MEDICAL GENOCIDE

PART TWELVE

An enormous public-relations push is under way. Those who stand to profit the most are handing out stories to the ever-hungry, uncritical media. And in the moralistic hysteria, very little attention is given to positive and practical approaches.

THE AIDS PANIC

BY GARY NULL

A single frightening message about AIDS is being broadcast by researchers, print and television journalists, and U.S. government health agencies alike. According to this message, AIDS is a new contagious disease that is spreading rapidly from known risk groups—homosexual men and intravenous drug users—into the community at large. AIDS is incurable and kills everyone who becomes infected with it. The nation, the message goes, is in the grips of a disastrous epidemic, and everyone is a potential victim. Our only hope lies in experimental drugs and vaccines that will require billions of dollars to develop.

This portrait of a runaway killer disease has been reinforced by Surgeon General C. Everett Koop, who warns that virtually any sexual contact without the use of "protective behavior" puts the sexual partners in danger of contracting the disease. The news media fan the fire of panic and fear. "AIDS Hits Home," a CBS News special hosted by Dan Rather last fall, was typically grim. With AIDS there are no survivors, only victims. Almost all the AIDS patients interviewed for the program were reported to have died by the time the program was aired.

Elsewhere in the media, the alarm is going out in the same dramatic terms. "Call to Battle," an article published in *Time* magazine last fall, reported the Public Health Service's projection that by the end of 1986, 26,000 people will have developed AIDS and 18,000 will have died. By the end of 1991, those numbers will multiply to 270,000 cases and 179,000 deaths, at a cost to the public of between $8 billion and $16 billion annually. The article quotes the cochairman of a National Academy of Sciences committee, who refers to AIDS as "a national health crisis. . . . We are quite honestly frightened about the proportions." Adds *Time*, "Very few AIDS victims live more than three years after their disease is diagnosed."

Only a week prior, *Time* had devoted its cover story to AIDS. In that issue, Surgeon General Koop was quoted at length: "Unless it is possible to know with *absolute certainty* that neither you nor your sexual partner is carrying the virus of AIDS, you must use protective behavior. *Absolute certainty* means not only that you and your partner have [had] a mutually faithful monogamous sexual relationship [for at least five years], but . . . that neither you nor your partner has used illegal intravenous drugs." The warning here is clear: Sex—even with your spouse—is dangerous.

That is the message the American public has been getting on AIDS. But just how accurate is the message? Most of the information we receive concerning AIDS comes from the government via its various health agencies, the most active of which are the Centers for Disease Control (C.D.C.), its parent agency, the Public Health Service (P.H.S.), and the National Institutes of Health (N.I.H.).

A recent article in *The Wall Street Journal* reveals that, like other areas of the government today, agencies involved in AIDS research are not free from political and

PAINTING BY ETIENNE SANDORFI

personal motivations. Reporter Jonathan Kwitny found that "ego clashes, professional jealousies, and perhaps worse" have crippled the C.D.C.'s AIDS laboratories, which have been the subject of allegations of "hampered research, political meddling, and even sabotaged experiments."

The *Journal* cites Dr. Paul Luciw of the University of California at Davis, one of the scientists who helped detail the genetic structure of the AIDS virus, as saying, "They've lost their credibility almost completely." Also cited is an investigation by the National Academy of Sciences, which confirmed reports of tampering with experiments. The *Journal*'s own investigation revealed "scientific decisions made to suit political ends." In fact, Kwitny learned that a senior scientist had ordered valuable virus cultures thrown in the garbage because he wanted the lab to do research on strains he had isolated. Other scientists reported contamination of their cultures, "perhaps by someone spitting into them."

As to the motivations behind these episodes, the *Journal* quotes one scientist as saying, "AIDS research has attracted a certain type of personality. There's a lot of power to be had. They [the C.D.C.] control a lot of money. There are a lot of egos involved and they are clashing."

Those who stand to profit most significantly from the AIDS crisis are engaged in disseminating information about the disease to an ever-hungry and uncritical press. An enormous public-relations push in under way. An AIDS panic makes both good copy and good business. Scientists, researchers, and governmental agencies have enormous budgets at stake, and these budgets require justification. The P.H.S. projection that by 1991 AIDS will cost between $8 billion and $16 billion annually may very well be self-fulfilling. The P.H.S.'s AIDS budget has already been growing at a rate of 7,369 percent over the past five years, from $5.5 million in 1982 to $410.8 million in 1986. These panic-stricken announcements warning of the billions of dollars that will have to be spent to wage "perhaps the most wide-ranging and intensive efforts ever made against an infectious disease" are in the P.H.S.'s interest, since it would be a major beneficiary of these billions of dollars.

