

MEDICAL GENOCIDE

PART FOUR

Every one of us is
a potential victim of an immune-
system disease. This
may be the most important
article you'll ever read.

THE AIDS COVER-UP

BY GARY NULL

As Hollywood star Rock Hudson was whisked from Paris on a private jet to the U.C.L.A. Medical Center for treatment of AIDS, the disease once again sprang into the forefront of public attention, with headlines and cover stories purporting to elucidate the syndrome. In all their forms—from the pulp tabloids that scandalize Hudson's sex life to the network news specials featuring the latest views of top medical scientists—the media have reported essentially the same messages: that AIDS is incurable and always deadly, and that its victims are homosexual men, abusers of injectable drugs, hemophiliacs, or Haitians. Homosexual men account for 73 percent of the reported cases, but it's becoming

apparent that people outside these narrow categories have been exposed to the disease. The number of AIDS victims has approximately doubled each year since the disease was first detected in 1979. As of August 26, 1985, that represents 12,736 cases; no plateau is in sight.

AIDS can be passed through sexual contact, contaminated hypodermic needles, blood and blood products, and from injection-infected mothers to their newborns. As many as one million Americans have been infected with HTLV-III, a virus believed to cause AIDS, according to Dr. James Curran, Director of AIDS Activity at the Centers for Disease Control in Atlanta. Curran claims that many people have

a natural antibody to the virus. Surveys of high-risk populations, such as homosexual men, hemophiliacs, and intravenous-drug users, have suggested to Curran that the presence of the protective antibody is from 50 to 100 times more common than the incidence of the disease.

In studies conducted at the University of Helsinki, professors Kai Krohn and Carl Saxinger of the National Cancer Institute's Laboratory of Tumor Cell Biology found that three of 22 immuno-suppressed homosexual men, even in the absence of HTLV-III virus, developed AIDS within 16 months. In contrast, only one out of 144 gay men with normal immune responses became infected with HTLV-III.

PAINTING BY ETIENNE SANDORFI

When AIDS was first detected, its major cause was unknown. The syndrome occurs in people with weakened immune systems, who become infected with a virus that was recently isolated in France and called the LAV virus. Shortly thereafter, it was isolated by Robert Gallo in this country and was then named the HTLV-III virus.

The primary action of HTLV-III is the destruction of the T-helper and macrophage cells, the major components of the body's cellular immunity system, which fight against parasitic, bacterial, and extracellular viral infections. These cells also fight cancers.

In the initial stages of infection, the individual may experience flu symptoms. It is during this period that his immune system is being destroyed. After the helper cells are wiped out, he becomes susceptible to all sorts of secondary infections, particularly pneumocystis carinii, a parasitic infection of the lungs. People with normal immune systems rarely get this disease. In the AIDS victim, this produces a very rapidly growing pneumonia which sometimes kills the person in the first attack. More often, it's treated successfully. A few months later, a cold may trigger the virus again. Any attack may prove fatal, and between attacks the victim feels terribly run-down.

Another major type of infection an AIDS victim is prone to get is a rare form of cancer called Kaposi's sarcoma. This disease is actually misnamed, because it's not a true cancer. It's an infection characterized by small purple spots on the skin and internal organs that turn into plaque, get larger, and spread around the body.

Our systems respond to viruses by the manufacture of antibodies, which are blood-carried protein substances that can deactivate viruses and bacteria. If no other infections are present, the virus will probably be destroyed. If it is not eliminated, it will mutate, becoming stronger and requiring an even more formidable opponent for it to be killed. The virus then burrows in tissue, where the defensive cells often miss its presence. By then, the disease is well underway.

A person must already have an immune deficiency to contract AIDS. Infants, who have naturally suppressed immune systems, are also at risk, as are recreational drug users. Some doctors also believe that severe malnutrition increases the chances of contracting the disease; this may account for the wider incidence of AIDS among Haitians. AIDS can also be contracted through blood products. Hemophiliacs seem to be particularly at risk because their blood transfusions are derived from several people.

