Changing the way we think about AIDS

The Continuum Magazine

No:5
August
September
1993

Continuum
An Organisation For long-term survivors of HIV and AIDS and people who want to be

In This Issue

CONTINUUM
Advice and Information
ring 081 961 1170
or Fax 081 453 0706
PO Box 2754
London NW10 8UF

Affiliated to the Harrow Association of Voluntary Services Reg; Charity No: 294136 The Lodge 64 Pinner Road Harrow HA1 4HZ

A Western blot on the HIV landscape

On the 1st of August, Neville Hodgkinson, Science Correspondent of the *Sunday Times* reported on a recent Australian study, the first of its kind, by a team of scientists which casts *serious* doubt on the accuracy of the HIV test. The study, which had originally been published in the respected science journal *Bio Technology* is of immense importance to people diagnosed HIV positive because it highlights the fact that many diseases, other than antibodies to the HI virus, can cause people to produce a false positive result.

The study focused on the accuracy of both tests used to identify HIV antibodies, the Western blot and ELISA, and found both capable of delivering positive results by falsely identifying antibodies to other diseases such as common warts, multiple sclerosis and tuberculosis as antibodies to HIV. Even malnutrition or the flu vaccination and the use of injected or oral recreational drugs can cause false positives.

To underline the point, a screening done in Russia using ELISA turned up 30,000 false positives which was subsequently reduced to 66 using Western blot, while in the United States a study among military applicants produced 6,000 positive individuals using Western blot - all of whom subsequently tested negative using ELISA.

In the same issue of the *Sunday Times*, Brian Deer wrote a brilliant exposé of Wellcome's attempt to cynically overthrow the results of the Concorde trial with the publication of a misleading report that appeared to show AZT was effective in AIDS prevention.

Coverage of the Australian research in the British and the world's gay press has been, to say the least, abysmal if not downright criminal. In a classic case of 'shoot the messenger' *Capital Gay* on August 6th published a piece by a near hysterical Keith Alcorn in his *Insight* column and entitled 'The *Sunday Times* is wrong to slate HIV tests' in which he attacked the *Sunday Times* for reporting the research in the first place (although they were only reporting what *Bio Technology* had already published) and defending in no uncertain terms the efficacy of the testing procedure here in the U.K.

Amazingly he made no reference to the Russian or American studies reported in the *Sunday Times* article which demonstrated the inaccuracy of the test but went on to say in a closing statement: "The *Sunday Times* predictably interpreted this story as yet more evidence that HIV does not cause AIDS," when in fact all the *Sunday Times* did was to quote Eleni Eloepulous, a biophysicist at the Royal Perth Hospital and one of the authors of the study who had said: "There is no proof that people labelled as HIVpositive are infected with such a retrovirus. We should really question the role of 'HIV' in the causation of AIDS."

The implications of such a statement are insidious to say the least. In fact it was not the *Sunday Times* which demolished the validity of HIV testing, it was

continued on page 2

continued from page 1

the Australian research team, but most disturbing is his suggestion that any debate around the validity of HIV testing (and one can assume, any debate about anything that challenges the HIV theory) would be destructive. Destructive to who or what, Keith omitted to say.

In the same issue of *Capital Gay* the centre pages were devoted to a defence of the merits of AZT by Phylida Brown, a senior reporter for New Scientist. Amusingly subtitled, '*Capital Gay* leading the AZT debate', it read like nothing more than a promotion for Wellcome and AZT.

Phyllida claimed, 'AZT works by blocking the action of a vital protein in HIV called reverse transcriptase' which is factually an untrue statement. AZT is actually a random DNA chain terminator which destroys cells in the body and will continue to do so for as long as it is taken. She then went on to state that the latest picture of AZT is a far cry from the extreme views of a small minority of critics such as John Lauritsen *(see IMPRINT, Page 12)* who have long claimed that AZT is 'poison by prescription.'

Much to the credit of the editorship of *Capital Gay*, both the recent acting editor, Graham McKerrow, and the current editor, Gillian Rogerson, have in recent weeks published a series of challenging articles by Jody Wells, the director of *Continuum* (and editor of this magazine) and opened up debate about the toxicity of medications like AZT, the issues surrounding long-term survival and the politics of AIDS.

Neville Hodgkinson and the editor of the *Sunday Times*, Andrew Neil, continue to challenge the establishment view of HIV and AIDS.

Although the newspaper is frequently accused of being a 'right wing organ of the establishment and seriously anti-gay' by the 'AIDS elite', history will doubtless record that its challenge of the 'hallowed theory' painful though it may be for some, has encouraged many people to question so much that was simply taken for granted.

Rachel Armstrong

See centre pages for excerpts from ***Is a positive Western blot proof of HIV infection?***

Apology..

We apologise to all our readers and subscribers for the delay in publishing this issue of the magazine. It was due to a computer problem which has now been resolved and we can only thank you for your patience.

HIV watch Jody Wells

Advice to the Boyz

Boyz Doc, Matthew Helbert , in reply to a readers question about co-factors in the development of AIDS, was given what will surely go down in the history of gay culture as the most seriously immunocompromising answer ever.

Helbert, writing in a manner that can only be described as 'disco-bunny medi-speak' explained to his readers that "only HIV infection can cause AIDS" and that the "only proven co-factors include age and infections."

He then went on to say that AIDS could not be exacerbated by any other factors. "Experiments have been done on monkeys - yeah, I really hate the idea too. Monkeys do not get ill if they're infected with HIV. But they have their own special virus called SIV, which causes an illness with immune system breakdown, very much like AIDS. These monkeys are not staying up late dancing the night away and are being fed well so there's no reason to think that anything else was responsible for getting them sick." He omits to mention that chimpanzees, 99 per cent genetically identical to man, do not develop AIDS when deliberately infected with HIV. *They* don't stay up late dancing the night away either or use recreational drugs or suffer poor nutrition because they're being exploited for their Pink Pound, so it is hardly surprising that they havn't developed AIDS.

Helbert appears to be basing his article on the Vancouver study entitled 'HIV causes AIDS' by Kevin J. P. Craib but omitted to mention the salient information the study revealed; 84% of people who developed AIDS took AZT.

It's a pity Helbert but more especially *Boyz* can't take a more responsible attitude to the health of young gay men. There is ample evidence that co-factors like recreational drugs, nutrition and lifestyle *do* cause immune suppression (see pages 12 and 13) and the supposed link between HIV and AIDS has never been clinically proved.

Yeah- we at Continuum hate the idea of experimentation on monkeys too but we're qually appalled at the idea of pharmaceutical experimentation on gay men, IV drug users and people of colour.

Making an Ash of It

Pasteur

Dr Stephen Ash of Ealing Hospital's Pasteur Suite, writing in their newsletter *Pasteurise*...get it?, Past -eur- ise?....no? OK forget it, said "There continue to be a number of articles in the press, and occasionally on a sensationalised TV programme called "*Dispatches*", suggesting that AIDS is caused by drugs, AZT, and antisocial habits. Apart from being insulting, it is completely wrong, and a dangerously misleading idea. Professor Duesberg from the USA has become famous (or infamous) on the basis of publicity of his ill founded theory. May I suggest you treat his ideas with the contempt they deserve."

This is just another example of the medical faculty's ploy of casting Peter Duesberg as bogey-man in the vain hope that attention will be distracted away from the growing number of scientists and medics around the world who question the link between HIV and AIDS.

It seems such a pity when doctors who should be openly addressing all the avenues on behalf of their patients choose instead to attempt to belittle and voices of dissent.

Pasteur himself would no doubt understand the petty abuse that people like Duesberg any others with a contrary viewpoint are wont to suffer as he himself was the target of a similar reaction when he proposed his theory of vaccination little over a century ago.

It seems peculiar then that in the latter half of the twentieth century, men of medicine and science should be attempting to turn Pasteur's theory, which has been accepted for so long as scientific fact, on its head.

And what is that fact? Simply this: once the human body has produced antibodies to an organism be it a virus or bacteria it has done what nature intended it to do protect the body from the disease. Pasteur must be turning in his grave.

Panorama's Narrow View

Tom Mangold, reporting in *Panorama* on the ainunproven belief that HIV could be transmitted from a health worker to a patient, quoted the Dr David Acer/ Cindy Bergalis case as proof, claiming that Bergalis died of AIDS as a direct result of her contact with Acer, who also died of AIDS.

What *Panorama* chose not to mention was the research done by Ronald Defray of Florida State University which challenged the CDC's earlier research supposedly proving that the genetic material matched the virus traced to Acer and also found in Bergalis. Defray also found identical genetic material in many people in south Florida who had no contact with Acer, Bergalis or the five other infected patients.

