AIDS, Part Two: Tests & Treatment
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HEALING

# AIDS, Part Two: Tests & Treatment

HIV tests are flawed, yet used to justify a potentially fatal course of AZT treatment

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Last month we explored the reasons some doctors and researchers feel the public is being mislead about the nature and treatment of AIDS. Their position is considered heresy to prevailing medical opinion, and despite its potential impact, their point of view is ignored both by the medical profession and policy makers.

Central to the issue is the relationship of HIV (human immunovirus) and the condition called AIDS. Since the development of a test for antibodies to HIV in 1985, most doctors assumed an HIV+ patient would necessarily develop AIDS. But it has been documented that there are 64 diseases or health conditions that can make an HIV test positive ( Continuum Sept/Oct 1996, compiled by Christine Johnson of HEAL, Los Angeles). This list includes such simple things as flu, flu vaccine, herpes simplex I & II, recent exposure to a viral disease or viral vaccine, rheumatoid arthritis, tetanus vaccine, organ transplants, alcoholic liver disease, hemophilia, and

receptive anal sex. More serious conditions on the list include tuberculosis, malignancy and other virus infections. There are also many cross-reactive results in the performance of the HIV test. It is not understood how clinicians could use the criteria of HIV+ to confirm any condition, since the antibodies can result from any of these diseases. In other words, the HIV test is not a test for AIDS. It is not even specific for HIV.

As soon as the patient is diagnosed HIV+, doctors who believe "HIV equals death" insist on prescribing the toxic drug, AZT, or another DNA terminator. They do this despite the fact there is really no disease process or disease symptoms present. We must understand that AZT was in 1984 used almost universally for the treatment of HIV, to forestall developing the recently discovered and yet little understood condition called AIDS. An insidious fear was cultivated in patients by medical institutions and pharmaceutical companies--"If you don't take AZT, you are going to die. Period." Most patients succumbed to the pressure--they took AZT in excessive dosage for years (at a cost of US$1,500/month), progressed to a condition that resembled full-blown AIDS and died from the effects of this overdose rather than from the disease itself. It was supposedly given to prevent replication of HIV, and thus prevent progression of the disease to full-blown AIDS.

There were some HIV+ patients who did not succumb to pressures to take AZT; many are still alive today and live comfortably. Unfortunately, because such a result is contrary to the prevailing medical opinion on AIDS, very little study has

been done on these patients. Researchers who sought to explore the true impact of AZT have been denied funding for their work. As a result, the evidence against AZT and related treatments remains largely anecdotal.

AZT now is often combined in lower dosage with the "protease inhibitor type" drugs to produce a "cocktail." There is less death with this cocktail therapy--it seems to increase CD4 T-cell counts for awhile--but this improvement is neither consistent nor permanent. The current slowdown in progression and fewer deaths gives the appearance of statistical positive changes, but they are not valid. It seems we are no closer to a "cure" for AIDS when using the HIV/AIDS model. To be continued...

Dr. Tandavan, 77, retired nuclear physician and hospital staff president, lives in Chicago, where he specializes in alternative healing arts. If you are interested in further articles on health and healing visit his home page.