

What is

AIDS ?

AIDS is GRID

(Gay Related Immune Deficiency)

Does "Gay" Mean "Drug User"?

The only studies that have ever asked gay AIDS patients about cocaine, poppers, and speed find that 93% to 100% admit using these drugs. Go the library and check for yourself:

Marmor, *Lancet*, May 15, 1982: **100%**

Jaffe, *An. Int. Med.*, August, 19983: **96%**

Havarkos, *STD*, Oct/Dec, 1985: **97%**

Kaslow, *JAMA* 261:23 1989: **96%**

Archibald, *Epidemiology* 3:203 1992: **100%**

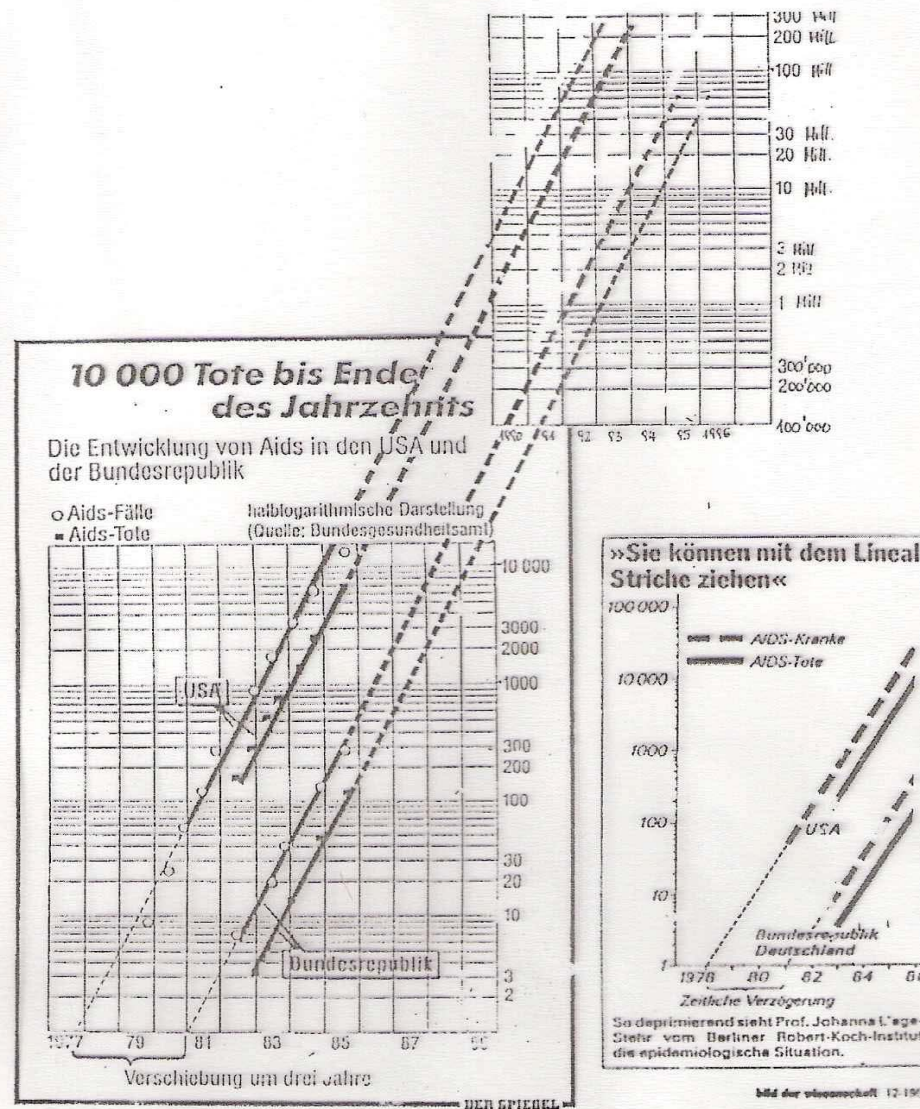
Duesberg, *Genetica*, February, 1995: **93%**