Panorama also chose not to mention the contents of the last letter ever written by Bergalis, the last paragraph of which read, "I have lived to see my hair fall out, my body lose over 40 pounds, blisters on my sides. I've lived to go through nausea and vomiting, continual night sweats, chronic fevers of 103-104 that don't go away anymore.

"I have lived through the torturous acne that infested my face and neck, brought on by AZT. I have endured trips twice weekly to Miami for three months only to receive painful IV injections. I've had blood transfusions, I've had bone marrow biopsy. I cried my heart out from the pain." Acer himself died from AIDs following AZT therapy, as did his five other patients.

Whatever *Panorama*'s agenda was, apart from sheer sensationalism, is not clear, unless it was to instill unnecessary fear into millions of viewers. The truth of the matter is that there is not one proven case anywhere of a health worker passing HIV on to a patient.

"Shouting My Mouth off Again"

"The worst thing is getting up every morning, knowing you're going to go through the day never feeling quite well." This was how Bob explained his feelings about his health after going onto AZT.

by Sue Threakell

Although he had been HIV positive since approximately 1983 as a result of receiving contaminated Factor 8 to treat his haemophilia, he really only had minor health problems swelling of lymph glands being the one we actually noticed - the rest apparently obvious from falling T-cell counts, etc. None of these things bothered us much. He continued to work as a civil servant, I as a deputy head teacher, and we busied ourselves running a home and bringing up our young son and Bob's two sons from a previous marriage.

Nearest cliff

It is easy to look back and see, with the evidence of photographs and videos, that from the moment Bob began to take AZT, his condition deteriorated steadily, but at the time we put any unavoidable problems down to the inevitable progression of the disease. When people asked how we coped, it sounded trivial to explain that, just like everyone else, we worked, paid the mortgage, ate slept and so on - but what else do you do? The only thing in retrospect, I would do differently is to throw all the AZT off the nearest cliff, for I firmly believe that if he had not taken it, Bob would have lived much longer and may not have died of AIDS at all, and would not have suffered in the way he did. He was initially on 1200mg of AZT a day and suffered from nausea, vomiting, tiredness, sinus problems, anorexic symptoms, muscle wastage and pain,weight loss etc. (Yes, I know you've heard it all before, but please show it to someone who hasn't!)

Tortured

When he died, in February, 1991, Bob weighed about six stone, was irrational, confused, rambling, incontinent, blue and hardly able to breathe. His death certificate mentions his haemophilia, HIV infection and pneumonia, but not of course AZT. When we went to see him in the chapel of rest, a helpful friend remarked that he looked peaceful - I disagree. He looked in death as he had done for the last 18 months of his life - tortured; and for what?

Photographs Top Left, Sue Threakell Centre, Bob in 1985. Middle Right, Bob in August 1990 shortly before his death.

Because of AZT

I lived with what I believe to be evidence of AZT's toxicity, along with my family, and I continue to live with the consequences: the little boy who said "Oh does that mean I haven't got a daddy any more?" is now ten years old, goes to cubs and has joined a football team. Bob's middle son graduated from university this summer and next Saturday his eldest son gets married, but Bob isn't the only one who has missed all this, because, just before Christmas last year his mum died, too. She never got over the death of her only son and was convinced, as I am, that he died, when he died, and in the way he died, because of AZT.

As for me, like the rest of us, I've had to go on and make a different life for myself. One thing I know though, is that I will ensure that what happened to Bob was not in vain. I have been accused of "making money out of my dead husband" but I can assure you that if I won the pools tonight I would carry on, because I believe passionately that everyone in this country who takes any form of prescribed medicine has the right to trust in its safety, and that doctors and the general public alike should be able to have faith in the advertising put out by drug manufacturers. Also, if a drug is taken off trial early on compassionate grounds, as with AZT, we should all be made fully aware of the details surrounding the trial and the history of the drug.

The same (anonymous!) lady who accused me of making money out of Bob, also commented that I was shouting my mouth off again - good! I'm delighted she heard, because I can assure you all, I have no intention whatsoever of shutting up!!

On page 7 Graham Ross, Sue's solicitor makes an appeal to Continuum readers

ZINC DIETRY SUPPLEMENT

Zinc deficiency, like iron, can impair a variety of immune responses and defence mechanisms. The mineral deficiency most frequently found in humans is zinc deficiency and since there are no major body storage depots for zinc, a deficiency may easily be produced.2 Zinc deficiency produces atrophy of the thymus gland, spleen, lymph nodes and intestinal lymphoid tissues resulting in depletion of both T- and B-lymphocyte populations 1,2,3,4 as well as diminished capacity of these lymphocytes to destroy cancerous tumor cells.2,5 In zinc deficiency antibody production is severely depressed.2,6,7

The ability of macrophages and granulocytes to entrap and poison invading microbes is impaired in zinc deficiency.3,9 In contrast, an excess of zinc impairs the ability of these same white blood cells to migrate and engulf microbes.1,2,10 Generally, zinc has a stimulating effect on all replicating cells, including those involved in the immune response.2

Once again, the trick is to obtain enough zinc but avoid an excess. Adults, both males and females, should get about 15 milligrammes of zinc per day, but analysis of 'well-rounded' diets served at cafeterias and hospitals show that only 8 to 11 milligrammes of zinc per day is provided in the diet. 11

About 30 per cent of dietary zinc is absorbed, 12 so that an oral supplement of 15 milligrammes per day may be good insurance against depletion and certainly would be considered safe. However, when men participate in sexual activity they may experience increased zinc excretion. Heavy foreplay and a single orgasm will rid the male body of about one milligramme of zinc.11

Superimposed upon a deficient diet this excretion of zinc alone could lead to impaired immunity. There are several methods of determining zinc status. This metal can be tested for in the blood, although hair analysis for zinc should also be performed since blood values alone may be spurious. 13 The best dietary sources for zinc are meats, fish and eggs.11 Cereal grains, peanuts and soybeans and their fibres inhibit the absorption of zinc (as well as iron, magnesium, and calcium. 14, 15, 16, 17 and a reduction of these foods in the diet may be prudent.

Dietary calcium may interfere with zinc absorption.11

Oral zinc supplements greater than 15 milligrammes per day should be monitored because zinc excess interferes with iron absorption and may cause depression of blood copper levels as well as a decreased number of white blood cells.11

J. Wells

References

1) Chandra, R. K.: 'Immunodeficiency in undenutrition and overnutrition.' Nutrition Reviews 1981; 39(6):225-31.
2) Levy, J. A.: 'Effects of sex hormones, nutrition and ageing on the immune response. II. Nutrition and the immune system.' In: Stites, D. P.; Stobo et al. (Eds.): Basic and Clinical Immunology, 4th Edition. Los Altos, California: Lange Medical Publications, 1982; pp. 297-305.
3) Chandra, R. K.: 'Nutrition, immunity and nutrition: present knowledge and future directions. The Lancet, March 26, 1983; I:688-91.
4) Tanaka, T.; et al.: 'Effect of zinc deficiency on lymphoid tissues and on immune functions of A/Jax mice.' Federation Proceedings, 1978; 37:931.
6) Fernandes, G.; et al.: 'Impairment of cell-mediated immunity functions by dietary zinc deficiency in mice.' Proceedings of the National Academy of Sciences, USA, 1979; 76:457-61.
7) Brummerstedt, E.; et al.: 'Animal model of human disease. Acrodermatitis enteropathica, zinc malabsorption. ' The American Journal of Pathology, 1977; 87:725-8.
8) Cunningham-Rundles, C.; et al.: 'Increased T lymphocyte function and thymopoietin following zinc repletion in man.' Federation Proceedings, 1979; 38:1222.
9) Anonymous. 'Zinc and polymorphonuclear leucocyte function.' Nutrition Reviews, October, 1977; 35(10) :266-8.
10)Zukoski, C. F.; et al.- 'Functional immobilization. Zukoski, C. F.; et al.: 'Functional immobilization of peritoneal macrophages by zinc. ' Journal of the Reticuloendothelial Society, 1974; 16:6a.
11) Pfeiffer, C. C.: Zinc and Other Micro-Nutrients. New Canaan, Connecticut: Keats Publishing, Inc., 1978.
12) Schroeder, H. A.: The Trace Elements and Man. Old Greenwich, Connecticut: The Devin-Adair Company, 1973.
13) Laker, M.: 'On determining trace element levels in man: The uses of blood and hair.' The Lancet, July 31, 1982;II:260-2.
14) Bordin, S. W. and Bordin, G. M.: 'Bran: Roughage that's rough on iron.' The New England Journal of Medicine, January 1, 1976; 294(1):57.
15) Oberleas, D. and Prasad, A. S.: 'Factors affecting zinc homeostasis.' In: Prasad, A. S. and Oberleas, D. (Eds.): Trace Elements in Human Health and Disease. New York: Academic Press, 1976; pp. 155-62.
16) Reinhold, J. G.; et al.: 'Binding of zinc to fiber and other solids of wholemeal bread.' In: Prasad, A. S. and Oberleas, D. (Eds.): Trace Elements in Human Health and Disease. New York: Academic Press, 1976; pp 163-80.
17) Fernandez, R. and Phillips, S. F.: 'Components of fiberbind iron in vitro.' The American Journal of Clinical Nutrition, January, 1982; 35(1):100-06.

