AIDS defining illnesses, their causes and treatment

Treatment recommendations after the works of Dr. Heinrich Kremer, (Barcelona), Prof. Alfred Hassig (Berne), Ie Dr. Stefan Lanka (Stuttgart), Eleni Papadopulos-Eleopulos (Royal Hospital, Perth), Etienne de Harven (France), MD Roberto Giraldo (USA) and Kary B. Mullis (USA) available at www.virusmyth.com *and the works of L.A. Herzenberg, J.D. Peterson et S.C. De Rosa, W. Droege, J.K. Shabert, G. Ohlenschlaeger, C. Richter, V.Hack, H. Rode, E.A. Newsholme, C De Simone, S.J. Ferrando, C. de Back, M. Clerici, G.M. Shearer, M.C. Dalakas, G.Tomelleri, E. Benbrik, G.A. Cannon, B D. Cheson, R.F. Fuchgott and C.J. Ignarro available at www.ncbi.nlm.nih.gov*

The many and varied diseases that can define the AIDS syndrome: fungal infections of the lung, of the mucous membranes, the brain, and the gut, and the degenerative changes in the endothelial cells of blood vessels and lymphatic vessels (Kaposi Sarcoma), occur because of an ongoing change in the production of gaseous nitric oxide and oxygen radicals in immune cells and other cells.
If these changes continue, CD4 helper cells mature predominantly to cells with the Th2 cytokine profile, which migrate to the bone marrow where they activate defences against external pathogens (bacteria and toxines) by producing antibodies but only a few mature into Th1 cells which activate the detection and destruction of fungus and virus infected cells and of altered cells. If this situation persists, the release of gaseous nitric oxide (NO) gets entirely inhibited so that the destruction of cells carrying viruses, fungi and mycobacteria by killer cells is blocked. Then, as an effect of heightened cell decay, a higher quantity of proteins of the cyto-skeleton and of mitochondria is released. Against these proteins a higher rate of antibodies are formed. These antibodies and antibodies against a big variety of antigens and against products of toxic pollution are detected by the HIV-tests. Once a arbitrarily set level is reached, the patient is declared "HIV positive".

An ongoing Th1-Th2 switch in the cytokine profile of CD-4 helper cells comes abaout as a result of:

- frequent contact with antigens from repeated injuries or chronic infections, from operations and dirty water).
- repeated contact of foreign proteins with the plasma (from coagulation proteins in blood preparations and from semen liquid in unprotected anal intercourse)
- repeated contact with toxic substances in food (e.g. aflatoxin (e.g. in wet cereals), medicaments and environmental pollution, toxic decomposition products from modern chemicals and heavy metals (e.g. carrier substances in vaccines, amalgam fillings such as mercury, aluminium and formaldehyde)
- continuous intake of chemoantibiotics (Sulphonamides, Trimethoprim,(such as Bactrim, Septrin, Cotrimoxazole and TMPSMX) and nucleoside analog drugs (such as AZT, DDI, DDC, 3TC e.g.) They inhibit the synthesis of folic acid and purine, used in cells for the formation of the mitochondrial DNA, and bind the SH-groups of glutathione and cysteine and impair thereby the activity of mitochondria. Mitochondria, the suppliers of energy in human cells, synthesise, with reduced oxygen and energy rich electrons from nutritional components, the energy carrier molecule (ATP), that is used for all functions in the organism. They also reduce toxic oxygen radicals and play an important role in the immune system.

- chemoantibiotics inhibit also the synthesis of the enzyme dihydrofolatereductase (DHFR), which is needed for the formation of tetrahydrofolate, used in the liver for the synthesis of cysteine and glutathione molecules, and for the synthesis of gaseous nitric oxide (NO) used by killer cells to attack and destroy cells carrying fungi, viruses and mycobacteria.

- chemoantibiotics, nucleoside analog drugs, insecticides (e.g. Lindan in moistures against crablouse) and nitrites (poppers) cause, by their strongly oxidising effect, a reduced oxygen transport in cells (methaemoglobinaemia) which exceeds the reductive capacity of glutathione molecules.

- Lower numbers of glutathione molecules produced as a result of chemoantibiotics, liver damage (from hepatitis, frequent alcohol consumption) or through shortage of nutritional cysteine (esp. in developing countries). Glutathione molecules reduce oxygen- and nitric oxide molecules, so that ATP production in mitochondria is not disturbed. A lack of glutathione molecules makes fungi grow, that then release toxic decay products (Azethaldehyde), which weaken the synthesis of glutatione moleules in the liver and can only be decomposed by glutathione molecules and glucoronic acid. A lack of glutathione in antigen-presenting cells makes CD-4 helper cells predominantly mature as Th2 cells that activate the formation of antibodies against external pathogens in the bone marrow, but not anymore as Th1 cells, that induce the detection and destruction of cells containing viruses, mycobacteria and fungi by killercells using gaseous nitric oxide (NO).

