

# Continuum Newsletter

Issue No: 1  
December  
1992

## Continuum

An Organisation For  
Long-term Survivors of  
HIV and AIDS and  
people who want to be

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## Welcome to Your Newsletter

Welcome to the very first CONTINUUM Newsletter. The first we hope of many and a Newsletter which will prove to be challenging, thought provoking and informative.

Information is important, we rely on it for the sake of our health and for the sake of our futures. But, do we get the information we need, *all* the information we need or just the information that certain sectors of the medical profession and the scientific community feel we ought to have? We at CONTINUUM believe there is a lot more we all need to know if we are to survive the gloomy, negative diagnoses that are thrust upon us by 'professionals' who believe the doorway to health begins at the pharmacy counter.

The vast majority of the membership of CONTINUUM (almost 80%) are people who have survived with an HIV+ or AIDS diagnosis for anything up to ten years and have remained well. The remaining 20% are more recently diagnosed but have turned to us for information and support. Of the main body of the membership only a small percentage had ever taken any orthodox drugs but had instead turned to nutrition, alternative holistic therapies, vitamin supplementation and stress reduction as a means of staying well while those that had taken orthodox treatments had eventually abandoned them because of the terrible side-effects they experienced only to discover that once they started on the alternatives their health dramatically improved.

CONTINUUM is dedicated to ensuring that people affected by HIV and AIDS have the opportunity to access and share as much information as humanly possible to assist them to make intelligent, informed choices. Unlike many of the organisations for people with HIV or AIDS already in existence who pay lip service to the idea of client information and yet somehow seem to sidestep the really contentious issues on the grounds that because of our situation we are too vulnerable to take the information on board, we at CONTINUUM believe that silence or censorship are just subtle ways of ensuring that we remain victims of the orthodox scenario.

We shall endeavour to ensure that what you read within these pages will be challenging, controversial, informative and above all truthful. Your contributions are important. Whether you agree with what you read, or not, let us know. If you have a story to tell write it and send it to us. The sharing of our experiences as long-term survivors is of immense value to others who are just coming to grips with the knowledge that they are HIV positive or have AIDS. We know what has kept us well, what has helped us to recover our confidence. There are *others* who need to know too

## Cough Splutter Cough !!!

**PETER BEAMISH, a long-term survivor talks about his experience of open ended prophylaxis for a disease which may never happen**

Quite frequently, if talking to other people affected by HIV or AIDS is anything to go by, mis-diagnosis due to the side-effects of medication is very common.

My own experience of this problem began with a persistent cough which bugged me for months on end and which none of my doctors appeared to be able to diagnose.

Every test imaginable was performed in an effort to identify its cause, much to my discomfort and frustration. Blood gases were done, bronchoscopies were tried, sputum was examined and all to no avail.

Finally in desperation my doctor prescribed a course of Septrin assuming I might be suffering from an, as yet, unidentified chest infection. The Septrin made me very sick.

Some months later, recovered from the Septrin but still firmly attached to the cough, I was in New York visiting a friend who asked me if I was "by any chance" taking Dapsone as a prophylaxis for PCP. When I replied in the affirmative he then went on to inform me that one of the less common but nonetheless recognised side effects of this drug was a persistent cough. I immediately cut down the dosage with a view to stopping the drug which I did two weeks later.

Gradually the cough disappeared and I waited with "bated breath" so to speak, to be struck down with the dreaded PCP but in the past eighteen months since I stopped the Dapsone I have never felt more fit or well.

I now refuse medication unless there is a really good reason to take it. The "possibility" of future disease is to me not a good enough reason to endure stressful and debilitating side effects, unless of course you're unfortunate enough to be a battery chicken.

## VITAMIN OFFER

**Quest** the vitamin and nutritional supplement manufacturer have set up an account on behalf of **CONTINUUM** which makes their products available exclusively to members at approximately 40% less than they would pay through retail outlets. This arrangement is similar to one they set up for the Multiple Sclerosis Society.