One of the most alarming trends surrounding AIDS today is the unquestioned pursuit of an AIDS vaccine. Dr. J. Anthony Morris, a leading virologist for 35 years who has worked with the National Institutes of Health, Walter Reed Hospital, and the Food and Drug Administration in connection with its research on vaccines for influenza and other respiratory viruses, fears that the rush to research and prepare an AIDS vaccine may be self-serving on the part of some of the governmental agencies and scientists involved. "They are asking for a couple billion dollars a year," Morris says. "A panel that was assembled . . . was asking for $2 billion. This is nonsense. You don't need $2 billion to do this work. . . . It is a public-relations scam."

Dr. Morris's many years of work on vaccines for influenza and the common cold leads him to believe that we cannot be any more successful in creating an AIDS vaccine. He explains why:

"The first agent that was recovered from AIDS patients almost simultaneously in Paris and in Bethesda was a single identifiable agent. If AIDS had been caused by that single virus, there is a possibility that a vaccine might be prepared against it. But subsequently AIDS viruses were recovered from Japan, various parts of Africa, and various parts of this country, and they all differed in some minor respects. But the differences were of such significance that if it were possible to prepare a vaccine against the first one, that vaccine might not protect against all the other modifications of the virus. It is for this reason that a number of people, including myself, believe that, according to the techniques that are now available, you will not be able to prepare a vaccine against AIDS. You might prepare a vaccine against one of the agents, but if you protect against that one, others will move in to take its place."

> The warning is clear: Sex is dangerous. That's the message the American people have been getting on AIDS. But just how accurate is the message?

Another means used to justify large expenditures for AIDS research is to depict it as a new and deadly disease that is spreading wildly throughout the entire population. In point of fact, although it is commonly referred to as a disease, AIDS is not; it is a syndrome. Terry Krieger, a Washington journalist who has been researching AIDS in conjunction with internist and former P.H.S. official Dr. Cesar A. Caceres, explained in *The Miami Herald* that "a syndrome is a set of symptoms that reflect a disease. For example, fever, nasal congestion, muscle pain, and stomach upset may reflect influenza. In AIDS, however, the symptoms themselves are over a dozen diseases, none of which is new. Moreover, not all AIDS patients have the same diseases, and the death rates for AIDS patients depend on which diseases they have."

Krieger continues: "According to an AIDS report issued by the C.D.C. last fall, the death rate for AIDS patients whose primary disease is pneumocystis carinii pneumonia, which prevents the blood from receiving oxygen, is 58 percent. By contrast, the death rate for AIDS patients whose primary disease is Kaposi's sarcoma, a cancer, is 43 percent. The death rate for AIDS patients with other primary diseases is 61 percent. . . .

"The different diseases and death rates of AIDS patients suggest that AIDS is not a single syndrome, but several conditions resulting from severe damage to the body's immune system, which defends the body from the disease," says Krieger.

Furthermore, not only are the statistics concerning AIDS inflated, there is also evidence that the rate of increase of AIDS is on the decline. "If we calculate the increase by the number of AIDS cases diagnosed each year [using November 3, 1986, C.D.C. data], we find it was 283 percent between 1981 and '82, 177 percent between 1982 and '83, 100 percent between 1983 and '84, and 70 percent between 1984 and 1985. These figures are consistent with an unrelated analysis of AIDS trends that the C.D.C. conducted two years ago. The analysis found 'the composite trend for all U.S. AIDS cases was in a transition period that may plateau in 1985.' "

Moreover, AIDS is not a new heretofore unknown condition. AIDS scientists may be looking for and identifying factors that have been present for decades in a large percentage of the population.

"AIDS has been around for years," Dr. Morris says. "I base that statement on the presence of the antibody in blood that was taken 40 to 50 years ago, and stored in an icebox. This means that the person from whom this blood was gotten 40 years ago was exposed to the AIDS virus."

If the AIDS virus has been around for at least 40 to 50 years, why is it primarily showing up in our gay community today? Dr. Morris has a theory that he is careful to preface as "speculative."

