinal bleeding. Douching with alum solution in rectum act as wormicide. (26)

Drug Delivery

Most of the drugs are delivered into the body principally using the oral or intravenous route (27). However other strategies need to be adopted to deliver drugs containing biological agents such as proteins (28) and this is when nanoparticles come into play. Alumina nanoparticles are also considered for drug delivery applications due to their potential scavenging behavior (29). The scavenging property has been related to their ability to act as direct antioxidants, block Reactive oxygen species (ROS) production and also cause a reduction in ROS production (30).

Orthopedics

Because ceramic nanocomposites can mimic the chemical, biological, and mechanical properties of bone, they are being evaluated as possible third-generation orthopedic biomaterials (31). High fracture resistance, flexibility, and a weight-to-strength ratio are desirable qualities for materials used in orthopedics (32). Metal oxide nanoparticles will likely play a significant role in the medical area in the future, as the application of aluminum oxide nanoparticles is still developing (33).

Antimony

Anti-Leishmaniasis

The majority of antimony-containing medications are used to treat leishmaniasis (34). Sandflies inject parasites into mammals to induce leishmaniasis, resulting in both cutaneous and visceral illnesses (35). In practical practice, antimony(V) compounds such as sodium stibogluconate (Pentostam[®]) and meglumine antimonate (Glucantime[®]) are used to treat Leishmaniasis, despite the theory that antimony(V) is transformed to antimony (III) species in vivo (35).

Potential Anti-Tumor Activity of Antimony (III) Compounds

Although this compound's 1:1 adduct with SbCl₃, or SbCl₃L, exhibited no activity against Ehrlich ascites tumor and L1210 leukemia, it is reported to have significant anti-tumor activity in a few malignant neoplasms (36). Other metal coordination compounds containing cyclophosphamide were likewise ineffective. The anti-tumor potential of a number of antimony (III) compounds containing polydentate carboxylic acids has also been studied (37).

Potential Anti-Tumor Activity of Antimony (V) Compounds

Two researches have been published on the cytotoxicity of antimony (V) compounds. Several triphenyl antimony (V) polyamines and their potential inhibitory effects were covered in the initial release (38). All the chemicals showed some inhibition, and the results showed that more inhibition was often associated with higher dosages. Adenine-derived dianions (H₂NR₂) and 2,6-diaminoanthraquinone (H₂NR₇) were shown to be the most effective chemicals in the series of three cell lines (BHK-21 baby hamster kidney, L929 mouse connective tissue, and HeLa human epithelioid carcinoma) (39). When compared to other cell lines, the molecule containing the dianion produced from 2,4-diamino-5(3,4 dimethoxybenzyl) pyrimidine (H₂NR₆) showed selectivity against the BHK-21 cell line (37).

Bismuth

Anti-Ulcer Drug

Recently, the use of bismuth in medicine has been investigated (40, 41). In the past, bismuth compounds were used to treat a wide range of ailments; today, they are primarily used as anti-ulcer drugs in clinical settings (42). It can be treated with colloidal bismuth subcitrate (De-Nol[®]), which is also used in conjunction with bismuth subsalicylate (Pepto-Bismol[®]) to treat and prevent duodenal and stomach ulcers (43). A recently discovered drug called ranitidine bismuth citrate (Pylorid[®] and Tritec[®]) is another option for treatment. It is currently uncertain what the actual medicine formulations' precise contents are (44).

Potential Anti-Tumor Activity of Bismuth (III) Compounds

The compounds containing the anion generated from 6-mercaptopurine were among the first to be tested for their anti-tumor properties. The thiol's established anti-leukemic properties served as inspiration for these (45, 46). Results for Bi(SR1)₃ in humans inoculated with L1210 leukemia is used for its recovery. Several other investigations of bismuth thiolates were undertaken (37).

Peptic Ulcer

The standard triple therapy drug treatment, which includes a proton pump inhibitor (PPI) and two antibiotics (such as metronidazole, tetracycline, amoxicillin, or clarithromycin), is the first line of

treatment for *H. pylori* (47). The first line of treatment for *H. pylori* is usually triple therapy medicine, which consists of two antibiotics (such as metronidazole, tetracycline, amoxicillin, or clarithromycin) and a proton pump inhibitor (PPI) (48, 49). Consequently, triple treatments with bismuth are increasingly recommended as the initial course of treatment in several countries (50). The more recently developed bismuth subsalicylate (Pepto Bismol, BSS), colloidal bismuth sub citrate (De-Nol, CBS), and ranitidine bismuth citrate (Pylorid, RBS) are among the therapeutically utilized medications, as previously mentioned (51).

Antimicrobial

In addition to *H. pylori*, bi compounds have been used with efficacy to treat other bacterial illnesses (52). Related infections include syphilis (e.g., potassium bismuth tartrate, bismuth quinine iodide, and iodobismutol), colitis (bismuth subnitrate, bismuth citrate), diarrhea (BSS and bismuth nitrate), and wound infections (bismuth oxide) (53). BSS, for instance, is widely recognized for its curative and preventive qualities with regard to diarrheal illnesses (54). It's in vitro antibacterial effectiveness against enterotoxigenic *E. coli*, the primary bacterial cause of diarrhea in developing countries and the dreaded "travelers' diarrhea," has been shown. It has been suggested that BSS can considerably lower *E. coli*'s toxin secretory activity (55). Furthermore, both BSS and CBS are active against *C. difficile*, another entomopathogen. BSS demonstrated significant efficacy in an in vivo hamster model of *C. difficile* colitis (56), whereas CBS had an in vitro minimum inhibitory concentration of 90% of growth (MIC90) of 128 µg/L (57).

Argon and Xenon

For Treatment of Hemorrhagic Radiation Proctitis

For the treatment of hemorrhagic radiation proctitis, argon laser therapy works well. It is better than surgery, which could necessitate the development of a colostomy (58). Moreover, 12% to 80% of patients experience operational morbidity, and up to 47% of patients die. Theoretically, Argon laser therapy offers advantages over Nd: YAG laser therapy. Hemoglobin is the only tissue that preferentially absorb argon laser energy, which only pierces 1 mm (59). Tissue proteins absorb Nd: YAG laser energy in a non-specific manner once it penetrates 3 to 5 mm. Transmural necrosis and fibrosis with perforation or stricture formation could result from this (60, 61, 62). Argon and Nd: YAG lasers work just as well together to treat different types of vascular lesions. But in 5% to 15% of patients, Nd: YAG therapy in the small intestine, colon, and rectum is linked to major problems (63). It was reported that a rectovaginal fistula developed in one CRP patient receiving Nd:YAG treatment (64). With the argon laser, no such issues have arisen (65).

Treatment of Keloids

There has been discussion about the potential advantages of laser therapy for keloids. Reports have surfaced from time to time extolling the benefits of CO₂ or argon lasers in this regard (66, 67). The trunk's midsternal and deltoid muscles were the primary body parts treated.

Automated Fluorescence Microscopy Reveals the Cytoprotective Activity of Argon and Xenon

An experimental system that enables the automated fluorescence microscopy-based assessment of cell number upon the culture of human osteosarcoma U2OS cells stable expression of a histone 2B-red fluorescent protein chimera in the presence of pre-determined gas mixtures is used to assess the potential cytoprotective effects of inert gases (68). As a result, U2OS cells were grown in either a control atmosphere (75% N₂, 20% O₂, and 5% CO₂) or an atmosphere where N₂ was replaced with any one of six alternative gases (He, Ne, Ar, Kr, Xe, or N₂O), with the concentrations of O₂ and CO₂ remaining unchanged. Following the experiment, culture plates were automated for automated quantification of the number of residual cells using an imaging platform based on fluorescence microscopy (69). This experimental strategy showed that Ar and Xe can stop the apparent cell loss caused by multiple different cytotoxic agents (which could indicate either lethal effects, antiproliferative effects, or a combination of both) but He, Ne, Kr, and N₂O cannot (70).

Ischemic Neuroprotective Models

Out of all the possible applications for argon in medicine, research on its capacity as a neuroprotective agent has received the greatest attention (71). Research on neuroprotection aims to enhance patients' ability to regain their motor and behavioral abilities after suffering from neurological damage, including but not limited to physical trauma (72). The majority of argon neuroprotective research has focused on ischemic brain injury models, in which the brain is deprived of vital nutrients like oxygen and glucose (73), which can cause tissue damage and trigger apoptotic and inflammatory pathways in the surrounding tissues that ultimately result in the death of neurons (74). The common methods of which argon neuroprotection treatments have been examined are Oxygen-Glucose Deprived (OGD) environments, Traumatic Brain Injury (TBI), and the Middle Cerebral Artery Occlusion (MCAO) models (75). These methods are highly accepted for establishing ischemic brain injury treatments in rodent models (76).