Anyone wishing to use the service should write to us at **CONTINUUM PO BOX 2754 LONDON NW10 8UF** and we'll send you a copy of the wholesale price list and the Account Number. Ordering is very simple. Products are supplied at wholesale price, less 10% plus 17% VAT. The simplest way to calculate its to add 7% to the wholesale price.

**Quest will deliver your order by return post.**

## Side-effects Information

In each issue of the Newsletter we will give you the information on the side-effects of drugs commonly used to "treat" people with 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 particular drug they have been prescribed are then diagnosed as exhibiting symptoms of an unidentifiable HIV-related problem. So, don't be afraid to challenge your doctor if you are showing sign of distress which 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 not taking the drug at all and finding an alternative, less dangerous form of treatment. You are in charge !

## Acyclovir

**Harmful effects** from short-term use by mouth or intravenous infusion include nausea, vomiting, headache, diarrhoea, loss of appetite, fatigue, swelling of ankles, skin rash, leg pains, taste of medicine in mouth and sore throat.

**Long term use** may cause diarrhoea, nausea, vomiting, vertigo, painful joints, headache, numbness and pins and needles in hands and feet, skin rashes, fever, insomnia, fatigue, changes in liver or kidney function tests, palpitation, sore throat, muscle cramps, irregular menstrual periods, acne, irritability, hair loss and depression.

**Warnings** These preparations of Acyclovir should not be used in people who are allergic to it. Drink plenty of fluids. The dose should be reduced in anyone suffering impaired kidney function.

In issue No 2 and future issues of this Newsletter we will be running a "Questions and Answers" page dealing with some of the more contentious issues surrounding, treatment, theory, nutrition, diagnosis, support, drug interactions, recreational drugs, vitamin supplementation and a host of other concerns. Anything in fact that you feel you need information or advice about.

Send your enquiry to us at **CONTINUUM, PO Box 2754  
London NW10 8UF**

Deadline for Issue No 2 is Friday 29th January 1993

# news from around the World

AMERICA AMERICA AMERICA AMERICA AMERICA

## HIV-FREE AIDS

HIV-free cases of AIDS are not new. They have been reported in the medical literature since 1986. Cases since 1986 have been verified to be uninfected over extended periods (6 months to several years) using ELISA, Western blot and PCR tests. HIV-free patients have developed low CD4 counts, Kaposi's sarcoma, disseminated candidiasis, disseminated tuberculosis, thrombocytopenia and other opportunistic infections. (Root-Bernstein, 1990, *Pers. Biol. Med.*, 33:480) Cases matching the CDC definition surveillance of AIDS can also be found in medical literature as far back as 1872, well before HIV is assumed to have emerged. (Hummer et al., 1987, *Rev. of Inf. Dis.*, 9:1102)

The number of HIV-free cases is significant. As of 1989 The CDC reported that 5% of all U.S. patients who had been tested for HIV to that time were HIV-negative. No figures have been reported by the CDC since 1989.

The existence of HIV-free AIDS proves that HIV is not a necessary cause of Acquired Immunodeficiency. This does not preclude HIV from playing a role in some AIDS cases but it may also mean that HIV is not the primary immunosuppressive agent in AIDS. If non-HIV immunosuppressive agents can cause AIDS in HIV-free people, they can also cause AIDS in infected people

Essentially all AIDS patients have several immunosuppressive risks concurrently. The public acknowledgement of HIV-free AIDS makes it untenable not to reconsider the idea that these agents are themselves sufficient to cause AIDS. It is unlikely that a new,

previously unknown virus related to HIV is the cause of HIV-free AIDS. Given the amount of work done on HIV over the past years, the possibility that a new lymphotropic virus related to HIV would have been overlooked by almost every laboratory in the world is remote. It is much more likely that HIV-free cases of AIDS are due to known causes of immunosuppression that have not previously been considered significant by main-stream researchers □

Robert Root-Bernstein is an Associate Professor of Physiology at Michigan State University

## COFACTORS HIV WITHOUT AIDS

The growing acceptance of the idea that infection with HIV is not a sufficient prognosticator of future disease represents the first crack in the monolithic version of the HIV-AIDS hypothesis.