*Time intervals from exposure to nitrites to first report
of AIDS epidemic*

Year	Availability and Use of Nitrites	Onset of Epidemic Reported 1981
1965	Amyl nitrite available 1960-1969	16 years
1970	Street-variety "poppers" available	11 years
1974	"Popper" craze widely recognized	7 years
1977	Nitrites reported "in every corner of gay life"	4 years

Adoption of the Virus-AIDS-Hypothesis per press conference

(without any scientific papers)



Nach der suggerierten Prognose der Abbildungen (DER SPIEGEL 45, 1985 und BILD DER WISSENSCHAFTEN 12, 1985) und der Aufforderung „Sie können mit dem Lineal Striche ziehen!“ ergab die Verlängerung der halblogarithmischen Skalierung: 1994 erkrankt der letzte Bundesbürger der alten Bundesländer an AIDS und wird 2 Jahre später an AIDS sterben.

The correlation argument:

Tuberculosis + HIV = AIDS

Tuberculosis (TBC) - HIV = TBC

100% correlation HIV with AIDS by definition

The licensing study was terminated too early.

- The treatment group did better than the placebo group.
- But the side effects showed the imminent bone marrow suppression.

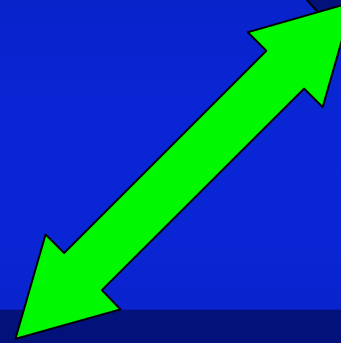
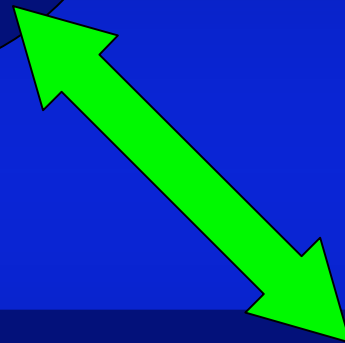
NEJM, Hoofnagle: Hepatic Failure and Lactic acidosis Due to Fialuridine

Conclusion: Widespread mitochondrial damage leads to lactic acidosis and liver failure, pancreatitis, neuropathy and myopathy

**Virus
Hypothesis**

**Antiviral
Therapy**

**Slowly
progressing
immunosuppression**



CONCORDE RESULTS

	"Imm" group (<i>n</i> = 877)	"Def" group (<i>n</i> = 872)	Log rank <i>p</i> **
Total deaths	96	76	0.13
HIV-related deaths*	81	69	0.34
AIDS or death**	176	171	0.94
ARC [‡] , AIDS, or death**	267	284	0.18
Advanced ARC, AIDS, or death	191	186	0.91

[‡]ARC is AIDS-related complex, a pre-AIDS condition.

* Includes six deaths (4 Imm, 2 Def) possibly HIV-related or drug-related and excludes 22 (15 Imm, 7 Def) unlikely to be HIV-related or drug-related.