Astatine

Anti-Cancer

Sodium astatine ([²¹¹At]NaAt) and labeled amino acid analogs ([²¹¹At]PA and [²¹¹At]AAMT) are useful for the treatment of thyroid cancer, malignant glioma, pancreatic cancer, and malignant melanoma (77). An investigator-initiated clinical trial using [²¹¹At]NaAt in patients with refractory thyroid cancer (ClinicalTrials.gov Identifier: NCT05275946) is in progress (77). We also developed a novel labeling method using the substitution reaction of ²¹¹At with dihydroxyboryl groups (78). ²¹¹At-labeled PSMA compound ([²¹¹At]PSMA5) and its therapeutic effect in a mouse xenograft model of prostate cancer and compared it with two closely related new derivatives, namely [²¹¹At]PSMA1 and [²¹¹At]PSMA6 (79).

Boron

Antibacterial Agent

Two essential substances for medicine are boric acid and sodium borate (80). Liquid dosage forms of boric acid are used as topical anti-infectives due to its weak bacteriostatic properties (77). Its solutions are appropriate for application on the cornea of the eye, and it doesn't cause irritation. Boric acid aqueous solutions are used as mouthwash, eyewash, and bladder irrigation (78). Denture adhesives use it as an alkalizing agent. Sodium perborate is a local anti-infective and oxidizing agent (81). Pharmaceutical formulations that are alkaline are kept at a constant pH using a variety of borate buffers (82).

Antifungal Agent

As a fungistatic agent, boric acid has been used to treat persistent vulvovaginal candidiasis (83). It works well against infections brought on by non-*Candida albicans*, *Trichomonas vaginalis*, *Aspergillus niger*, and different species of *Candida* (*Candida albicans*, *Candida glabrata*, *Candida krusei*, and *Candida parapsilosis*) (84). Psoriasis, trophic ulcers, trabecular bone quality, dermatophytosis, acute eczema and neural morphallaxis have all been treated with boric acid (85). Boric acid is used as a fungistatic agent in topical creams, intravaginal capsules (600 mg), vaginal suppositories (600 mg), and a 2.5% aqueous-alcoholic solution (30:70, v/v) (86).

Chemo Preventive Agent for Human Cancer

Studies on the toxicity and carcinogenicity of boric acid in both male and female mice have shown that this substance is not carcinogenic (86). In order to treat glioblastoma, melanoma, and other diseases, boron neutron capture therapy uses boron carriers such as boric acid and boronated compounds (87). The efficacy of these compounds in cancer treatment has been assessed through pharmacokinetic analyses that describe their biodistribution, tumour uptake, and tumour selectivity, as well as the impact of electroporation on apoptosis (88).

Wound Treatment

It has been discovered that boric acid is crucial for wound healing. Deep wounds with tissue loss have been treated with a 3% boric acid solution (89). Its effect on the extracellular matrix has been shown to significantly improve wound healing (90). In a study, boric acid's effects were mimicked by boric derivatives (triethanolamine borate, N-diethyl-phosphoramidate propylboronic acid, 2,2-dimethylhexyl-1,3-propanediol-aminopropylboronate, and 1,2 propane diolaminopropyl boronate) (86). Open wound healing is commonly managed with a combination of aqueous boric acid and calcium hypochlorite solutions (91).

Bromine

Otilonium Bromide Against *Vibrio Vulnificus*

According to recent research, otilonium bromide exhibits antimicrobial activity against *Clostridium difficile*, *Staphylococcus aureus*, and *Acinetobacter baumannii* (92). For *S. aureus*, otilonium bromide inhibited biofilm formation, but not for *V. vulnificus*. (93) This study examined the effects of otilonium bromide's antimicrobial mechanisms on *V. vulnificus* growth modulating factors, swarming motility, adhesion, and efflux pump. (94)

Carbon

Anti-Inflammatory Activity

Significant anti-inflammatory activity was produced by the chloroform extract ($p < 0.05$) (95). Non-steroidal anti-inflammatory medications typically work by inhibiting prostaglandin synthetase in the hypothalamus to reduce inflammation (96). Therefore, the inhibition of prostaglandin synthesis in the hypothalamus may account for the chloroform extract of *P. fascicularis*'s anti-inflammatory properties (97).

Moreover, preliminary photochemical screening revealed the presence of proteins, flavonoids, terpenoids, alkaloids, and tannins in chloroform extract (98). One or more of the aforementioned phytoconstituent groups may be responsible for the anti-inflammatory action (99).

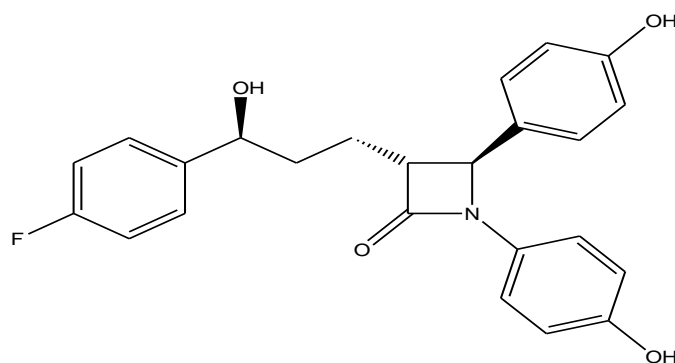
Antipyretic Activity

Significant antipyretic activity was produced by chloroform extract ($p < 0.05$) (100). There was a discernible antipyretic effect from chloroform extract ($p < 0.05$). Traditionally, prostaglandin synthetase in the hypothalamus is inhibited by non-steroidal anti-inflammatory drugs to produce their antipyretic effect (101). Thus, it is likely that the inhibition of prostaglandin synthesis in the hypothalamus contributes to the antipyretic action of *P. fascicularis* chloroform extract (102).

Fluorine

Ezetimibe (Zetia™)

A first-of-its-kind substance, ezetimibe (Zetia™) prevents the intestinal absorption of cholesterol and is a prime illustration of the function of fluorine substitution in metabolism-based medication optimization (103).



Ezetimibe

Chlorine

Chloride Channels as Drug Targets

Based on how they are regulated, mammalian chloride channels can be classified into five main classes: voltage-gated chloride channels (ClCs), calcium-activated chloride channels (CaCCs), ligand-gated chloride channels (GABA (γ aminobutyric acid) and glycine-activated), and volume-regulated chloride channels (104). Cystic fibrosis transmembrane conductance regulator (CFTR) is activated by cyclic AMP-dependent phosphorylation. Clinical applications exist for ligand-gated chloride channel modulators, such as benzodiazepines and barbiturates for GABA A-gated chloride channels (105).

Gallium

Radiogallium Compounds as Tumor Imaging Agents

Early research showed that malignant cells were localized in tumor-bearing animals injected with radioactive gallium (^{67}Ga citrate) (106). As a result of this finding, the ^{67}Ga scan was created to help patients identify malignant tumors (107). For the most part, ^{67}Ga scanning has been utilized in patients with Hodgkin's and non-Hodgkin's lymphomas over the past 20 years in order to identify disease that is still present or has returned after receiving chemotherapy or radiation therapy (108, 109). The amount of ^{67}Ga incorporation in lymphoma cells is a good indicator of the tumor's metabolic activity and the existence of live malignant cells (110). Therefore, following lymphoma treatment, a positive ^{67}Ga scan typically suggests the existence of residual cancer and the requirement for additional therapy (111).

Antineoplastic Activity of Gallium Nitrate in Cancer Treatment

The National Cancer Institute (NCI) conducted research on the anticancer properties of group IIIa metal salts, namely aluminium, gallium, indium, and thallium, in tumor-bearing CDF1 mice and Sprague-Dawley rats. This was motivated by the ability of ^{67}Ga to localize in tumour cells (112). Gallium nitrate turned out to be the least hazardous of these metal compounds and the most successful at slowing the growth of tumours implanted subcutaneously. Consequently, it was promoted to NCI investigational drug status (NSC 15200) so that Phase 1 and Phase 2 clinical trials could evaluate its toxicity and antitumor efficacy (113). Gallium nitrate was given in those clinical studies according to two different schedules: a quick intravenous infusion lasting 15 to 30 minutes, or a continuous intravenous infusion that lasted 24 hours over a period of 5 to 7 days (114).

Potential Application of Gallium Compounds as Immunosuppressive and Anti-Inflammatory Agents

The research of Betoulle et al., which employed an aquatic system to demonstrate that fish (carp) exposed to sublethal concentrations of gallium nitrate in the water for up to 96 hours displayed a significant reduction in immune parameters including immunoglobulin production, phagocyte killing ability, and blood leukocytes, provided evidence that environmental gallium per se may be immunosuppressive (115). Gallium compounds have been shown in several studies to have immunosuppressive activity in animal models of autoimmune disease, both in vitro and in vivo. In rat models, gallium nitrate has been demonstrated to suppress experimental autoimmune encephalomyelitis and prevent adjuvant inflammatory arthritis by suppressing T-cells and macrophage function (116, 117). Research revealed that gallium nitrate can stop cardiac allograft rejection in mice and suppress lupus (118, 119).

Germanium

Anti-Cancer Agent

As an anticancer medication, spiro germanium is a novel azaspiran-germanium compound that was first described in 1974. It is presently undergoing clinical trials (120). It has been demonstrated that this substance is cytotoxic to tumour cell lines both in vivo and in vitro (121). It has also been

demonstrated that Spiro germanium (SG) exhibits cytotoxic activity against *Plasmodium falciparum* strains (122).

