AIDS: The Epidemic That May Not Be
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HEALING

AIDS: The Epidemic That May Not Be

Unconventional sexual activity, harmful drugs and toxic remedies can explain this disease

December 1, 1997, marked World AIDS Day. A United Nations agency gravely announced that AIDS has struck the world much harder than previously thought--30 million people are now infected with HIV. For the last two months we have explored the position of a minority of doctors and medical researchers who believe AIDS is not an epidemic in the traditional sense. We have explained that no one has proven scientifically that HIV causes AIDS, that the common HIV test can yield positive results for many conditions completely unrelated to AIDS and that the potent toxic drugs, such as AZT, used to treat HIV+, are alone quite capable of killing a patient. This month we complete our appraisal of this point of view with a discussion of the various risk factors which can cause a breakdown of the immune system, and with further aspects of AIDS statistics, transmission and treatment.

Risks: After years of study, researchers still find that AIDS is predominantly a male homosexual disease. The only females shown to have the disease were intravenous drug users (including probable use of amyl or butyl nitrate--"poppers," a powerful stimulant) or recipients of anal sex. Kaposi's Sarcoma

(a cancer associated with AIDS) until recently was solely a male condition. It now appears in females, and when accurate histories are obtained, the females are shown to be either intravenous drug users, sleeping and sharing needles with intravenous drug users, or having anal sex.

There is a strong correlation between use of poppers and Kaposi's Sarcoma. It is seen in persons who test both positive and negative for HIV. Poppers heighten the sexual experience and relax the anal sphincter--this being a strong reason for its use, despite the fact its correlation with Kaposi's Sarcoma has been known for years. Doctors must be skillful in recording a patient's history, for the patient often lies about drugs and sex habits--causing the doctor to miss obvious correlations between their physical condition and their lifestyle.

Anal sex does not cause AIDS, as some claim. But it does cause immune suppression, in two ways: by the act itself and by absorption of semen and sperm that is deposited in the rectum. One of the rectum's natural functions is to absorb fluids from the bowel, and this is one way abnormal proteins infiltrate the blood stream, leading to immune suppression. Fluids flow just the opposite in vaginal insemination--foreign protein is not absorbed, but either moved up and into the uterus or down and out of the body. Also, rough sex can damage rectum membranes so that direct entry into the blood is possible by seminal fluids. At the same time many, if not most, of these encounters are associated with immunosuppressing poppers. This helps explain why heterosexual transmission of the disease is uncommon (unless anal sex is used). The HIV status of people using anal sex seems to be equally divided between positive and negative,

and no predictions can be made as to the level of increased immunosuppression.

Other risk factors for developing AIDS are use of street drugs and some prescription drugs; intravenous use of street drugs and sharing of needles; recipients of blood transfusion (possibly for hemophiliacs); or other methods of getting a foreign protein into the blood stream. Starvation or malnutrition often cause immunosuppression.

Testing positive for HIV is not one of these risk factors. Ward, et al, (1989) studied a group of paired patients, half testing HIV+ and half testing HIV-. They reported, "Nowhere have we been able to find any evidence whatsoever that transfusion of HIV ever caused any disease."

Many legal and illegal drugs can suppress the immune system, including cocaine, nitrite inhalants, amphetamines, barbiturates, ethyl chloride inhalers, phenylcyclidine, heroin, marijuana and medically prescribed drugs of the DNA terminator type which are toxic and designed to kill cells. The hazard of these drugs is increased by frequent sharing of needles, often with dried blood upon them. These drugs cause a marked depression of the immune system--the greater and longer the use, the more depression. It was shown in 1908 by Terry and Pellens that long habituated users of "recreational" drugs develop AIDS-like symptoms of weight loss, dementia, fevers, mouth infections, endocarditis and pneumonias. This was long before HIV was found or the term AIDS used.

