

AIDS-Therapies That Lack Conclusiveness

By Torsten Engelbrecht

AIDS ■ People who are said to be infected with HIV are generally considered doomed. In conventional AIDS treatment, they are provided with the drugs like AZT – but medical dogma makes no sense.

The *Incarnation Children's Center* (ICC) in Manhattan is an AIDS home for black, Hispanic and poor children. But apparently, these children aren't experiencing any incarnations. "For years, even babies have been subject to tests with cocktails of highly-dosed medication," the U.S. journalist Liam Scheff has revealed. "These children are suffering greatly from the side effects of the medication. Yet they are being forced to take the drugs – in some cases via plastic leads that surgeons have sewn to their abdominal walls, in order to inject the 'AIDS drugs' directly into their digestive tracts." As a result, many of the tiny patients suffer from damage to their brains and bone marrow, as well as blindness and strokes. According to Scheff, "even two deaths have occurred as a result of the medication." The ICC does not wish to comment on the matter, but the public health authorities recently ordered an enquiry after the *New York Post* splashed the story on its front page.

Medical inquisition

The fact that a news outlet has even taken up the issue at all is astounding, as the medical industry, governments and the media have all largely come to the same conclusion: A positive HIV test leads to AIDS; and the imminent death sentence calls for extensive drug therapy – even prophylactic therapy for healthy babies. Those who dare to even question the validity of such tests have come under fire for wishing death upon the patient. This was the experience of the renowned *British Medical Journal* (BMJ). The cause of AIDS has been debated without taboos in the journal's online forum – which has now been attacked by the science journal *Nature*. But as the publisher of the BMJ Richard Smith counters, "It would be fatal if we allowed the medical orthodoxy to conduct an inquisition."

On the political level, the South African President Thabo Mbeki has also been affected. South Africa supposedly is the country with the highest infection rate in the world. In 2000, Mbeki appointed an *Aids Advisory Panel* consisting of 22 orthodox and 11 critical AIDS researchers in order to clarify the actual cause of the disease. Since then, he has begun to question the axiom 'HIV is equal to AIDS is equal to a death sentence'. He would also like to find out some other things – for example, why the U.S. is pressing expectant mothers in South Africa to take the drug *Nevirapine*, when it is forbidden for HIV-positive pregnant women in the U.S.A. to do so. Now Mbeki has incurred wrath from various corners. For John Moore, AIDS researcher from the *Aaron Diamond Aids Research Center in New York*, for example, scrutinizing the cause of AIDS is akin to "denying the existence of the Holocaust". But as large as the criticism is, it is in direct proportion to the flimsiness of its foundational basis. The existence of HIV has never been proven – even though U.S. taxpayers foot a 133 billion dollar bill for 100,000 researchers to come up with its verification. The retrovirus has never been isolated in human blood and purified, which is otherwise the standard for retroviruses. The images captured by electronic microscopes do not depict HIV, but rather unspecific cell components that also exist in healthy human tissue. In addition, there is not a single study that proves definitively that HIV is the cause of AIDS. This is even acknowledged by the Berlin-based Robert Koch Institute, a leading representative of the conventional medical viewpoint. Claus Köhnlein, a specialist in internal medicine in Kiel and critical of the ruling dogma, states that "even Robert Gallo and Luc Montagnier, the

'discoverers' of HIV, are only able to offer the – alleged – successes of the therapy as proof of its very existence."

Questionable successes

Conclusions on therapeutic success are impossible due to a lack of accompanying placebo controls. For ethical reasons, these have not been allowed since the 1987 Fischl study, which is also constantly referred to. The Fischl study was disbanded after only four months, when 19 test participants from the placebo control group died, as well as one test person from the verum group, which received the AIDS medication AZT. The effectiveness of AZT (brand name: *Retrovir*) thereby appeared to be proven – however, this short observation period can hardly justify the practice of administering lifelong AIDS medications. In addition, according to the Swiss newspaper *Weltwoche*, the study, which was financed by the *Retrovir* manufacturer *Wellcome*, turned out to be "completely botched". For example, the double blind test conditions were suspended after only a short time, due to patients having their pills analyzed to be sure that they were receiving the actual drug. 30 patients from the verum group received life-sustaining blood transfusions, in contrast to only five percent from the placebo group. In the end, all of the test patients were administered AZT. Four years later, 80 percent of the patients had died, and a short time later, all were dead.

