

MEDICAL GENOCIDE

PART THIRTEEN

Far from all the media hysterics, two doctors are quietly showing remarkable success against today's most terrifying plague.

THE SECRET BATTLE AGAINST AIDS

BY GARY NULL WITH TRUDY GOLOBIC

In America's war against AIDS, the latest news from the front is *prevention*. While the media brims over with the condom controversy (should they be advertised on TV?) and ponders how propriety and taste can be maintained in safe-sex pamphlets that candidly describe various sex practices, significant stories on AIDS research have been ignored.

Away from the glare of TV camera lights and nowhere mentioned in the screeching headlines, two doctors, one in California and one in New York, continue to carry on their remarkable work with AIDS patients.

In Europe, where he lived in the 1920s, Dr. Emanuel Revici pioneered safe, nontoxic methods of

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therapy for cancer patients. Trained in biochemistry as well as medicine, Dr. Revici now works out of his clinic, the Institute of Applied Biology, in New York City. His cancer treatment, which he has used successfully over the past 50 years, is based on the biological theory that lipids, which include fatty acids, are a vital factor in the body's immune system.

Within the last five years, Dr. Revici has set to work on AIDS. In a recently published paper, he described the theoretical basis for his AIDS treatment, which he supported with 17 case histories of AIDS patients who followed his treatment for periods of six months to five years. Presented to the National Cancer Institute, Dr. Revici's paper is unusual both in the methods he outlines and in the success rate he reports. While the medical establishment has offered a litany of failure with AIDS, only two of Dr. Revici's group of 17 case-history patients died, and one of those deaths was unrelated to the disease.

Dr. Revici has written that AIDS "produces a broad spectrum of complex medical problems. Based on my prior research [with cancer] . . . it has been possible to separate the complex problem of AIDS into individual components, each with its own pathogenesis [origination and development] and therapeutic approach." According to Revici, dividing the disease into components enables us to conquer each facet to produce a full, healthy state within the patient.

The treatment of AIDS under Dr. Revici's program is based on a four-faceted approach to the condition: First, Dr. Revici treats the primary viral infection caused by the HIV virus (previously called HTLV-III) with injections of antiviral agents; second, he treats a preexisting immune deficiency with what he calls "refractory lipids." The third facet involves the opportunistic secondary diseases, the most common of which are Kaposi's sarcoma and pneumocystis carinii pneumonia; these are treated with the appropriate medications, which would include antibiotics, or antimicrobial or antifungal agents. The fourth phase of treatment is based on what Dr. Revici perceives as an exaggerated imbalance in the patient's immune system as a result of the secondary diseases. Dr. Revici categorizes this imbalance as either "anabolic" or "catabolic," and treats it accordingly.

Dr. Revici's theory of lipids and immunity, developed during his cancer research, is the cornerstone of his fourfold AIDS treatment program. In essence, it is based on the knowledge that an abnormally low T-helper-cell count in the blood of AIDS patients is usually accompanied by a lack of general defense lipids, which ordinarily would enable the metabolism to protect the T-helper cells. Dr. Revici prescribes injections of these necessary lipids. The object is to enable the metabolism to aid and boost the low T-helper-cell count.

"Our finding," Dr. Revici has written, "of the existence of refractoriness [disease-fighting ability] as a specific part of the body defense . . . and its correlation with a general class of lipids [phospholipids] is an important contribution to the pathogenesis of AIDS. The nonspecific loss of defense is related to the loss of specific phospholipids described above. This, we believe, represents the missing factor in the special pathogenesis of AIDS."

The first facet of Dr. Revici's treatment—that of treating the HIV virus directly—involves his research into the antiviral properties of certain organic acids that are *naturally* present in the human body. Dr. Revici came to this discovery in his studies of the relationship of viruses with other biological formations within the organism. He discovered that "a more complex formation has its life and autonomy assured only if it can resist the noxious action exerted by inferior entities." Ranking the body's biological entities in order of the simple to the more complex, he recognized that "a natural defense exists between levels. For example, microbes defend against viruses. . . . In studying the means used by the microbes to defend against the viruses, I found that the major antiviral activity of microbes was in their nucleoproteins and fatty acids." After further experimentation with fatty acids and encouraging test results, Dr. Revici began using this form of treatment against the HIV virus itself.

