

# **AIDS Discovery**

## **New Ideas on AIDS**

(Excerpted from "Your Body's Many Cries For Water")

In this section, I am sharing with you the result of many years of my own research into the physiological reasons and relationships of AIDS to metabolism disturbance that can be caused by severe emotional and physical stress. I hold the idea that the AIDS is not a viral disease, but is a metabolic disorder precipitated by an exaggerated way of life. It can equally be caused by severe malnutrition in poorer and famine stricken societies. I know this view is completely against the current beliefs forced by media presentation of a social problem, but it is the responsibility of dedicated scientists to take into consideration and explore all aspects to this problem. We are only now beginning to understand what AIDS may be. We know one thing it is not, a virus produced disease! At the end of this section, you will be introduced to some of the unfolding events around AIDS research. I will also show you that I have been in the middle of the controversy.

At this point, and through the perspective of a stress-induced metabolic system disturbance, a more accurate understanding of AIDS may also become possible. We should not close our eyes to new information just because we are sold the idea that this condition is caused by a class of viruses conveniently called HIV.

For some time now it has been scientifically shown and recognized that those suffering from AIDS demonstrate a marked variation in the amino acid pool of their body. They are consistently and drastically short of methionine, cystine and cysteine--very important amino acids. They also have a manyfold rise in the levels of arginine and glutamate. This state of a very drastic amino acid imbalance seems to last for some time before the patient becomes very sick. It seems in clinically obvious and recognizable AIDS suffering people, this pattern for amino acid composition of the body is dominant. In the section on tryptophan, it was explained that the amino acid pool composition of the body can change and become depleted if some of them are used up more than others.

In a series of other experiments, when IL-6 and another similar substance

(TNF -tumor necrosis factor) are added to a cell culture medium that contains cells with the ability to produce the virus, particles labeled HIV are extruded. If before the addition of IL-6 or TNF cysteine is added to the same culture medium, the HIV particles are not produced. Thus, there is a direct correlation between HIV production in AIDS and amino acid content of the virus growing cell. It seems on the face of it that AIDS patients are a victim of an imbalance in their bodies' amino acid composition. If they could correct their protein metabolism, they might be able to survive and their bodies might be able to produce sufficient resistance to fight other acute infections. After all, even for the manufacture of antibodies to other bacteria, the body needs the basic amino acid ingredients in their correct proportions.

It is unfortunate that we are looking at the virus and not seeing the physiological imbalance in AIDS patients. It is also unfortunate that we do not understand the subordinate metabolic roles of IL-6 to cortisone-releasing mechanism and IL-1 production. These agents, and others in their pack, are produced to mobilize the primary raw materials from body reserves to fight stress and repair the possible damages caused by having confronted any particular stressor. Their function is designed around the mechanism of breaking down proteins held in the muscles of the body and converting them to their basic amino acids for their use in the liver. So, the general direction in severe stress-damage is to mobilize the essential ingredients for emergency re-use--a process of feeding off the body itself. A bruised boxer or a person traumatized in an accident or after repeated surgery will depend on these physiological processes to clear the ineffective and nonviable tissue and repair and remodel the site of damage. If the reconstruction is extensive and IL-6 and its companion TNF are involved, breakdown of DNA or RNA of the damaged and dying cells will produce exact fragments to clear the debris, very much like having to dismember the steel structure of a large building that can not be "bulldozed away" and has to be carried off the site a piece at a time. This is a recognized process in the research of surgical wound.

It is most unfortunate that virologists are presenting the "site clearance action" of these two agents in the body as steps in the production of HIV in cell culture media. On this fragment of unconnected information is placed the whole argument that AIDS is a virus-caused disease. Why? Because a

test has been designed that marks and shows the particular fragments produced by IL-6 or TNF. It seems that some of these DNA or RNA particles are labeled as HIV--and that is why there are several types. It is more unfortunate that the amino acid composition of HIV itself very much resembles that of vasopressin. A vaccine that would arrest the HIV activity will most probably arrest the activity of vasopressin. This reason seems to be why a workable vaccine against HIV has not yet been produced.

Unfortunate to the extreme is the "commercialization of the idea" that everyone that shows positive HIV test will soon die from AIDS, whereas the anxiety of having an incurable disease could become a killer by itself.