The most extreme form of this idea was attributed by *Nature's* editor John Maddox to Luc Montagnier, the discoverer of 'HIV' when he wrote, "Montagnier said clearly what he meant. HIV is necessary but not without a cofactor, a sufficient cause for AIDS" (*Nature* 1992, 357:189). But any form of cofactor hypothesis, whether weak or strong, must explain how the cofactors act jointly to destroy T cells that neither alone can kill.

In addition, proponents of cofactors must be consistent and acknowledge the implications of their new hypothesis, *the most obvious being that HIV antibodies alone are neither a death warrant, nor a justification for administering toxic drugs like AZT.* Harvey Bialy.

Harvey Bialy is Research Editor of Bio/Technology.

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## TB CASES INCREASING

Africa and Asia are being ravaged by a wave of Tuberculosis which is threatening to infect two thirds of the population. America too has seen an unprecedented rise in cases of TB.

It is estimated that 1.7 million people globally have the disease which was once thought to be fully under control thanks to the BCG vaccination

Conditions of poverty, where there is poor health care, poor nutrition, drug abuse and lack of adequate housing provides perfect conditions for TB.

In America TB has become a pernicious illness amongst the poor of the inner city ghettos, with the cities' black population seemingly at greater risk.

TB is not exclusive to Africa, Asia or poor America. In June of this year the World Health Organisation reported that TB was increasing in nine European countries. □

Although, from time to time we may print reports about HIV free AIDS and questions pertaining to HIV's infectivity, we at Continuum nonetheless support the practice of safer sex

## QUOTE

"We are now seeing people which have been infected nine to ten years, more, ten to twelve years and are still in good shape. Their immune systems are still good and it is unlikely they will come down with AIDS later"

Luc Montagnier 1992  
(Discoverer of the HIV virus)

## The Puzzle of HIV

Chronicle Channel 4  
22nd November 1992

Jody Wells

Channel 4's doffing of its hat to the HIV virus was a fascinating insight in to the cozy but confused world of western scientific research and was presented in such a way as to convey the impression that the boffins, if *not* quite on the brink of a major breakthrough, at least *knew* what they were talking about.

To the average layperson it probably seemed pretty impressive and highly convincing but in the same way that food labelling is designed to convey the impression that what you are getting is what you *think* you're getting, so the programme was riddled with *Sci-speak* in order to make you believe that what you've got (if anything) is what they *think* you've got.

A decade after its discovery during which time *billions* of dollars have been pumped into researching how HIV causes people to develop AIDS we were all suitably enlightened by the statement that the virus is 'hiding'. *Sci-speak* for 'we han't a clue'

Probably the most revealing piece of information was the fact that monkeys carrying the SIV antibody (the monkey equivalent of the HIV antibody do not in fact develop the monkey equivalent of AIDS and left noticeably unmentioned was fact that chimpanzees deliberately infected with HIV in laboratory experiments have not after eight years developed AIDS even though chimpanzees are 98% genetically identical to man. As none of the scientists or doctors interviewed appeared to express any interest in the role that lifestyle, nutritional depletion, recreational drug abuse, alcohol consumption, overuse of antibiotic, the commercial exploitation of the environment

and the effect that those things may have on the human immune system, it's hardly surprising then that they fail to recognise the significance of the *fact* that monkeys and chimpanzees *do not* get AIDS □

## Continuum Questionnaire Analysis

Continuum is up and running thanks to the National Aids Trust, which had agreed at the outset to 'husband' the organisation; Harrow Association of Voluntary Services who affiliated us to their ranks and Crusaid, which provided us with start-up funding; and, most important of all, those of you who took the trouble to fill in and return our preliminary questionnaire

That questionnaire was necessary to furnish us with the answer to a question which had to be posed at the outset: was there a need for an organisation like Continuum when many other HIV+ and Aids bodies were already in existence?