"The AIDS virus began to appear in homosexuals around 1979. That was immediately following tests of the first hepatitis vaccine." That vaccine was tested on homosexual populations principally in New York and San Francisco. Soon after the completion of those tests, AIDS was first detected.

"I wrote a letter to . . . [the] director of the C.D.C. in Atlanta. I asked him, with all the evidence that he had at his disposal, to convince me that there is no causative connection between the introduction of the experimental hepatitis vaccine into the homosexual population and the occurrence of AIDS in that same population. He wrote a letter back saying that he believed that there was no connection, but that the convincing evidence was just not available."

Dr. Morris explains that the hepatitis vaccine in question was prepared from

the blood of homosexual men who were infected with hepatitis and that today the commercially marketed vaccine is manufactured in the same manner. As the technique for identifying the AIDS virus was only developed recently, there is no way of telling how many people received hepatitis vaccines that may have been infected with the AIDS virus.

Dr. Morris tells of how a similar situation arose in connection with the polio vaccine: "The polio-virus vaccine was first developed by Dr. [Jonas] Salk. . . . He looked for and inactivated all the viruses which could be detected at that time in the early polio-virus vaccine. After the vaccine had been used for several years, it was learned that there was present in the Salk vaccine an agent that could not be detected by the techniques of Dr. Salk. That agent . . . was not inactivated completely by the processes used to inactivate the polio virus as well as other viruses that might have been present . . . nor could it be detected by the early techniques. Yet it was there. It was put into millions of children and that is still a problem. . . . That agent is capable of causing cancer.

"Now let's look at the vaccine for hepatitis. That vaccine is prepared with the blood from homosexuals—infected homosexuals. The techniques employed to determine its safety did not detect the presence of any adventitious agents. But that doesn't mean they weren't there, because you go to the Salk vaccine and that experience should teach you something.

"I was one of those who looked into the [polio vaccine] problem. . . . The N.I.H. and the Food and Drug Administration assured the public that the Salk vaccines were safe—and they weren't. But they were safe according to what they meant by safe—they did not detect any virus that they were capable of detecting."

Whether Dr. Morris is right or wrong in this theory of why AIDS has appeared so prevalently in the gay community does not seem such a difficult matter to verify. One could start by asking AIDS patients whether they received a hepatitis vaccine. Instead, however, the government prefers to have us believe that sexual contact and intravenous drug use is responsible for the transmission of AIDS.

This theme was expounded upon in *The Wall Street Journal* article, which quotes one AIDS scientist as saying, "[If] medical politics have been part of the AIDS lab's problem, so have national politics." A former head of the AIDS lab is quoted as saying of the current head, Dr. James Curran, "Curran isn't homophobic, but he is certainly conscious of the administration's feelings and he wants to keep the C.D.C. alive. The C.D.C. is being sandwiched between a very bad disease and a policy coming from above, treating it with less aggressive action."

California biologist Bruce Voeller, who found certain spermicides capable of killing sexually transmitted organisms, is reported to have proposed to Dr. Curran that a study be done of the effects of these spermicides on the AIDS virus. Dr. Curran refused. When Voeller later conducted the study with the help of a technician at the C.D.C. and showed that the spermicide killed the AIDS virus in vitro, Dr. Curran still expressed reluctance to release the results. According to another technician, who coauthored the report concerning the spermicide, Dr. Curran "was more interested in effecting a lifestyle change, the number of partners, and things like that, rather than saying here's something you can get in the drugstore that might help." Asked to comment, Dr. Curran told *Penthouse* that he doesn't remember Voeller's proposal, and that "lots of things inactivate AIDS in a test tube."

Research at the Pasteur Institute in France turned up similar results regarding the effect of a spermicidal substance on the AIDS virus. Dr. Claude Chermann was guarded but clear in explaining the significance of this finding: "It should be clearly understood that benzalkonium chloride will not replace the condom. On the contrary, it is the ideal complement."

We have already seen that, by the current definition of AIDS, statistics concerning the number of cases may be inflated and that rather than spreading rampantly, the rate of increase of AIDS seems to have plateaued in 1985. One way to keep AIDS statistics inflated to epidemic proportions is to redefine what constitutes the diagnosis—which the P.H.S. has already proposed.