Considering the continuous nature of our exposure to micro-organisms, it is surprising that infections are not more common. The best results in improving immunity will be obtained by both reducing the exposure to the risk factors and improving the resistance of humans to environmental threats. The most commonly acquired immunodeficiency is due to malnutrition 16l and optimal nutrition is one way of supporting resistance.

SIDE-EFFECTS: Have you been told the true facts ?

In each issue of the magazine we will give you the information on the side-effects of drugs commonly used to 'treat' people with what have come to be known as HIV infections. Although your doctor may hint at the possibility of side-effects,and usually the most minor ones at that from our experience, you will very rarely be told the true facts. Quite often, patients exhibiting a reaction to a particulardrug they have been prescribed are frequently re-diagnosed as exhibiting the symptoms of a hitherto unidentified HIV-related problem. So don't be afraid to challenge the wisdom of your doctor if you are experiencing peculiar or distressing symptoms that could be related to your medication. Ask him or her to check all the known contra-indications and if you are still not satisfied, consider demanding a second opinion or not taking the drug at all and finding an alternative, less dangerous form of treatment. Remember, it's your life, your body, and you are in charge.

Foscarnet

Harmful effects: include headache, nausea, vomiting, fatigue and skin rashes. It may cause a drop in blood calcium levels sufficient to produce symptoms, a drop in blood sugar levels, impaired kidney function and epileptic seizures. Undiluted solutions may cause thrombophlebitis at the site of injection.

Warnings: Foscarnet should not be used during pregnancy or in breast-feeding mothers. It should be used with caution in individuals with impaired kidney malfunction and low blood calcium levels prior to treatment. Blood calcium levels and kidney function tests must be carried out every other day during treatment. The individual on treatment must drink plenty of fluids.

And the National AIDS Manual says: Side effects include nephrotoxicity (elevated creatinine), electrolyte abnormalities (sodium potassium, phosphorus, calcium, magnesium), anaemia, and possibly central nervous system toxicity, muscle twitching, nausea, and penile ulcerations in uncircumcised men. Simultaneous infusion of saline has been reported to reduce nephrotoxicity.

RECREATIONAL

In the second volume of *The Continuum Magazine* which begins with Issue 1 in December we will be starting a new series examining the immunosuppressive effects of recreational drugs and their influence on our ability to resist disease. Below is a little taster to get all of you who like to reference things doing your homework.

Many drugs are known to suppress the immune response Especially effective are corticosteroids, 1, 2, 3,4 antibiotics, 4 tranquillisers 4, 6, 7 and marijuana.7, 9 Very recent evidence has shown Isobutyl Nitrite to suppress a variety of immune responses. 10 Both Amyl- and Isobutyl Nitrite are known to be capable of causing cancer even after a single dose. 10, 11

DRUGS

References

1) Soloman, G. F. and Amkraut, A. A. . 'Psycho-neuroendocrinological effects on the immune response.' *Annual Review of Microbiology* Palo Alto, California: Annual Reviews, Inc., 1981; 35:155-84.

2) Macek, C.: 'Of mind and morbidity: Can stress and grief depress Immunity?' *The Journal of the American Medical Association,* July 23/30, 1982; 248(4):405-7.

3) Editorial: 'Defects of neutrophil function.' *The New England Journal of Medicine,* August 12, 1982; 307(7):434-6.

4) Webb, Jr., D. R. and Winkelstein, A.: 'Immuno- suppression~ Immunopotentiation, and anti-inflammatory drugs. ' In: Stites, D. P.; Stobo, J. I).; et al. (~ds.): *Basic and Clinical Immunology.* Los Altos, California: Lange Medical Publications, 1982; pp. 277-92.

5) Huff, B. B. (Ed.): Physician's Desk Reference Orad ell, New Jersey Medical Economics Com- pany, Inc., 1982.

6) Albertini, R. S. and I'enders, T. M.: 'Agranulo- cytosis associated with tricyclics.' *The Journal of Clinical Psychiatry,* 1978; 39:483-5. 7) Ream, R. S. and Kerr, R. O.: 'Neutropenia associated with Maprotiline. ' *The Journal of the American Medical Association,* August 20, 1982; 248(7):871.

8) Council on Scientific Affairs: 'Marijuana. Its health hazards and therapeutic potentials.' *The Journal of the American Medical Association,* October 1, 1'382; 246(16):1823-7.

n on nonspecific immune respons

9) Nahas, G. G.; Manger, W. M. and Frick , H. C.:'Marijuana and health.' *The New England Journal of Medicine,* July 22, 1982; 307(4):248.

10) Macek, C.: 'Acquired immunodeficiency syndrome cause(s) still elusive. *The Journal of the American Medical Assocation.* Sept 24, 1982; 248(12) 1423-31.

11) Jorgensen, K. A. and Lawesson, S.: Amyl Nitrite and Karposi's sarcoma in homosexual men. *The New England Journal of Medicine,* Sept 30 1982; 307(14) 893-4.

Stuart Bennett

Ayurvedic Medicine and Lifestyle Change

In a world where we are thwarted at every turn in a bid to empower ourselves with regards to our own healing, Ayurvedic principles are a fresh breathe of ancient air.

Our bodies are constantly changing. We acquire new stomach linings every five days, our skin is new every five weeks, every year fully 98% of the total number of atoms in our bodies are replaced. We appear the same yet we are like a building whose bricks are continually being replaced, one by one.

Ayurvedic medicine claims to give us the tools to intervene at the level where we are being created new each day. Therefore we can build a better immune system next month depending on how well we nourish and treat ourselves this month.

Our own awareness

The guiding principle of Ayurveda is that the mind exerts the deepest influence on the body, and that freedom from sickness depends upon contacting our own awareness, bringing it into balance, and then extending that balance to the body.

This state of being, more than any kind of physical immunity, creates a higher state of health. An Ayurvedic doctor will identify your dominant mind/body type from three groups; thin, restless 'vata'; enterprising, efficient 'pitta ; tranquil, steady 'kapha' - or indeed a combination of two or three of these to varying degrees. Then proceed to explain which foods, activities and circumstances pacify or aggravate your type, thus leading you to a more balanced state.

The only secret to perfect health is that you have to choose it. You can only be as healthy as you think it is possible to be. Perfect health is no mere five or ten per cent improvement over good heal It involves a total shift in perspective, which makes disease unacceptable.

It is possible to accept and live with the presence of HIV and AIDS in our bodies and not expect further trouble - depending on the level we are willing to love and nurture ourselves. This means entering into a communion with our bodies, mind and spirit i.e. what we put into our bodies and the demands we make of them daily.

Helping the body

Extremely small imbalances in your system, due to toxic intake both mentally and physically, sow the seeds for immune depression and thus future disease. Helping the body to heal itself through understanding ones individual mind/body rhythms and environmental rhythms, is central to Ayurveda.

I am idealistic enough to believe that given the correct nurturing, we can overcome most anything. Unfortunately we now have the battle against decades, nay centuries of bad programming in the area of health and nutrition. Perfect health depends on perfect balance. Everything you eat, say, think, do, see and feel affects your overall state of balance. It would seem impossible to control all of these different influences at once. Yet by following specific mind/body type diets, (no, it ain't all lentils and tofu!) exercises, and daily routines, you can correct the vast majority of imbalances now present in your physiology and prevent those that might lie in the future.

Your body isdoing something unique with every molecule of air,water,and food you take in, guided by it's innate tendancies.You have the choice to follow these tendancies or modify them, but to recklessly oppose them is unnatural. ln Ayurveda living in tune with nature ,easily, comfortably and without strain means respecting your uniqueness.

The first question an Ayur vedic doctor asks is not "What disease does my patient have", but "Who is my patient."

By 'Who',he means how you are constituted.Your mind/bodytype is a blueprint outlining the innate tendancies that have been built into your system.A glass of whole milk contains 120 calories,no matter who drinks it, but one personuses those calories mainly to store fat whilst another converts most of it to energy.

By knowing your dominant type an Ayurvedic doctor can tell which diet, physical activities and other therapies should hep you and which might do nogood or even harm. Knowing your type is essential to self understanding when you realise what is going on,inside and out, you are no longer bound by society's notions of what you should be doing,thinking and feeling.