In 1983, blood donations slowed to a trickle in major urban centers as the public reacted to rumors that AIDS could be contracted through the needles used to collect blood. After a media campaign assuring the public that disposable nee-

dles eliminated the suspected risk, donation levels returned to near normal.

Women engaging in anal intercourse with a bisexual man may also be at risk. "We think that the female is a dead end for the disease," said one doctor. "Women have a great difficulty passing it back to men. This is why very few heterosexuals are getting the disease. In Africa, more women and heterosexuals have AIDS, but I think it's due more to massive epidemics of parasitic diseases and poor nutrition."

There is increasing evidence to suggest that one of the potential contributing factors of acquiring AIDS involves the use of petrochemical-based lubricants. Regular use of these lubricants may weaken the immune system. It is already known that petrochemicals cause cancer and lower the immune response, and that larger molecules can be absorbed through the rectum than through other areas of the body. Experiments were re-



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cently conducted wherein mice were given rectal implants of various natural and petrochemical lubricants. All the mice that received the petrochemical lubricants developed AIDS-like symptoms and died of cancer. Dissection revealed additionally that their bodies were full of infection.

Recently, another red flag has gone up on nitrate inhalants, recreational drugs commonly known as "poppers." Packaged in tiny bottles under names such as "Rush," "Thunderbolt," and "Crypt Tonight," poppers supposedly prolong the sensations of orgasm. It's been found that 96-100 percent of gay men with AIDS used poppers, usually quite heavily. These men also used other recreational drugs, including cocaine, barbiturates, LSD, amphetamines, Quaaludes, and heroin, all of which severely tax the immune system. Immunological abnormalities were also discovered in healthy gays who used poppers.

Use of nitrate inhalants has proved to be an important risk factor in developing AIDS and Kaposi's sarcoma. In studies of gay men with Kaposi's sarcoma, it was found that each and every patient had

used poppers. Kaposi's sarcoma is found in about half the gay men with AIDS, and in only a very small percentage of AIDS victims from the other risk groups.

Experiments have demonstrated that poppers cause genes to mutate, and that almost all mutagenic substances are carcinogenic. According to Danish scientists Karl Jorgensen and Sven-Olov, the compounds resulting from the use of poppers with other drugs have "the capacity to induce cancer after only one dose."

Under the auspices of government funding, scientists are fervently searching for a miracle drug to wipe out the viruses they suspect cause AIDS. But there is a shocking absence of attention to the most basic issue: how to rebuild and care for the immune system that is the *internal battleground for the disease*.

If you or someone you know is carrying it, there are some things you should know about AIDS that cannot be read in *Time* magazine, seen on television nightly news reports, or even heard at AIDS-victim meetings. This is information that can save lives—and not only the lives of AIDS victims. Every one of us is a potential victim of a disease of the immune system, whether it's an annoying cold or a fatal cancer.

Dr. Robert Cathcart III, a renowned orthopedic surgeon in Los Altos, California, is implementing an alternative treatment for AIDS with remarkable success. Cathcart is working on methods to boost the body's natural immune system. His results, if given proper consideration by the larger world of medicine, could revolutionize medical research in other diseases that involve the immune system.

"My feeling is that with every infectious disease there is an acute and chronically induced scorbutic situation—where the body is depleted of vitamin C," said Cathcart. "This starts in the tissues directly involved by the disease and spreads throughout the body. As the vitamin C is burned up as an antitoxin in the diseased tissues, it's slowly sapped out of other tissues in the body. If you do not replace that vitamin C, all the absolutely known vitamin C-dependent functions of the body are impaired. This stress-induced or toxin-induced vitamin C deficiency, which I call acute induced scurvy, causes a shutdown of all the body mechanisms that vitamin C protects."

There is already considerable evidence that vitamin C plays an essential role in the efficient working of the immune system. Nearly ten years ago, it was found that people with a high intake of vitamin C manufacture more antibody molecules. There is also evidence that vitamin C enhances the action of prostaglandin, a hormonelike substance found in blood platelets that boosts the infection fighters known as T-lymphocytes and increases production of interferon, a body chemical that interferes with viral proliferation.