According to Terry Krieger, "The P.H.S. now maintains that mere infection with HTLV-III [virus] is itself a disease, and AIDS is only one manifestation of it. In a May 23, 1986, report, the C.D.C. presented a scheme that 'classifies the manifestation of HTLV-III . . . infection into four mutually exclusive groups': a temporary 'mononucleosislike syndrome' at the time of the infection; the absence of signs or symptoms; persistent swollen lymph glands; and conditions other than swollen lymph glands, including diseases associated with AIDS. Since all but a fraction of people infected with HTLV fall within the first three groups, they have either minor medical difficulties or no medical difficulties at all."

Up until recently, scientists and researchers were attributing AIDS to a specific virus that they called HTLV-III. *Time* magazine reports that the currently preferred term for the AIDS-causing agent is HIV, or human immunodeficiency virus, which suggests that efforts may be being made to lump a whole host of immune-deficiency related illnesses into one broad category to which the label of AIDS can be attached.

The New York Times reported last November that a third AIDS virus had been identified in Sweden "according to Dr. Robert Gallo, a leading AIDS researcher at the National Cancer Institute. . . . Dr. Gallo . . . hinted in lectures and a news conference that even more AIDS viruses might be found." This report reveals that health officials are no longer restricting the diagnoses of AIDS to people being infected by the HTLV-III virus. Instead, it appears that any virus that results in the symptoms of AIDS is now being termed an "AIDS virus."

The AIDS scare has brought on much research on viruses and has brought to our attention the role they may play in many of our illnesses. The renaming of the AIDS virus as "the human immunodeficiency virus" and the broad classification scheme proposed by the C.D.C. that includes "mononucleosislike symptoms" means that any viral immunodeficiency disease could come under the name of AIDS, thereby inflating the AIDS statistics ad infinitum.

However one chooses to define AIDS, the message we are receiving as to its fatality also requires some examination. First of all, not all peole who are infected with the AIDS virus have AIDS. This suggests that there are other, nonviral reasons for the development of AIDS within the body. The impression being created in the current hysteria, however, is that the virus *is* the disease. Here again, the statistics must be carefully examined. The C.D.C. has estimated that some 1.5 million Americans have been infected with the HTLV-III virus during the past several years; but according to the C.D.C. report, "The total number of AIDS patients in the United States represents only a fraction of the number of persons with HTLV-III infection. It has been estimated that in 1985 for every case of AIDS, there were 50–100 persons with HTLV-III . . . infection."

It is on these statistics that the dire predictions of a growing AIDS epidemic are based. But there is clearly another way of looking at the evidence. If only one to two percent of HTLV-III–infected people are developing AIDS, there may well be good, lifesaving medical reasons why the other 98 percent are not. After all, AIDS is a failure of the immune system to fend off a host of secondary "opportunistic" diseases that have been around for centuries. If more and more viruses are discovered to be triggering this breakdown, might it not be that the real cause of AIDS is the breakdown itself? There may well be many reasons why some human immune systems are no longer able to fend off viral infection.

Of all the impressions being created by the press today, perhaps the most misleading is that AIDS is a "killer" disease, fatal to everyone who gets it. For arousing public panic and maintaining big budgets, this is an effective tactic, but how effective is it at getting to the truth? Will AIDS, as the news stories suggest, wipe out a huge part of the American population? Consider the following excerpt from *Time*:

"The figures need to be seen in per-

spective. The 54,000 AIDS deaths expected in 1991 would exceed the total of 47,319 American battle deaths during the entire course of the Vietnam War." That is a perspective all right, but a bizarre one. Here is another perspective offered by *Time*: Last year—in one year—45,600 people died in motor-vehicle accidents—real, not hypothetical, projected deaths that rival the projected AIDS number *five years from now*. The *Time* article was entitled "Call to Battle." Where is the "call to battle" over motor-vehicle safety?

A more insightful comparison can be made when the statistics for cancer and heart disease are compared with those of AIDS. At this moment, over 63 million Americans are suffering from heart disease—and nearly one million will die of it this year. Last year, cancer killed *462,000* Americans—eight times the AIDS toll projected for 1991. In the entire history of AIDS there have been 18,000 reported deaths. Nevertheless, the government and medical establishment are telling us that in 1991 AIDS will require at least as much and possibly double the expenditures for cancer.