** As first event.

***A measure of statistical significance.

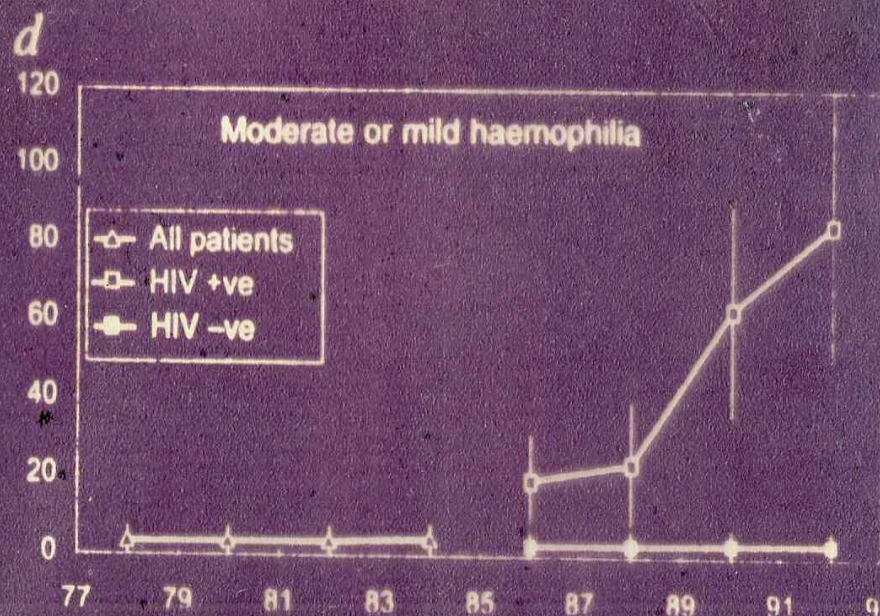
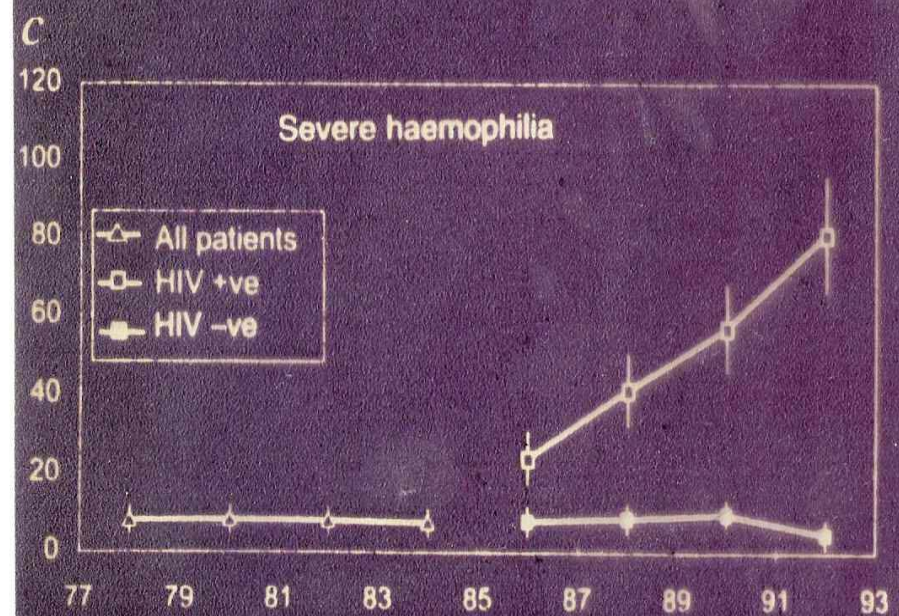
