

# MEDICAL GENOCIDE

PART 22

There is now considerable evidence that successful treatment may be achieved with safe, nontoxic, and inexpensive therapies.

## NEW AIDS ADVANCES

BY GARY NULL

With serious and "incurable" diseases such as AIDS, every wasted second is a wasted body, a wasted life. But whenever a modern-day plague appears, various factions of the medical community, in their flurry to find a cure, seem to think theoretical discussions are more intriguing than actually eliminating the scourge.

And so scientists debate the cause and treatment until one school of thought predominates. Then a strange thing happens. Ideas that were once discussed as possible solutions are labeled "quackery" almost overnight. The most important goal—the eradication of disease—is lost in the race for fame, money, and power.

Before we look at some of the new (and not well-known) treatments for AIDS, let's look at one—the only one—ap-

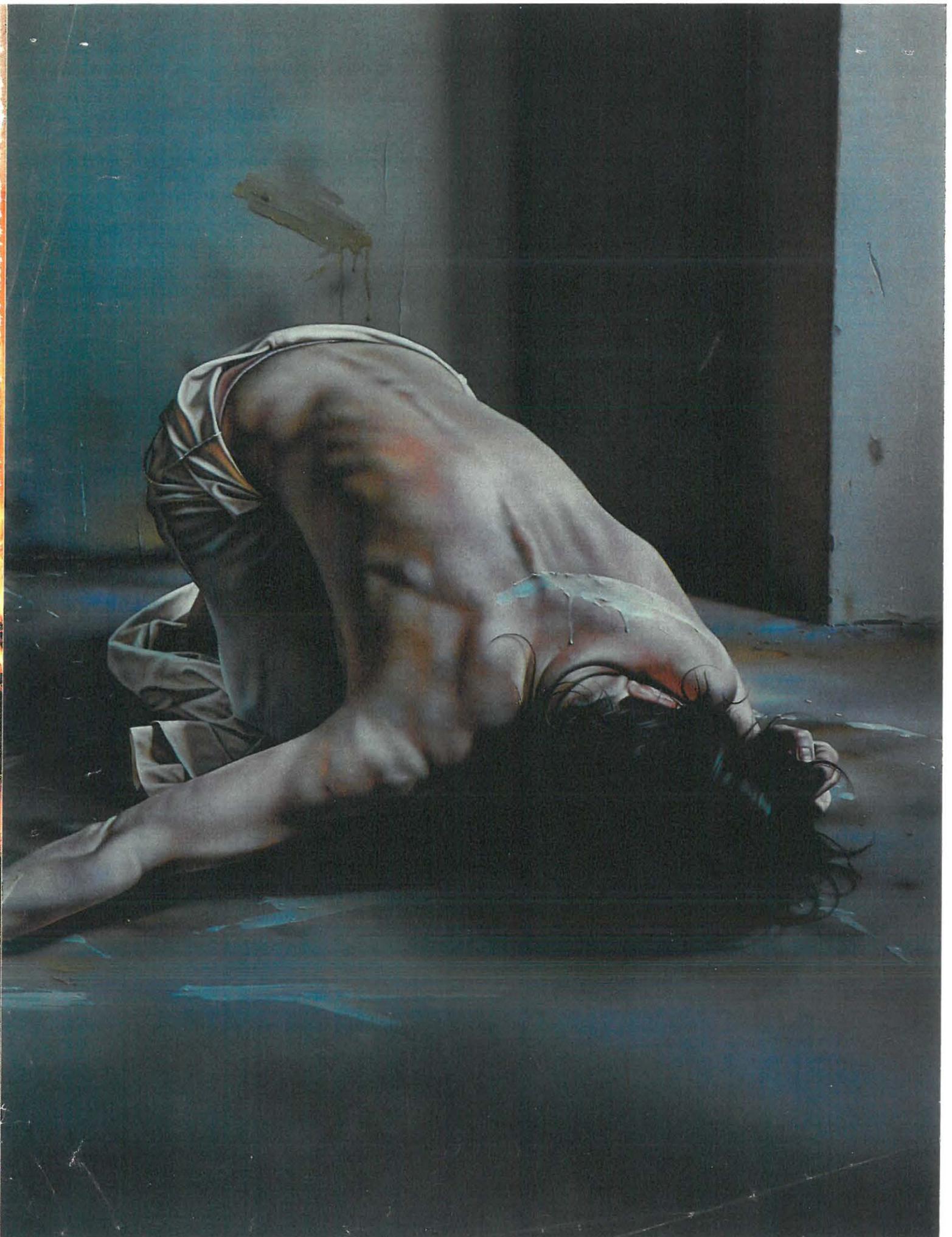
proved by the Food and Drug Administration. Azidothymidine, or AZT, may have numerous serious drawbacks. It destroys blood cells, and as a result may require unnecessary and dangerous blood transfusions.