The imbalance that Dr. Revici discovered in the body chemistry of AIDS patients arises, he believes, as a result of opportunistic secondary diseases. A balanced immune system should display an alternating predominance of the two antagonistic processes, anabolic and catabolic. An anabolic imbalance involves a building-up, or constructive, physiological action; while a catabolic imbalance represents a breaking-down, or destructive, action. Once the type of imbalance is discovered, it can be addressed. Dr. Revici has found that safe, nontoxic agents are highly effective for this process. To balance the catabolic imbalance, counterreacting anabolic agents such as lipid alcohols and lithium, zinc, and iron compounds are prescribed. The catabolic agents used to treat anabolic imbalance are lipid acids and sulfur, selenium, magnesium, and lipid-copper compounds.

Dr. Revici believes that most cases of Kaposi's sarcoma indicate an anabolic imbalance. Conversely, most other opportunistic secondary infections are catabolic in nature.

Faced with a medical establishment that is hostile to his work, Dr. Revici is nevertheless confident that his treatment will prove its validity against AIDS. In the meantime, though, lost in the commotion of the AIDS "scare," Dr. Revici, a 90-year-old doctor in New York City, is treating

AIDS patients and achieving direct, positive results.

Dr. Robert Cathcart, who practices in San Francisco, California, is another physician who has achieved a good measure of success in fighting AIDS—particularly in the treatment of pneumocystis pneumonia, which kills more than 50 percent of its victims. Like Dr. Revici, Dr. Cathcart relies on safe, nontoxic treatments. His therapy is based on a form of vitamin C called ascorbate and what Dr. Cathcart calls "a free-radical scavenging effect."

Describing the sudden reversal of symptoms of infections, allergies, or inflammations upon administration of massive doses of ascorbate, Dr. Cathcart explains how free-radical scavengers work: "The free radical is a molecule which is lacking an electron in its outer shell. It is very reactive and it wants to grab on to the nearest thing. . . . The free radical will instantaneously 'glom' on to the nearest molecule, and if the two molecules are not supposed to be joined together, then that is not good." Free-radical scavengers, on the other hand, naturally and harmlessly fuse to these destructive molecules. Such substances as superoxide dismutase, catalase, and glutathione ordinarily act as free-radical scavengers in the body. However, when inflammation and infection set in, the body is not able to maintain a proper balance of free radicals and free-radical scavengers.

It is here that ascorbate enters the picture. A powerful free-radical scavenger, ascorbate can, in Dr. Cathcart's words, "shut down that inflammatory response [symptoms of infection], almost without regard to what caused it in the first place."

In his work with ascorbate, Dr. Cathcart has discovered that a person's tolerance to the vitamin increases in direct proportion to the toxicity of his or her illness. "The trick behind treating an acute viral disease with ascorbate is to take an amount which almost, but not quite, causes diarrhea and yet reverses the symptoms," he explains. "Now, this effect is very, very quick. In other words, a small amount of ascorbate doesn't reduce the symptoms at all, a moderate amount—still nothing. It's when you go up to the high doses that suddenly the symptoms die."

For a patient with pneumocystis pneumonia, for example, Dr. Cathcart recommends about 60 grams of ascorbate dissolved in a small amount of water—at a concentration of four grams per level teaspoon. "I tell people to think of these spoonfuls of ascorbate as spoonfuls of electrons," he says.

According to Dr. Cathcart, the oxidation of ascorbate into dehydroascorbate in the body is the key to ascorbate's healing power. Ascorbate and dehydroascorbate (which is mildly toxic but well tolerated by the body) form what Dr. Cathcart terms a "redox," or reducing-oxidizing, couple. The effect of ascor-

bate becoming dehydroascorbate is that the free radicals, which lack an electron, can be utilized safely in order to form a complete compound. When enough ascorbate is forced into the tissues to actually reduce the amount of free radicals in the area, the patient's symptoms will be relieved.

People who are ill, Dr. Cathcart says, burn up ascorbate at a very rapid rate, and extra vitamin C is needed to fulfill its ordinary metabolic functions. When the body is saturated with enough ascorbate so that it is driven deep into areas of inflammation, the white blood cells that had been previously suppressed begin to function properly again.