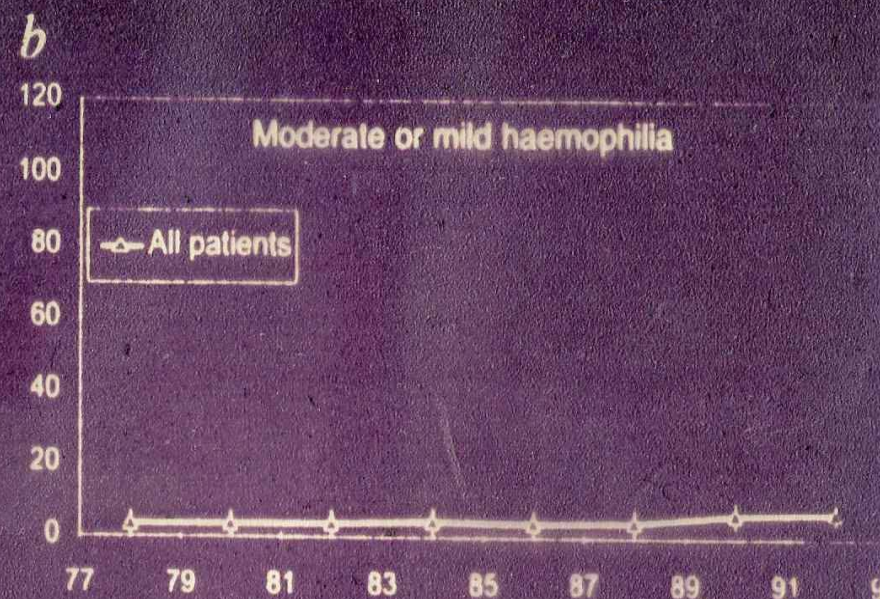
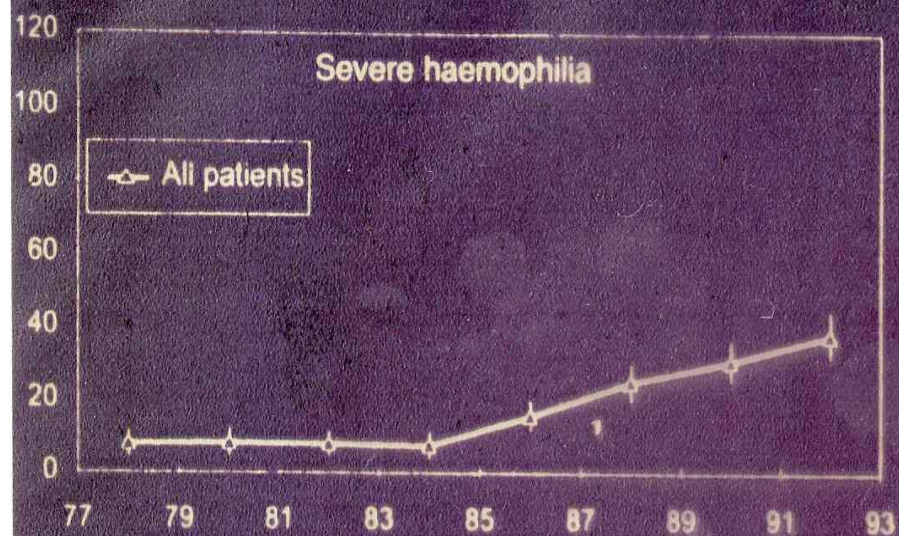
SOURCE: CONCORDE COORDINATING
COMMITTEE/LANCET