Start to listen

For example, we are urged to drink a glass of orange juice in the morning, but some people get heartburn or an upset stomache from it. Its a sign they belong to a specific mind/body type for which the acid quality of that juice is not ideal. If you start to listen to all these signals that are sent to you day by day, minute by minute, you will notice that they affect your, moods, behaviour, percepions, tastes, talents and attraction to others, your healing ability and much more

We have spent centuries believing in disease and dieng, no more so than now when we are constantly fed the fait accompli, HIV=AIDS=DEATH. Relinquishing our health and treatment responsibilty has become a matter of course.We must reclaim the power to heal ourselves through reeducation.

Ayurveda is but one of these methods. Reeducation takes time, guts, patience, tenacity and encour-agement. Relearning sensitivity, listening to our bodies and intuition, believing in the knowledge that has been passed on from ancient times, long before profitable pharmacuticals and the ten minute consultation existed.

I personally have found the Ayurvedic principles extremely liberating and empowering, even my drug pushing doctor says,"Well it seems sound enough!'. It certainly plays a tune that agrees with me and though I have barely scrached the surface here, I encourage you to read "PERFECT HEALTH", by Deepak Chopra,£8.99 on Bantam Books

Also author of "Quantum Healing" The Ayurvedic clinic in London.

Excerpts from an interview with

PART TWO Jeremy Selvey

In this interview, which we've had to abridge because of lack of space, Jeremy Selvey of Project Aids International /a worldwide network of independent scientists and researchers /discusses the accuracy of the standard HIV test and the significance of T -cell counts. The interview is reproduced by kind permission of Jerry Teranova of CURENOW, Los Angeles, CA

Sero-conversion

Q: ***Can you also address here the subject of possibility of seroconversion. Many people are focused on it and claims are being made that one treatment or another will make you sero-convert from hiv positive to negative. Some discount this based on the fact that they don't believe hiv is the cause of aids anyway, so what significance does seroconversion have. But the other aspect of this is the scientific one: whether seroconversion is actually possible at all?***

JS: Although P.A.I. has absolutely no doubt that hiv is not the cause of aids, we recognise that there are many people who do believe hiv is the cause. And although we're sometimes accused of being dogmatic, we do recognise the needs of all people. If people believe hiv is the cause of aids, it is very important to us that we investigate the claims of sero-conversion.

We examined many different claims with the very positive attitude of 'even though hiv does not cause aids, people can be reassured of their health status by sero-converting. Several different cases were reviewed where people had claimed to have sero-converted. Our first investigation with several practitioners proved a waste of time as they were not able to confirm that the person had hiv to begin with. In other words, they were not PCR'd before hand but only confirmed hiv positive by the ELISA test which we've discussed, is not necessarily 100% accurate.

The PCR, Polymearse Chain Reaction, is precise because it is basically cloning what is there and then being able to see the virus for yourself. This is vastly different than checking for hiv antibodies. After examining several different claims where no one was able to show any proof or documentation, we then went to credible scientists such as Professor Duesberg and posed this question: knowing that hiv is not the cause of aids, it would still reassure people if they knew they could sero-convert. Is this a possibility?

His reply was no. Hiv is a retrovirus that cannot be destroyed. Being the asshole agency that we are, we could not just accept his statement. We pushed further. as there are claims of documentation of people who tested hiv positive, were treated, and then re-tested hiv negative. We asked Duesberg to explain how this could be.

His quick response was it is very easy. Hiv produces antibodies while it is flowing through the blood system. When hiv infects a cell and is no longer in the open blood system where antibodies can be produced, it is called an inactive virus and no longer produces an antibody during this period. So, the person would show to be sero-negative to antibodies to a virus because the virus is not in the blood stream but is in the cell.

Q: ***Could you also address the question of sero-conversion among the babies of hiv positive mothers?***

JS: Studies have been known for quite some time in America and throughout Europe that two thirds of the infants born hiv positive will sero-convert to negative within 18 months of birth. This is due to the fact that when the infants are born, they have taken into their system the antibodies of their mothers, but not the virus. So, if you were to test these infants, they would test hiv positive—again, with the inaccurate Elisa test.

So, on assumption only, doctors have been giving azt to infants who don't even have hiv. And we can only guess how many babies have died this way.

Graham Ross Appeal

Sue Threakall is represented by Liverpool solicitors J Keith Park & Co who have much experience in AIDS related litigation. Graham Ross, of that firm, was the co-ordinator of the group legal action taken on behalf of 800 haemophiliacs against the Department of Health that led to a £66 million settlement, and also negotiated a similar settlement for those infected through blood transfusions. He has also successfully negotiated a number of settlements of individual claims against various Health Authorities for negligence in treatment leading to HIV infection, including one case against the Birmingham Health Authority in which they settled three days into trial. The haemophiliac group action was started by the firm despite all the odds appearing to have been stacked against them, including the prior publication by certain parties to Government members of a barrister's opinion pessimistic of the claim.

"In contrast, the claim against Wellcome does have obvious strength" says Graham Ross."The prime allegation is that it was negligent for the company to have advertised, as they did, in the "trials have clearly shown AZT to delay the onset of AIDS, when they would have known that such trials had been flawed due to unblinding and other reasons and were too small and of too short a duration to establish its benefit. Concorde now establishes the ineffectiveness of the drug for the asymptomatic. We will say that it is prima-facie negligent to promote a highly toxic drug that does not work. It is not necessary to prove that AZT is, per se, dangerous to the asymptomatic, merely that it caused damage to Bob Threakall."

Legal Aid has just been awarded to Sue Threakall, although this is limited, at present, to a claim against the Health Authority, for the prescribing of AZT, and other matters, and not against Wellcome. The Legal Aid Board refused a Certificate against Wellcome for what is termed the "economic argument, being that the cost of suing such a company would be too high to be justified by the amount of damages that could be awarded to Sue Threakall. "This makes it all the more important that any other person wishing to take action against Wellcome over the use of AZT in asymptomatic should come forward and have their solicitor contact me sooner rather than later so that arrangements can be made to share the legal cost. By doing so in a group action, and thus reducing the costs for each case, the economic argument against the issue of Legal Aid is weakened. I am confident that if sufficient numbers come forward soon that Legal Aid will be issued to sue Wellcome." **Graham Ross can be contacted at- Castle Chambers, Cook Street, Liverpool L2 9SW or telephone 051 227 2552**

Without a doubt this study is one of the most important to be published in a scientific journal in the past ten years. Here we present extracts from the paper which might inspire you to get hold of a copy of *Bio Technology* and read the entire article for yourself.

Is a Positive Western blot proof of HIV Infection?

Statement from the authors:

It is currently accepted that a positive Western blot (WB) HIV antibody test is synonymous with HIV infection and the attendant risk of developing AIDS. In this communication we present a critical evaluation of the presently available data on HIV isolation and antibody testing. This evidence indicates that; (1) the antibody tests are not standardised; (2) the antibody tests are not reproducible; (3) the WB proteins (bands) which are considered to be encoded by the HIV genome and to be specific to HIV may not be encoded by the HIV genome and may in fact represent normal cellular proteins; (4) even if the proteins are specific to HIV, because no 'gold standard' has been used to determine specifity, a positive WB may represent nothing more than cross-reactivity with non-HIV antibodies present in AIDS patients and those at risk. We conclude that the use of antibody tests as a diagnostic and epidemiological tool for HIV infection needs to be reappraised.

Sensitivity

A positive HIV status has such profound implications that no one should be required to bear this burden without solid guarantees of the verity of the test and its interpretation. In this paper, the evolution of the antibody tests, the basis of their specificity, and the validity of their interpretation are evaluated. Acceptance of an antibody test for HIV as being scientifically valid and reliable requires the following: (1) A source of HIV specific antigens; (2) standardisation; (3) determination of the test's reproducibility. Once these criteria have been met, and before the introduction of the antibody tests into clinical medicine, the test's sensitivity, specifity and reproductive values must be determined by the use of a gold standard, HIV itself.

Dr Francis Kasolo,head of virology at the University Teaching Hospital in Lusaka, said work in his department suggests the HIV figures cannot be taken at face value. "We have found a big problem with false positives. When we repeat the tests, there are a lot of disparities in the results. A test kit from one manufacturer behaves differently from another's." The conclusion, he said, was that "most of our results are more or less compromised. Most of the country's 80 testing centres were unable to afford a more expensive confirmatory procedure after an initial positive test. Even that second test, known as Western Blot produced widely differing results. A third, rapid test, still in use at some clinics, had been shown to produce up to 40% false positive results in patients infected with malaria. Blood stickyness of patients unrelated to HIV, also produced false positives.