Anti-Malarial

Significant in vitro activity of Spiro germanium was shown against chloroquine-resistant (FCB, FTA, FVO) and sensitive (FSL, FUI, FH) strains of *Plasmodium falciparum* (123). After exposure to concentrations ranging from 2.48 to 9.9 rim/ml for 36 hours, the growth and maturation of the parasites was inhibited (124).

Indium

The Extent of Inflammation in Inflammatory Bowel Disease

A novel imaging technique called indium 111-leukocyte scanning has been presented for the evaluation of inflammatory bowel disease. (125) Its precision in determining the degree of inflammation is on par with radiology (126); in evaluating disease activity, a straightforward scan grading system demonstrated a robust association with the Crohn's disease activity index. (127) Measuring the excretion of labelled cells in the faeces following the scan allows for the evaluation of disease activity (128).

Indium-111 Antimyosin Imaging

Myocyte necrosis can be identified by indium-111 antimyosin imaging in ischemic, inflammatory, and toxic heart diseases (129). This makes it possible to assess the location, severity, and amount of myocardial necrosis noninvasively (130). When myocardial infarction patients undergo simultaneous perfusion imaging, it is possible to distinguish between necrosed and perfused areas as well as different levels of mismatch and overlap, all of which have an impact on the prognosis (131). When evaluating patients with unstable angina or those whose diagnosis of unstable angina or infarction is unclear, antimyosin imaging can be helpful. (132)

Iodine

Radioactive Iodine-125 in Tumor Therapy

Brachytherapy (BT) is a primary method of administering radiation therapy that involves inserting radioactive sources into patients' bodies using interstitial or intraluminal applicators (133). BT can achieve outcomes that are not achievable with external beam radiation therapy (EBRT) or stereotactic body radiation therapy (SBRT), such as delivering extremely high prescribed doses inside the target lesion with minimal dose to the surrounding normal tissues (134). As a result, BT has been called the most conventional therapeutic approach. Recently, brain, oral/maxillofacial, pulmonary, hepatic, pancreatic, and, most frequently, prostate cancer have all responded very well to BT treatment. (135)

Krypton

Analgesic and Opioid-Like Effects

Kratom has long been used in Southeast Asia to treat pain and ease the symptoms of opium withdrawal (136, 137, 138, 139). People in the West are using kratom more frequently to manage their own pain or to help them stop using opioid medications like heroin and prescription painkillers (140, 141).

Neon

Helium-Neon Laser Irradiation

Since the temperature of the tissue exposed to laser radiation does not immediately rise, low-level laser therapy (LLLT) reactions are nonthermal (142). The helium-neon (He-Ne) laser, which emits red light with a wavelength of 632.8 nm, is a common example of a laser used in LLLT (143). Red light is a great source of stimulation for many growth factors and is useful for wound healing and superficial conditions, but it does not penetrate the skin very well below the surface (144). The highest relative percentage of incident energy is delivered to a specific volume of tissue by He-Ne laser light,

which can penetrate as deep as 0.5 mm into recently excised human skin (145). Since the majority of the target cells for LLLT's induction of wound healing—fibroblasts, keratinocytes, macrophages, and endothelial cells—are found in the epidermis and upper dermis, a penetration depth of even a few microns can be considered sufficient. (146)

Helium-Neon Irradiation Accelerates the Phagocytic Activity

In order to treat pulmonary tuberculosis, intravenous nitrogen laser exposure (He-Ne laser, 337.1 nm) is being used as an adjuvant (632.8 nm) and intra-cavitary adjuvant to chemotherapy, with encouraging results (147). Despite not having any direct antibacterial properties, the He-Ne laser can photo bioactivate human macrophages by raising their lysozyme and acid phosphatase activity, which in turn raises their phagocytic activity (148). The key to controlling tuberculosis appears to be the effective intracellular destruction of the phagocytosed *M. tuberculosis* bacteria (149).

Nitrogen

Anti-Convulsant

An important class of both natural and synthetic products, nitrogen heterocycles has a variety of beneficial pharmacological properties (150). Indole, oxadiazole, triazole, thiadiazol, triazines, pyrimidines, pyridines, and quinazolines are examples of heterocycles containing nitrogen. Over time, the pharmacology and development of these heterocyclic rings have consistently piqued interest (151). These heterocyclic rings also meet the Dimmock parameter postulate, which is a need for any compound to have anticonvulsant properties (152).

Oxygen

Reactive Oxygen as Anti-Cancer Agent

Natural products that are unavoidably produced during cellular metabolism are known as reactive oxygen species (ROS). Since they are extremely reactive, they can harm cells' lipids, proteins, and DNA (153). While long-term low ROS levels support vascular illnesses like arteriosclerosis, high ROS levels can cause apoptosis (154). Even though ROS appear to be disastrous for life, a growing body of research indicates that they actually play beneficial roles in treating human diseases as chemotherapeutic agents (155). In this way, numerous anti-cancer medications that produce ROS and induce oxidative stress-induced apoptosis in cancer cells have been developed. Because ROS can function as both chemotherapeutic agents and disease causation, their effects are paradoxical (156).

Phosphorous

Phosphorus Dendrimers as Anticancer Agents

Phosphorus-containing dendrimers, which come in a variety of forms, have intriguing characteristics and are widely used in pharmaceutical domains like medication delivery (including gene transfection), diagnostics, and imaging (157). It is possible for therapeutic agents to be physically adsorbed onto the dendrimer surface, chemically attached, or enclosed within the dendritic architecture (158). As an alternative, phosphorus dendrimers can be made into pharmaceuticals and used to treat conditions like cancer, infections, inflammations, and neurodegenerative illnesses (159).

Radon

Anti- Tumor Agent

In radon/radium spas like Misasa Onsen Izumi (Tottori) and Tamagawa Onsen (Akita) in Japan, radon has been used for many years to treat a variety of ailments, including low back pain, high blood pressure, and cancer (160). It has also been used as an adjuvant therapy for four additional types of cancer: liver cell, colon, uterine, and lung (161). Following high-dose radiation therapy or conventional chemotherapy, the four patients asked for radon. All four cases showed a respectable recovery, which is somewhat unexpected considering that harsh side effects of traditional anticancer medications suppress immunity (162). It appears that the very strong stimulation that the radon

treatments produced countered these effects and produced a potent action against the cancerous cells (163).

Selenium

Anti-Alzheimer Drug

While low and intermediate doses of selenium inhibit cancer cell proliferation and have a therapeutic effect on neurological diseases like Alzheimer's disease, high doses of the mineral promote the proliferation of cancer cells and have neurotoxic effects (164). Treatment with selenium may reduce the likelihood of memory impairments in AD patients. Research on the function of selenium and selenoproteins in neurodegenerative illnesses, such as AD, has gained significant attention (165). Selenoproteins are proteins that include the amino acid selenocysteine, which is a form of selenium (166). The primary site of selenium protein expression in the human brain is thought to be connected to antioxidant processes, which are essential in delaying the development and course of Alzheimer's disease (167).

Silicon

Vascular Disease and Atherosclerosis

Studies on biochemistry and epidemiology have identified silicon as a protective trace element in atherosclerosis (168). Moreover, it has been proposed that chronic illnesses like atherosclerosis are exacerbated by the observed decline in silicon concentrations with ageing (169). Human connective and elastic tissues, and the normal human aorta in particular, contain the highest concentrations of silica (170). In this tissue, silica appears to act as a crosslinking agent, stabilizing collagen and possibly fortifying the vasculature. The amount of silicon in arterial walls is greatly reduced by atherosclerosis. Furthermore, silicon levels drop just before plaque formation, which could mean that blood vessel walls are inherently weaker due to silicon deficiency (171).

Anti-Diabetic

In the following work, mice that were hyperleptinemia, hyperinsulinemia, and hyperlipidemia-prone were used to examine the antidiabetic effects of silicon (50 ppm silicon for 8 weeks) (172). It's interesting to note that silicon and coral sand, which is high in silicon, have antidiabetic effects. These effects include decreased blood glucose levels, increased insulin sensitivity, and improved reactions to the adipokines adiponectin and leptin (173).

Wound Healing

In medicine and surgery, silica is already widely used in tissue engineering applications that involve organ and wound regeneration (174). Collagen scaffolds, which are used as sponges, thin sheets, or gels, are the usual form for this. The ideal pore structure, permeability, hydrophilicity, and stability in vivo of collagen, a long fibrous structural protein, make it suitable for tissue regeneration (175). Collagen scaffolds therefore allow for the deposition and proliferation of cells such as osteoblasts and fibroblasts, thereby facilitating normal tissue growth and restoration (169). Research indicates that dietary silicon may also have positive effects on the healing of wounds (176).

Tin

Dentifrices and Mouthwashes

Since 1947, dental healthcare has employed tin (II) fluoride (SnF₂) as a preventative measure against dental enamel dissolving in lactic acid (177) and tin is more efficient than sodium fluoride. Later research revealed that SnF₂ inhibited the formation of dental plaque better than any other fluoride (178).

