Changing the way we think about AIDS

The Continuum Magazine

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'Concorde' Nosedives

Continuum

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

In This Issue

1 CONCORDE NOSEDIVES
2 THE 'ANDS' THEORY
3 THE ANDS ' THEORY cont'd:
4 SIDE-EFFECTS INFORMATION
5 SWEETLY SUPPRESSIVE
6 DELTA SET TO TAKE OFF
7 SNARL AIDS IS DEAD LONG LIVE HIV DISEASE
8 AIDS RESEARCH and
9 CENSORSHIP
10 DEAR CONTINUUM
11 News from AROUND the WORLD
12 BOOK REVIEW
13 THE PROSTITUTE PARADOX
14 CANDIDA ALBICANS
15 INFORMATION PAGE
16 LIGHTNING STRIKES

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The announcement should have been made on All Fool's Day. Instead, the "bombshell" was dropped on April 2: *AZT is worthless as a prophylactic against Aids when administered to people who are HIV positive, but asymptomatic.*

The manner in which BBC's *Today* programme on Radio 4 presented the findings, published in *The Lancet* at the end of the Concorde trial, suggested that "millions of people" with HIV infection would be devastated by the news, for their "one hope" of a staving off the "Aids disease" had effectively been crushed.

The results, we were also informed, were "very bad news indeed" for Wellcome, whose worldwide sales of AZT in 1991/2 topped £213 million, and represented 12.5% of its total sales. Now it looks as if their sales could fall by a third.

My heart soared at roughly the same velocity as Wellcome's share price dived, particularly when I read in the *Financial Times* of April 2 that in the past "Wellcome has had considerable difficulty convincing asymptomatic patients to take the drug because of side effects, in particular anaemia..."

This means that those people – and there appears to be a great many of them – who instinctively fought shy of further damaging an already compromised immune system by taking a hugely toxic drug were right all along.

Hardly a day passes without Continuum being contacted by people who resisted pressure to take AZT, remained perfectly well, and went on to claim the prize of long-term survival.

It may even follow that those who succumbed to pressure to take toxic medication when they were well, later became ill and died, not because of HIV infection *per se* but *through the sustained use of such medication!*

But the *really* bad news was that no-one in the established field appears to have taken on board any of the facts which have emerged in recent years to cast doubt on much of the received wisdom concerning Aids, or if they have, they are deliberately ignoring them.

The result: a radio programme, and a welter of press reports, brimful of ignorance, illogicality, imbalance and deeply flawed science. None of the opinions or "facts" volunteered by people ranging from the BBC's own science correspondent to Nick Partridge of the Terence Higgins Trust were challenged nor subjected to any kind of critical scrutiny. Satisfactory answers were not provided simply because educated questions were never posed.

If Continuum, and other organisations like ourselves, were to be consulted, we could at least arm the media with the ammunition it so desperately needs for more objective reporting. Indeed, it is their duty to ensure unbiased coverage, and you don't get unbiased reporting by stifling the opposing viewpoint – something which has clearly been happening not only in the mainstream media, but in the gay press as well.

Unlike the medical and pharmaceutical establishments, we don't pretend to hold the solution to the HIV riddle – but we sure as hell have questions that require much more honest answers than we have so far been given.

The Continuum top eight list of questions are:

(1) What justification, other than sheer profit, did Burroughs Wellcome have for launching a drug, known to be too toxic even for short-term chemotherapy, as an antiviral.

(2) How can they claim that the Phase 1 trial proved the efficacy of AZT when the trial data allegedly shows that thirty people taking the drug only survived to the end of the trial because they recieved blood transfusions.

(3) Why have doctors, treating people with 'so called' HIV infection ignored

ample evidence in their patients of the extreme toxicity of AZT preferring rather to believe that what they're witnessing is AIDS and not the result of their own handiwork.
(4) Why have the Gay Press failed utterly to take the warnings of people like Joan Shenton, Jody Wells, Cass Mann, Jad Adams and many others seriously, preferring either to ignore them, or worse still, to attempt to destroy their credibility.
(5) Why have organisations like Body Positive, London Lighthouse, Terence Higgins Trust, Scottish Aids Monitor and many others catering to the welfare of persons with an HIV antibody diagnosis or AIDS, continued in the face of so many deaths of clients (exclusively taking AZT and countless other medications) disenfranchised and alienated many of their long-term surviving members because of their unwillingness to allow free and open discussion of drug toxicity.
(6) Why has the experience and knowledge of the huge numbers of people living extremely healthily and long-term with HIV antibodies been completely ignored by the medical and scientific professions.
(7) Why are doctors still continuing to recommend AZT, ddI, ddC and other highly toxic Neucloside analogues as legitimate therapy for damaged immune systems.
(8) Why are children (who have no choice about whether or not to take medication) still being enrolled on the PENTA trial of AZT at Great Ormond Street Hospital.

HIV=PROFIT=DEATH

Wellcomes bitter pill

The Acquired Nutritional Deficiency Syndrome was first proposed by Jody Wells in an interview in Here's Health magazine in March of 1992.

Acquired Deficiency

For almost a decade, statistics have shown that AIDS has affected, almost exclusively, two main groups of people within Western society, Homosexual men and IV 'rug users. A small subset of people outside that group, mainly non-IV drug users have also been affected. Elsewhere in the world AIDS has been recorded in many parts of the developing world.

Montagnier's discovery of the hitherto unknown retrovirus, subsequently named the Human Immunodeficiency Virus (HIV) led epidemiologist and scientists alike to announce that the virus was sexually spread mainly because at the time it appeared to be the most logical explanation.