Without getting into the emotional side of this issue, and sticking strictly to a scientific understanding of the human body, we have to become aware of a simple fact. The tissues of the vagina and the anus and rectum are designed for different purposes. It is true both have a similar sensory systems attached to a single central mechanism for the registration of pain and pleasure, but structurally they are not the same. The vagina has a thick multilayered cell lining that, while not easily absorbing the semen from inside, is designed to withstand friction and sheering force. Even here, there is a mechanism for secretion of lubricating mucus to withstand these forces. Furthermore, semen has chemical properties that will increase the thickness and resistance of the lining membrane in the vagina. The seminal fluid secreted with the sperms is a very complex composition. It contains a chemical substance called trans-glutamin-ase (TGE). In certain circumstances, TGE binds some proteins to other proteins. It also causes some cells to die in a special way--to shrivel and not disintegrate, thus its power to produce a thickening of the vaginal wall to cope with normal male-female sex relationships. The semen also contains proteins with extremely strong immune suppressive properties.

It is the immune suppressive property of semen that will facilitate the passage of sperm all the way up into the uterus and its tubes to fertilize the female egg. To the body, the millions of sperms that enter the uterus are the invading foreign "objects" and highly reactionary for the uterine wall and its tubes, had they not been protected by the immune repressive properties of proteins from the semen that bathe the sperms. To survive during nine months of pregnancy, the sperm that has different antigenic properties to the mother's tissue, the mother's immune system has to be

suppressed for the duration. It seems that something in the semen (possibly a uteroglobin-like protein that is called SV-IV) codes for the mother's immune suppression. It is this immune-suppressive property of semen that ensures the survival of initially the sperm, and ultimately the fetus during full-term pregnancy until the production of a living offspring. The semen in the female vagina is not absorbed. Because of the anatomical design and position of the vagina, the semen is drained. On the other hand, the rectum is lined with very thin and delicate cells. In the rectum, the semen is retained and its extremely potent physiological properties are allowed freedom of action. Within the constituents of semen, there are substances that are designed to over take the host's immune system and force them to shut down the same way that a radar jamming device is used on board warplanes to enter the enemy air-space and deliver their bombs. Thus, semen has independent ability to shut down the immune system of its host tissue if its agents are allowed entry into the recipient's system.

With repeated secretion of semen into a male or a female rectum, immune system suppression is unavoidable--not because of a "virus," but because of the chemical properties of the semen itself. Women, who participate in anal sex to avoid becoming pregnant, should be aware of this immune suppressive property of semen.

In addition to all of the above, the intestinal wall is not capable of withstanding the forces involved in rectal manipulation for sexual purposes. The reason why such sexual manipulations become possible is because of one single fact: The intestinal tract does not have an acute pain sensory system if damaged from inside and without the damage affecting the peritoneum. Peritoneum is the thin outside cover of the gastrointestinal tract. It is amply supplied with nerves that will register pain. It is a type of "non-adhesive" that permits the various segments of the intestinal tract to glide over one another in their movements and adaptation to the passage of food. The rectum is not completely covered by peritoneum.

Thus, the inside lining of the rectum can become damaged from being pumped against, or otherwise manipulated, without registering the damage in the same way the skin would sound the alarm when its resistance is broken. The rectum is the end part of an anatomical structure whose activity has to be performed silently. However, this does not mean the

damage is not recognized physiologically, and it does not mean the physiological steps for repair of the local damage will be less vigorous. As part and parcel of the repair mechanisms, the chemical agents TNF, IL-1, IL-6, and others in their pack will be secreted to commence the process of crisis management. If the damage is such that the resident bacteria could also break barriers and begin increased local activity, the production of these agents for crisis management will increase. (It has been shown experimentally that AIDS patients have markedly increased levels of IL-6 and TNF in their blood.)

These agents function very much like a team of specialist salvage workers that go to a site after an earthquake. One group would clear the debris, others would bring survival supplies for those caught in the area who cannot be relocated; another would begin to restore power, water, and telephone services, and so on. In the everyday life of a city, all these processes take place, and they are carried out by people and machines. In the human body, the same processes take place and the agents that perform these necessary functions are hormones and their subordinate enzyme systems. The principle is the same. Each cell has a personality and needs to survive on the spot if it can be repaired. Only the dead or irreparably damaged cells will have to be dismembered and cleared away. In rectal manipulation, should there be more than routine wear and tear, these same agents become operatives for its repair. It will take time to reproduce the original "blueprint" and fully restore the local tissues. Should there be a recurrence of the injury, on top of a tissue that is already weak, more forceful presence of these local repair agents will be called for. There may come a time that these hormones and their subordinate operators will be permanently commissioned and their presence in the blood circulation will become measurable. Since the relationship and significance of their increased presence for the repair of the "unsensed" local damage in the rectum is not appreciated--and furthermore, the rationale of their activity not recognized--part of their mechanism of function is highlighted and labeled as the causative factor for the physiological upheaval that is conveniently labeled as "AIDS" for public consumption.