Use of Tin in Radiopharmaceuticals

In conjunction with metastable technetium-99 (99mTc) as a scanning agent in scintigraphy, tin salts such as SnCl₂·2H₂O, SnF₂, Sn²⁺P₂O₇, Sn(OH)₂·xH₂O have been used for routine diagnostics for the

past fifteen years (179). The optimal nuclear properties of ^{99m}Tc make it easy to perform scintigraphy on the liver, pancreas, spleen, kidney, heart, gall bladder, lung, and skeleton (180).

Tin-Haem as a Therapeutic Agent for Treating Jaundice

Hyperbilirubinaemia is a condition primarily seen in newborns whose livers have not fully matured to the point where they can no longer detoxify the bile pigment bilirubin (181). Neonatal jaundice is the term for this condition, which can occasionally develop into a dangerous illness with neurotoxic symptoms. The breakdown of haem:(protoporphyrin IX) iron(II) by haem oxygenase results in biliverdin, which is then reduced to bilirubin by biliverdin reductase (182). Tin-haem, also known as dichloro(protoporphyrin IX)tin (IV), is a strong haemoxidase inhibitor (183).

Thallium

^{201}Tl Thallium Chloride Scan for Thyroid Nodule

Thyroid imaging is one of the most useful adjunctive methods available for treating thyroid disorders; physical thyroid examination is the most important aspect of thyroid disease management. Palpable cervical lymph nodes were present in four adenocarcinoma cases, and the ^{201}Tl scan revealed the presence of metastatic nodes. (184)

Tellurium

Auto-Immune Response of Tellurium

Compounds containing tellurium show efficacy in preventing autoimmune reactions (185). AS101, a small, non-toxic tellurium compound, has anti-inflammatory and anti-autoimmune properties in patients with a variety of experimental autoimmune diseases(186). Multiple multifunctional activities of AS101 mediate its anti-autoimmune properties. These activities include: A) inhibiting Th17/IL-17 function; B) redox-modulating specific leukocyte integrins ($\alpha 4\beta 1$ and $\alpha 4\beta 7$) and enabling their inhibition; C) restoring the Treg population; and D) inducing IL-2 production, which in turn affects the Th17/Treg balance (187). Tellurium-based compounds could be a promising option for the treatment of autoimmune diseases, as indicated by AS101's anti-autoimmune activities (188).

Sulphur

Anti-Cancer Agent

In experimental animals, compounds were found to inhibit the metastasis of tumour cells, possibly because stem cells are immunostimulants. Currently unknown are the mechanisms of action of sulfur-containing compounds in immunostimulants (189).

Intestinal Antiseptic

It is worth considering whether the use of some sulphides, such as sulphuretted hydrogen, as intestinal antiseptics in the form of natural mineral waters, can account for the undeniable benefits often obtained from internal use of the sulphurous waters of Harrogate, Llandrindod, Aix, and many other spas more rationally than purgation alone (190). Since the sulphides are typically taken on an empty stomach, their potent form enters the intestine without breaking down due to the large amount of water in which they are dissolved, which reduces their local irritant action (191).

Arsenic

Anti-Cancer Agent

Currently, organic arsenicals are being investigated for possible medical applications. Human cancer cell lines HL-60 (leukemia), SGC 7901 (gastric cancer), and MCF-7 (breast cancer) were used to test the antitumor activity of several synthetic organoarsenicals (192). With IC₅₀ values of 0.77 μM and 0.51 μM , respectively, 2-methoxy-4-((4-(oxoarsanyl) phenyl) imino) methyl phenol (C₁₄H₁₂AsNO₃) showed the greatest growth inhibition of HL-60 cells. Both caused oxidative stress in HL-60 cells, which led to apoptosis (193).

To Treat Trypanosomiasis

French scientist Antoine Béchamp (1816–1908) created atoxyl, the first synthetic organ arsenic drug, in 1905 to treat human trypanosomiasis. Atoxyl was the first tropical medicine to be discovered (194).

Treat Syphilis

Compound 606, also known as the silver bullet Salvarsan, was the first successful chemotherapeutic medication for the treatment of syphilis (195). Arsphenamine was the 606th aromatic arsenical (196).

Other Elements

Flerovium, lead, livermorium, moscovium, nihonium, oganesson, polonium and tennessine are under research and are being studied for their therapeutic usage.

Conclusion

This article reviews P-block elements that are used widely for the treatment of various ailments, but scientifically few of them were screened out. A broad spectrum of compounds containing main group elements and transition metals have been analyzed for their potential anti-tumor, anti-bacterial, and anti-fungal activity. Despite tremendous advancements in the exploration of the potency of p-block elements, most of them are still being analyzed for their therapeutic potential, continuous efforts are still in progress in search of newer therapeutic candidates. Thus, scientific studies should be conducted to investigate the unexploited potential of p-block elements.

Abbreviations

Mic-90=minimal inhibitory concentration, inhibiting 50% and 90%, BSS=Bernard-Soulier syndrome, CBS=Corticobasal syndrome, Nd: YAG=Neodymium-doped Yttrium Aluminum Garnet, CRP=C-reactive protein, U-2 OS=Human osteosarcoma, OGD= Oesophago Gastro Duodenoscopy, MCAO/R]=middle cerebral artery occlusion/reperfusion, EBRT external beam radiation therapy, LLLT=low-level laser therapy, HL-60=human leukemia cell line, Th17/Treg=Regulatory T cells (Tregs) and T helper 17 (Th17)), GABA=Gamma-aminobutyric acid, PSMA= prostate-specific membrane antigen.

Declarations:

Ethics approval and consent to participate:

Not Applicable

Consent for publication:

Not Applicable

Competing interests:

The authors declare that they have no competing interests.

Funding:

Not Applicable

Acknowledgments:

Not Applicable

References:

1. Sadler PJ. Inorganic chemistry and drug design. *Adv Inorg Chem.* 36: Elsevier; 1991. p. 1-48.
2. Mjos KD, Orvig C. Metallodrugs in medicinal inorganic chemistry. *Chem Rev.* 2014;114(8):4540-63.
3. Gaynor D, Griffith DM. The prevalence of metal-based drugs as therapeutic or diagnostic agents: beyond platinum. *Dalton Trans.* 2012;41(43):13239-57.

4. Orvig C, Abrams MJ. Medicinal inorganic chemistry: introduction. *Chem Rev.* 1999;99(9):2201-4.
5. Priegert AM, Rawe BW, Serin SC, Gates DP. Polymers and the p-block elements. *Chem Soc Rev.* 2016;45(4):922-53.
6. Mendes RF, Figueira F, Leite JP, Gales L, Paz FAA. Metal–organic frameworks: a future toolbox for biomedicine? *Chem Soc Rev.* 2020;49(24):9121-53.
7. Desoize B. Metals and metal compounds in cancer treatment. *Anticancer Res.* 2004;24(3A):1529-44.
8. Gielen M. Metal-based anti-tumour drugs: Freund Publishing House; 1988.
9. Keppler BK. Metal complexes in cancer chemotherapy. (No Title). 1993.
10. Adelstein SJ, Manning FJ. Isotopes for medicine and the life sciences: National Academies Press; 1995.
11. Evelyn KA. Medical applications of artificial radioactive isotopes. *Can Med Assoc J.* 1947;56(5):547.
12. Stöcklin G, Qaim S, Rösch F. The impact of radioactivity on medicine metallic. *Radiochimica Acta.* 1995;70(Supplement):249-72.
13. Hamilton JG. The use of radioactive tracers in biology and medicine. *Radiology.* 1942;39(5):541-72.
14. Doniach I. Medical applications of radio-active iodine. *Postgrad Med J.* 1948;24(272):325.
15. Brücken A, Cizen A, Fera C, Meinhardt A, Weis J, Nolte K, et al. Argon reduces neurohistopathological damage and preserves functional recovery after cardiac arrest in rats. *Br J Anaesth.* 2013;110(suppl_1):i106-i12.
16. Irani Y, Pype J, Martin A, Chong C, Daniel L, Gaudart J, et al. Noble gas (argon and xenon)-saturated cold storage solutions reduce ischemia-reperfusion injury in a rat model of renal transplantation. *Nephron Extra.* 2011;1(1):272-82.
17. Ryang Y-M, Fahlenkamp AV, Rossaint R, Wesp D, Loetscher PD, Beyer C, et al. Neuroprotective effects of argon in an in vivo model of transient middle cerebral artery occlusion in rats. *Crit Care Med.* 2011;39(6):1448-53.
18. Kumar N. Study of Physical and Atomic Properties of Noble Gases.
19. Roqaiya M, Begum W. A review on medicinal aspect of alum in Unani medicine and scientific studies. *World J Pharm Res.* 2015;4(6):929-40.
20. Kabeeruddin M. *Ilmul advia nafeesi*. New Delhi (India): Aijaz Publication. 2007;281.
21. Ali A. *Kitabul Mukhtarat fit Tibb*. Central Council for Research in Unani Medicine, New Delhi. 2005.
22. Grieve M. *A modern herbal*: Courier Corporation; 2013.
23. Mufradat KMM. Ejaz Publications House. New Delhi. 2007;141(142):556.
24. Simmonite WJ. *Medical Botany, Or, Herbal Guide to Health: Explaining the Natural Pathology of Disease, with Hundreds of Herbal Recipes, Thus Making Every Man His Own Physician*: W. Foulsham & Company; 1870.
25. Schiller L. anti-diarrhoeal pharmacology and therapeutics. *Aliment Pharmacol Ther.* 1995;9(2):86-106.
26. Osuala F, Ibidapo-obe M, Okoh H, Aina O, Igbasi U, Nshiogu M, et al. Evaluation of the efficacy and safety of Potassium Aluminium Tetraoxosulphate (Vi)(ALUM) in the Treatment of tuberculosis. *Eur J Biolo Scie.* 2009;1(1):10-5.
27. Tiwari G, Tiwari R, Sriwastawa B, Bhati L, Pandey S, Pandey P, et al. Drug delivery systems: An updated review. *Int J Pharm Investig.* 2012;2(1):2.
28. Bradbury J. Beyond pills and jabs. *The Lancet.* 2003;362(9400):1984-5.
29. Parveen S, Misra R, Sahoo SK. Nanoparticles: a boon to drug delivery, therapeutics, diagnostics and imaging. *Cancer Nanotechnol.* 2017;47-98.
30. Becker S, Soukup J, Gallagher J. Differential particulate air pollution induced oxidant stress in human granulocytes, monocytes and alveolar macrophages. *Toxicol In Vitro.* 2002;16(3):209-18.