Some 200 questionnaires were distributed among people both in the UK and abroad who had made contact with Continuum in the earlier part of the year. The response was tremendous, and left no-one in any doubt as to the importance respondents attached to being part of an information network of the sort Continuum was set up to develop.

More importantly, the response confirmed something that we had suspected for some time: that there are a growing number of long-term survivors out there who are amply demonstrating that the HIV=AIDS =Death hypothesis needs to be seriously questioned. Their experience of conventional and alternative therapies should prove invaluable to people who may just have received an HIV+ or Aids diagnosis and are unsure of what their future may hold.

These preliminary questionnaires which have since been analysed in greater depth by Stephanie Sext-

on of the National Aids Trust, played a key role in gaining us the funding we needed to set up an office, and obtain the equipment necessary to set up a thoroughly professional communications centre.

The first task was to establish a sophisticated database. The second was launch this, our first newsletter. The third will be to devise a primary 'lifestyle' questionnaire, which will, we hope, establish areas of commonality among long term HIV+ and Aids survivors.

The task is a daunting one; more so when one considers that Continuum has been established by a small group of volunteers, most of whom have full-time jobs. No prizes for guessing that this is a roundabout way of saying we *need* help - help with administrative matters (if you can spare a few hours each week it would be greatly appreciated) and help with funding. □

## Continuum The Future

Continuum is growing rapidly into an organisation which will in the course of time represent quite a major part of the population affected by HIV and AIDS.

Daily, our membership increases as the news of our existence spreads and people turn to us for information about long-term survival and how it may be achieved.

We are not out to raise false hope but we do firmly believe that ones chances of survival can be improved and that the experiences of people living long-term with an HIV diagnosis or AIDS are invaluable.

In the near future we will be setting up a series of meetings for members of Continuum who wish to exchange information and offer support to more newly diagnosed members.

We are also planning a series of talks by various holistic therapists and there will be more about these and other forthcoming events in the next issue of the Newsletter.

# A Session with the Breakdown Man

GARRY FRENCH

Mr Khan was a very, very nice man - nice enough, in fact, to have inspired the AA ad. But Mr Khan had nothing to do with the Automobile Association - he was in the business of dealing with breakdowns of a very different nature. Or so they told me.

His door was adorned with a sign which said Community Nurse. His face was adorned with a carefully cultivated expression of friendly, professional concern. I suddenly had a vision of him practising for hours before a mirror - in one hand a manual filled with large colour plates of facial expressions, a sort of Kharma Sutra for the face beginning, perhaps, with A for Anguish, ending with Z for Zonked.

As I began speaking to him, I saw several different expressions, plucked randomly from his vast repertoire, settle briefly, like butterflies, on his handsome Asian features, then quickly flit away. This went on until he found what he thought was the appropriate one for the occasion - Pain, with a delicate, funereal shading of Deep Sympathy.

I had unsettled the lovely Mr Khan. It seemed that nothing in his training had prepared him for improvisation and, nice though he was, professional though he was, improvisation was definitely not his forte.

What had I done to unnerve Mr Khan? Nothing more than to explain why my GP had referred me to him; I simply told him I felt I was in the middle of a severe breakdown, the result of the news that my partner - my male lover of some 18 years standing (also kneeling, lying down, rolling about under the kitchen table had been diagnosed

HIV+. It happened, the shock diagnosis, that is, in 1986. Brian had come down with a severe case of shingles on the right side of his face. Our GP (now ex, with luck, late) made a complete pig's ear of his treatment, with the result that the infection first spread to one eye, and seemed about to threaten the other. At this point I insisted that Brian consult his company doctor, who in turn referred him to a Harley Street eye surgeon.

The surgeon, without discussing the matter in any way with either Brian or myself, tested him for HIV, and a week later told him, in my presence, the shock result. We were both referred to another Harley Street doctor for counselling. I agreed to take a test which later proved negative. The only good thing to come of the whole episode was the knowledge that Brian hadn't been infected by me.