AZT is distributed by the Burroughs Wellcome Company. It was developed, however, by the National Institutes of Health, a tax-supported government agency. AZT was then licensed to Burroughs Wellcome. It could be concluded, then, that the government has decided that very toxic, very expensive AIDS drugs can properly be given to certain private companies.

If the same companies that monopolized the cancer-chemotherapy field are allowed to monopolize the AIDS-chemotherapy field as well, it may become virtually impossible to treat AIDS in other, less toxic

PAINTING BY ETIENNE SANDORFI





ways—even though many responsible physicians now believe that the destructive effects on the immune system caused by invasive drugs such as AZT far outweigh any benefits that have been claimed.

The American public has been misled about the threat of AIDS and the need to pursue different approaches to its study. Very little is being said about known and proven ways to bolster the immune system against AIDS and other infectious diseases. There is considerable evidence that a successful AIDS treatment may be achieved with safe, nontoxic, and inexpensive therapies. The pioneering doctors presented here have described their techniques in recent radio interviews.

Dr. Louis Parish is a parasitology specialist in medical practice in New York City whose approach to AIDS has received little attention. Most of the AIDS patients that Parish sees have a history of intestinal protozoa that impair the immune system in many ways. "It has been estimated that 30 to 80 percent of gay men are infected with parasites which are directly connected with AIDS," he says. "When a healthy person comes in contact with parasites, he or she may feel ill for a few days. But when a healthy homosexual contracts parasites, and has regular rectal intercourse, a much more serious health problem can occur. The wall of the rectal lining is only one-cell thick. Rectal intercourse can tear and inflame the area very easily. Once the rectal lining has been torn, parasites can enter directly into the bloodstream, where the parasites proceed to the liver and the lungs. Attacked by parasites, the liver becomes dysfunctional, and nutrients from food cannot be absorbed properly by the body. The debilitation caused by parasites is so great that even a person eating an excellent diet will develop an illness that progressively devastates the immune system."

In a 1983 article in *The New York Native*, Dr. Richard Pearce states, "The fact that gays can transmit parasites venereally was only first discovered in 1968 and not widely recognized until 1977, when the New York Health Department, Cornell University, and the Gay Men's Health Project noted a dramatic increase in the number of cases of amoebas and giardiasis in gay men. For many reasons the rate of incidence of parasites is not known. Not every doctor reports amebiasis cases to the local health department, despite a legal imperative to do so. To make matters worse, diagnostic tests for enteric parasites are woefully inaccurate."

Dr. Andrew Plaut of the Tufts University School of Medicine wrote in a recent article titled "Can We Diagnose Amoebas?" that "having watched a seasoned protozoologist examine a properly collected warm stool sample for an hour before finding the elusive *Entamoeba his-*

*tolytica* permanently weakened my confidence in the average hospital laboratory to be similarly successful." It is not uncommon for a laboratory technician to spend only five minutes examining a stool smear. In addition, single stool samples are estimated to give false-negative results 75 percent of the time. Thus out of a group of 100 parasite-infected individuals, parasites will only be detected in 25 patients.