31. Rehman M, Madni A, Webster TJ. The era of biofunctional biomaterials in orthopedics: what does the future hold? *Expert Rev Med Devices*. 2018;15(3):193-204.
32. Salata OV. Applications of nanoparticles in biology and medicine. *Journal of nanobiotechnology*. 2004;2(1):1-6.
33. Nikolova MP, Chavali MS. Metal oxide nanoparticles as biomedical materials. *Biomimetics*. 2020;5(2):27.
34. JW T. Drugs used in the chemotherapy of protozoal infections. *Goodman and Gilman's the pharmacological basis of therapeutics*. 1996:965-85.
35. Berman JD. Chemotherapy for leishmaniasis: biochemical mechanisms, clinical efficacy, and future strategies. *Rev Infect Dis*. 1988;10(3):560-86.
36. Tiekink ER. Antimony and bismuth compounds in oncology. *Crit Rev Oncol Hematol*. 2002;42(3):217-24.
37. Guo Z, Sadler PJ. Metals in medicine. *Angewandte Chemie International Edition*. 1999;38(11):1512-31.
38. Polychronis N, Banti C, Raptopoulou C, Psycharis V, Kourkouvelis N, Hadjikakou S. Non steroidal anti-inflammatory drug (NSAIDs) in breast cancer chemotherapy; antimony (V) salicylate a DNA binder. *Inorganica Chimica Acta*. 2019;489:39-47.
39. Cathey HM. Physiology of growth retarding chemicals. *Annual review of plant physiology*. 1964;15(1):271-302.
40. Sun H, Li H, Sadler PJ. The biological and medicinal chemistry of bismuth. *Chem Ber*. 1997;130(6):669-81.
41. Sadler PJ, Li H, Sun H. Coordination chemistry of metals in medicine: target sites for bismuth. *Coord Chem Rev*. 1999;185:689-709.
42. Andrews PC, Deacon GB, Forsyth CM, Junk PC, Kumar I, Maguire M. Towards a structural understanding of the anti-ulcer and anti-gastritis drug bismuth subsalicylate. *Angewandte Chemie*. 2006;118(34):5766-70.
43. Mendis AH, Marshall BJ. *Helicobacter pylori and bismuth*. Biological Chemistry of Arsenic, Antimony and Bismuth: John Wiley & Sons, Ltd. 2010:241-62.
44. DiVall MV, Ziegler KA. Pharmacologic Agents. *Acute Care Handbook for Physical Therapists*. 2013:409.
45. Skinner S, Swatzell J, Lewis R. Anti leukemia activity (Dunning ascitic) of 6-mercaptopurine and its metallo complexes in rats. *Res Commun Chem Pathol Pharmacol*. 1978;19(1):165-8.
46. Skinner S, Lewis R. Anti leukemia activity (L1210) of 6-mercaptopurine and its metallo complexes in mice. *Res Commun Chem Pathol Pharmacol*. 1977;16(1):183-6.
47. Smith SM, Haider RB, O'Connor H, McNamara D, O'Morain C. Practical treatment of *Helicobacter pylori*: a balanced view in changing times. *Eur J Gastroenterol Hepatol*. 2014;26(8):819-25.
48. Su P, Li Y, Li H, Zhang J, Lin L, Wang Q, et al. Antibiotic resistance of *Helicobacter pylori* isolated in the Southeast Coastal Region of China. *Helicobacter*. 2013;18(4):274-9.
49. Megraud F, Coenen S, Versporten A, Kist M, Lopez-Brea M, Hirschl AM, et al. *Helicobacter pylori* resistance to antibiotics in Europe and its relationship to antibiotic consumption. *Gut*. 2013;62(1):34-42.
50. Gisbert JP. A new, single-capsule bismuth-containing quadruple therapy. *Nature Reviews Gastroenterology & Hepatology*. 2011;8(6):307-9.
51. Agocs LL. Design of bioactive chalcogenobismuth (III) heterocycles. 1997.
52. Li H, Wang R, Sun H. Systems approaches for unveiling the mechanism of action of bismuth drugs: new medicinal applications beyond *Helicobacter pylori* infection. *Acc Chem Res*. 2018;52(1):216-27.
53. Keogan DM, Griffith DM. Current and potential applications of bismuth-based drugs. *Molecules*. 2014;19(9):15258-97.

54. Scarpignato C, Pelosini I. Bismuth compounds for eradication of *Helicobacter pylori*: pharmacology and safety. *Clinical Pharmacology and Therapy of Helicobacter pylori Infection*. 11: Karger Publishers; 1999. p. 87-127.
55. Soriano-Brücher H, Avendano P, O'Ryan M, Soriano HA, Braun SD, Manhart MD, et al. Bismuth subsalicylate in the treatment of acute diarrhea in children: a clinical study. *Pediatrics*. 1991;87(1):18-27.
56. Cornick NA, Silva M, Gorbach SL. In vitro antibacterial activity of bismuth subsalicylate. *Rev Infect Dis*. 1990;12(Supplement_1):S9-S10.
57. Chang T-W, Dong M-Y, Gorbach SL. Effect of bismuth subsalicylate on *Clostridium difficile* colitis in hamsters. *Rev Infect Dis*. 1990;12(Supplement_1):S57-S8.
58. Gilinsky N, Burns D, Barbezat G, Levin W, Myers H, Marks I. The natural history of radiation-induced proctosigmoiditis: an analysis of 88 patients. *QJM: An International Journal of Medicine*. 1983;52(1):40-53.
59. Russell JC, Welch JP. Operative management of radiation injuries of the intestinal tract. *The American Journal of Surgery*. 1979;137(4):433-42.
60. Greven KM, Lanciano RM, Herbert SH, Hogan PE. Analysis of complications in patients with endometrial carcinoma receiving adjuvant irradiation. *International Journal of Radiation Oncology* Biology* Physics*. 1991;21(4):919-23.
61. Cochrane JP, Yarnold JR, Slack WW. The surgical treatment of radiation injuries after radiotherapy for uterine carcinoma. *Journal of British Surgery*. 1981;68(1):25-8.
62. Hunter J, Burt R, Becker J, Lee R, Dixon J. Colonic mucosal lesions: evaluation of monopolar electrocautery, argon laser, and neodymium: YAG laser. *Curr Surg*. 1984;41(5):373-5.
63. Tan R, Chung C-H, Liu M-T, Lai Y-L, Chang K-H. Radiotherapy for postoperative recurrent uterine cervical carcinoma. *Acta Oncol*. 1991;30(3):353-6.
64. Rauthe G. Management of reactions and complications following radiation therapy. *Radiation oncology of gynecological cancers*: Springer; 1997. p. 433-54.
65. Galland R, Spencer J. The natural history of clinically established radiation enteritis. *The Lancet*. 1985;325(8440):1257-8.
66. Apfelberg DB, Maser MR, Dds HL, White D, Weston J. Preliminary results of argon and carbon dioxide laser treatment of keloid scars. *Lasers Surg Med*. 1984;4(3):283-90.
67. Bailin P. Use of the CO₂ laser for non-PWS cutaneous lesions. *Cutaneous Laser Therapy: Principles and Methods* New York: John Wiley. 1983:187-200.
68. Spaggiari S, Kepp O, Rello-Varona S, Chaba K, Adjemian S, Pye J, et al. Antiapoptotic activity of argon and xenon. *Cell cycle*. 2013;12(16):2636-42.
69. Wolf P, Brischwein M, Kleinhans R, Demmel F, Schwarzenberger T, Pfister C, et al. Automated platform for sensor-based monitoring and controlled assays of living cells and tissues. *Biosens Bioelectron*. 2013;50:111-7.
70. Rasbridge S, Gillett C, Seymour A, Patel K, Richards M, Rubens R, et al. The effects of chemotherapy on morphology, cellular proliferation, apoptosis and oncoprotein expression in primary breast carcinoma. *Br J Cancer*. 1994;70(2):335-41.
71. Slater E. The mechanism of action of the respiratory inhibitor, antimycin. *Biochimica et Biophysica Acta (BBA)-Reviews on Bioenergetics*. 1973;301(2):129-54.
72. Marchetti P, Susin SA, Decaudin D, Gamen S, Castedo M, Hirsch T, et al. Apoptosis-associated derangement of mitochondrial function in cells lacking mitochondrial DNA. *Cancer Res*. 1996;56(9):2033-8.
73. Russo R, Berliocchi L, Adornetto A, Amantea D, Nucci C, Tassorelli C, et al. In search of new targets for retinal neuroprotection: is there a role for autophagy? *Curr Opin Pharmacol*. 2013;13(1):72-7.
74. Zhang M, An C, Gao Y, Leak RK, Chen J, Zhang F. Emerging roles of Nrf2 and phase II antioxidant enzymes in neuroprotection. *Prog Neurobiol*. 2013;100:30-47.
75. Neal JW, Gasque P. How does the brain limit the severity of inflammation and tissue injury during bacterial meningitis? *J Neuropathol Exp Neurol*. 2013;72(5):370-85.