Coinciding as it did with problems surrounding a bad property deal, and the horrendous financial melt-down that followed it, Brian's diagnosis plunged me into a waking nightmare which left me quite incapable of thinking or acting normally.

While one part of me - the going-to-work me, the joking-with-colleagues me - appeared to go on as nothing had happened, the immense effort of preventing the mask from slipping left me in a permanent state of frustration, anger and tension. Most of the day I found myself walking about with clenched teeth, clenched fists, even clenched hair!

I would gnaw my fingernails to the quick, get into rows with strangers, and climb into a bottle of Bells the minute I arrived home. I would spend money I didn't have on things I didn't need. Central to this horror show which had become my life was the belief that I would wake up one morning next to a corpse. In short, I was fast becoming unravelled.

Brian, on the other hand, appeared to be coping with the situation a lot better than me. What's more, his health was, if anything, better than mine. Not surprising really. He was eating well, not pouring industrial quantities of neat scotch down his gullet, nor smoking 30 Camel a day. But between us we did manage to do something that was very damaging - we effectively cut off contact with all of our friends, mainly because neither of us felt that we could discuss Brian's HIV+ status with outsiders.

And so we took up residence in Limbo-Land, where we would sit and absorb all the negative Aids propaganda the media could throw at us. And each day we would add another few inches to the wall we were building around us, and sink deeper into what was now a shared state of depression. We were only a few bricks short of total isolation when we realised what we were doing to ourselves. It had to stop - and it did. We managed to break free. We told friends. We joined groups. We got to know and befriend people who had HIV or Aids. We began to get a handle on life once more.

After hearing my story Mr Khan carefully considered his words - then said the thing I least wanted to hear: "I can understand your problems .. your anxieties. You are living with a timebomb. Your partner can be well one day, and be dying the next. That's the thing with HIV. What we have to do is work together to help you deal with situation."

Mr Khan was a very, very nice man. But at that moment he came within a whisker of being a quite seriously dead nice man. It took considerable self control not to tell him he was an insensitive imbecile. I gritted my teeth and left. Bad move. What I should have done was tell him where he had gone wrong - if only to prevent him repeating his words to someone even more vulnerable than I was.

What I need now is a therapist who will actually do me some good. Any offers?

---

Garry French is the pen name of a long term partner who is a long-term survivor. Both are members of Continuum.

Danielle Harris writes about ~

# AIDS and Nutrition

In an age when fast food, the microwave oven and processed snacks are the norm, the majority of people are no longer taught the importance of nutrition and its effect on their health. Doctors, who should understand, appear not to and so one of the most important tools in disease prevention and treatment is left unused. This would be sad enough were it not for the fact that most diseases, acute, chronic and those considered 'incurable', are caused by inadequate and faulty nutrition.

Most disease can at best be prevented, or at least have their progression halted by adequate balanced nutrition.

For any disease to occur in the body, three situations must exist.

1. Deficiencies in essential minerals at cell level. 2. Overload of toxicity in the body tissues and the organs and 3. Weakening of the immune system caused by external or internal factors.

In these respects HIV and AIDS are no different than any other disease.

Let us look more closely at the three situations mentioned above.

1. Although inherited deficiencies can be and frequently are present, inadequate nutrition is usually the major culprit. The average British diet is always excessive in calcium and sodium and always deficient in magnesium, potassium and zinc. The reason for this is a continuous inadequacy of fresh vegetables in the diet. Potato chips and frozen peas will never provide the body with the minerals it needs daily. Consequently mineral imbalances occur within the cells and trigger the first steps in the disease process. These will in turn trigger chain reactions affecting blood sugar levels, adrenal gland function and the pancreas.

2. We have never before been bombarded with so many toxins, waste products, chemicals and poisons in our food and water, from our household cleaning and cosmetic products, environmental and rec-

reational drugs.