In laboratory research, it has been shown that cysteine will vent the production of HIV in cultured cells. In other laboratory research, it has been shown that AIDS patients are short of cysteine and its precursor

cystine. In two simple-to-understand experiments, a metabolic basis to the development of the disease has been clearly demonstrated. If the cells that are sufficiently abnormal to produce HIV are given cysteine, their abnormality is corrected and they do not produce the HIV. All we needed to know now is how did these AIDS patients become cysteine-deficient? We should commence the research of this phenomenon and not sidetrack AIDS research into a dead end by making a jump of faith and assuming it to be virus produced.

In my opinion, it seems the "HIV test" highlights the presence of a fragment of DNA or RNA of a damaged cell--it indicates a process of cell nucleus breakdown. It could be produced by many other factors, one of them cysteine and zinc deficiency, particularly in underdeveloped and poorer countries. It is also possible that it is caused as a result of persistent and increasingly severe local damage in the rectum, producing a long-term run on the body's protein reserves. This test by itself is not an accurate indicator of the presence of an agent that causes the disease. The HIV itself produced by a more severe imbalance in the make up of the amino acid pool of the body. It is this devastating amino acid pool imbalance that kills the patients, and not the HIV particle.

As soon as this statement is made, many questions will pop up in the minds of people who have been made to focus on HIV spread through blood. It is true the blood may contain the released HIV particle; however, this blood also contains many other hormones and transmitters-- Some not yet even known. One cannot assume AIDS to be caused by HIV unless the physiological effects of the various components in the serum or blood are known.

In a series of very significant experiments, scientists Brodish and Lymangrove(1) have shown that "stressed intestines" produce a local hormone that has a very strong and long-lasting activity. It acts as a very potent cortisone-releasing agent. This hormone could be transfused in serum from one animal to another. It stays in the new animal for some time and has exactly the same cortisone-releasing activity.

Cortisone release mechanisms, at certain levels, will result in the production of some nucleus breakdown and similar DNA fragmentation to HIV particle formation. Again, this is a metabolic disorder even if the tests are perceived to represent HIV particles formation.

We should remember, all manufacturing processes in the cells of the body are taking place in a fluid medium, parts can float away unless an anchoring system is in place: A very important point that needs clarification is the fact that many units of cysteine are involved in the formation of a type of anchoring "rope" that has at some specific points zinc hooks attached to a number of cysteines that keep DNA assembly line in position and prevents the drift of its segments. The sex hormone receptor's structure, formation, and function in men and women depend very strongly on the presence of this zinc and cysteine "fingers." Thus, the deficiency of cysteine in the body of those with AIDS could have a far greater significance than may be apparent at first. Could the loss of sexual dominance in either sex be initially caused by changes in the amino acid pool composition of the body, with "comparative" cysteine, and possibly zinc, deficiency at the top of the list? I personally think this to be a strong possibility.

Another question that might be asked is the relationship of intravenous morphine and heroin use to the production of AIDS. The answer may possibly be found in the chemical properties of these substances on body physiology. Morphine-like substances register their effect through the nerve system, which sends messages around by the use of serotonin as its neurotransmitter agent. This nerve system and morphine-like substances are able to alter the metabolic pattern of the body. Endorphins, the natural morphines of the body, not only suppress the pain sensation and produce euphoria, they also alter the level of hunger sensation. People who use morphine and heroin lose their appetite and do not seem to eat properly. Furthermore, those who use these drugs on a regular basis are highly stressed people, either by the initial reason that forced them to take drugs, or by the difficulty of getting a regular supply. In any event, the stress physiology sets in, and because of altered metabolism, not enough of the body's daily needs will be available. When morphine or heroin is used, the sensations of hunger and thirst are also suppressed and the body begins to feed off itself. In countries where people used to smoke opium, a great number of these people eventually died of lung infections--exactly what is now blamed on the virus and contaminated needles.