It has taken 25 years for cancer to reach the $8 billion mark; AIDS is predicted to reach that amount within the next five years. The treatment of an AIDS patient costs, on average, eight to 16 times that of a cancer patient. The cost of drugs used in the treatment of AIDS patients is about six-and-a-half times the average cost of all medications for other hospitalized patients. For the medical establishment, AIDS is a growth industry. If the statistics begin to show, as Terry Krieger believes, that the AIDS "epidemic" is not growing as fast as once suspected, the medical establishment must either redefine the disease in order to include more "victims," or maintain a heightened sense of concern among the public.

There is considerable evidence that a successful AIDS treatment may be achieved with safe, nontoxic, and inexpensive therapies—that many AIDS patients are surviving with treatments that offer little opportunity for enormous profit. Instead, however, the headlines are dominated by such "wonder drugs" as AZT (azidothymidine), the experimental drug manufactured by Burroughs Wellcome. The brief, stormy history of AZT provides a good example of how medicine, business, and the media can frequently interact.

Time reported that initial "results of clinical trials with AZT were so promising that the tests were halted in September for ethical reasons, so that the drug would no longer be withheld from a control group of AIDS patients who had been receiving only inert placebos." But, the article continued, "AZT is not a panacea for AIDS. Because the original trials were terminated after only seven months, doctors cannot predict how long doses of the drug will continue to thwart the virus. They also warn that AZT has damaged the marrow of some patients' bones and could have even worse long-range effects. Moreover, says Terry Beirn of the American Foundation for AIDS Research, 'We're not talking about cure. At the moment, I don't think it's in the lexicon.' "

The article demonstrates the media's friendly, unquestioning rapport with the organized medical establishment. *Time* quickly skips over the "ethical reasons" for abandoning AZT tests. Without our questioning the researchers' ethics here, it must be pointed out that when alternative methods of treatment are being tested on the outside of the orthodox medical community, and when such tests are abandoned for the same "ethical reasons," the medical establishment seizes the opportunity to call into question the validity of the tests in the first place, and to criticize the same "ethical reasons" as an excuse for abandoning the tests. But no such charge was made here. *Time* readers are left with the impression of a wonderful new drug that was almost, but not quite, a great weapon against the AIDS "epidemic." The implication is that, given enough time and money, the orthodox medical establishment will eventually save us all.

> One scientist said, "AIDS research has attracted a certain type of personality. There's a lot of power to be had. They control a lot of money. There are a lot of egos involved."

But who will profit along the way? Consider the recent fiasco with Interleukin II, the heralded cancer drug. *The New England Journal of Medicine*, in an article that was widely reported in the mass media, announced in 1985 that Interleukin shrank tumors in 44 percent of all patients it was tested on. After this announcement, in a period of 24 hours, the stock of the manufacturer, Cetus Corporation, shot up $10 a share—and doubled over a period of two months. One year later, *The Wall Street Journal* ran an article that reported that the success rate of Interleukin II was actually ten to 20 percent. As the *Journal* pointed out, "Inflation of initial research findings . . . isn't new." Nor is governmental involvement in such inflated findings. In the case of Interleukin II, the study in question was performed at the National Cancer Institute.

Besides the fact that AIDS has already become a big business, there is a strong moral and political undercurrent to the present hysteria. When governmental agencies, interacting with the news media, project certain findings, the objectivity of these findings can and must be questioned. The current administration prides itself in its conservative ethos and so-called "family values." Under an administration that bitterly opposes homosexual rights, sex education, abortion, birth control for teenagers, and other social issues, can it be merely a coincidence that the public is being constantly alarmed about AIDS, a condition that carries with it considerable social stigma?

In fact, the issue of sexual transmission of AIDS is far from clear, and a closer examination of the statistics is again in order. The P.H.S. estimates that "new AIDS cases in men and women acquired through heterosexual contact will increase from 1,100 in 1986 to almost 7,000 in 1991." *Time*, citing these statistics, abandons reason for sensation and asks, "But in later years?" The numbers simply do not support a growing epidemic spread through heterosexual sex. Instead, the figures represent an increase of two percent—from seven percent of cases today to nine percent in 1991. In later years almost anything is possible. In the current climate the surgeon general issues "sex is dangerous" warnings to a public frightened enough of the AIDS "epidemic" to believe him.