Specificity of the HIV Antibody Tests

The task of authenticating a new diagnostic test in clinical medicine requires an alternative, independent method of establishing the presence of the condition for which the test is to be employed. This method, often referred to as the gold standard, is a crucial sine gu-non, and represents the tenet upon which rests the scientific proof of validity. The only possible gold standard for the HIV antibody tests is the human immunodeficiency virus itself. The clinical syndrome and the decrease in T4 cells cannot be considered a gold standard. Although HIV has never been used as a gold standard there is general consensus that proof of the specificity of the HIV antibody tests is firmly established. For the ELISA, Gallo's best figures, obtained from AIDS patients and 297 healthy blood donors, were 97.7% sensitivity and 92.6% specificity assuming borderline tests as positive, and using the clinical syndrome as gold standard.

Lymph Nodes

The independent finding of "virus-like" particles in the lymph nodes of AIDS patients with Lymphadenopathy18 and of proteins in the lymph nodes which reacted with MAbs to p55, p24 and pl8 (ref. 119) were interpreted as proof that the "virus-like particles" were HIV. However, MAbs to pl8 react with lymphatic tissues of patients who suffer from a number of non-AIDS related diseases, and also healthy 'individuals202'. In the lymph nodes of patients with AIDS-related persistent generalized lymphadenopathy, in addition to the "HIV particles," particles unlike those of HIV are also found , and most importantly, in the only EM study, either *in vivo* or *in vitro*, in which suitable controls were used and in which extensive blind examinationnation of controls and test material was performed, virus particles indistinguishable from HIV were found in a variety of non-HIV associated reactive lymphadenopathies leading the authors to conclude: "The presence of such particles do not, by themselves indicate infection with HIV."

The authors conclude

That the positive hybridisation signals may be due to an event induced by the oxidative agents (mutagens and mitogens) to which the AIDS risk groups and the cultures are exposed is suggested by the following: A positive PCR reverts to negative when exposure to risk factors is discontinued'5 8 '59, and monocytes from HIV+ patients in which no HIV DNA can be detected, even by PCR, become positive for HIV RNA after cocultivation with normal ConA-activated T-cells'60. In 1989, and again in 1992, researchers at the Pasteur Institute concluded that "the task of defining HIV infection in molecular terms will be difficult'. We agree, and based on the arguments and data reviewed here, further conclude that the use of HIV antibody tests as predictive, diagnostic and epidemiological tools for HIV infection needs to be carefully reappraised.

As far back as 1988, researchers at the CDC in the USA realised that no correlation exists between "HIV isolation and a positive antibody test (which they call documented infection), and more importantly, between "HIV isolation" in vitro and its presence in vivo "correlation between these two methods is limited; they are inconsistent, in that virus cannot be detected in every person with a documented infection. Furthermore the culture technique determines the ability of infected cells to produce virus in vitro but does not necessarily indicate the status of virus expression in vivo"79.

Transmission?

That a positive HIV antibody test may be the result of antigenic stimulation, other than HIV, is further supported by the following data: (1) HIV is thought to be transmitted by infected needles, yet a higher percentage of prostitutes who use oral drugs (84%), than IV (46%), test positive Ph4. (2) Mice of the autoimmune strains MRL-lpr/lpr and MRL-+/+ made antibodies against gpl20." Mice that have been exposed to T-lymphocytes from another murine strain were shown to make antibodies against gpl20 and p24 of HlV6s. (3) Recipients of negative blood seroconvert and develop AIDS while the donors remain healthy and seronegative66. (4) In healthy individuals, partners of HIV positive individuals, organ transplant recipients and patients with SLE, a positive WB may revert to negative when exposure to semen, immunosuppressive therapy or clinical improvement occurs 67-69. (5) While the fre- quency of positive HIV antibody tests in healthy blood donors and military applicants is low, patients with tuberculosis (TB) including those with TB localized to the lungs, both in the USA6' and Africa7', have a high frequency, up to 50%, of positive WBs. In the USA77 (26 hospitals studied), patients who are not at risk of developing AIDS, and who do not have any infectious diseases, have a high rate of positive WB, (1.3% to 7.8%). The above data may be interpreted either as proof that HIV is spreading to the heterosexual population or that the HIV antibody tests are non-specific. That the latter is the case is suggested by the fact that by 1988, in the USA, only approximately 66 white males were reported to have had "heterosexually acquired AIDS." By 1992 in New York, only 11 men were reported to have AIDS due to heterosexual infection.

Dr Sitali Maswenyeho, a paediatrician at the University Teaching Hospital and former fellow in Aids research at the University of Miami, said he had long argued against the HIV test. "It's non specific," he said. "The test itself is killing a lot of people here. The stigma is doing the damage. "We have malnutrition bad water, poor sanitation, and when on top of that you are told you have an incurable disease, that really cuts off people's lives."

Rodriguez and his colleagues found that Amazonian Indians who have no contact with individuals outside their tribes and have no AIDS have an HIV WB seropositivity rate depending on the tribe studied. In another study they found that 25%~1% of Venezuelan malaria patients had a positive WB, but no AIDS.

In Blood

Detection of p24 is currently believed to be synonymous with HIV isolation and viraemia. However, apart from a joint publication with Montagnier where they claim that the HIV p24 is unique, Gallo and his colleagues have repeatedly stated that the p24s of HTLV-I and HIV immunologically cross-react'3. Genesca et al. 14 conducted WB assays in 100 ELISA negative samples of healthy blood donors; 20 were found to have HIV bands which did not fulfil the then (1989) criteria used by the blood banks for a positive WB. These were considered as indeterminate WB (WBI) with p24 being the predominant band (70% of cases) . Among the recipients of WBI blood, 36% were WBI 6 months after transfusion, but so were 42% of individuals who received WB-negative samples. Both donors and recipients of blood remained healthy. They concluded that WBI patterns are exceedingly common in randomly selected donors and recipients and such patterns do not correlate with the presence of HIV-l or the transmission of HIV-I, "most such reactions represent false-positive results." 14

Isolation?

No two HIV genomes are the same. No two identical HIV have been isolated even from the same person. In one case where two sequen-tial isolates were made 16 months apart, none of the provirus in the first isolate was found in the second 39, leading one HIV researcher to conclude "The data imply that there is no such thing as an [AIDS virus] isolate" 140. From the same person at a given time more than one HIV can be isolated 141 142. Many, if not all of the proviruses detected in vivo and in vitro are defective'43. In one and the same patient, the genomic data in monocytes differs from that in T-lymphocytes 144. The genetic data obtained in vitro do not correlate with the data obtained in vivo 145. "To culture is to disturb." The type of virus isolated is determined by the cell types used for HIV isolation 142 146. HIV sequences cannot be found in all AIDS patients.

A full index of references accompanying this study may be had from Continuum by sending a large S. A. E. addressed to Continuum, PO Box 2754, London, NW10 8UF and enclosing 4 First Class stamps to cover the cost of photocopying and postage.

Dear Continuum

Dear Continuum

Hello there! I hope you and yours are all in good health and spirits. Everyone here is fine. We've had quite a lot of hot muggy weather, some rain but being near the sea it's damp. We've not had a lot of tourists here this year. You can see the money's short for most European people, but anyway let's hope things improve.

Your last newsletter was great as always. No wonder everyone is pointing guns! I have a 20 year old friend who's decided, after I spread the news, to not take any more AZT. He still goes and gets his medicines, mind you, because he's been told that if he doesn't take his medication he needn't bother to go back!

Well, after a month of his not taking it, and taking vitamins, they said that his blood test had improved so, it was advisable to take two tablets of AZT and not one! Ha! The stupid buggers think that the AZT is doing him good. How about that? But there are so many people, like Arthur Ashe, who want to believe in alternative medications but are frightened because the medical institutions are so pushy.

My god, so many young loved ones are going to die because of this pressure? How can you make people understand?

I've put Tony on a new vitamin and he seems brighter than before, so for reference to others I will put down what he's taking at the end of this letter. I was hoping to come in September but I'm not sure now, maybe Christmas. I will have to smash my piggy bank and count up first! But anyway I will certainly come and visit you all when I get over. I send my best wishes to all and keep up the fantastic work you are all doing. God be with you all.

Yours truly, hugs,
Robinna Perrett
Associacio Catalana de L'Hemofilla Barcolona Spain. Local group of Haemophilia Tarragona

If you would like a copy of Robbina's vitamin and mineral list, please ring the Continuum office.