Cathcart became interested in vitamin C 15 years ago, when he was trying to remedy his own persistent hay fever. He decided to try the controversial and unorthodox advice of Dr. Linus Pauling, who staunchly attributes many virtues to vitamin C. Cathcart began taking ten to 15 grams, or 200 times the government's minimum daily requirement, of powdered vitamin C each day. His hay fever symptoms disappeared.

Six months later, when he got a cold, he increased his dosage to 50 grams per day. His symptoms again disappeared, and Cathcart was inspired to begin his own study of vitamin C. His work has convinced him that high doses of the vitamin can have great effect against viral diseases ranging from the common cold to complex hepatitis, and now AIDS.

"When this AIDS thing came along, I thought, rather than use immune-suppressive drugs on an immune-suppressive disease, I would try to protect the immune system from the toxicity of the AIDS virus. I started giving massive doses of vitamin C to AIDS patients. I used it intravenously, and the effect was amazing. The lesions on the skin start to fade out right in front of your eyes. I tried to convert these patients to oral forms. Most of them would do fine if they could tolerate the massive doses of vitamin C. If they didn't convert, the scurvy would pretty much catch up with them and they would finally die."

To describe how much vitamin C a person can absorb, Cathcart uses the term "bowel tolerance." Maximum bowel tolerance is usually reached at about ten to 15 grams per day (taken in four to six doses in water). Doses that exceed the level of tolerance induce diarrhea.

Cathcart was amazed to discover that bowel tolerance to vitamin C usually increases proportionately to the severity of the illness. A very bad cold can increase tolerance to 100 grams per day, and severe viral infections can raise it to 200 grams per day.

Cathcart believes that tolerance increases because larger amounts of ascorbate (the chemical form of vitamin C the body actually uses) are being drawn off to enhance the metabolic reactions that come into play when the body fights infection. In a life-threatening situation like AIDS, however, even the massive oral doses of vitamin C that can be tolerated may not be enough to provoke remission, and the treatment has to be supplemented with intravenous injections, which bypass the gastrointestinal tract.

Cathcart has treated about 50 AIDS patients, and 30 of them are still alive. All of them have taken oral doses of vitamin C, sometimes exceeding 120 grams per day.

"The whole program is to use whatever doses of C it takes to neutralize the toxicity of the disease and prevent this acute and chronically induced scurvy from occurring," explains Cathcart. "Gay AIDS

patients have to give up the homosexual practices because they have become like bubble babies. They have no immune system to speak of, and exposures to fecal and sperm material are likely to suppress the immune system further and cause the disease to spread."

Cathcart urges his patients to exercise while they are taking the massive doses of vitamin C to help drive the vitamin into the lesions. "It's like trying to fill a leaky bucket to the top," he said. "The vitamin C is spilling out through the kidneys very rapidly. Exercise drives the vitamin into the tissues directly involved by the disease and saturates them before they spill out through the kidneys."

When they are infested with parasites, Cathcart's patients are treated with conventional drugs or natural remedies such as garlic, which helps cleanse the system. Parasites weaken the immune system and promote the growth of viruses. Researchers believe that the parasites

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may be present in semen and can be transmitted through breaks in the rectal wall.

Intestinal parasites are fairly common among gay men, with estimates of their incidence reaching as high as 70 percent. Dr. Douglas Archer, deputy director of the Division of Microbiology of the Food and Drug Administration, suspects that these parasites interfere with the uptake of nutritional elements essential for the maintenance of a healthy immune system.

"There is evidence that loss of single essential nutrients for relatively short periods of time may cause immunological impairment," he wrote in the *Journal of Nutrition* this year. "Given the number of pathogens present in promiscuous homosexuals, multiple nutrient limitations are highly likely. A rigorous intravenous nutrient repletion and therapy aimed at treating intestinal infections should be done. It is now known, additionally, that parasites contribute to cancer."