In other ways, too, parasites are difficult to detect. Symptoms are not always present or may be so subtle as to go unnoticed—sometimes for years. A softer than normal stool, especially with ragged edges, that may float in pieces and may be flecked with mucus; bloating of the lower abdomen; gas; fatigue—all may suggest asymptomatic amebiasis. Symptomatic amebiasis, the kind most often reported to public health authorities, is characterized by profuse diarrhea, sometimes with bleeding. It is a

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major problem, but because testing is so expensive, many physicians don't do it.

Although no single-factor study conclusively proves a connection between AIDS and parasites, a number of interesting clues suggest the link. Already mentioned is the tremendous surge in the incidence of parasites among gay men during the two to three years before the AIDS epidemic. A point overlooked by many AIDS doctors and researchers is that when a patient is infected with parasites, undoubtedly they were acquired some time earlier. Most doctors treating gay patients are now seeing two particular parasites: *E. histolytica* and *Giardia lamblia*.

"A proper stool examination does not have to be expensive," says Parish, who has devised his own testing method. "What can be expensive is the amount of time spent with the patients explaining protozoa, since it is such a foreign concept to them. They can't believe it, and the very nature of the disease is something patients have a difficult time dealing with," he says. "The toxin excreted by parasites helps to impair the immune system. Many gays and I.V. drug users

are particularly vulnerable. They have had many infections, are in a weakened physical state, and are undernourished before they are attacked by parasites.

"Humans can be exposed to various types of infectious insults and develop one overall generic type of antibody that tries to fight them all," he continues. "The problem with this is that the body's own cells get in the way when the shooting starts. As a result, the immunity acquired—the antibody—is turned against the host." Also, because the parasite constantly changes its shape and sheds its wall, an antibody can't attach itself and flag it. For this reason the killer T-cells (the macrophages and phagocytes) cannot identify and get rid of the parasite. Additionally, amoebas excrete a material that pushes off the macrophages. So the parasites stand alone; they isolate themselves and carry on mischief that can be quite serious.

Parish also points out that "in exposing the digestive tract, with its many blood vessels and lymphatic channels, to not just one, but up to 100 different types of parasites a year, gay men may be asking the impossible of an immune system that expects little more than the usual diet of herpes, gonorrhea, colds, and flu. The antibody ultimately produced to combat the parasite invasion may be so generic that it also attacks other cells. Then the lymphocytes become prime targets, crippling the immune system."

*E. histolytica* has been linked to AIDS. In a recent issue of *The New England Journal of Medicine*, scientists at the University of Virginia noted that epidemics of these protozoa occurred a few years before the AIDS epidemics in San Francisco and New York City. In the very same issue, a British study of 225 gay men showed that 20 percent were infected with this parasite, though the authors do not think that the strains are usually pathogenic. The University of Virginia doctors, however, suggested that *E. histolytica* could shorten the incubatory period of HIV-positive patients, thus possibly speeding up the manifestation of AIDS.

Protozoa are evolving new resistant strains while science is not developing new resistant drugs. Tetracycline and paromomycin (Humatin) are used to treat amebiasis. Furazolidone (Furoxone) and metronidazole (Flagyl), two synthetic chemicals, are used in the treatment of giardiasis. "The drugs work in two ways," Parish explains. "The synthetic chemical drugs act directly to kill the protozoa. The antibiotics destroy the naturally occurring bacteria, thereby starving the protozoa to death."

Since parasites are probably as old as man, ancient treatments were developed, some of which are still available. Natural herbs, roots, barks, leaves, saps, etc., in various combinations, are used in modern practice. They rarely cure, but can offer symptomatic relief. Parish, for example, intersperses herbs with drugs,

especially when the patient has been on medication for a long time.