Dear Continuum,

I don't know if any of you saw the advice given to gay men in Boyz on the 4th of September by Dr Matthew Helbert but I was so incensed by his assertion that it was O.K. to ignore lifestyle factors in the development of AIDS that I wrote the enclosed letter which I thought you might like to publish:

Dear Doctor

I was diagnosed HIV positive almost six years ago and have obviously read a lot on the subject. But like your earlier correspondent, Richard, I still find all the so called information confusing.

For example one of the main tests used by hospitals is the CD4 count. But so far as I can tell it proves nothing. I was told by the hospital I was attending that one of their patients had a CD4 count so low it couldn't be detected. Yet he was still alive and kicking. I was also told they don't compare the progress of HIV positive people who are not taking drugs with those who are and that such information is not available. So how do you know whether AZT is helping people or not?

I can tell you that of the HIV positive people I know, those who are not taking drugs suffer from colds and flu like everyone else, whereas those who are on drugs move from one serious illness to another.

You claim all the people who have AIDS are HIV positive yet there are more and more reports showing that a great many people who have supposedly die of AIDS were not HIV positive.

Furthermore HIV positive people in Africa who are given treatment for their illnesses (or just good food) instead of being left to die get better and even, surprise surprise, turn out not to have been HIV positive after all.

Perhaps things would be clearer if you (or anyone) could answer the following simple question – in plain English please: How do you define AIDS?

Yours,
Brian P.
Address withheld on request

Dear Jody

You may remember we spoke on the phone after I read the pieces by yourself and the outgoing editor in *Capital Gay*. Thank you for sending me the newsletter. I also took the trouble to look up back issues at Body Positive.

As I told you on the phone my interest in Continuum was that it would seem to be an intelligent and reasoned source of information from the non-allopathic stand point. I am and have been critical of the activities of GAG and SCAM who I find abusive and hysterical.

Given access to a range of information from both the spectrum of views in the allopathic camp as well as the spectrum in the alternative camp I am perfectly able to make decisions which I feel are right for me.

The need for informed choice is paramount. I recently had to decide whether or not to continue with an AZT/Tebol trial and Continuum was part of that process. However so was the National AIDS Manual, my doctor and £34 worth of books from *Gays The Word*. All of the information contributed to my decision to continue on the trial. Because I feel informed of a range of pros and cons I felt control of what happens with my body remains with me and no one else. The responsibility is mine too, which is empowering.

Continuum helped me to ask tough questions in my clinic and along with *'Living with AIDS'* by Tom O'Connor, of the importance of diet. For these reasons I am sending my subscription.

With the exception of Raj Singh whose personal bias I find unhelpful I find your contents useful. However, could I make two suggestions. Firstly I hope that the exchange of letters between yourself and the N.A.T. is not going to mean that politics and bitching about who said what when, and who has hidden agendas will not spill out of the editorial all over the other sections. When boys start yelling at each other no one gets heard.

Secondly could you include some figures in your side-effects column (at least where they are available). If 1 person in 200 suffers a side effect my decision will be different than if the figure is 75 out of 200. Please don't use '%'s as I find them distorting where numbers are small. Tell us the whole truth and nothing but the truth!

Kind regards and thanks for your time on the phone!
Guy Burch

Dear Guy
We endeavour always to tell he truth and nothing but the truth and it is probably for that very reason that demand for the magazine is growing so fast.

Interestingly enough it is not only people affected by HIV and AIDS who subscribe to the magazine. A wide range of professional organisations, holistic practitioners, hospitals, clinics. doctors and major universities are taking paid subscriptions in ever-increasing numbers.

I am surprised that you see the exchange of communication between myself and the N.A.T. as "bitching" or for that matter "boys yelling at each other

Letters continue on page 14

Hope in Dope?

by **Barry Duke**

Hi everyone. Or should that be high? Today I have some good news and bad news concerning marijuana.

The good news is that cannabis can be very beneficial in one important area of AIDS treatment – the restoration of appetite loss.

The bad news is that you will first need to have had your appetite, or your ability to hold down food, severely impaired by one or other form of toxic drug therapy.

Take the case of the man identified only as Steve L. An Aids sufferer, he was one of a number of Americans granted access to a US Government programme allowing marijuana to be legally used for therapeutic purposes. Mr L, who, one must assume, wanted the drug to stimulate an appetite affected by his medication (drugs like AZT are well-known for their inducement of nausea – or worse) finally won his battle, and in 1990 became the first person with AIDS to receive marijuana from the Government. Unfortunately, he did not hang around long enough to benefit from the experiment – he died ten days later.

Steve L's case was brought to light within the context of a fascinating article, in the July 31 issue of *New Scientist*, about the brain's ability to produce a marijuana-like substance of its own.

The Government programme through which Steve L received his dope is no longer in existence; it was knocked on the head because of the apparent complexities of administering the scheme. Until 1991, anyone wanting to join the programme had to fill in a form that was so complicated that the task took 50 hours. (How many cases of dementia this led to is uncertain, but, as one who is currently having to furnish the Inland Revenue with not one but THREE tax returns, I imagine they must run into the thousands).

The Government then shortened the length of red tape, thus reducing the application time to about an hour. The result – hardly surprising – was that the Government found itself swamped with applications for therapeutic' marijuana.

The US Public Health Service – no doubt wanting an easy life – responded by scrapping the programme. What of course the Government *should* have done was to grasp the nettle and legalise the weed. But that, for the moment, is a totally different argument.

Although it was scrapped, the Government did agree to continue supplying marijuana to those who were originally on the programme. So people like glaucoma sufferer Robert Randall, who receives the gift of a tin box packed with 300 marijuana cigarettes each month, keep receiving the drug. Glaucoma, by the way, is a condition which damages the retina, and marijuana helps reduce the pressure in his eyes.There are only eight other participants in the Compassionate

Investigative New Drug programme. Apart from glaucoma, the conditions they bring to the programme range from cancer and chronic pain to multiple sclerosis and AIDS, and the drug is being tested for its effectiveness in relieving pain, suppressing nausea from drugs like AZT, and stimulating appetite.

Those who want, but now cannot get the drug from the Government, are forced into buying it off the street, thereby committing an illegal act.

Robert Randall himself once had to break the law to obtain marijuana to relieve his glaucoma. In 1975 steep street prices forced him to grow his own cannabis plants, and he was arrested but subsequently acquitted. After his acquittal he filed a lawsuit against the Government, which he won.

In the wake of this case, the Alliance for Cannabis Therapeutics (ACT) was formed to lobby for the medical use of marijuana. Randall, who is ACT's president, says of the Aids patients who contact the organisation: "These people say 'I can either buy food that I can't eat because I'm so nauseous, or I can buy marijuana and get hungry because I can't afford to buy food.'"

New Scientist says that many doctors were against the ending of the programme, and that they should be allowed to prescribe cannabis under certain conditions.

In a 1991 survey, 48 per cent of the oncologists questioned said that they would prescribe it to patients if they could, and 44 per cent said they had advised at least one of their patients to use it illegally.

Those remaining on the marijuana programme also regret being the last to get the stuff legally. "We let doctors decide every day whether we're allowed to take morphine and all kinds of dangerous drugs. The decision to take marijuana should be between the doctor and the patient," said another of those on the programme, Kenny Jenks.

Jenks and his wife Barbara won the right to the programme after a fierce legal battle following their arrest for possessing two cannabis plants. Jenks has since died.

I read *New Scientist's* piece with a sense of unease. Basically, what bothered me was the idea that, in regard to Aids sufferers in particular, there are people who believe that it makes sense to try to combat the effects of one toxic drug with another.

This has to be crazy. Surely people with damaged immune systems should make every effort to *detoxify* themselves, rather than further compromise their immunity. Marijuana toxic? 'Course it is, and more so if ingested rather than smoked.

None of this should be confused with the issue of whether people with HIV or Aids should use marijuana as a *recreational* drug. On that score all I have to say is that I fully support the arguments in favour of legalising cannabis, and see no reason why someone with an HIV+ status should not be able to enjoy the occasional spliff as much as anyone else without having to tell themselves: "I *need* this stuff to boost my appetite."

EXCLUSIVE: Professor Root-Bernstein in a frank address to the readers of Continuum magazine

I have an odd background. Undoubtedly it explains why I have a rather different perspective on AIDS than most researchers. My bachelors degree was in Biochemistry, my doctorate is in the history and philosophy of science, and I did my postdoctoral training with Dr. Jonas Salk on autoimmunity (the unusual conditions in which the immune system attacks the body instead of protecting it) and "theories in biology".

The combination of lab work, theory, history, and philosophy characterises all of my work. I have always been more interested in how we know what we think we know (and how to recognise what we don't) than in the thin veneer of what commonly passes as erudition. Needless to say, recent developments have shown all too clearly how important it is to recognise the magnitude of our ignorance about AIDS, as well as to differentiate what is really known from what we would like to believe. At present I see several areas of ignorance that are simply screaming for attention.