Imminent Marketing of AZT Raises Problems

AZT can keep some AIDS patients alive and even reverse their dementias, but it is so toxic that a majority of patients may not be able to take it

The most serious side effect of AZT is to suppress the bone marrow, leaving patients highly vulnerable to bacterial infections (see p. 10). Once this occurs, they either have to stop taking AZT altogether or take a reduced dose. But there is no information on

whether a reduced dose is effective, because there is no way of measuring the effects of AZT except to look for increased survival and lessening of opportunistic infections. There is no simple way to see if the drug is working.



Calendar year

Disease



TBC

Pneumonia

Histoplasmosis

CMV

Septicemia

Lymphoma

Candida

HIV



**Life-long
antiviral
treatment**

AIDS in Africa ?

**An epidemic of HIV testing:
False-positive results in patients
with leprosy and TBC**



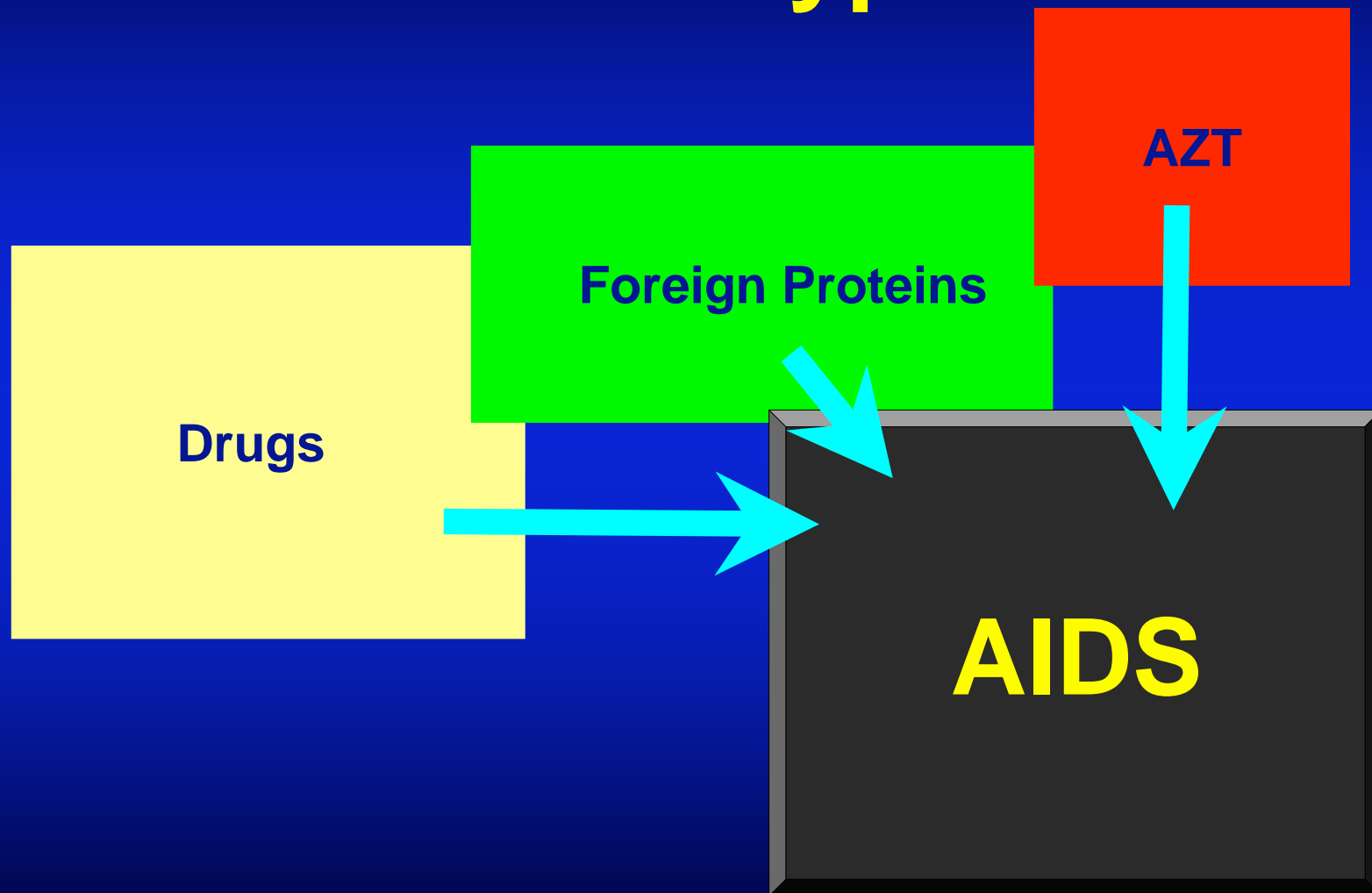
Hemophiliacs

HIV infection: 1975

Lifespan doubles: 1985

Sharp increase in mortality: 1988

The other Hypothesis



Old Guard Urges Virologists To Go Back to Basics

Science July 6, 2001, Vol 293

"Thanks to techniques like PCR and sequencing, diagnostic labs can perform high sensitivity tests for a battery of viruses in a matter of hours..."