It is also important to know that there is a time gap of many years between the recognition of HIV in the body and the production of clinical

symptoms of immune suppression. I can assure you, the amino acid imbalance during this time gap becomes a far more potent killer than the "virus of AIDS." At the beginning, the body begins to produce antibodies to the virus. It is only after some time that the production of all antibodies becomes insufficient and ineffective. We should not forget that a balanced and well-proportioned amino acid pool composition in the body is absolutely essential for antibody production.

One terrible aspect of AIDS is the cruelty with which it affects babies born to mothers who are HIV positive. It should be clear, if the mother is deficient in certain amino acids in her body, she is not able to provide the baby with the correct range of amino acids for its normal development. Should the mother be even minimally deficient in her methionine, cystine, cysteine, tryptophan and others, the baby is bound to be short of these same elements that will possibly predispose to DNA fragmentation in the process of cell development, particularly in the breast feeding phase of the child's development.

The Unfolding of Events in AIDS Research As this book is being written, a group of scientists in AIDS research from Europe and America are gathering in Holland in May of 1992 to begin a movement against the established and protected thinking on AIDS as a viral disease. As reported in the London Sunday Times of 26-April-1992, two of the most interesting members of this group will be Professor Luc Montagnier from France and Professor Duesberg from America.

Professor Luc Montagnier of the Pasteur Institute is the original discoverer of the virus that was later labeled as HIV. This French professor isolated the claimed virus that was supposed to have inhibited the immune system. He sent samples of the virus to Robert Gallo in America, who was also working on a method for isolation and testing of an AIDS virus in the body. Dr. Gallo later applied for a patent on a test kit. The French government started legal proceedings to claim its rights for the discovery of the virus. Eventually and after much legal hassle, the two parties agreed to share a portion of the proceeds from the marketing of the test kit. The rest of the proceeds go to further research of AIDS.

Professor Montagnier seems to have reversed his original views and now claims the virus not to be of primary importance in AIDS. The newspaper interview indicates that the Professor now accepts the possibility of AIDS

having other causes. He seems to acknowledge the possible existence of AIDS even without the presence of HIV. The Professor must have come across compelling arguments that deny HIV as the culprit and the single cause of all the group of diseases classified under AIDS. A drastic change has taken place in Professor Montagnier's thinking.

Professor Duesberg, who had researched the actual composition of the virus--at the same time as others were believing in its disease producing properties, had announced the virus incapable of causing AIDS. There were many debates, but his arguments did not cut any ice with the established group busy with AIDS viral research in America and in Europe. He could not offer an alternative scientific explanation on the etiology of the diseases grouped together under AIDS other than saying the disease is not caused by a virus. The researchers in this field were looking for plausible scientific ideas to find a solution to the problem. A statement to the effect that AIDS is not a viral disease was not enough. Scientific reasons to point in another direction should have accompanied the negation of HIV as the cause of the disease.

I wrote to Dr. Manfred Eigen, a most eminent DNA research scientist from Max-Planck Institute in Germany, on 25 September 1989, and in defense of Duesberg sent him two of my articles presenting most of the views that were published in the Foundation's Special AIDS Issue. Dr. Eigen had published an account of discussions between AIDS virus advocates and Duesberg in *Nature Wissenschaften*. It seems Dr. Eigen was not convinced by professor Duesberg's views and had taken the side of the opposition. A few months later, Dr. Eigen sent me a letter that showed he now realized another plausible scientific view on the cause of AIDS does exist.

Now, all of a sudden in 1992, a new surge of activity with an alternative view of AIDS seems to gather momentum with both Professors Montagnier and Duesberg as the leaders in the field.

In 1989, I had sent these researchers a copy of our Special AIDS Issue of *Science In Medicine Simplified (SMS)* from the Foundation for the Simple in Medicine (references 74 and 75), in the same way the Foundation freely shares its views with most top researchers (a copy of the letter to Manfred Eigen was also sent to Professor Duesberg). This special AIDS volume was also sent to many medical libraries at universities engaged in AIDS research. The detailed articles in this volume presented scientific

explanations from which a synopsis has been given in the preceding paragraphs.

In my article on the neurotransmitter histamine, first presented briefly at the 3rd Interscience World Conference on Inflammation in 1989, and later published in 1990, I also explained the immune suppressive actions of many of the chemical agents that are generated as a result of stress in the human body. In this extensively distributed article, I discussed some aspects of AIDS as a severe stress-induced "system disturbance," opposing the current view that it is caused by a single virus.