Cathcart's next step is to treat the usually present candida, a parasitic fungus yeast. "We're using the program of Dr. Orion Truss and Dr. William Crook, whose

book *The Yeast Connection* outlines this," he said. "We have to get people off sugar and processed foods. This is a very serious problem with the gay population and immune-suppressed people in general. We also give these patients selenium, zinc, vitamin A, all the things that support the immune system." Cathcart's results are amazing. "If the patient does all of this just perfectly, to my knowledge we have not had anyone who has not gone into a remission of sorts. I would not say that we have cured the disease, but on the other hand, the patient is fully employed, externally healthy, and feels good or even better than ever."

One of Dr. Cathcart's patients, who wishes to be known as Stu, counsels other AIDS victims by sharing with them his own experiences with the disease. Diagnosed in early 1982, Stu immediately took up the vitamin C regime.

"I figured I had nothing to lose," he cheerily recounted. "I started taking massive doses, and the Pauling Institute suggested I try the bowel tolerance. Just by chance I happened to be within two grams of the bowel tolerance. I was feeling great. I gained about 15 pounds, my immune system started getting back to normal . . . and I didn't even get sick. I didn't even lose my hair.

"I started running into more and more AIDS victims in San Francisco. I told them to take vitamin C, that it was working for me. I started to get phone calls from AIDS victims all over the country asking what I'd done and how I was doing. The first half hour of the conversation was usually spent convincing them that they're not going to die. The minute they were diagnosed with AIDS, their doctor told them they were going to die in six months. Probably the best thing to do is get them to stay out of their doctor's office. There are many patients in San Francisco who are doing very well on the high-dose vitamin C, but they still go to San Francisco General Hospital for treatment, where they're just astounded to watch what's happening. Here these people are perfectly healthy and everybody around them is dying. The first thing the doctors do is to put them on the experimental drugs, because they're doing so well to start with so it looks like they'll have a cure. But it's a false cure—it's the vitamin C and not the interferon, chemotherapy, or anything else.

"What I found was that if people could get up to 60 grams a day, they didn't get any new Kaposi sarcoma lesions, and the lesions they had would fade away. At the same time, they were getting rid of the intestinal parasites.

"I also found that a couple of people who were taking high doses of vitamin C were told by their doctor, 'Oh, you'll get kidney stones, you can't do this. This is the worst thing for you.' They'd stop taking the vitamin C and within about a month, they're getting lesions again. If they went back on the high dose of C

CONTINUED ON PAGE 166

AIDS

CONTINUED FROM PAGE 88

again, the lesions would stop, and they'd feel better. The lymph nodes would start to go down and they'd be healthy people."

Stu has enjoyed four birthdays since his first bout with the virus. He routinely takes 15 to 20 grams of vitamin C daily, and increases the dose when he senses that his body needs extra support.

"For me, it's almost a thing of the past that I don't even bother with much," he reported. "When I start catching something like a flu, if I'm under a lot of stress, I just jack up my dose right then and there. You can just burn a virus out."

Under the traditional treatments, the life expectancy of the average AIDS victim is eight to ten months after the disease is diagnosed. As Stu tried to publicize his successful control of AIDS, he encountered surprising resistance from that part of the medical community supposedly dedicated to alleviating the disease.

"The doctors in San Francisco put the kibosh on this," he said. "They started saying that anyone who says they're curing themselves with vitamin C doesn't have AIDS. I've actually proved to the doctors that it works on the Kaposi sarcoma by having them do a biopsy, and they're coming back two weeks later and

having 80 percent of it cleared up. But there's just a dead silence from the regular medical community on this.

"Most of the gay physicians I know are taking high-dose vitamin C, but they're petrified to promote it. They're fearful that it might be considered too unorthodox and extreme."

But even the medical establishment has begun to concede the important role nutrition plays in contracting and preventing cancer. Good nutrition, of course, involves the inclusion of beneficial substances in the diet as well as the exclusion of harmful ones. Adequate amounts of vitamins, minerals, protein, carbohydrates, fats, and water are necessary for maintaining health and combating disease.