Dr. Eva Lee Snead, a physician in San Antonio, Texas, has used a holistic approach in treating AIDS patients with much success. She believes we are using the term AIDS to define several conditions that have existed for a long time—namely leukemias, chloroma mucus, or other immuno-deficiencies and mutations. "These are all multi-factor diseases, some of which are present in everyone, and others are present only in a limited number of people," says Snead. "The factors are environmental. Electrical frequencies and proximity to certain industrial plants; toxins such as lead or cadmium in the organism; lifestyles, such as the use of poppers in the gay population; iatrogenic effects—meaning effects caused by physicians, such as the use of contaminated vaccines, contaminated gamma globulin, and immuno-suppressive drugs. Once I've evaluated all the different variables and have a list of the ones affecting my patients, I start to treat them accordingly."

It is known that massive amounts of vitamin C will activate the body's microsomes—small particles inside the cells that destroy invading materials. Vitamin C is not a cure-all; other vitamins are necessary as well. Vitamin A in large amounts is important because it forms part of the cell membrane. Snead recommends taking mineral supplements, especially calcium and zinc, the latter being a natural virucidal agent.

Dr. Emmanuel Revici has been prominent in cancer research for many years. In France he was on the staff of the Pasteur Institute. He has pioneered his own cancer therapies based on the use of trace elements and lipids. Although Revici has been ostracized by the U.S. scientific community for decades, he is truly a dedicated professional light-years ahead of his time.

Revici began his work on AIDS some five years ago. In a recently published paper he has described the theoretical basis for his AIDS treatment, along with 17 case histories of patients who followed it for periods of six months to five years. Presented to the National Cancer Institute, Revici's paper is unusual both in the methods he outlines and in the success rate he reports. While the medical establishment has offered the public a litany of failures in treating AIDS, only two of Revici's patients have died, and one of those deaths was unrelated to the disease.

Revici's AIDS program is based on a four-faceted approach. First, attention is focused on the primary viral infection caused by the HIV virus; this Revici treats with anti-viral agents. Second, Revici treats any pre-existing immunodeficiency with what he calls "refractoriness lipids." The third facet of treatment 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: antibiotics, anti-microbials, or anti-fungal agents. The fourth phase of treatment is based on what Revici perceives as an exaggerated imbalance in the patient's immune system resulting from the secondary diseases. Revici categorizes this imbalance as either anabolic or catabolic, and treats it accordingly.

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 helper-T-cell count in blood analyses of AIDS patients will usually be found in combination with a lack of general defense lipids, which ordinarily enable the metabolism to protect the helper T-cells. He calls these "refractoriness" lipids for their part in the body's disease-fighting ability.

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The imbalance that Revici discovered in the body chemistry of AIDS patients arises, he believes, as a result of opportunistic secondary diseases. Revici characterizes an anabolic imbalance as one that involves a constructive (building-up) physiological action, whereas a catabolic imbalance represents a destructive (breaking-down) action. A balanced immune system displays "an alternating predominance of these two antagonistic processes." Once the type of imbalance is discovered—through urinalysis, blood-sedimentation rates, and serum potassium levels—the imbalance itself can be addressed. Revici has found that safe, nontoxic agents are highly effective for this process. A catabolic imbalance requires treatment with counteracting anabolic agents such as lipidic alcohols, lithium, zinc, and iron compounds. Catabolic agents used to treat an anabolic imbalance are lipidic acids, sulfur, selenium, magnesium, and lipidic copper compounds.

Revici believes that most patients with Kaposi's sarcoma display an anabolic imbalance in the immune system and must be treated with catabolic agents.

However, most opportunistic secondary infections are catabolic in nature.