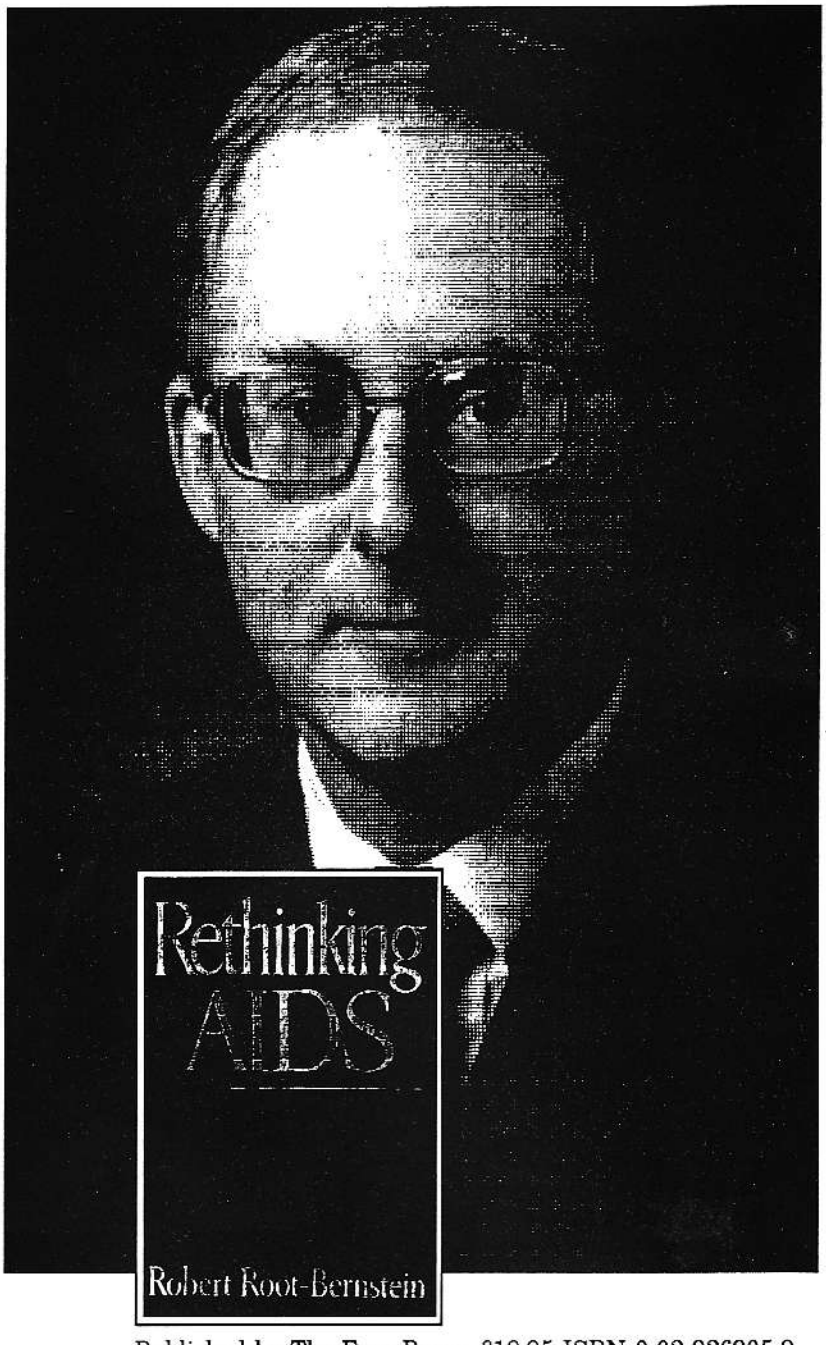
First, we have no formal studies of long term survivors of HIV infection or of long term survivors of AIDS itself. This is inexcusable. To have tens of thousands (and perhaps many more) healthy seropositives and to have no idea why they remain healthy when so many people do not is a travesty.

The clues to living with HIV, or even eliminating it, exist, and we are ignoring them. Second, it is clear that the fastest growing group of people contracting AIDS are sexual partners of i.v. drug addicts. Again, we know nothing about these sexual partners.

Are they, too, addicts (who simply shun the needle with as many risks for malnutrition, multiple STDs, chronic bacterial infections, and unusual medical histories as i.v.d.u. sexual partners? Or are they typical, clean-living heterosexuals -- the first of millions who will eventually contract AIDS through vaginal intercourse? Clearly, our whole understanding of the future of AIDS rests on knowing the answer.

The amazing thing is that the AIDS establishment doesn't know and doesn't care. But since they don't, we must. The information is there. It's simply a matter of getting enough people to share it. Perhaps Continuum will become the magnet that draws the people and information together.

Bob Root-Bernstein



Published by The Free Press, £19.95 ISBN 0-02 926905-9

Rethinking AIDS is something everyone with an HIV or AIDS diagnosis or without should read as a matter of course because it is only by fully understanding the nature of immune suppression and the many factors which cause it, other than HIV, can we begin change those things in our lives which contribute to our own destruction.

Martin Heidegger the philosopher said, "the most thought provoking thought is that we are not yet thinking." and Professor Root-Bernstein has written this book in such a way that on one level it is pure investigative thought provoking science and on the other, it is a riveting, informative thought provoking read.

From which-ever view-point one approaches it, the information contained with-in these pages cannot be ignored if the future for people with an HIV or AIDS diagnosis is to be more than just a one way ticket to the funeral parlour.

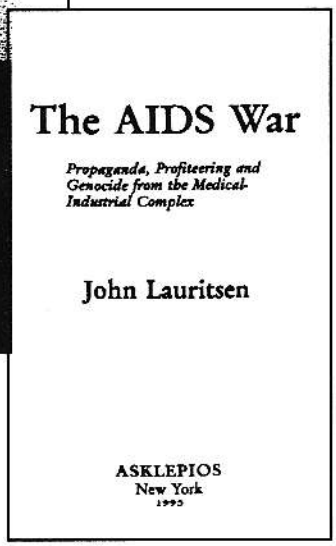
Raj Singh

imprint imprint imprint

The AIDS War by John Lauritsen is his newly published sequel to 'Poison by Prescription, The AZT Story' which brought into sharp focus the controversy surrounding the manufacture, trials, promotion and toxicity of the drug.

In his own words, he is a "Harvard-educated survey research analyst by profession." John Lauritsen began reviewing AIDS research in 1983, and is now regarded by AIDS critics around the world as their foremost journalist.

His first AIDS book, 'Poison By Prescription, The AZT Story', has saved thousands of lives, and is in its fourth printing. The AIDS War is a collection of his major writings on AIDS, going back to February 1985.



As he explains in the introduction:
"The AIDS epidemic is an epidemic of lies, through which hundreds of thousands of people have died and are dying unnecessarily, billions of dollars have gone down the drain, the Public Health Service has disgraced itself, and Science has plunged into whoredom. The official AIDS paradigm—including the preposterous notion that a biochemically inactive microbe, the so-called "human immunodeficiency virus" (HIV-1), causes the (at last count) 29 AIDS-indicator diseases—represents the most colossal blunder in medical history. But it is more than a blunder. In the course of this book it will become plain why I have employed the metaphor of war: the terrible suffering and loss of life, propaganda, censorship, rumours, hysteria, profiteering, espionage, and sabotage."

My only criticism would be the the lack of recognition that the role of under-nutrition plays in relation to recreational drug use, and to people in developing countries.

Published by Asklepios Price £12.95 ISBN 0-943742-08-0

Continuum Book Offer We are pleased to be able to offer copies of The AIDS War at a cost of **£10.95** plus £2.50 postage and packing. **Also Available,** copies of Poison By Prescription, *The AZT Story,* normally retailing at £7.95 for **£6.50** plus £2.50 p&p. Make cheques and postal orders payable to Continuum and mail to, **Continuum Book Offer, Continuum, PO Box 2754, London NW10 8UF**

Dont Sign Derek! Frank Zerox

"I shall not win the battle against the virus~in spite of the slogans like "Living with Aids" so said Derek Jarman in the Guardian on the 15th September where excerpts from the script of his new film Blue were published prior to it's showing on Channel 4 on the the 19th September

Having personally never managed to sit through one of Mr Jarman's films without being struck (somewhere around reel two) by an overwhelming desire to find the nearest exit, having been overcome by a mind numbing boredom at the pretentiousness of it all (Philistine that I am) I think it is unlikely that I will subject myself to seventy five minutes of Blue in the comfort of my own living-room especially since the dialogue threatens to leave even the healthiest person completely devoid of T-cells.