"By comparing viral genomes, researchers can even construct complete phylogenetic trees."

"Although this is terrific, a string of DNA letters in a databank tells little or nothing about how a virus multiplies or how it makes people sick."

HIV is only found in 1 out of 800 lymphocytes.

There is no correlation between "high viral load" and amount of viral particles (HCV, HIV) visible on EM.

**Hepatitis C virus-specific DNA
sequences in human DNA in healthy
HCV-neg. individuals**

Dennin et al.

Clin.Chem.Lab. 1999; 37(6):623-630

Clinical Outcomes after Hepatitis C Infection from Contaminated Anti-D Immune Globulin

62,667 women, 704 (1.1%) HCV-pos.
390 HCV RNA
186 fibrosis, 7 cirrhosis

NEJM, 1999, April 22, 1228-1232

Prevalence and clinical outcome of HCV Infection
in children who underwent cardiac surgery before
the implementation of blood donor screening:

Vogt et al.

N Engl J Med 1999; 341:866-70

Conclusion:

... After 20 years, the virus had spontaneously
cleared in many patients. The clinical course in
those still infected seems more benign than
would be expected in people infected as adults.

45-Years Follow-up of Hepatitis C Virus Infection in Healthy Young Adults

Seeff et al.,

Ann Intern Med. 2000; 132:105-111

Conclusion:

During 45 years of follow-up, HCV-positive persons had low liver-related morbidity and mortality rates.

The trick with the incubation period

HIV 15 years

HCV 30 years

BSE 55 years

HPV 55 years

Life is a sexually transmitted disease
which ends in death after an incubation
period of 77 years.

The father of the slow virus: Carleton Gajdusek, Nobel prize 1976

**1. Kuru-Kuru
(cerebral inoculation experiments)**

2. CJD

3. HCV

4. HIV

5. BSE

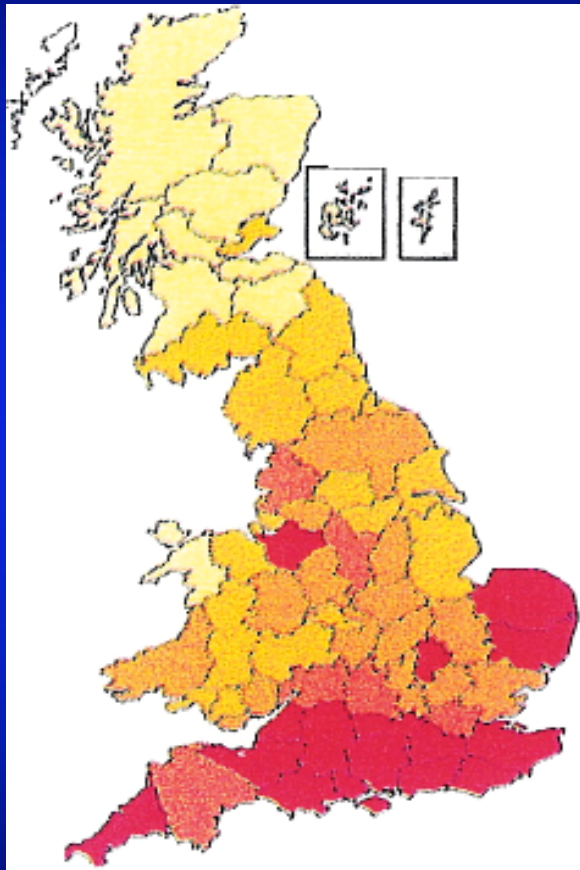
New variant Creutzfeldt-Jakob disease:

The epidemic that never was.