This issue of SMS was also extensively distributed. Copies of the 1989 Special AIDS Issue and 1990 issue of SMS were also sent to Professor Philippe Lazar, the Director General of INSERM in France. INSERM is the French equivalent of NIH in America. He was asked to make the information contained in these issues of SMS available to other interested scientists at INSERM.

As my research was progressing, at the same time as new information on the critical roles of cysteine in the manufacture of some DNA materials became available and published, it now became completely clear and obvious to me that AIDS was a metabolic disorder, and the DNA/RNA fragments classified as the different viruses of AIDS were themselves a product of cysteine shortage in the body. With infinitely more detail than has been presented in this section, my most recent article, "AIDS: The Dead-End of Virus Etiology" was published in the 1991 issue of SMS and distributed to many other scientists engaged in this field of research. It is a moral obligation of any dedicated scientist to share his or her new information with others engaged in the research of a common topic, even before the subject is presented in scientific journals. It is also a moral obligation of those who receive the information to give credit to the person who has generated and shared the information.

A news headline in Le Monde of 9-August-1991 reflected a heated fight between Bruno Durieux, the Minister of Health of France and Professor Albert German, President of the National Academy of Pharmacy of France. The Minister had demanded the dismissal of the good Professor. The Professor, in one of his addresses, had given the opinion that AIDS is caused as a result of a particular life style. The opinion of the Professor had become a hot issue for debate among the different social groups. For

this reason, the Professor had incurred the wrath of the Minister and caused the demand for his dismissal. No occasion lends itself better to the introduction of an explosive opinion than adding it as fuel to an already established quarrel. The letter printed in the next page was sent to M. Bruno Durieux, the Minister of Health of France, with a copy to Professor German (see page 120).

I sincerely hope that the free sharing of my researched views on AIDS has in some way been instrumental in getting others to think about the relationship of this disease condition with an abnormal physiology that becomes ultimately established as a result of "stresses associated with a particular lifestyle," or "severe malnutrition in less fortunate societies." The children in Romania that were the subject of many television programs most probably did not get AIDS from blood contamination, they more than likely developed AIDS as a result of malnutrition.

Another point that needs to be discussed is the value of the AIDS test as an indicator of a disease in the process of development. This is what everyone is led to believe. This in my opinion is an erroneous representation of a different truth. All this test shows is that the body has come across this antigenic particle and has registered its structure. It also means that the body has kept the existence of this particle/virus in its memory-bank to manufacture a defense mechanism against the "foreign particle," not necessarily a particle from outside, but a particle that the body itself should not make--a form of quality control at the "DNA assembly line." This test is ultimately an indicator of a body's amino acid metabolism disturbance, and not an indicator of a loose killer virus in the body.

It has been shown in laboratory experiments that if cysteine is added to a culture medium that is growing cells for virus production, these cells will not manufacture the "virus." In a medium with sufficient cysteine, it will not be possible to harvest the virus. This test presents the most clear conclusion that the AIDS test is only an indicator of an on-going amino acid imbalance in the body. It is important to remember that if one amino acid in the body is not enough, then a drastic imbalance in the percentage composition of the other amino acids also exists.

These new ideas on AIDS are presented to the readers of this book to indicate that a metabolic approach to dealing with this social problem will

produce more satisfactory and quicker results. An easy way to stop muscle breakdown is by an intelligent adjustment to the daily water intake and eating a balanced high protein diet. Enhancing daily exercise and physical activity at the same time would force the body into a physiological program to build up its muscles, instead of breaking them into their amino acid components to feed the rest of the body. You also need to realize the human body is designed to defend itself against all types of infections. It survived fast acting viruses such as small pox, measles, polio, and others during its development. It generally takes the body about nine days to mount an effective defense against even fast viruses. If the body can survive fast viruses, surely it is more than capable of defending itself against slowly growing viruses.

All that we need to understand is how to make the body stronger and stop actions that would make it vulnerable.

Let us remember, if the camel had a back breaking-point to the weight of the last straw, surely the human body must also have a breaking-point to being life-stylishly overloaded. The question is, do we continue to measure the straw or the inherent structural and physiological limitations? Do we pay attention to the limitations of the body, or do we in carefree abandon blame an ineffective slow virus for the ills that befall some members of our society?