Cancer researchers Ewan Cameron and Linus Pauling have suggested that vitamin C may turn out to be the most important of all nutrients in the control of cancer.

Vitamin C is found in many foods, including citrus fruit, green and red peppers, parsley, turnip greens, and certain berries. For a healthy person, amounts derived from diet and a low-stress life may be adequate to maintain vitamin C-supported functions. But most people are neither perfectly healthy nor without some form of C-sapping stress. Some scientists believe that humans, who are one of only a few species that cannot synthe-

size their own vitamin C, suffer from chronic depletion of the nutrient.

Thirty years ago, research done by a Canadian physician, Dr. W. J. McCormick, led him to believe that cancer is connected with vitamin-C deficiency. He found that changes in the tissue of scurvy victims were identical with those changes observed in the immediate vicinity of newly invading tumor cells. McCormick surmised that since vitamin C is known to prevent scurvy, it might have similar effects on cancer. It's interesting to note that, like AIDS victims, cancer patients are almost invariably depleted of ascorbate.

It's already generally accepted that the immune system plays a significant part in the body's resistance to cancer, in both a preventive and combative sense. Cancer patients, like AIDS patients, have decreased immunocompetence. It's only when the increased demand for and utilization of vitamin C are fully satisfied that the body's immune mechanisms can provide the kind of protection necessary against renegade cells.

Cameron and Pauling have suggested that vitamin C helps control cancer in two ways. First, an increased intake stimulates the production of the substance that inhibits hyaluronidase, an enzyme released by malignant tumors which weakens and permits infiltration of the tumor to surrounding areas. Second, increased vitamin C intake leads to the synthesis of more collagen fibrils in the body's intercellular "cement," strengthening the tissues and helping them prevent cancer from growing.

Between 1971 and 1976, Cameron and Pauling carried on a project involving 1,100 patients suffering from terminal cancer. One hundred of the patients were treated with ten grams of vitamin C daily, while the other 1,000 served as a control group and received no supplemental C. Ninety percent of the C-treated patients lived three times longer than it was expected the untreated patients would, and ten percent lived 20 times longer. The treated patients were reported to have had far less pain and led more productive lives than the untreated patients. Dr. Cameron has stated that since vitamin C helps contain cancer, its use in preventing it is clearly indicated.

The discoverer of vitamin C, Hungarian-born Albert Szent-Gyorgyi, received a Nobel prize in 1937 for isolating the substance. During a long research career, he came to believe that the vitamin is very important in cancer prevention.

"I strongly believe that a proper use of ascorbic acid can profoundly change our vital statistics, including those for cancer," he wrote in 1978. "For this, ascorbic acid would have to cease to be looked upon as a medicine, sold in milligram pills by the druggist. It would have to become a household article, like sugar and salt and flour, sold in the supermarket in powder form by the pound."

Today, the findings of ascorbate pioneers such as Dr. Cathcart simply fly in the face of what traditional medicine is offering AIDS patients. Like Rock Hudson, thousands of AIDS victims are contacting the Pasteur Institute in Paris and other centers around the world, trying to find new drugs, such as HPA-23, which are not used in the United States. These people are acting with extreme urgency, because they fear they may not live long enough to be candidates for the clinical trials that will test these drugs in the United States. Estimates that a cure will be found in the next ten years are not very encouraging to the current victim, who has been told that he has a life expectancy of less than five years.

Even though there has been some development since AIDS first appeared in 1979, the common prognosis is extremely discouraging. Scientists have been able to isolate a few suspected viruses. They have been able to decode some of the disease's genetic blueprints, and to pinpoint a few genes that make it such an absolutely deadly killer. A flawed but usable screening test has been devised to safeguard the nation's blood supply.

For the most part, however, research has been concentrated on smashing the disease in its advanced stages.