Revici's treatment is completely nontoxic and individualized. If the immune system is very weak, the treatment will consist of injections of a lipidic extraction of thymus and a lipidic extraction of lecithin. After treating the virus, Revici begins work on the immune system. During this second phase, "the patients are continuing the treatments at home and call or visit periodically." The success of the treatment depends partially on the patient's commitment. Patients who do not tamper with the treatment by running from doctor to doctor or combining it with other forms of treatment have an increase in their helper/suppressor T-cell ratio. Some patients in Revici's program with Kaposi's sarcoma improve tremendously. After six months of treatment their lesions have almost disappeared.

Many of Revici's patients report that they feel better as they continue treatment, though clinically their helper T-cell counts do not show marked improvement. We had the opportunity to interview one of his recovered patients. Like most AIDS patients, "John" requested anonymity. When he came to Revici's clinic in 1986, he had been diagnosed as having AIDS by two different physicians. He was suffering from severe weight loss, severe lymphadenopathy (swollen lymph nodes) in his groin and neck, intestinal parasites, severe candida, and an elevated Epstein-Barr count. John had had these symptoms along with the AIDS antibody for over a year and a half. Although he did not have Kaposi's sarcoma or *Pneumocystis carinii*, his body was otherwise racked with disease.

John already had some doubts about the medical establishment. Two and a half years earlier, his brother died of AIDS. When John first realized that he had the disease—and when he felt that the doctors he was consulting might not have the answers—he was willing to try something different.

Revici's program is different, and because of this he has suffered at the hands of the medical establishment since first coming to the United States some 40 years ago. Although his cancer treatments showed remarkable results in practice and in tests, his numerous attempts to have his work published were rejected by the same medical journals that heralded Interleukin II as a wonder drug, and by the same government agencies that are playing a part in the present AIDS death scare. Revici's work may have gone unpublished, but it did not go ignored. Articles began appearing in the medical press attacking and discrediting it.

Revici's fight to continue his practice has taken its toll in time, energy, and money. In 1983, the New York State health commissioner suspended his license for 60 days, stating that Revici had administered cancer treatments that he "knew

to be worthless." But for a patient like John, who had watched his brother die of AIDS, the decision to seek out Revici was a matter of life and death, not medical politics. For John and other patients, Revici's approach to medicine offers a vital alternative.

"I was in therapy for three months," John explains. "Dr. Revici felt confident that he could help me, and he has."

The treatment is painful. John had severe reactions to the injections of viral antigen that Revici administers. But he has made a full recovery. John's weight is back to normal; his T-cell count is normal. The swelling in the lymph nodes is gone. Does he believe Revici saved his life? "Yes, definitely," John replies. "I lost my brother to this illness. But I got lucky—I'm one of 20 patients in Dr. Revici's research program. I've got to be thankful."

Preventive medicine is as old as mankind itself. California-based Dr. Bruce Halstead is director of the World Life Research Institute in Colton and medical director of the Rancho Mediterranean Clinic in Loma Linda. He uses traditional Chinese herbs in the treatment of AIDS. A variety of herbal agents are known to enhance the immune system.

"*Glycyrrhiza glabra* is a compound commonly known as licorice; glycerizine is isolated from this particular compound. It has a broad spectrum of therapeutic activity," Halstead explains. "Today it is widely used, endorsed, and produced in Japan. Glycerizine is on a list the F.D.A. compiles recognizing safe substances. This compound, however, is not available in the United States, but is used in Japan for hepatitis B and some Epstein-Barr virus treatment—two viruses that are part of the overall AIDS-related problems in the United States."

"Along with herbs," Halstead adds, "the patient needs other micro-nutrients that are very important to stimulating and maintaining the system. These include zinc, magnesium, manganese, iron, copper, and selenium. Also important are vitamins C, E, and beta-carotene, and thymus extract and amino acids." Halstead sees the body as a "biochemical symphony requiring not just an element or two, but a myriad of elements in terms of good nutrition. This is part of a sound program required in early AIDS [treatment]."