76. Durukan A, Tatlisumak T. Acute ischemic stroke: overview of major experimental rodent models, pathophysiology, and therapy of focal cerebral ischemia. *Pharmacology Biochemistry and Behavior*. 2007;87(1):179-97.
77. Watabe T, Hosono M, Kinuya S, Yamada T, Yanagida S, Namba M, et al. Manual on the proper use of sodium astatide ([²¹¹At] NaAt) injections in clinical trials for targeted alpha therapy. *Ann Nucl Med*. 2021;35(7):753-66.
78. Shirakami Y, Watabe T, Obata H, Kaneda K, Ooe K, Liu Y, et al. Synthesis of [²¹¹At] 4-astato-L-phenylalanine by dihydroxyboryl-astatine substitution reaction in aqueous solution. *Sci Rep*. 2021;11(1):12982.
79. Kaneda-Nakashima K, Zhang Z, Manabe Y, Shimoyama A, Kabayama K, Watabe T, et al. α -Emitting cancer therapy using ²¹¹At-AAMT targeting LAT1. *Cancer Sci*. 2021;112(3):1132-40.
80. MJ ON, Heckelman P, Koch C, Roman K. The Merck Index, An Encyclopedia of Chemicals, Drugs and Biologicals. Merck and Co Inc Whitehouse station, NJ. 2001:218.
81. Soine TO, Wilson CO. Rogers' Inorganic Pharmaceutical Chemistry. *Acad Med*. 1962;37(1):80-1.
82. Zbacnik TJ, Holcomb RE, Katayama DS, Murphy BM, Payne RW, Coccaro RC, et al. Role of buffers in protein formulations. *J Pharm Sci*. 2017;106(3):713-33.
83. Van Slyke KK, Michel VP, Rein MF. Treatment of vulvovaginal candidiasis with boric acid powder. *Am J Obstet Gynecol*. 1981;141(2):145-8.
84. Jovanovic R, Congema E, Nguyen H. Antifungal agents vs. boric acid for treating chronic mycotic vulvovaginitis. *The Journal of reproductive medicine*. 1991;36(8):593-7.
85. Bai Y, Yang D, Wang Y. Clinical study on treatment of acute eczema by Shuangfujin. *Zhongguo Zhong xi yi jie he za zhi Zhongguo Zhongxiyi Jiehe Zazhi= Chinese Journal of Integrated Traditional and Western Medicine*. 2007;27(1):72-5.
86. Borrelly J, Blech M, Grosdidier G, Martin-Thomas C, Hartemann P, editors. Contribution of a 3% solution of boric acid in the treatment of deep wounds with loss of substance. *Ann Chir Plast Esthet*; 1991.
87. Frederick Hawthorne M, Lee MW. A critical assessment of boron target compounds for boron neutron capture therapy. *J Neurooncol*. 2003;62:33-45.
88. Melero I, Castanon E, Alvarez M, Champiat S, Marabelle A. Intratumoural administration and tumour tissue targeting of cancer immunotherapies. *Nature Reviews Clinical Oncology*. 2021;18(9):558-76.
89. Tepedelen BE, Soya E, Korkmaz M. Boric acid reduces the formation of DNA double strand breaks and accelerates wound healing process. *Biol Trace Elem Res*. 2016;174:309-18.
90. Schultz GS, Wysocki A. Interactions between extracellular matrix and growth factors in wound healing. *Wound Repair Regen*. 2009;17(2):153-62.
91. Culhaoglu AK, Özcan E, Kilicarslan MA, Seker E. Effect of Boric Acid Versus Conventional Irrigation Solutions on the Bond Strength Between Fiber Post and Root Dentin. *J Adhes Dent*. 2017;19(2).
92. Xu C, Liu C, Chen K, Zeng P, Chan EWC, Chen S. Otilonium bromide boosts antimicrobial activities of colistin against Gram-negative pathogens and their persisters. *Communications Biology*. 2022;5(1):613.
93. Leng F, Lin S, Wu W, Zhang J, Song J, Zhong M. Epidemiology, pathogenetic mechanism, clinical characteristics, and treatment of *Vibrio vulnificus* infection: a case report and literature review. *Eur J Clin Microbiol Infect Dis*. 2019;38:1999-2004.
94. Chen S-C, Chan K-S, Chao W-N, Wang P-H, Lin D-B, Ueng K-C, et al. Clinical outcomes and prognostic factors for patients with *Vibrio vulnificus* infections requiring intensive care: a 10-yr retrospective study. *Crit Care Med*. 2010;38(10):1984-90.
95. Oyekachukwu A, Elijah J, Eshu O, Nwodo O. Anti-inflammatory effects of the chloroform extract of *Annona muricata* leaves on phospholipase A2 and prostaglandin synthase activities. *Transl Biomed*. 2017;8(4):137.

96. Gunaydin C, Bilge SS. Effects of nonsteroidal anti-inflammatory drugs at the molecular level. *The Eurasian journal of medicine*. 2018;50(2):116.
97. Matu EN, Van Staden J. Antibacterial and anti-inflammatory activities of some plants used for medicinal purposes in Kenya. *J Ethnopharmacol*. 2003;87(1):35-41.
98. Auwal MS, Saka S, Mairiga IA, Sanda KA, Shuaibu A, Ibrahim A, editors. Preliminary phytochemical and elemental analysis of aqueous and fractionated pod extracts of *Acacia nilotica* (Thorn mimosa). *Veterinary research forum: an international quarterly journal*; 2014: Faculty of Veterinary Medicine, Urmia University, Urmia, Iran.
99. Bajaj S, Fuloria S, Subramaniyan V, Meenakshi DU, Wakode S, Kaur A, et al. Chemical characterization and anti-inflammatory activity of phytoconstituents from *Swertia alata*. *Plants*. 2021;10(6):1109.
100. Iwalewa E, Iwalewa O, Adeboye J. Analgesic, antipyretic, anti-inflammatory effects of methanol, chloroform and ether extracts of *Vernonia cinerea* less leaf. *J Ethnopharmacol*. 2003;86(2-3):229-34.
101. Baul S, Amin MN, Hussain MS, Mukul MEH, Millat MS, Rashed M. Phytochemical Nature and Pharmacological Evaluation of Chloroform Extract of *Pandanus fascicularis* L. Fruits): An in vivo Study *J Bioanal Biomed*. 2017;9(4):223.
102. Eloff J. Which extractant should be used for the screening and isolation of antimicrobial components from plants? *J Ethnopharmacol*. 1998;60(1):1-8.
103. Earl J, Kirkpatrick P. Ezetimibe. *Nature Reviews Drug Discovery*. 2003;2(2):97-9.
104. Verkman AS, Galiotta LJ. Chloride channels as drug targets. *Nature reviews Drug discovery*. 2009;8(2):153-71.
105. Taddei A, Folli C, Zegarra-Moran O, Fanen P, Verkman A, Galiotta LJ. Altered channel gating mechanism for CFTR inhibition by a high-affinity thiazolidinone blocker. *FEBS Lett*. 2004;558(1-3):52-6.
106. Edwards CL, Hayes R. Tumor scanning with ⁶⁷Ga citrate. *J Nucl Med*. 1969;10(2):103-5.
107. Johnston GS. Clinical applications of gallium in oncology. *Int J Nucl Med Biol*. 1981;8(4):249-55.
108. King SC, Reiman RJ, Prosnitz LR. Prognostic importance of restaging gallium scans following induction chemotherapy for advanced Hodgkin's disease. *J Clin Oncol*. 1994;12(2):306-11.
109. van Amsterdam J, Kluin-Nelemans J, Van Eck-Smit B, Pauwels E. Role of ⁶⁷Ga scintigraphy in localization of lymphoma. *Ann Hematol*. 1996;72:202-7.
110. Bar-Shalom R, Epelbaum R, Haim N, Ben-Arush MW, Ben-Shahar M, Gorenberg M, et al. Early detection of lymphoma recurrence with gallium-⁶⁷ scintigraphy. *J Nucl Med*. 1993;34(12):2101-4.
111. Salloum E, Brandt DS, Caride VJ, Cornelius E, Zeltermann D, Schubert W, et al. Gallium scans in the management of patients with Hodgkin's disease: a study of 101 patients. *J Clin Oncol*. 1997;15(2):518-27.
112. Hart MM, Adamson RH. Antitumor activity and toxicity of salts of inorganic group IIIa metals: aluminum, gallium, indium, and thallium. *Proceedings of the National Academy of Sciences*. 1971;68(7):1623-6.
113. Foster B, Clagett-Carr K, Hoth D, Leyland-Jones B. Gallium nitrate: the second metal with clinical activity. *Cancer Treat Rep*. 1986;70(11):1311-9.
114. WARRELL Jr RP, ISRAEL R, FRISONE M, SNYDER T, GAYNOR JJ, BOCKMAN RS. Gallium nitrate for acute treatment of cancer-related hypercalcemia: a randomized, double-blind comparison to calcitonin. *Ann Intern Med*. 1988;108(5):669-74.
115. Betoulle S, Etienne J, Vernet G. Acute immunotoxicity of gallium to carp (*Cyprinus carpio* L.). *Bull Environ Contam Toxicol*. 2002;68:817-23.
116. Whitacre C, Apseloff G, Cox K, Matkovic V, Jewell S, Gerber N. Suppression of experimental autoimmune encephalomyelitis by gallium nitrate. *J Neuroimmunol*. 1992;39(1-2):175-81.