"These treatments, like Rock Hudson going over to Paris for HPA-23, make no

sense whatsoever," said Cathcart. "By this time, in [the course of] his disease, his immune system has been destroyed by the virus. It doesn't make any sense to give a virucidal drug at that time. If Rock Hudson had been on my program a year ago he'd be looking well and fully employed at his job right now.

"One of the things we found out from this vitamin-C treatment is that this virus goes dormant after a while. It's done its job and it runs out of host. Like when you have mumps, and the parotid glands in your cheeks swell up. Sometimes it goes to the testes and sometimes the pancreas, but mostly it confines itself to your cheeks. With the AIDS virus, it concentrates on the helper cells. This is a devastating blow, but once you run out of the helper cells the disease has pretty much done its thing. It's the other diseases that wipe you out. So it doesn't make sense to treat a person for the AIDS virus after the virus has killed off the helper cells. The big problem is how to prevent patients from getting all these other infections. They're susceptible to these other diseases partly because their body doesn't have any vitamin C. They have this acute and chronically induced scurvy, and the way to cure that is with massive doses of vitamin C.

"It goes beyond that, too, because vitamin C is an antioxidant free-radical scavenger which detoxifies viruses in

such a way that the virus is unable to poison back the immune system. A virus is not just trying to be a bad guy, to make you sick. From its point of view, *you're* the bad guy. You're trying to kill it with your immune system. That's why you get sick—the virus is guilty of a little overkill and the toxins it's making to make your immune system stay away from it are what make you sick. If you neutralize the toxins with a free-radical scavenger, the immune system then comes in and destroys the virus. This is why we're able to keep the person alive."

One of the most important parts of Cathcart's treatment is to instill a positive attitude in his AIDS patients.

"One of the worst things that has happened is this idea that AIDS is 100 percent fatal," he said. "If the patients think they are going to die, or are fearful or angry, it causes them to liberate adrenalin, adrenochrome, and other oxidative catecholamines, which are very toxic to the body. This is where religion, hypnosis, autosuggestion, TM, and social work give the person faith and make him realize he's really still got a chance. When they have faith in themselves, and they can feel it working, they've got an even better chance."

The successful use of vitamin C, especially in terminal cases, represents a threat to medicine's vested interests. The race to discover a special drug will grant

someone the role of conquering hero, with its accompanying praise and, more importantly, subsequent profits.

"You can't make any money from vitamin C," agreed Dr. Cathcart's patient Stu. "It's too cheap. It's the last thing the pharmaceutical companies want out."

It costs between \$10 million and \$12 million to push a new product through the Food and Drug Administration (FDA). It's unlikely that any drug manufacturer is going to spend that kind of money on a naturally occurring substance that they cannot patent. If a substance isn't approved by the FDA, the medical profession—followed by the public—will imply that it poses a greater health risk. "They just don't want this known," adds Stu. "If the use of high-dose vitamin C was accepted for AIDS patients, they'd have to start using it on pneumonia, hepatitis, Epstein-Barr virus—and every bacterial infection. It works nondiscriminatorily. The hospitals would be empty."

Even Dr. Cathcart, who is respected in the medical community for designing a widely used hip-joint prosthesis, is unable to find support from his peers. He has unsuccessfully attempted to have his findings on vitamin C therapy published in the traditional medical journals. He has felt that since the standard medical journals are largely supported by drug-company ads, they cannot afford to publish articles on vitamin C.

"I have approached the television networks to share this information," he said. "But you just cannot get through to the straight press or straight channels. The *San Francisco Chronicle*, for instance, will not carry a story on this. They know all about this and they refuse to do stories on it."

The gay community at large has reacted to the AIDS crisis with many forms of support, including hard-hitting investigative coverage about suppression of findings on the disease. The *New York Native* publishes a continuing series on AIDS. Publisher Charles Ortleb, who directs the paper's coverage of AIDS, believes that there will eventually be an announcement by the State of New York that AIDS is connected to African swine-fever virus. This virus produces the same kind of immune-deficiency disease in pigs, the carriers of the virus. "This used to be an acute disease of pigs in Africa," explained Ortleb. "The disease has evolved to the point where it has become a low-mortality disease [among pigs]. There are cyclical outbreaks of swine fever with widespread infection."