- lack of plant antioxidants which bind to toxic degradation products (oxygen radicals) and thereby reduce inflammation and stress_reactions.

- inhalation of nitrites ("poppers") which are stored in cells as NO2. They are released through physical exertion on increased exposure to calcium ions. This affects the endothelial cells of blood vessels and lymphatic vessels with a small capillary diameter, and leads thereby to degenerative changes (swollen lymph nodes and finally to Kaposi Sarcoma).

Chemoantibiotics inhibit the synthesis of folic acid, of purine and of the enzyme dihydrofolatereductase (DHFR). They also damage the mitochdonrial DNA, which is inherited from the mother to the child and inhibit the formation of the glutathione molecules in the liver, used for the reduction and transportation of oxygen to the cells. They also inhibit the formation of gaseous nitric oxide (NO), used for the destruction of cells containing viruses, fungi and mycobacteria. By doing this they block continuously the entire cellular immune reactions and cause a lasting Th1-Th2 switch in the cytokine prophile of CD-4 helper_cells, which induces an ongoing functional immune deficiency. By suffocation of the cellular respiration they induce chronic fungal infestation (e.g. PCP, Candida(s) Albicans)in mucous membranes, in the intestine (causing chronic diaorrhea) and on the skin. Because of the damage on mitochondrial DNA they cause lasting energy decline and severe damage to the brain, internal organs and to muscles, causing heart attacks and paralysis.

On prolonged impairment of mitochondria, the mitochondria dissolve their symbiosis with the host ("Warburg Phenomenon"). By heightened activity of reverse transcription the cell nucleus then saves its genotype. Cells then increasingly switch over to producing energy by anaerobic fermentation, which results in excess lactic acid production, the growth of fungi and opportunists, and ultimately the formation of cancerous cells and wasting, at which point cells obtain essential nutrients directly from myoprotein.

HIV, which is held today to be responsible for causing 30 different AIDS-defining diseases, has never been shown to be transmissible nor self-reproducing; it has never been isolated, photographed or otherwise properly characterised, as required by the established rules of virology. The original experimental technique of Gallo and Montagnier in 1984, on which the HIV-antibody-tests were constructed, involved co-culturing cells from AIDS patients with leucaemic cells and embryonal cells, that show a high activity of reverse transcription. This effect of an artificially amplified reverse transcription was then interpreted as signifying the presence a new virus. A virus-specific enzyme could not be demonstrated.

Synthetic protease inhibitors, which are supposed to inhibit the formation of essential "viral paricles", over time, cause malaise, diabetes, kidney stones and liver failure in patients given them. After PIs and nucleoside analogues are first given, an decline in inflammatory reactions and „virus production" may be observed, but it then rises again, which is attributed to resistance developing.

Nucleoside analog drugs (e.g. AZT, DDC, DDI, 3TC), that block for a limited time the formation of DNA in bacteria and fungi, are practicaly not incorporated into the cell nucleus, where they should work as DNA terminators against HIV. As has been demonstrated by various animal trials since 1990 they cause irreversible damage to the mitochondrial DNA and thereby damage to the brain, the bone marrow, the muscles and internal organs and also a lasting decrease of CD-4 and CD-8 cells, that induces opportunistic infections (cytomegalo virus, herpes simplex, PCP and toxoplasmosis), which can define the AIDS-syndrome. The short time increase of CD-4 helpercells measurable in the plasma occuring at the beginning of the HAART treatment occurs as CD 4 helper cells with the Th2 cytokine profile return from the bone marrow into plasma, as lesser antibodies are needed due to the cytotoxic effects of nucleoside analog drugs. Unable to activate the detection and destruction of cells containing viruses, fungy and mycobateria they circulate 24 hours in the organism. The titer of CD-4 helpercells then decreases again ("resistance"), as nucleoside analog drugs damage the ripening of all lymphocytes in the bone marrow.

By means of:

- S-acetyl-L-Glutathione (400-600 mg/daily) tablets mixed with ginko biloba and Anthocyane) the lack of glutathione molecules in cells can be made up.

- A supply of sulphur compounds in sea salt, mineral water and algal products, and of cysteine and methionine containing protein mixtures, (Cysteine, N-acetyl-cysteine (3-8 gramme daily)can stimulate glutathione formation in the liver.
  Cysteine can also be administrated intravenously until the synthesis of glutathione in the liver works again sufficiently.