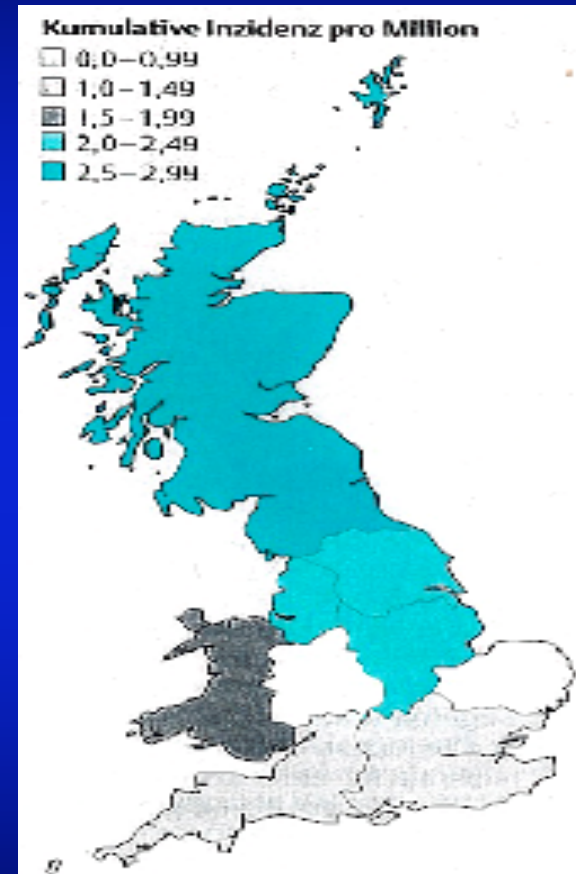
BMJ Vol 323, Oct 13, 2001

The causal link between BSE and
nvCJD is open to question.