Ortleb cited widespread outbreaks of the disease in 1978 in Zaire, the Dominican Republic, Brazil, and Haiti as incriminating evidence linking it with AIDS, since these countries are considered focal points for AIDS incidence in the years following the swine-fever epidemics. Ortleb

has been pressuring the government for two and a half years to perform comprehensive tests on swine fever.

"The Centers for Disease Control look down their noses at animal disease," said Ortleb. "Unfortunately, animal diseases don't look down their noses at people. The history of zoonosis is probably full of this business of people saying, 'Oh, it couldn't happen,' for years while people are being infected by a virus that normally infects an animal. It's a highly infectious disease. If you walk through a farm that has that virus on it, you will have that virus on your feet."

Ortleb believes that the disease made its way into the Western Hemisphere through the political machinations of our government.

"The politics of all this has been documented in *The Boston Globe* and *Newsday*," he said. "The good ol' CIA, as part of their dirty tricks against Castro, brought swine fever into Cuba in the early seventies, and 800,000 pigs in Cuba had to be slaughtered."

"The robotic line you get from the USDA is that this virus does not infect people. I'm sorry, but viruses have a past, a present, and a future. They change. This virus has been changing dramatically in pigs since 1908, and it's extremely difficult to diagnose it clinically. It sometimes can take six or seven different diagnostic tests to isolate the virus. The whole idea of

testing AIDS patients with a quick and dirty method is so foolish, given the history of swine-fever testing in pigs. If AIDS is swine fever, and it looks real good right now, we've lost two and a half years on this disease."

If Ortleb's suspected link is proven correct, the entire AIDS establishment must reeducate itself. There are at least 1,500 research papers on swine fever, to begin with.

Like many others in the forefront of the AIDS crisis, Ortleb is frustrated by the apparent suppression of findings on the disease.

In different parts of the country, including New York City, local governments have, on the heels of its discovery, outlawed the HTLV-III antibody test, which shows whether a person has been infected with the virus. The test does not indicate the presence of the disease itself. Although some gay leaders fear that positive test results could lead to discrimination or quarantine, most people prefer the option of being able to take the test despite its potential dangers. According to the *New York Native*, there is an "antibody underground." HTLV-III antibody testing is performed covertly by some doctors in order to monitor the conditions of patients seemingly suffering from AIDS-related disease or the early stages of AIDS.

At the same time, scientists continue to come up with new theories about AIDS. Although they all have various degrees of credibility and relevance, each new theory is like a piece of one of the most perplexing, deadly puzzles ever set before mankind.

Dr. Alan R. Cantwell, Jr., a Los Angeles dermatologist in medical-group practice, has been studying autoimmune diseases for 20 years. His research led him into investigation of cancer, particularly skin cancers, including Kaposi's sarcoma. In his book, *AIDS: The Mystery and the Solution* (Aries Rising Press), Cantwell proposed yet another possible cause of AIDS:

"I'm not convinced that the HTLV-III virus is the cause of AIDS. I think the cause of AIDS is the same thing that causes cancer. It's the same microbe. I think there's a form of cancer, namely this Kaposi's sarcoma, that's infectious and probably contagious. This idea that you cannot catch cancer has become another myth. We all have the germ in our system that causes cancer, as well as AIDS. This microbe interacts with the immune system. The attitude is that there are 120 cancers. I don't believe that. All the cancers I've looked at have the same microbe. These microbes are always present in the blood and connective tissues. Under ordinary circumstances this microbe causes no problem, but as soon as the immune system tilts, due to stress, the environment, or whatever, these microbes go out of whack. Microbes by themselves do nothing. It's only their act-

ing in concert with a host that produces disease."