117. Matkovic V, Balboa A, Clinchot D, Whitacre C, Zwilling B, Brown D. Gallium prevents adjuvant arthritis in rats and interferes with macrophage/T-cell function in the immune response. *Current therapeutic research*. 1991;50(2):255-67.
118. Apseloff G, Hackshaw KV, Whitacre C, Weisbrode SE, Gerber N. Gallium nitrate suppresses lupus in MRL/lpr mice. *Naunyn-Schmiedeberg's archives of pharmacology*. 1997;356:517-25.
119. Orosz CG, Wakely E, Bergese SD, VanBuskirk AM, Ferguson RM, Mullet D, et al. PREVENTION OF MURINE CARDIAC ALLOGRAFT REJECTION WITH GALLIUM NITRATE: Comparison with Anti-CD4 Monoclonal Antibody: 1. Transplantation. 1996;61(5):783-91.
120. Franz AK, Wilson SO. Organosilicon molecules with medicinal applications. *J Med Chem*. 2013;56(2):388-405.
121. Yagoda A, Petrylak D. Cytotoxic chemotherapy for advanced hormone-resistant prostate cancer. *Cancer*. 1993;71(S3):1098-109.
122. Badger AM, DiMartino MJ. Immunomodulatory activity and non-specific suppressor cell generation by spirogermanium in murine and rat models of cell-mediated immunity. *Immunopharmacology*. 1988;16(1):33-43.
123. Mrema J, Slavik M, Davis J. Spirogermanium: a new drug with antimalarial activity against chloroquine-resistant *Plasmodium falciparum*. *Int J Clin Pharmacol Ther Toxicol*. 1983;21(4):167-71.
124. Goodman S. Therapeutic effects of organic germanium. *Med Hypotheses*. 1988;26(3):207-15.
125. Segal A, Munro JM, Ensell J, Sarner M. Indium-111 tagged leucocytes in the diagnosis of inflammatory bowel disease. *The Lancet*. 1981;318(8240):230-2.
126. Saverymuttu S, Peters A, Hodgson H, Chadwick V, Lavender J. Indium-111 autologous leucocyte scanning: comparison with radiology for imaging the colon in inflammatory bowel disease. *Br Med J (Clin Res Ed)*. 1982;285(6337):255-7.
127. Stein DT, Gray GM, Gregory PB, Anderson M, Goodwin DA, McDougall LR. Location and activity of ulcerative and Crohn's colitis by indium 111 leukocyte scan: A prospective comparison study. *Gastroenterology*. 1983;84(2):388-93.
128. Saverymuttu S, Peters A, Lavender J, Pepys M, Hodgson H, Chadwick V. Quantitative fecal indium 111-labeled leukocyte excretion in the assessment of disease in Crohn's disease. *Gastroenterology*. 1983;85(6):1333-9.
129. Bhattacharya S, Lahiri A. Clinical role of indium-111 antimyosin imaging. *Eur J Nucl Med*. 1991;18:889-95.
130. Cummins B, Russell GJ, Chandler ST, Pears DJ, Cummins P. Uptake of radioiodinated cardiac specific troponin-I antibodies in myocardial infarction. *Cardiovasc Res*. 1990;24(4):317-27.
131. Sieswerda GT, Yang L, Boo MBd, Kamp O. Real-Time Perfusion Imaging: A New Echocardiographic Technique for Simultaneous Evaluation of Myocardial Perfusion and Contraction. *Echocardiography*. 2003;20(6):545-55.
132. De Nardo D, Scibilia G, Macchiarelli A, Cassisi A, Tonelli E, Papalia U, et al. The role of indium-111 antimyosin (Fab) imaging as a noninvasive surveillance method of human heart transplant rejection. *The Journal of heart transplantation*. 1989;8(5):407-12.
133. Wang H, Wang J, Jiang Y, Li J, Tian S, Ran W, et al. The investigation of ¹²⁵I seed implantation as a salvage modality for unresectable pancreatic carcinoma. *J Exp Clin Cancer Res*. 2013;32(1):1-8.
134. Podder TK, Fredman ET, Ellis RJ. Advances in radiotherapy for prostate cancer treatment. *Molecular & Diagnostic Imaging in Prostate Cancer: Clinical Applications and Treatment Strategies*. 2018:31-47.
135. Tanderup K, Ménard C, Polgar C, Lindegaard JC, Kirisits C, Pötter R. Advancements in brachytherapy. *Advanced drug delivery reviews*. 2017;109:15-25.
136. Jansen KL, Prast CJ. Ethnopharmacology of kratom and the *Mitragyna* alkaloids. *J Ethnopharmacol*. 1988;23(1):115-9.

137. Suwanlert S. A study of kratom eaters in Thailand. *Bull Narc.* 1975;27(3):21-7.
138. Assanangkornchai S, Muekthong A, Sam-Angsri N, Pattanasattayawong U. The use of *Mitragynine speciosa* ("Kratom"), an addictive plant, in Thailand. *Subst Use Misuse.* 2007;42(14):2145-57.
139. Vicknasingam B, Narayanan S, Beng GT, Mansor SM. The informal use of ketum (*Mitragyna speciosa*) for opioid withdrawal in the northern states of peninsular Malaysia and implications for drug substitution therapy. *International Journal of Drug Policy.* 2010;21(4):283-8.
140. Krauth D. Substance called "Kratom" becoming a growing problem. *The Palm Beach Post.* 2011;7(01).
141. Ward J, Rosenbaum C, Hernon C, McCurdy CR, Boyer EW. Herbal medicines for the management of opioid addiction: safe and effective alternatives to conventional pharmacotherapy? *CNS drugs.* 2011;25:999-1007.
142. Ohshiro T, Calderhead RG, Walker JB. *Low level laser therapy: a practical introduction*: Wiley; 1988.
143. Schindl A, Schindl M, Pernerstorfer-Schön H, Kerschman K, Knobler R, Schindl L. Diabetic neuropathic foot ulcer: successful treatment by low-intensity laser therapy. *Dermatology.* 1999;198(3):314-6.
144. Avcı P, Gupta A, Sadasivam M, Vecchio D, Pam Z, Pam N, et al., editors. *Low-level laser (light) therapy (LLLT) in skin: stimulating, healing, restoring*. *Semin Cutan Med Surg*; 2013: NIH Public Access.
145. Cox B. *Introduction to laser-tissue interactions*. PHAS. 2007;4886:1-61.
146. Gitomer SJ, Jones RD. Laser-produced plasmas in medicine. *IEEE transactions on plasma science.* 1991;19(6):1209-19.
147. Hemvani N, Chitnis DS, Bhagwanani NS. Helium-neon and nitrogen laser irradiation accelerates the phagocytic activity of human monocytes. *Photomed Laser Surg.* 2005;23(6):571-4.
148. Denis M. Tumor necrosis factor and granulocyte macrophage-colony stimulating factor stimulate human macrophages to restrict growth of virulent *Mycobacterium avium* and to kill avirulent *M. avium*: killing effector mechanism depends on the generation of reactive nitrogen intermediates. *J Leukoc Biol.* 1991;49(4):380-7.
149. Bermudez L, Young LS. Tumor necrosis factor, alone or in combination with IL-2, but not IFN- γ , is associated with macrophage killing of *Mycobacterium avium* complex. *Journal of immunology (Baltimore, Md: 1950).* 1988;140(9):3006-13.
150. Bhardwaj N, Pathania A, Kumar P. Naturally available nitrogen-containing fused heterocyclics as prospective lead molecules in medicinal chemistry. *Current Traditional Medicine.* 2021;7(1):5-27.
151. Henary M, Kananda C, Rotolo L, Savino B, Owens EA, Cravotto G. Benefits and applications of microwave-assisted synthesis of nitrogen containing heterocycles in medicinal chemistry. *RSC advances.* 2020;10(24):14170-97.
152. Kumar R, Sirohi T, Singh H, Yadav R, Roy R, Chaudhary A, et al. 1, 2, 4-triazine analogs as novel class of therapeutic agents. *Mini-Rev Med Chem.* 2014;14:168-207.
153. Bhattacharya S. Reactive oxygen species and cellular defense system. *Free radicals in human health and disease.* 2015:17-29.
154. Nowak WN, Deng J, Ruan XZ, Xu Q. Reactive oxygen species generation and atherosclerosis. *Arterioscler Thromb Vasc Biol.* 2017;37(5):e41-e52.
155. Finkel T, Holbrook NJ. Oxidants, oxidative stress and the biology of ageing. *Nature.* 2000;408(6809):239-47.
156. Trachootham D, Alexandre J, Huang P. Targeting cancer cells by ROS-mediated mechanisms: a radical therapeutic approach? *Nature reviews Drug discovery.* 2009;8(7):579-91.
157. Dias AP, da Silva Santos S, da Silva JV, Parise-Filho R, Ferreira EI, El Seoud O, et al. Dendrimers in the context of nanomedicine. *Int J Pharm.* 2020;573:118814.