We must conclude that the condition called AIDS may be explained directly by the individual's lifestyle. There is no need to postulate an infectious cause. Immune systems of patients are depressed by prolonged and chronic use of street drugs. Dietary deficiency further depresses the immune system. Sex-stimulating drugs and anal sex add to it. Eventually a patient has typical markers of AIDS--weight loss, depression, dementia, fever and other opportunistic infections--because the immune system is so weakened that it cannot recover from these assaults. He may easily test positive for HIV for any of these reasons, not because he has contracted "HIV." Once he is given immunosuppressive prescription drugs as therapy and the vicious cycle of immunosuppression is started, it continues until there is real and very serious illness, which is then called AIDS.

Common criteria of inflammatory disease are not present in AIDS; researchers increasingly accept the idea that AIDS is not an infection. Transmission is unlike any infection known. Support for this comes from studies of pregnant women. Infants are born with AIDS symptoms if the mother is a chronic drug user and HIV-, but with no symptoms if she is not a chronic drug user even though she is HIV+. That means drug use is the cause of the child's AIDS symptoms, not an infectious agent.

Other questions: Aside from issues of definition, transmission, etc., is the value of the "viral load" test to "monitor" progress of a patient's disease. By manipulating a patient's blood sample, doctors look for cells or fragments that are assumed to be part of the HIV virus. When found, these are magnified, again by manipulation, to give a number supposedly

corresponding to the total virus present in the body. There are many deficiencies in the test as discussed in Reappraising AIDS, edited by Paul Philpott. His conclusion is that the viral load test has not been properly standardized, hence worthless as an aid to therapy.

Published numbers for AIDS are confusing. The United Nations generates consolidated figures, but agencies report to the UN differently--some report only HIV+ cases, others report HIV+ and full AIDS. A few report only full blown AIDS cases. Then the US Centers for Disease Control (CDC) uses cumulative statistics, meaning the total number of people with AIDS each year are added to the totals for all previous years--ignoring the fact that the same person may be counted in more than one year.

A further complication is that the CDC frequently changes definitions. In 1981 only 12 diseases qualified as AIDS, with no mention of HIV positivity or CD-T4 cell counts. In 1985 seven more diseases were added, plus a requirement of being HIV+. In 1993 four more diseases were added, with a further stipulation on CD-T4 count. Three more conditions were recently added to the AIDS category: cervical carcinoma, recurrent pneumonia and tuberculosis. These three occurred for many years before the AIDS controversy and seem to have nothing in common with the other diseases, except to raise statistics. All of this causes a UN report of "30 million infections" to be very misleading.

The World Health Organization and others have entirely different criteria. The WHO does not require any HIV positivity

to diagnose AIDS. Wasting of the body and presence of dementia (mental deterioration) are far more important. It seems there is a different political agenda for each definition as given by various organizations.

Estimates of HIV/AIDS patients in India and Africa are large. AIDS in Africa follows different diagnostic rules and probably has nothing to do with HIV. Because of differences in lifestyle, there are different risk factors for those nations. It is difficult to test correctly in these areas, except in larger medical centers. Statistics are also suspect because of indiscriminate use of the terms HIV and AIDS. Doctors do not hesitate to guess the number of people with disease. Most of these "AIDS" patients are ill because of starvation.

Treatment and prevention: Alternative treatment shows good results in the small number of heroic patients who have used it. Herbals, homeopathic remedies, massage, supplemented nutrition, acupuncture and reasonable exercise are combined according to the patient's needs. As the immune system is stimulated, improvement occurs gradually; as long as all use of toxic and street drugs is stopped. Recently newspapers reported that AIDS deaths are decreasing, attributed to new drugs. There is no real assessment of the "cocktail" drugs at this time. These cocktails still contain the AZT-type DNA terminators and protease inhibitors; both are highly toxic.

Louis Pasteur was a major figure in medicine's germ theory. He said, "Terrain is more important than the germ." In other words, if the body's immune system is depressed, almost any germ, regardless of potency, may cause illness. A good

example of this is that the tubercle bacillus is everywhere in our environment, yet few of us contract tuberculosis. If we choose a lifestyle of good nutrition, moderate exercise and sensible sexual life, avoiding street drugs, and are wary of toxic prescribed drugs, we shall not need to fear AIDS.

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