Dr. Cantwell also has come to believe that it's possible for a person to come in contact with the AIDS virus and reject it without manufacturing the antibody it's suspected millions of people already carry.

Robert Houston, research associate for the Foundation for Mind Research in Pomona, New York, feels that zinc deficiency may play a role in weakening the immune system. It's known that men lose zinc in ejaculation fluid, about one milligram per ejaculation, but it may take five to ten milligrams to produce that one-milligram loss. It may be conjectured that men with very active sex lives are courting serious zinc deficiencies.

"People say that the suppression of the T-helper lymphocyte only occurs in AIDS," he said. "That's totally false. The same thing occurs in the classical zinc-deficiency condition acrodermatitis en-

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9

teropathica, or AE. What also occurs is the raised purple skin lesions. AE is more fatal than AIDS. A viral factor may be superimposed on a zinc deficiency."

Houston has suggested that AIDS victims up their zinc intake to about 30 milligrams per day, along with vitamin C.

It's interesting to note that there have been no cases of AIDS reported among a group of gay vegetarians living in New York City. These individuals consciously boosted their immune systems with vitamin C, vitamin A, selenium, zinc, and manganese.

However, a person who chooses to fight or prevent AIDS must first detoxify his system. There is currently no detoxification program anywhere for AIDS victims. They are not encouraged to make lifestyle changes that would rebuild their immune systems.

The most successful treatment would begin with detoxification. In a clinically controlled environment, fasting would accomplish this. Next, a patient's nutrient absorption should be checked. Nutritional deficiencies, caused by parasites or other factors, chronically impair the immune system. The body should then be

rebuilt through raw foods, juices, garlic, chlorophyll-rich foods, and, of course, vitamins.

The importance of vitamins other than C should not be overlooked. For example, serious immunological dysfunctions are produced by deficiencies of the vitamin B complex; niacin plays an essential role in maintaining the intracellular respiratory mechanism; and a folic-acid deficiency can lead to an impairment of lymphocyte functions.

Additionally, according to a recent *New York Native* report, there is a new drug therapy that may benefit AIDS patients. So far, AIDS patients have responded to the treatment by becoming healthy, in a clinical sense: Their immune systems are again capable of fighting off opportunistic infections and other diseases, but their T-cells, killed off by the AIDS virus, remain at abnormally low levels. The drugs used in the treatment cannot be legally sold or prescribed in the United States without the permission of the federal government. And federal officials said at a recent AIDS conference in Costa Mesa that they have no intention of jointly testing other drugs for at least one or two years.

The treatment in question consists of 1,800 milligrams daily of ribavirin, a powerful antiviral drug that inhibits viral reproduction. This causes the viruses to die off in time. The other drug is isoprinosine, 1,500 milligrams taken daily, which is a broad-spectrum immune-system stimulator. The drugs are used together in a five-days-on, five-days-off schedule.

Scientific literature does not indicate that permanent side effects are caused by ribavirin and isoprinosine. Short-term side effects are mild.

Nutrients known to stimulate the immune system include the following: beta carotene, vitamin B₁, vitamin B₆, folic acid, vitamin C, vitamin E, essential fatty acids, manganese, iron, zinc, selenium, garlic, and chlorophyll. Several therapies also strengthen the immune system, including ozone therapy, aerobic exercise, clinical ecology, amino acid L-cysteine, and L-methionine.

Editor's note: The author has compiled additional information on nutrients that stimulate the immune system. For more information, please write to Gary Null, P. O. Box 849, Madison Square Garden, New York, N.Y. 10159. For reprints of this article, please send a stamped, self-addressed envelope to Editorial Department, Penthouse Magazine, 1965 Broadway, New York, N.Y. 10023-5965. Reprints of articles on AIDS from the New York Native are available on request. Please write to Mr. Charles Ortleb, Publisher and Editor-in-Chief, New York Native, 249 West Broadway, New York, N.Y. 10013, or call (212) 925-8021. Dr. Cathcart can be reached at 127 Second Street, Los Altos, Calif. 94022, (415) 949-2822. O—