- 158.Oliveira JM, Salgado AJ, Sousa N, Mano JF, Reis RL. Dendrimers and derivatives as a potential therapeutic tool in regenerative medicine strategies—A review. *Progress in Polymer Science*. 2010;35(9):1163-94.
- 159.Lin L, Fan Y, Gao F, Jin L, Li D, Sun W, et al. UTMD-promoted co-delivery of gemcitabine and miR-21 inhibitor by dendrimer-entrapped gold nanoparticles for pancreatic cancer therapy. *Theranostics*. 2018;8(7):1923.
- 160.Kojima S, Cuttler JM, Inoguchi K, Yoroze K, Horii T, Shimura N, et al. Radon therapy is very promising as a primary or an adjuvant treatment for different types of cancers: 4 case reports. *Dose-Response*. 2019;17(2):1559325819853163.
- 161.Kojima S, Cuttler JM, Shimura N, Koga H, Murata A, Kawashima A. Present and future prospects of radiation therapy using α -emitting nuclides. *Dose-Response*. 2018;16(1):1559325817747387.
- 162.Shuji Kojima JMC, Inoguchi K, Yoroze K. Radon Therapy Is Very Promising as a Primary or an Adjuvant Treatment for Different Types of Cancers: 4 Case.
- 163.Seidlin S, Marinelli L, Oshry E. Radioactive iodine therapy: effect on functioning metastases of adenocarcinoma of the thyroid. *J Am Med Assoc*. 1946;132(14):838-47.
- 164.Kosik KS. Alzheimer's disease: a cell biological perspective. *Science*. 1992;256(5058):780-3.
- 165.Balaban H, Nazıroğlu M, Demirci K, Övey İS. The protective role of selenium on scopolamine-induced memory impairment, oxidative stress, and apoptosis in aged rats: the involvement of TRPM2 and TRPV1 channels. *Mol Neurobiol*. 2017;54:2852-68.
- 166.Mangiapane E, Pessione A, Pessione E. Selenium and selenoproteins: an overview on different biological systems. *Current Protein and Peptide Science*. 2014;15(6):598-607.
- 167.Schweizer U, Bräuer AU, Köhrle J, Nitsch R, Savaskan NE. Selenium and brain function: a poorly recognized liaison. *Brain Res Rev*. 2004;45(3):164-78.
- 168.Schwarz K. Silicon, fibre, and atherosclerosis. *The Lancet*. 1977;309(8009):454-7.
- 169.Martin KR. Silicon: the health benefits of a metalloid. *Interrelations between essential metal ions and human diseases*. 2013:451-73.
- 170.Martin KR. The chemistry of silica and its potential health benefits. *J Nutr Health Aging*. 2007;11(2):94.
- 171.Broadhurst L. Silicon's elemental benefits. Prolithic Available online at: http://www.prolithic.com/hpages/ref_docs/orthosil.html Accessed on August. 1999;26.
- 172.Kerry RG, Singh KR, Mahari S, Jena AB, Panigrahi B, Pradhan KC, et al. Bioactive potential of morin loaded mesoporous silica nanoparticles: A noble and efficient antioxidant, antidiabetic and biocompatible abilities in in-silico, in-vitro, and in-vivo models. *OpenNano*. 2023;10:100126.
- 173.Maehira F, Ishimine N, Miyagi I, Eguchi Y, Shimada K, Kawaguchi D, et al. Anti-diabetic effects including diabetic nephropathy of anti-osteoporotic trace minerals on diabetic mice. *Nutrition*. 2011;27(4):488-95.
- 174.Chen L, Zhou X, He C. Mesoporous silica nanoparticles for tissue-engineering applications. *Wiley Interdisciplinary Reviews: Nanomedicine and Nanobiotechnology*. 2019;11(6):e1573.
- 175.Al-Harbi N, Mohammed H, Al-Hadeethi Y, Bakry AS, Umar A, Hussein MA, et al. Silica-based bioactive glasses and their applications in hard tissue regeneration: A review. *Pharmaceuticals*. 2021;14(2):75.
- 176.Quignard S, Coradin T, Powell JJ, Jugdaohsingh R. Silica nanoparticles as sources of silicic acid favoring wound healing in vitro. *Colloids and Surfaces B: Biointerfaces*. 2017;155:530-7.
- 177.Muhler JC, Van Huysen G. Solubility of enamel protected by sodium fluoride and other compounds. *J Dent Res*. 1947;26(2):119-27.
- 178.Howell CL, Gish CW, Smiley RD, Muhler JC. Effect of topically applied stannous fluoride on dental caries experience in children. *The Journal of the American Dental Association*. 1955;50(1):14-7.
- 179.Rathmann SM, Ahmad Z, Slikboer S, Bilton HA, Snider DP, Valliant JF. The radiopharmaceutical chemistry of technetium-99m. *Radiopharmaceutical chemistry*. 2019:311-33.
- 180.Papagiannopoulou D. Technetium-99m radiochemistry for pharmaceutical applications. *Journal of Labelled Compounds and Radiopharmaceuticals*. 2017;60(11):502-20.

181. Gazzin S, Masutti F, Vitek L, Tiribelli C. The molecular basis of jaundice: An old symptom revisited. *Liver International*. 2017;37(8):1094-102.
182. SCHMID R. Introduction to haem catabolism and studies on haem oxygenase. Portland Press Ltd.; 1976.
183. Varsio S. Caries-preventive treatment approaches for child and youth at two extremes of dental health in Helsinki, Finland. 1999.
184. ANDERSON RJ, SIZEMORE GW, WAHNER HW, CARNEY JA. Thyroid scintigram in familial medullary carcinoma of the thyroid gland. *Clin Nucl Med*. 1978;3(4):147-51.
185. Halpert G, Sredni B. The effect of the novel tellurium compound AS101 on autoimmune diseases. *Autoimmunity reviews*. 2014;13(12):1230-5.
186. Sredni B, editor *Immunomodulating tellurium compounds as anti-cancer agents*. Semin Cancer Biol; 2012: Elsevier.
187. Cohen BL. Anomalous behavior of tellurium abundances. *Geochim Cosmochim Acta*. 1984;48(1):203-5.
188. Lee J-H, Halperin-Sheinfeld M, Baatar D, Mughal MR, Tae H-J, Kim J-W, et al. Tellurium compound AS101 ameliorates experimental autoimmune encephalomyelitis by VLA-4 inhibition and suppression of monocyte and T cell infiltration into the CNS. *Neuromolecular Med*. 2014;16:292-307.
189. Herberman RB, Pinsky CM, editors. *Polyribonucleotides for cancer therapy: Summary and recommendations for further research*. J Immunother; 1985: LWW.
190. Wild RB. On the Action and Uses of Sulphur and certain of its Compounds as Intestinal Antiseptics. *Proc R Soc Med*. 1911;4(Ther_Pharmacol):13-24.
191. Predmore BL, Lefer DJ, Gojon G. Hydrogen sulfide in biochemistry and medicine. *Antioxidants & redox signaling*. 2012;17(1):119-40.
192. Perkins C, Kim CN, Fang G, Bhalla KN. Arsenic induces apoptosis of multidrug-resistant human myeloid leukemia cells that express Bcr-Abl or overexpress MDR, MRP, Bcl-2, or Bcl-xL. *Blood, The Journal of the American Society of Hematology*. 2000;95(3):1014-22.
193. Fan X-Y, Chen X-Y, Liu Y-J, Zhong H-M, Jiang F-L, Liu Y. Oxidative stress-mediated intrinsic apoptosis in human promyelocytic leukemia HL-60 cells induced by organic arsenicals. *Sci Rep*. 2016;6(1):29865.
194. Bentley R, Chasteen TG. Arsenic curiosa and humanity. *The Chemical Educator*. 2002;7:51-60.
195. Williams K. The introduction of 'chemotherapy' using arsphenamine—the first magic bullet. *J R Soc Med*. 2009;102(8):343-8.
196. Gibaud S, Jaouen G. Arsenic-based drugs: from fowler's solution to modern anticancer chemotherapy. *Medicinal organometallic chemistry*: Springer; 2010. p. 1-20.