"I have been reviewing thousands of articles on traditional medicine from China, Japan, Singapore, and Korea, most of which are not documented in this country, nor are they reviewed by any of the usual abstracting services of our national medical library system," says Halstead. "In studying these materials I have discovered the many different compounds that have the ability to inhibit reverse transcriptase, an enzyme critical to the replication of these viruses. These compounds are infinitely safer than AZT."

There are alternative nontoxic treatments with anti-viral, immune-enhancing

activity and the ability to inhibit reverse transcriptase that can be used at minimal cost. Halstead suggests *Glycyrrhiza* and P'au D'arco, which can be purchased in health-food stores. Says Halstead, "A reverse-transcriptase inhibitor is important to a person with AIDS because the virus cannot proliferate without the use of reverse transcriptase. This particular enzyme is vital to the multiplication of the virus. This is supposedly what AZT does, but AZT destroys the individual in the process. We need to take a look at nontoxic reverse-transcriptase inhibitors. We are using AZT today because [of] the average and uninventive chemotherapeutic mentality that exists in the field of cancer therapy."

"There are a large number of marine plants which are able to modulate the immune system," adds Halstead. "*Altho-coccus senecosis* is such a plant, so is *Senandra chinensis*. We studied *Chlorella* and found it to be a completely safe

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Knowledge of nutrition is essential in dealing with AIDS. But due to lack of training in the subject, many doctors ignore it.

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product. *Chlorella* modulates the immune system and is very valuable. The F.D.A., however, is prohibiting all *Chlorella* products in the United States."

Halstead has also been working with compounds extracted from the marine sponge. These compounds have been found to be highly active against the AIDS virus by inhibiting reverse-transcriptase activity. Their discovery was reported in *The Journal of the National Cancer Institute* in April 1987. According to Halstead, "A proposal was presented to the National Cancer Institute that perhaps these compounds should be isolated and synthesized, and that it could be done for less than \$50,000. The reply from the National Cancer Institute was astounding, stating that they were not interested in this compound or in spending \$50,000 to synthesize it. But this kind of research is desperately needed today and can be done for practically nothing, when compared to the billions of dollars the government wastes on a regular basis."

Over the past few years Nick Bamforth has counseled many people with AIDS. His book *AIDS and the Healer Within* is based on his self-healing workshops and

the experience he has gained from many individual healing sessions.

According to Bamforth, "Those who have been diagnosed with AIDS and continue to remain relatively stable over a long period of time are those who have taken their lives into their own hands. Many have recognized that their lives, prior to the illness, were by no means healthy, and have set out on a path towards recovery. As the mind and the spirit finds its own strength, the body follows."

Bamforth's book juxtaposes information with suggested meditations. Different sections discuss the body, the mind and spirit, "letting go," "the healer within," as well as a broader perspective on AIDS.

"Whenever I read a newspaper or listen to the latest oracle of doom from the medical profession," he says, "I am shocked by the great disparity with my experiences with people with AIDS, ARC [AIDS Related Complex], or antibody-positive [test results]. They have been filled with great hope and love. In putting forward their own limited and negative understanding of AIDS as the only reality, the media and medical professionals are taking away the very element that enables someone to fight this disease—inner strength."

Health is balance and harmony; disharmony and imbalance lead to ill health and disease. This may appear to be a very simplistic statement, but from it comes the essence of an understanding of the source of disease. Says Bamforth, "The immune system itself is kept in balance by the other systems within the body, and it is these systems that form the mind-body connection that I am talking about—systems so powerful, it is absurd to dwell on phrases like 'it is too late' and 'incurable.' Just as they were able to undermine the balance in the first place, they are able to return the body to a state of perfect balance."

Bamforth explains how the endocrine system, which maintains homeostasis and the body's energy centers—or *chakras*, as they are called in the East—are interconnected. "The endocrine system is directly linked with nonphysical energy centers that are as real as the endocrine system, even though they cannot be seen on a physical plane. In the East, and even in ancient civilizations of the West, these *chakras* have always been the focal point of healing activity."