His aparent hopelessness in the face of his HIV diagnosis, his willingness to prostrate himself Guinae-pig like before the medical profession is amply demonstrated when at one point he agonises over whether or not to sign a medical side-effects waiver prior to accepting (or not) treatment with the drug DHPG (Gancyclovir to you and me). He describes the side-effects as follows: low white blood cell count, increased risk of infection, low platelet count which may increase the risk of bleeding, low red blood cell count (anaemia, fever, rash, abnormal liver function, chills, swelling of the body (oedema), infections, malaise, irregular heart beat, high blood pressure (hypotension), abnormal thoughts or dreams, loss of balance (ataxia). coma, confusion, dizziness, headache, nervousness, damage to the nerves (perishesia), psychosis, sleepiness (somnolence), shaking, nausea, vomiting, loss of appetite, anorexia), diarrhoea, bleeding from the stomach, abdominal pain, increased number of one type of blood cell, low blood sugar, shortness of breath, hair loss, hives, blood in the urine, abnormal kidney function, increased blood urea, redness, pain etc.

Were I to be unkind I would say, sign without delay, and spare us all a sequel to Blue, be it Yellow, Green or Violet but any further deterioration in his health would only result in the Aids industry presenting him as a martyr to the 'ultimate' out-come of an HIV diagnosis regardless that his condition probably has more to do with iatrogenicity than with the virus.

other" The the aim of my letter to Les Rudd was to clearly define the position of Continuum and our belief that censorship of information on important matters surrounding HIV and AIDS is unacceptable.

Side-effects information is extremely difficult to come by as there is no standard policy within the NHS, and reporting of side-effects by the medical profession is voluntary. The additional problem that exists is that very frequently side-effects of particular medications are not recognised as such but are instead diagnosed as symptoms of 'HIV infection." On a daily basis we receive numerous reports from people who have suffered very badly from the effects of one particular medication or another and who's health problems improve once they stop taking the medication.

Finally, I'm sorry you find Raj's contribution to the magazine " biased and unhelpful". I personally think his acerbic wit is a refreshing contribution to the poe faced world of HIV and AIDS.

Jody Wells

Dear Continuum

When I was given my HIV+ diagnosis I was shocked. I hadn't even asked far a test and the doctor who informed me left the building immediately, leaving me with a nurse. During the next few weeks I was given a book on grief by a counsellor, was told that I probably caught the virus in Zambia (circa 1985) and was advised to take AZT and Pentamadine.

Luckily, something within me told me to refuse and then I read Leon Chaitow's book *'A World Without AIDS'*. I came to believe that staying healthy was not about taking drugs but taking care of myself. I joined a Body Positive group at the London Lighthouse and found solace in talking to others who were in the same situation as I.

It made sense to stop drinking and abusing my damaged body with recreational drugs. I became physically fit again and even returned to competitive squash, at the grand old age of 43. I became convinced that I didn't have to die prematurely just because I was HIV+.

More recently I have undergone extensive homoeopathic treatment and a course of acupuncture as well as taking immune boosting herbs. My diet is wholesome but sensible. It has not all been plain sailing these past three and a half years. I have had bacterial pneumonia, pleurisy and shingles and suffer insufferable bouts of genital and anal herpes.

However, I try to avoid allopathic medicine whenever I can and do not believe in the rationale of prophylactics. Why pump a 'chemical immunity' such as Pentamadine into lungs that are healthy enough to play squash? I don't bother much about taking blood counts these days as, after all, it is only one aspect of one part of the body's immunity.

If I am healthy and full of energy then why worry if my CD4 count is 400, 300 or even 200. I do a full days work at the B.P. charity and also write short stories. my ambition is to do some 'outreach' work in Africa and inform them that HIV=AIDS=Death is a myth. People ask "What about catching malaria, Yellow Fever or Cholera?" Who knows? But I do know that there is sunshine, life and laughter and possibly a more receptive audience to hearing my beliefs there than the one bullied into submission by the AIDS establishment here in Britain.

Paul Overton
Our House BP
Brighton

CONTROLLED HYSTERIA.... by David SHENTON

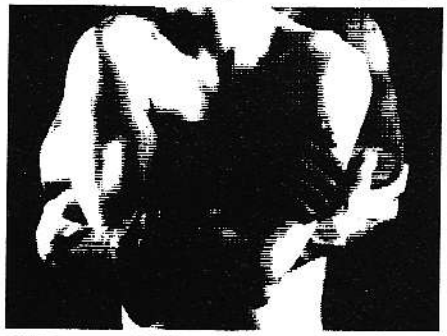
Freshwinds Charitable Trust

are sponsoring a Healing/Therapeutic Workshop as a fundraising event for support of PWA and HIV in positive "living" and therapy. *The miracle of mind, body and emotions* with Louise Hay Foundation's Associate Teacher Patricia Crane PhD takes place on 23rd and 24th October in London. This entirely new workshop will give practical skills in the Positive Living/Healing process and is half price for all people living with HIV and AIDS.

CONTACT 021 350 8423

Continuum's award for selective deafness this month goes to the *Pink Paper*. In its August 6 *Quotes of the Week* column it homed in on Nomad singer Damon Rochefort, who, in an interview on Channel 4's music programme, *Hypnosis*, came out with a most perceptive observation about gay men and nutrition.

But only the first, and certainly the least important part of his quote surfaced in the column, which carried these words: *Gay men tend to go out partying. What are they supposed to do, spend time at home swapping knitting patterns?* Damon, in fact, went on to make a much more important point: *A great way to see if a man is gay or not is to look in his fridge - if it's empty he's a faggot!*



Robert Taylor
Photography
A wide range of commissions accepted
Call 071 972 9787
to discuss your photographic needs

Information

The Whole Person Therapy Trust

offers Complementary Therapies to people living with HIV or AIDS in Kent and South London

Acupuncture, Aromatherapy, Hypnotherapy and Deep Relaxation, Reflexology, Shiatsu.

Confidential,Qualified Therapists, Subsidised Rates, Therapies in your own home.

Contact: Tomas or Louise,
Whole Person Therapy Trust,
The Pines, Puckle Lane,
Canterbury, Kent CT1 3LA.
Tel: 0227 762641

Information

INSIGHT

PERSONAL DEVELOPMENT SEMINARS

A FREE Seminar for people living with a life-threatening illness

29th Sept - 3rd Oct 1993
Clive Hotel
Primrose Hill Road
London NW3 3NA

The Continuum Magazine is published by Continuum, PO Box 2754, London NW10 8UF

Director:/ Editor: Jody Wells, Assistant Editor: Barry Duke
Personal Assistants: Rachel Armstrong
Graphics: Jody Wells
Database: Brian Parry,
Research: Garry French
Office: Richard Young, Raj Singh,
Lillian Ankunda, Stuart Bennett, Giuseppe Paperone
Advertising/Subscriptions: Mark Cohen,

The magazine is produced on Apple Macintosh LCII using Claris Works 2.0 and Caere Typist Scanner.

Printed by: Print Kings, Printing Trade Services Limited, 14 Steele Road, London NW10 7AS. Tel: 081 961 1662

We endeavour to ensure that the information contained within these pages is accurate and reflect the views of our organisation

If you would like to advertise your organisation, events or services free in the INFORMATION section ring Continuum during office hours, Monday to Friday on 081 961 1170. Personal or commercial advertisements are subject to a moderate scale of charges.

The only REAL **ALTERNATIVE**

The Continuum Magazine

CHALLENGING, INFORMATIVE, CONTROVERSIAL and OUTSPOKEN

Just £5 to cover one year's postage and the Continuum Magazine is free to Positive Persons

Name.....

.....

Address.....

.....

.....

.....Postcode.....

Phone.....

Local Authority.....

Health Authority.....

Signature.....

Date.....

Enclosed cheque/P.O. for £.....
to cover 1 years postage and handling
(see note below)

Fill in and post to: Continuum, PO Box 2754, London NW10 8UF

Personal details are strictly confidential and subject to the Data Protection Act

NOTE: The magazine remains free to Positive Persons, however, because of mounting postal costs as of the first of July 1993 we have introduced a nominal charge of £5 to cover a year's subscription to the magazine.

Subscription Rates

The Continuum Magazine is available by subscription to organisations and persons who do not qualify for a free copy

1 Copy (6 issues) £18.00
For each additional copy (6 issues) add £2.50

Name.....

Title.....

Organisation.....

Address.....

.....

.....

.....Postcode.....

Phone.....

Fax.....

Local Authority.....

Health Authority.....

Signature.....

Please send.....Copy/copies of The Continuum Magazine.

Fill in and post to: Continuum, PO Box 2754, London NW10 8UF

Personal details are strictly confidential and subject to the Data Protection Act