The five organs of elimination, the bowel, liver, kidneys, lungs and skin which the body uses to detoxify itself, slow down and become sluggish allowing disease to occur.

3.

**Weakening** of the immune system happens as a result of the above combination of events. The same principle applies to AIDS and other immunosuppressive diseases.

**When** looking at AIDS specifically a number of characteristics are always present:- gastrointestinal problems - defective immune system - liver damage - antibiotic abuse - Candida infection - impaired digestion and inadequate absorption of nutrients.

Any nutritional programme has to address all of these problems by cleansing and detoxifying the liver and the bowel thus improving nutrient absorption.

**Enhancement** and restoration of the immune system are essential if the syndrome of AIDS is to be halted. It is also essential to minimise the frequency of infections and to increase body weight.

To achieve these essential objectives nutrition is paramount and decisions have to be made about serious and permanent lifestyle changes. Some people cannot accept that 'change' will in fact bring benefits and therefore progressive treatment management by a qualified therapist will be required.

The most essential changes are to cut out or greatly reduce the following foods:-

**Sugar;** it effects the immune system greatly reducing the activity of the white cells; it feed Candida infection; plays havoc with blood sugar control and the adrenal glands.

**Wheat and dairy produce;** both are severe allergens, difficult to digest wrongly influence the bowel flora and, in the case of dairy produce, help alter mineral balance in the cells.

**Raw foods;** for some people these are difficult to digest and in cases of severe immune suppression harbour bacteria and viruses which may prove harmful to the consumer.

**Red meat;** unless organically produced often contains growth hormones, antibiotics and steroids and is impossible for some people to digest adequately.

Coffee, tea, alcohol and animal fats are considered immunosuppressant. Yeast containing foods feed Candida infection.

The diet needs to be high in fresh organic vegetables, in quality vegetable protein and unrefined complex carbohydrates found in pulses and rice.

If this regime seems daunting, remember that habits can be changed. By doing so you will become responsible and in control and by your own achievements improve and strengthen your immune system. □

Danielle Harris is a qualified Nutritional Therapist. She trained at the College of Dietary Therapy for 2 years qualifying in 1986. She has worked successfully with people with AIDS since 1987.

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Danielle Harris will be writing a regular feature in future issues of the newsletter, explaining the importance of minerals and how they act to maintain health.

Also, as of issue No2 we will be running a regular feature about individual vitamins, where best to get them naturally in the diet and what problems deficiency can cause.

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◆  
"The art of medicine consists of amusing the patient while nature cures the disease"  
◆

Voltaire

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I have commandeered this space which in future issues of the Newsletter will be used for other items, in order to say an enormous and heartfelt **Thank you !**

The support I've been given, from so many unexpected quarters during the past ten months since the launch of CONTINUUM has been quite overwhelming and has fired me with the energy to keep it moving forward.

The idea for CONTINUUM was first publicised in the April edition of *Here's Health* magazine in an interview about my own long-term survival. I expected a small response to the article considering the limited circulation of the magazine. In fact, the response was quite amazing. My phone hardly ever stopped ringing. It was then that I knew that contrary to popular belief, there are far more long-term survivors than they

the media, the scientific and medical professions and even some of our carers would have us believe. To this day we still receive enquiries from that original *Here's Health* article from all over the U.K. and from as far afield as the United States, Uganda and even Australia.

*And Finally*

In the past twelve months many changes have taken place in scientific and medical circles with regard to HIV and its relation to AIDS. The original hypothesis has come into serious question and appears to have more holes in it than a piece of Swiss cheese.

The controversy that has erupted within the "Aids industry" has only served to create the impression that jobs creation and the profit motive are more important than recovery or survival. The in-fighting and back stabbing we have witnessed since the

Alternative AIDS Conference is to nobody's credit and it would do well for people in the business of caring for people with HIV and AIDS to remember this; A theory is only possible until proven otherwise, and the AIDS hypothesis as a standard model of pathogenesis may prove to be true. But, we cannot give it blind confidence, unless and until it results in a cure. That, in my biased opinion, is what determines the truth of a theory.