"We noticed that ascorbate seemed to block the allergic reactions to various drugs," Dr. Cathcart continues. "I think that one of the reasons that people have so many allergic reactions to drugs is because they take them when they are sick—hopefully—and so that when you are sick, your free radicals have overwhelmed your free-radical scavengers."

The role of ascorbate in preventing allergic reactions has a direct, dramatic application to the treatment of pneumocystis pneumonia in AIDS patients. "People don't know all the intricacies of AIDS," Dr. Cathcart says, "but it appears that there is some sort of infection which takes advantage of a weakened immune system. There is a big debate now about whether it is possible to get AIDS if you are not sick or somehow weakened in the first place. If you get infected with the [HIV] virus, this will attack the T-helper cells, and then pneumocystis pneumonia—which kills over half the victims of AIDS—will develop. This is the very worst secondary infection for AIDS patients to have. But in my hands it's the best. I'm happy to see a patient who has pneumocystis."

Pneumocystis pneumonia, Dr. Cathcart goes on to explain, is caused by a parasite, pneumocystis carinii. The orthodox treatment of pneumocystis carinii is with the drugs Septra or Bactrim, or such new drugs as pentamidine or Fansidar. These drugs, however, are very toxic and trigger allergic reactions in pneumocystis-pneumonia patients, further complicating their condition. But if these patients are given ascorbate at the same time that they are given Septra or Bactrim, you can have your cake and eat it, too. Ascorbate seems to work synergistically with these drugs. The pneumocystis carinii is addressed and an allergic reaction is prevented.

Another important element of Dr. Cathcart's approach to AIDS is his anti-candida diet, which he has used with success against another difficult secondary disease that strikes AIDS patients.

"Candida is a sort of generic term which refers not only to *Candida albicans*, which is the most frequent, but [to] a whole host of fungal-type infections which will take advantage of a suppressed immune sys-

tem," explains Dr. Cathcart. Victims of candida, he continues, frequently develop a host of related debilities. They may manifest multiple food allergies, throat and mouth infections, and extremely painful sensitivities that have symptoms not unlike multiple sclerosis or rheumatoid arthritis. The anti-candida diet is based on the principle of denying the candida the nutrients it needs to grow. The function of a fungus in any living organism is to "mop up" dead things. It is the immune system that checks the activity of fungi to keep it from growing out of control. "If the immune system is suppressed, the fungus starts to attack. It's a sort of scorekeeper. There's an inverse relationship between how strong our immune system is and how much difficulty fungus causes us."

The conventional approach is to treat candida with antifungal drugs, such as Nizoral or Nystatin. But these drugs don't always work and often cause other diffi-



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culties. For this reason Dr. Cathcart chooses to combat candida with a dietary program. Since candida thrives on sugar and simple carbohydrates, both in the mouth and in the deepest parts of the gut, the primary phase of an anti-candida program is the elimination of all refined sugars and other simple carbohydrates from the diet. Instead, Dr. Cathcart prohibits meat and emphasizes fresh vegetables. The anti-candida diet is heavy in acidophilus, a naturally occurring substance found in garlic, onions, horseradish, and potato skins.

Dr. Cathcart believes that candida is frequently underestimated, particularly in its early stages. This, along with traditional treatments, can lead to a spiraling effect: As the disease advances and more medication is prescribed, the patient's immune system is further stressed. Dr. Cathcart contends that candida is usually fatal for AIDS patients when this vicious spiral has already commenced and the patient's immune system is simply overloaded. A healthy immune system, he believes, can fight off the disease.

Dr. Cathcart prescribes this diet for all his AIDS patients. "Regardless of whether

they show any signs of it, I tell them to start behaving as though they did. . . . If the [candida] yeast breaks out, then we try to intensify the program." If it doesn't go away quickly, Dr. Cathcart prescribes large amounts of Nystatin.