This substantiates the suspicion that the patients succumbed to the effects of AZT, the high toxicity of which has been widely documented. This fact was also confirmed by the longest federally-controlled Concorde study on AZT (1988 to 1992). At the beginning of the 1990s, AZT dosage levels were therefore gradually reduced, until in 1996 a combination of three drugs (also called HAART = High Active Antiretroviral Therapy) was introduced. Since then, officially, the number of AIDS deaths in the United States and Europe has declined. While older statistics pinpoint the mortality peak at 1990, more current statistics target 1996, mainly due to the fact that AIDS was redefined in the U.S.A. in 1993 – with the effect that the number of AIDS cases more than doubled. At this point, people with AIDS were classified as HIV-positive individuals suffering from illnesses such as tuberculosis or – and this was new – possessing less than 200 CD4 helper cells per microliter of blood. The usefulness of introducing such a diagnosis had already been called into question by the Concorde study. "But if the public had perceived the AIDS epidemic as declining at the beginning of the 90s, this may have led to cutbacks in the federal AIDS budget," assumes the scientist Vladimir Koliadin.

AZT – not a wonder drug

From that point on, most newly classified cases were those of HIV-positive individuals without symptoms. AIDS researcher David Ho urged the medical establishment to "Hit HIV early and hard" in these people, and his mantra continued to be followed. But meanwhile, even the U.S. government is advising patients to delay taking AIDS drugs for as long as possible, as they can be the source of nerve damage, bone atrophy and diabetes. Ulrich Spengler of the University Clinic Bonn added recently: "Long term studies show clearly that the antiretroviral drugs are the cause of increasingly life-threatening liver damage." According to the *Ärzteblatt* for Schleswig Holstein, Germany, the current survival period for patients treated with AIDS medications has increased from four months in 1988 to 24 months in 1997. At the same time, there are tens of thousands of long-term survivors, people who have been HIV-positive for periods as long as 20 years, but who haven't used such drugs – or if so, only for a short time period. These include the U.S. basketball superstar Magic Johnson. His take: "There is no magic in AZT and no AZT in Magic". For his part, over a ten-year period, Köhnlein has regularly observed 36 HIV-positive individuals who, depending on their clinical picture, have refused medical AIDS therapies (a third of this group since the mid-1980s). Almost all of them are still alive. "Combination therapy can help for a while, because it kills germs which create illness," says Köhnlein. "But AIDS is an illness which is highly toxic to the immune system, caused by the long-term ingestion of immunosuppressive AIDS medications, drug use or malnourishment."

This can also be seen in the fact that in the U.S.A. and Europe, AIDS has remained an illness that affects the risk group made up of drug users. In poor countries, on the other

hand, it has spread epidemically – they say. Yet in Africa, hardly any AIDS tests are being used. Instead mostly the Bangui definition is being applied (since 1986). According to it, a person with AIDS is one suffering from prevalent illnesses such as tuberculosis, diarrhea, or weight loss – a clear indication that well-known (deficiency) illnesses are simply being redefined. Although 16,000 pregnant women are tested yearly in South Africa and the results are extrapolated for the general population, only a single HIV test is undertaken, whereas in the U.S.A. and Europe, at least two are standard. Yet the validity of the test itself, which only indicates the existence of antibodies as opposed to HIV, is extremely questionable. Scientists are aware of 70 factors that can lead to a “false-positive” test result, including influenza, herpes or pregnancy. And particularly in Africa, individuals often have antibodies in their blood against viruses or foreign protein (due to impure injections). And one shouldn’t forget that the test package inserts often warn about non-specific reactions – with the possible cause: pregnancy.

No end to questions

So there is no adequate basis for a reliable prognosis. Particularly due to the fact that in countries such as Botswana or Tanzania, where the populations have been projected to decline for years, strong population growth is still prevalent. The same holds true for South Africa, where the death statistics are not significantly higher either. On the one hand, it is commonly believed that AIDS is spreading in Africa due to the high incidence of promiscuity. Yet no peer-reviewed journal worldwide has ever documented a case of viral infection, even a blood-to-blood transmission. Particularly as the virus is killed by freeze drying the blood plasma (coagulation factor VIII). Therefore, at present this question is one that can “be answered by no one”, as indicated in the closing report of Mbeki’s AIDS Panel. But the questions don’t stop there. Questions about AIDS research which is turning immunology on its head by classifying those with HIV antibodies as suffering from a deadly illness – whereas antibodies normally protect individuals from illnesses. Questions about an AIDS industry plagued by the dogmatism that allows judges to order medication therapies for children who are HIV-positive but otherwise healthy, against their will and that of their parents. Questions for gurus such as David Ho, declared Man of the Year in 1996 by *Time* magazine in Taiwan, who must now revise his vehement thesis on long-term HIV survival. And questions for Ho’s colleagues: as Hans-Georg Kräusslich, Professor of Virology at Heidelberg University, has stated that in the past ten years, numerous questionable AIDS studies have been published in reputable journals such as *Nature* or *Science*, the results of which have never been corrected. Obviously the world has lost touch with the spirit of Albert Einstein: “The important thing is not to stop questioning.”

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