Until then, we, each and every one of us, has a right and an obligation to examine every possible model of pathogenesis.

**Our lives are our lives.** Nobody has the right to deny us information, however controversial that can improve their quality and duration.

Jody Wells

# LETTERS LETTERS LETTERS LETTERS

**Dear Continuum,**

I noticed the brief write up in the Body Positive magazine of your groups interest in holistic approach towards combating the HIV virus.

I am personally interested, and to a large extent follow the same approach and refuse to go on AZT, DDI, Septrin or Acyclovir, although I succumbed to taking antibiotics when I contracted pneumonia and then pleurisy recently, I avoid all drugs wherever possible.

Can you let us have more details about your organisation so I am able in my capacity to 'sell' the notion to my peers who, by and large are pill guzzlers who believe they have no choice.

I am HIV positive and have been diagnosed for two years although the virus has probably been with me for six or seven.

I am healthy and on the whole would call myself a fit person. I go to the conventional GUM clinic for diagnosis and then to my homeopath for the remedies.

My bloods are monitored and other health checks are done at the clinic but the real work is done with the homeopath and the therapists. Is this your understanding of how to tackle the virus?

I look forward to hearing from you.

Yours sincerely,  
Paul Overton

(Honorary Secretary and Co  
Coordinator) 'Our House BP' PO Box  
1317 Brighton BN2 4YB

**Dear Continuum,**

I am truly heartened to know that an organisation such as yours has at last emerged from the seeming glut of HIV and AIDS organisations in this country, most of whom appear to be dedicated to the art of dying rather than the prospect of living.

This may be a harsh judgment on my part and probably stems from a number of distressing experiences I have encountered during the past seven years since my diagnosis but I genuinely feel that the "AIDS dogma" with its underlying implication that the only way to remain in a state of good health is to spend your life medicated to the eyeballs, is short sighted and dangerous.

I count myself lucky primarily because my GP had the foresight to advise me, when I was diagnosed, to improve my diet, take life easier and cut down on my alcohol consumption, with the result that I feel better now than I have in years.

Good luck with the organisation I hope for the sake of so many, it is a resounding success.

Best wishes

Alan Marshall  
(Address withheld on request)

**Dear Continuum,**

I really identified with your story in Mainliners newsletter Issue 27 Oct 92

As a long-term survivor myself, I was diagnosed HTLV3 in 1985 then

AIDS in Jan 1990 when I suffered a bout of PCP.

Anyway the point is, I too was offered more or less every drug under the sun including AZT which I took for nearly three years. But, now I have stopped medication of every kind and just started eating regularly and keeping reasonably fit by swimming, etc.

I must say I have never felt so good since that terrible day in 1985 when I learned I was positive.

I now eat as well as I can. Try to keep myself as fully occupied as possible and I would really like to learn more about your organisation.

I already do some voluntary work with Turning Point, so hopefully you will see me as an added asset, as I would dearly like to get the word out about "FOOD" being a great remedy.

Yours sincerely

Steve Hutchison  
(Address withheld on request)

**Dear Continuum,**

I have worked as a 'professional carer' in a well known London based organisation devoted to the care of those dying of AIDS, for close on four years.

During that time I have become more and more disturbed by what I have come to recognise as chemically induced AIDS in people who, in my professional opinion would have remained well had they not been persuaded to take toxic, unproven drugs such as AZT.

Quite frankly it is heartbreakingly distressing to watch people whom you have come to know and like, die, when in your heart of hearts you know that what you really ought to have done was tell them not to take the medicine.

In my profession we are taught not to express an opinion about AZT or related drugs should we be asked about them by a patient but many of us, myself included find it harder and harder to stay silent.

I hope your organisation will highlight our dilemma in your forthcoming newsletters.

(Name and address withheld on request)

All of us at CONTINUUM would

like to wish all our Members,

Supporters, Therapists and Friends

*A Very Merry Christmas  
and a Happy New Year*