- Co-enzyme Q10 (100 mg daily), the antioxydant Microhydrin (Active-H) and high doses of Vitamin C and E can improve electron transport in the respiratory chain of cells. Folic acid (5 - 30 mg daily), thiols, L-carnitine (6 grammes daily for 14 days), alpha liponic acid (300-600mg daily), vitamine B 1 (150-300mg daily), B6 and B12, and low doses of selenium (250 microgrammes daily) and zinc can support the synthesis of ATP in mitochondria and the repair of damage to mitochondrial DNA.

- The activity of killer cells and neutrophillia can be supported by the administration of Beta 1,3-d Glucan (www.altcancer.com), Microhydrin, RM 10 (www.hmdistributor.com) derived from medicinal mushrooms such as Shitake and Maitake, that contain a special mix of polysacharids and aminoacids, glutamine (40 grammes daily) and L-Arginine(20-30 grammes daily).

- Opportunistic infections (fungi, PCP and others) can be treated by omega-3 fatty acids in fishoil (3 tablespoons daily) In difficult cases gamma-globulin, selective cyclo-oxygenese-2 inhibitors and difluoromethylornithine as a polyamine inhibitor can be administrated. Parasites in the colon can be treated by papaya leaf tea.

- Essential fatty acids in linseed oil, (thistle oil, soya oil)5-6 tablespoons daily)mixed with curd, can highten the uptake of oxygen in cells.

- Plant antioxidants, e.g. PADMA 28 (2-3 times 2 tablets daily) or Artemisia annua (available from www.nusag.com) which bind to toxic oxygen decay products, and by natural protease inhibitors (heparin and heparinoids) in algae (agar), guar or green mussel preparations), which activate the body's own antiproteases and bind to cations that attack the cell walls.Thereby they slow down chronic inflammatory reactions going along with increased cell division.

- Fungal infestations (e.g.Candida Albicans) in the intestines can be treated effectively by Caprylic acid (Mycopril Biocare UK) derived from cocoanut in capsules resistant to gastric acids, grapefruit seed extract, Bitoin (vitamin H), Aloe Vera preaprations (derived from the whole plant), Artemisia annua, tannate plant extract, castor bean extract, dextrorotatory lactic acid, bifido bacteria and lactobacillus acidophilus and garlic. The bases of such treatment is a diet poor in sugar, refined car-

bohydrates and fat but rich in fiber, bases and roughage, with high value carbohydrates (potatoes, whole grain bread and pasta), vegetables and fruit (plant antioxidants) and cold pressed oils, algae, soya beans and fish but without the following: iron-rich red meat, smoked meat or fish, fresh egg-white, white wheat, sugar, alcohol, fermented or malted products, canned citrus drinks, dried fruits or nuts, pasteurised milk, buttermilk and sourcream and products derived or containing yeast or fungi. The acid-base balance can be restored by mixtures of bases.

- Hebral medicaments (milk thistle, Liv 52) and glucoron acid can support the liver function. FOS (fructooligosaccharids), dextrorotatory lactic acid and fermented bewerages derived from from fungy, rice and algae (e.g. Kane bread bewerage, Vitabiosa, EM, Mankoso), work as prae-biotics and can diminish bacterial dissymbiosis in the intestines. N-acetyl glucosamine, olive oil, rice bran oil can restore the gut flora.

- Fungal infections can be treated locally in the throat by gargling with honey/vinegar and on the skin by sulphur containing moistures, Nystatin, tea-tree oil or emulsions with acidophillus.

- Extracts of coriander and allium ursinum and chlorella algae to bind and remove heavy metals (mercury)from vaccine carrier substances and amalgam fillings.

- Ethereal oils, rubbed on to the chest and in the armpits serve to stimulate the immune system through the ground substance.

- Targeted stress reduction techniques, e.g. autogenic training, stretching and massages, and refraining from excesive physical exercise (using perfomance-enhancing drugs, e.g. coffee, alcohol, nicotine, amphetamines, X-tasy, cocaine, heroin and poppers.)

- avoiding inflammatory reactions and infections by avoiding injuries (e.g. by protection in anal intercourse, use of herbal preparations for sphincter muscle relaxation and refraining from the use of nitrite inhalations (poppers).

- limitating the intake of coagulation proteins with blood preparations

.....a flexible resistance in people with AIDS defining illnesses can be restored.

If limited administration of antibiotics is necessary, this basic therapy has to be continued. The treatment has to be adapted to the individual illnesses occuring. Progress achieved by these measures to bolster the immune system can be monitored by measuring stress hormone profiles, the T4/T8 cell ratio, macrophage activation (neopterine test) and cutaneous anergy (skin reaction on antigens), and the glutathione level in plasma and in CD-4 helpercells.

Study Group for AIDS therapy
c/o Felix A. de Fries e-mail:felix.defries@bluewin.ch
Eglistr. 7 CH-8004 Zürich Tel./FAX: 0041 1 401 34 24
Abstracts of studies on this treatment mesures are sent via E-Mail.