"When someone ill comes to see me, I look for the blockages within these centers which have so drastically thrown the viral systems of the body out of balance. It is only through the recognition and understanding of the source of this imbalance—often hidden deep within the subconscious—that I can start to work with a patient in restoring the balance. As this harmony is created within the *chakras*, it gradually filters through the endocrine system, creating a balance in the vital organs of the body."

He cautions, however, that "it takes

years for us to accumulate all the experiences and attitudes which we allow to take power away from our inner selves. Balance cannot be restored in an instant."

Traditional medicine has used toxic chemotherapies in the treatment of AIDS without much success. Nontoxic treatments are often not explored or recommended by physicians. What would happen if AIDS patients employed all of these methods and came up with a combination of therapies to heal themselves?

Tom O'Connor is such an AIDS patient. His book *Living With AIDS: Reaching Out* is, in his words, "for those who want to heal their disease but don't know where to begin." O'Connor feels that doctors treating AIDS victims should take a holistic approach to healing. They should not focus just on the disease and its symptoms, but aim to restore the whole person to health. In any disease it is essential to alleviate symptoms; yet in AIDS or ARC, the trouble begins by trying to treat symptoms by means that do not halt—and may in fact accelerate—the underlying deterioration of immunity. "The immune system is too complex for simplistic remedies. Only an attitude that considers the whole person can have a chance at success," says O'Connor.

He continues, "Knowledge of nutrition is essential in dealing with AIDS or ARC, cancer, and heart disease. Due to lack of training in the subject, many doctors ignore nutrition. The overall goal of my diet is simple—to avoid or limit those foods that may tax the immune system, thus debilitating the quality of my life. Simple sugars in fruits and many refined products which can lower the effectiveness of lymphocytes against pathogens; the fats in meats and animal products—[these] may promote the spread of HIV infection and worsen underlying immuno-deficiency. Cholesterol in particular can make cell membranes more rigid and therefore susceptible to HIV attack. Mono-unsaturated fats and high-density lipoproteins such as those found in olive oil and deep-sea fish may help keep cholesterol levels down. Certain vegetables and foods contain natural toxins or carcinogenic substances that tax the immune system. Most meats and animal products contain hormones, antibiotics, and pesticides that suppress immunity."

O'Connor's diet consists mostly of whole grains and vegetables in addition to beans, fish, refined carbohydrates, fruits, nuts, and seeds. "Nourishment comes not only from our food but also from how we digest and assimilate it," he states. "Improper diet, a sedentary lifestyle, polluted air, and everyday stress favor the production and accumulation of toxins in our bodies.

"The immune system has to expend energy to clean up the unnecessary wastes so that one's system can draw full nourishment from food. Of course, this energy would be better spent against

disease. Detoxification can quicken the passage to better health."

A carefully planned fast is one method of detoxification. Forgoing a few meals or drinking only vegetable or fruit juices in lieu of a regular diet diverts the energy of digestion to healing and elimination, thus aiding the body in getting rid of toxic wastes faster. But the extended fasting practiced by a yogi, even when accompanied by breathing exercises and meditation, is not advisable for anyone with AIDS. An AIDS patient's kidneys are often under stress from having to rid the body of toxins produced by pathogens or by prescribed drugs and their by-products. To keep the kidneys working optimally, O'Connor suggests the elimination of all

alcoholic beverages, soft drinks, tea, coffee, and excessive protein and fat from the diet. Unless liquid intake has been restricted by a physician, drink plenty of spring or filtered water daily to cleanse the body. Other methods of detoxification include colonic irrigation and a liver-gall bladder flush.

Congress will spend \$1.3 billion this year in its pursuit of a "cure" for AIDS, which in reality is not one but many diseases. Not a penny of this will go toward researching treatments that have already been proven to work at a fraction of the cost of the treatments conventional medicine is now using. Old habits, however, die hard—for some of us, if it doesn't cost enough, it's of no value. O—