Like Dr. Revici's AIDS treatment, Dr. Cathcart's counts on the patient's own willpower and discipline in following his plan. But this, he says, is not always forthcoming. In the current climate of hysteria about AIDS, Dr. Cathcart believes that many sufferers are grasping at straws, trying one treatment and abandoning it quickly for the next. "They will start on something . . . get good results as far as the clinical suppression of the symptoms of the secondary infection, and yet, as a result of fear of the basic AIDS process, will go on to some sort of [new] program which is immune suppressive." Eventually, such patients wind up taking highly toxic medicines or undergoing chemotherapy—and the net result is that their immune system is further harmed.

The fact that one can have the HIV virus and not manifest AIDS causes a great deal of skittishness and fear among people who have tested positive and developed health problems of any kind. On the other hand, as Dr. Cathcart and Dr. Revici are showing, it is possible to have AIDS and get well.

Dr. Revici and Dr. Cathcart are both convinced that their treatment programs are working. But because they are alone, working outside the orthodox medical establishment, they have not yet been able to amass the kind of statistics by which the medical community commonly passes judgment. However, it should be pointed out that, as we have seen, statistics in the hands of the medical establishment can be used with something less than objectivity. By the same token, many of Dr. Revici's and Dr. Cathcart's patients report that they simply "feel better" as they continue the treatments, while their T-helper-cell counts do not show any improvement. At the same time, there are some remarkable success stories. We spoke with several patients who underwent successful treatments by Dr. Revici and Dr. Cathcart. Brief profiles of their illnesses and treatments demonstrate the positive results being achieved by these two doctors:

- In December 1983 a 38-year-old male came to Dr. Revici's Institute of Applied Biology complaining of diarrhea and chest infections, conditions he had had for six months. This patient had skin lesions that were tested positively as Kaposi's sarcoma. In February 1984 the patient began Dr. Revici's treatment, and by October 1984 most of the skin lesions had disappeared. The patient stopped the treatment for a few weeks and lesions flared up again. He began the program again, and by August 1985 all the lesions were gone. By March 1986 the patient felt completely better. The latest available laboratory tests show that his T-helper-

cell count is 564; when he first came to I.A.B. it was 370.

How might this patient have fared in the hands of conventional medicine? The life expectancy of an AIDS patient with Kaposi's sarcoma is between 18 months and two years. Since most doctors treat Kaposi's sarcoma as a form of cancer, chemotherapy is often prescribed. This serves to further suppress the immune system. As a result, not only is a patient prone to a host of other diseases but also to violent flare-ups of the Kaposi's sarcoma itself.

- In July 1984 a 28-year-old male came to I.A.B. with generalized body pain, weight loss, and enlarged lymph nodes. Five months later, in November, the patient had regained his weight and was free of the symptoms. Lab tests show that in October 1985 his total T-helper-cell count was a healthy 653. In February 1984 the count was 342.

- In October 1983 Dr. Cathcart was consulted by a patient with a positive biopsy of Kaposi's sarcoma and a cluster of six lesions on his right leg. Dr. Cathcart put this patient on bowel-tolerance doses of vitamin C, and the lesions that he had had for over two years began to fade. At the same time, the patient showed a whiteness on his tongue that Dr. Cathcart diagnosed as thrush. The patient began Dr. Cathcart's anti-candida regimen to counteract it. When we spoke to him, this patient had a T-helper-cell count of 400 and three Kaposi's lesions. The disease, which normally progresses very rapidly, is being held in check by Dr. Cathcart's treatment of the patient's own immune system.

To say that AIDS is not a serious problem would be a cruel misstatement. On the other hand, it is almost certainly not the epidemic that the media is currently portraying it to be. Dr. Cathcart and Dr. Revici share the theory that a healthy immune system, without "miracle" drugs or toxic treatments, is able to defend against AIDS quite well. The hysteria must not be allowed to drown out the positive achievements that have been made outside the medical establishment.

As for the statistics, the public will have to learn to look carefully. When the National Academy of Sciences warned in the *Time* magazine article "Call to Battle" that "25 to 50 percent" of people infected by the HIV virus will eventually develop the disease, while at the same time the Centers for Disease Control reported that in 1985 there were 50 to 100 persons with HIV infection for every single case of AIDS, obviously we are dealing with unknown factors, and the future course of the disease may not be possible to see.