Inconsistencies in the epidemiology of BSE and nvCJD



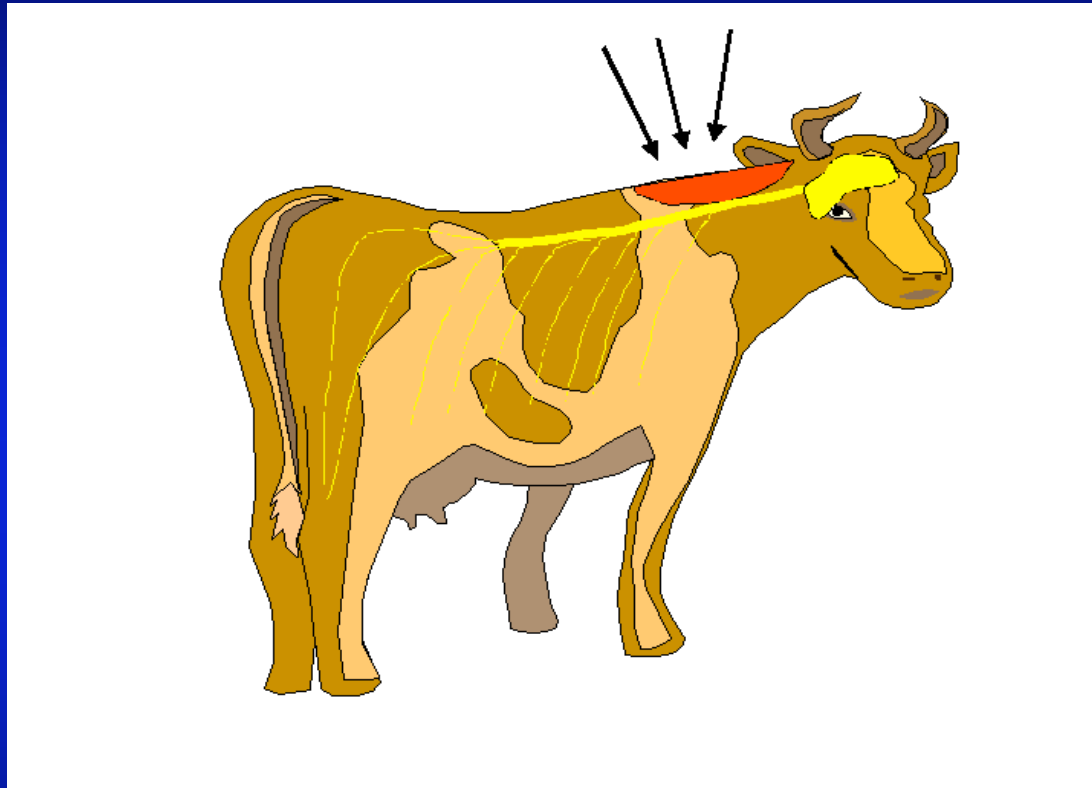
BSE Incidence
1993 Nature



nvCJD Incidence
2000 Lancet

PHOSMET

0,0-dimethyl S-phthalimidomethyl phosphorodithioate



1982 By law, cattle to be treated with Phosmet

1992 Phosmet application law cancelled

2000 Phosmet banned

Why was this medical disaster not visible in time?

Doctors had no clinical experience with HIV patients.

In treating them with AZT, the patients behaved as expected: they wasted away.

The symptoms of progressive AZT intoxication were almost indistinguishable from progressing AIDS.

Why is the medical establishment so sure that they are right ?

- Two situations: The patient is healthy.
- His viral load and CD4 are measured.
- The patient is sick.
- He gets antivirals and the CD4 goes up and the viral load goes down.
- And the patient is clinically improving.
- Where is the question?

Viral load and CD4: What do they mean?

- Any viral load goes down if you give a cytotoxic treatment (DNA terminator).
- It is an unspecific effect, but today any microbe which is found with PCR is treated (CMV, herpes, HIV, HCV).

Is a low CD4 count exclusively seen in HIV infection?

- It is only *measured* in HIV infection!
- But you find the same inverse T4/T8 ratio in sarcoidosis or CMV infection free of HIV.
- The T-helpers (CD4) are going into the infected tissues and therefore going down in the blood.
- When you kill the lymphocytes with cytotoxic drugs, the bone marrow produces new ones.

Some case reports looking through orthodox and rethinker glasses

1. Healthy pregnant woman (32) with low CD4 count.
2. Healthy pregnant woman (28) with normal CD4 count.
3. Man (45) with pneumonia.
4. Man (42) with cardiomyopathy.
5. Three young men (28-30), (gay/high risk).

Some diseases which react well to cytotoxic treatment:

- Autoimmune diseases: lupus, Wegener's
- Colitis, Crohn's disease
- Polymyalgia, vasculitis
- MAC, sarcoidosis
- Lymphoma
- Protozoan disease (a number of parasites induce strong suppressor mechanisms including T-suppressor cells, which eliminate the host's effective immune response).
- Malaria, Leishmaniasis, toxoplasmosis, histoplasmosis, etc.

The history of antiviral treatment

- **1987:** 1500mg AZT daily (Fischl, NEJM)
- **1994:** 1000mg AZT (Concorde, Lancet)
- **1995-96:** Triple Therapy (D. Ho, “Hit hard and hit early.”)
- **1998:** Caution (J. Levy: Should we be treating HIV infection early?)
- **2000:** Treatment interruptions

Why no placebo control?

The medical establishment claims there are abundant placebo controls:

- One new drug regime is tested against an older one plus placebo.
- But not compared to nothing because this would be (since Fischl) unethical!
- That means we relied with our placebo control on a drug regime (1500 mg AZT) we all agree now was too much.
- The Fischl Study remains the “gold standard.”

Gallo: “Remove HIV and there is no more AIDS.”

“Remove HIV fom the blood supply and there is no more AIDS from blood transfusions.”

“And the incredible increase of survival due to antiviral therapy.”

Stop testing for HIV and there is no more AIDS

The HIV test is highly diagnostically misleading.

The average survival time after a blood transfusion is still two years irrespective of HIV because the underlying disease is severe.

It is easy to claim “an incredible increase of survival” after having killed (over-treated) a whole generation of AIDS patients.