As Krieger points out, there are other, far more common diseases than AIDS that are transmitted through sex: "While the C.D.C. projects 15,000 new cases of AIDS in the United States this year, it projects 90,000 of syphilis, 500,000 of genital herpes, 1 million of venereal warts, and 1.8 million of gonorrhea and 4.6 million of chlamydia." Thus, if AIDS is indeed a sexually transmitted disease, it is "an uncommon venereal disease."

It is clear then that it is important to evaluate and question the statistics presented by the mass media, as well as the competing interests and motivations of the people who issue them. A realistic view of AIDS cannot be made in an atmosphere of panic and doom. Instead, we must separate what is known about AIDS from what is not known; what the medical establishment has been looking at from what it has been ignoring; and what doctors outside the orthodox medical community are doing about AIDS.

Kaposi's sarcoma and pneumocystis carinii, the primary diseases that characterize AIDS, are not new. Homosexual sex, a supposed means for the transmission of AIDS, is not new. The premise that AIDS can be spread through heterosexual contact is based on knowledge of AIDS cases in Haiti and Central Africa, where, it is believed, promiscuous sex is prevalent. These factors, taken into account with the entirely separate theory of AIDS transmission through the blood, and that only two percent of 1.5 million Americans infected with HTLV-III manifest AIDS symptoms, suggest that one area of con-

cern that must be addressed is not so much how the virus is spread but why some people succumb to it and others fend it off; why some of those infected die, while others survive. A good starting point may be to examine the lifestyles and circumstances of those people who have been diagnosed with AIDS.

Among homosexuals, for example, other factors besides sexual inclination may contribute to an overall weakening of the immune system. Among these factors we find the use of amyl nitrite inhalers ("poppers") often in conjunction with other drugs and poor diet. In addition, there is firm evidence that sexual activity itself can weaken the immune system. In a male orgasm up to two milligrams of zinc can be lost, and zinc is know to be an important nutrient to the immune system. Some homosexual men admit to having up to seven orgasms a day on a regular basis. Such sexual habits, over a prolonged period of time, can severely hamper the immune system's ability to fight off infection, due to a severe zinc deficiency. Coincidentally, the symptoms of this disorder are virtually identical to Kaposi's sarcoma.

Likewise, the theory that promiscuous sex in Haiti and Central Africa has caused the spread of AIDS ignores other salient conditions of life in those areas: Poor sanitation and poor nutrition could contribute to progressively weakened immune systems. Consider where the full-fledged symptoms of AIDS are appearing in this country: in drug users, recipients of blood transfusions, and children. Certainly, outside factors can be cited in these groups. Children's immune systems are frequently not fully developed; the use of intravenous drugs, as well as the snorting and smoking of such drugs, carries with it its own damage to the system; and people receiving blood transfusions are presumably in some state of injury or ill health already. The point is that, regardless of how any one particular virus is spread, the people who succumb to HTLV-III all share a general inability to fend off disease.

In interviews with over 100 gay vegetarian men, we found no symptoms of AIDS. These men watch their diet, take immune-boosting nutrients, and abstain from recreational drug use and excessive sexual contact. Conversely, when we interviewed another group of gay men whose lifestyles included high stress, drugs, and poor diet, we found that almost 90 percent had tested positive for HTLV-III or had ARC (AIDS related complex) or the antibody.

Here it bears repeating that AIDS is an acronym for acquired immune deficiency syndrome, and that at the heart of this whole issue is an inability of the immune system to do what it is supposed to do naturally: fend off disease. Everyone agrees that rebuilding a patient's immune system after the onslaught of AIDS is a vital part of therapy—and the federal government has set aside $100 million for researching such therapies. But what of building a healthy immune system before an AIDS attack?

Very little is being said about known, proven ways to bolster the immune system against AIDS or any other infectious disease. For years now, the importance of vitamins such as A, C, D, and E and minerals such as zinc and selenium has been widely recognized. But these unpatentable substances have gone ignored in the course of the AIDS hysteria—as has the work of those doctors who use them.

Indeed, many doctors who use immune-boosting therapies have had considerable success treating AIDS patients—and these AIDS patients are among those who have survived the syndrome. The therapies of two such doctors, who work outside the orthodox medical community, will be explored and contrasted to the standard methods of treatment in an upcoming article.

This article originally appeared in April 1987 **PENTHOUSE.**