Indeed, it is quite possible that AIDS will turn out to be something entirely different than what is now suspected—and treatments for it may evolve more along the line of Dr. Cathcart's and Dr. Revici's than the medical establishment's. Recently, scientists at the National Institute of Mental Health in Maryland and the National Cancer Institute jointly discovered a small molecule in the brain that can act as a "blocking agent" against the AIDS virus, preventing it from attaching itself to the cells it invades. This molecule, now called Peptide T, is naturally present in the human body—indicating again that the tools to fight AIDS may exist in the immune system but simply have not been functioning.

In the hysteria, there are many areas that are being ignored by medical researchers. In addition to the work of Dr. Cathcart and Dr. Revici, significant findings have been discovered at the Cabrini Medical Center in New York City. Dr. Stephen Caiazza and Dr. Klaus-Uwe Dierig, both now in private practice in New York, have been studying the relationship between syphilis and AIDS. According to Dr. Caiazza, "The clinical epidemiological and laboratory parameters of AIDS and ARC [AIDS-related complex] are best explained not by a viral but by a spirochetal model." (A spirochete is a microorganism to which syphilis is commonly attributed.) In other words, explains Dr. Caiazza, the underlying *primary* immunosuppressive agent in AIDS may be one of the several different kinds of very potent spirochetes—rather than a viral infection, as is widely believed. The nature of syphilis and the common methods of treatment led Dr. Caiazza and Dr. Dierig to consider possible links between syphilis and AIDS.

First, the antibiotics used to treat syphilis and other sexually transmitted diseases suppress the immune system. Second, when syphilis is inadequately treated, the disease persists, although in a dormant state. The body, thus weakened, then becomes a hothouse for AIDS.

Dr. Caiazza contends that use of *appropriate* antibiotics in treating both syphilis and AIDS may effectively control the AIDS epidemic. The correct treatment for syphilis, aqueous penicillin, prevents the disease from entering a dormant state by knocking it out of the system completely. It has to be administered intravenously and repeated several times because it is rapidly excreted. Dr. Caiazza reports clinical success with this method in treating six AIDS patients. (Benzathine penicillin, the more common treatment, does not prevent dormancy. It is used more frequently because it re-

quires only a simple injection.)

There is an enormous reservoir in the population of undiagnosed syphilis cases and inappropriate syphilis treatments being employed. It is difficult to diagnose syphilis in AIDS patients because HIV further impairs the immune system, so the test used to diagnose syphilis no longer works. According to a recent article in *The New York Native* by Charles Ortleb, "Dr. Caiazza and his colleagues tested 20 people who had died of AIDS. All had active cases of syphilis, yet only five had ever been so diagnosed." Nonetheless, Dr. Caiazza's success in treating AIDS patients leads him to suggest that the old aqueous method of treating syphilis be employed for AIDS and ARC patients.

While the medical community scrambles after a "big cure" and big profits from AIDS, this much can be said with certainty: The strengthening of the immune system is one practical, down-to-earth step to take to prevent infection from any disease. For this, vitamins and minerals are essential. Dr. Linus Pauling has been writing for years about the importance of vitamin C for an efficient immune response. He has backed it up with exhaustive double-blind studies that have since been corroborated by Dr. Cathcart. Unfortunately for the pharmaceutical industry, vitamin C is both inexpensive and unpatentable, and Dr. Pauling and those who believe in his work are the object of derision and disdain from the medical establishment.

If you are worried about immune deficiency, it is important to bear in mind that zinc, selenium, magnesium, iron, and vitamins A, C, D, and E help maintain healthy T-cell functions, which the AIDS virus attacks. Many of these elements work synergistically and have separate, specific functions in strengthening the immune system, so it is best to take all of them in the form of a supplement.

Such factors as poor diet, mental and emotional stress, chronic illness, drug use—either of prescription, over-the-counter, or recreational drugs—and unsanitary living conditions can contribute to the weakening of the body's ability to fight off infection. While it is impossible to avoid exposure to all of these elements, it is at least possible to limit exposure, as it is also possible to improve your diet and supplement it with vitamins and minerals. If there is one clear message that should be coming out of the current AIDS scare, it is that the breakdown of our immune systems is an extraordinarily unusual occurrence, and that health—not disease—is the natural condition of our bodies.