A massive 'epidemic' spread into the heterosexual population was predicted and many hundreds of thousands of deaths from AIDS expected and yet, ten years on the prediction has not been fulfilled in any Western country. **1**

In developing countries the predicted spread of AIDS also appears to be wide of the mark since the predicted figures are not based on actual testing for HIV antibodies but on clinical observation of three extremely common and widespread symptoms; prolonged fever, persistent diarrhoea and a persistent cough.

Further confusion arises because of the increasing numbers of people both in developing countries and in the West meeting the CDC's description of AIDS who are nonetheless free of HIV.

The problem all along, in my opinion, is that the epidemiology was completely wrong to begin with and has resulted in a misunderstanding of the actual social situation of the groups of people affected by AIDS but also of the basic problems in society in general that can cause AIDS to exist.

Malnutrition/lifestyle was thought initially to be the cause but the idea was soon dismissed for a number of understandable reasons. Although it was relatively easy to accept the people in developing countries and IV users in the West might very well be suffering from malnutrition, the idea that homosexuals could be seemed out of the question. As a group in the Western world they have a higher than average disposable capita income so the question of mal-nutrition appeared unlikely.

Subsequently there have been many requests for its publication. Below is an abridged version of the fully referenced paper

Nutritional Syndrome

REFERENCES

1,Root-Bernstein, Robert. S. 'The Prostitute Paradox' Rethinking AIDS, Vol 1 No3 March 1993 1-4

34. Anderson K. E. : Conney A. H. and Kappas A. : 'Nutritional influences on chemical transformations in humans.' *Nutrition Reviews*, June 1982 40(6): 161-71.

3. Chandra R. K. ; 'Immunodeficiency in undernutrition and overnutrition.' *Nutrition Reviews*, June 1981; 39(6): 225-31.

4. Levy J. A.; 'Effects of sex hormones, nutrition and aging on the immune response. II. Nutrition and the immune system.' In: Stites, D. P.; Stobo, J. D.; et al. (Eds.): *Basic and Clinical Immunology*, 4th Edition. Los Altos, California: Lange Medical Publications, 1982; pp. 297-305.

5. Chandra, R. K.; 'Nutrition, immunity and infection: present knowledge and future directions.' *The Lancet*, March 26 1983; I:688-91

The other reason the idea was dismissed out of hand was the understandably hostile reaction to the suggestion that lifestyle could be to blame. Seen from the point of view of the gay community, sensitive to the reaction of the predominantly heterosexual community, this would be interpreted as yet another criticism of gay culture.

In order to understand how malnutrition can became a major problem within the gay community it is necessary to understand the history and nature of that community. This is what AIDS epidemiology failed to do.

The gay community as we currently understand it did not exist in its present form until after an incident in New York in 1969 which is subsequently referred to as Stonewall and which marks the beginning of a free open and proud attitude to gay sexuality.

It didn't take those with an eye to profit to catch on to the idea that gay men tend to have a higher than average disposable income and were ripe for exploitation.

Within the community it is generally accepted that there is a high incidence of recreational drug and alcohol use than has been the case in the past and that the pressure put on the gay community to conform to a lifestyle based largely on drug and alchohol use, and that on a list of priority spending from 1-10, nutrition would come about 8.

I contend therefore that malnutrition over a long period of time is the reason why AIDS exists in all three major groups affected.

The combination of long-term protein-calorie malnutrition compounded by the immunosuppressive effects of alcohol and drugs plus the possibility of further immunosuppression caused by medicinal drugs used to treat venereal infections or mistakenly used to treat individuals known to be HIV positive.

This combination of events also holds true for populations in developing countries where antibiotics are even more freely available without prescription and where nutritional deficiencies are accepted as a day to developing countries where antibiotics are even more freely available without prescription and where nutritional deficiencies are accepted as a day to day part of the reality of life.

There is, already in existence, a great deal of scientific evidence to support such a claim.

In order for the body to detoxify drugs and foreign chemicals (recreational and medicinal drugs and alcohol) the detoxification process must run at its maximum and therefore 20% of ones calorific intake should be high quality protein. **34**

When protein intake is combined with a less than adequate intake of calories, all lymphoid organs such as the spleen, tonsils,Thymus and lymph nodes atrophy and there is a decrease in thymic hormones. **4**

Blood samples from individuals suffering from protein-calorie malnutrition, contain increasing ammounts of chemicals such as cortisol, endotoxins and antigen-antibody complexes and C-reactive protein (also recognised in Haemophiliacs given impure Factor 8) which are known to inhibit immune response. **4,5**

Individuals with protein-calorie malnutrition have a high incidence of infection , particularly with mycobacteria, viruses and fungi and exhibit low levels of lymphocytes in their blood. Interferon production is lower than normal. 4,5

In many cases of protein -calorie malnutrition there is an actual increase in the production of some antibodies while others are depressed. **4,5**

This I feel could account for the presence of HIV antibodies in some people and could very well be the reason why previously undetectable HIV (which a certain percentage of human beings may carry at very low levels) becomes visible in subsequent tests. It would also account for the anomaly whereby partners of HIV+ individuals do not necessarily test positive themselves. Also it might explain why babies can test positive for HIV before subsequently becoming seronegative once the immune system is adequately supplied with nutrients.

With severe protein-calorie malnutrition there is a decrease in B-lymphocytes with reduction in all antibody levels **4,5** typically seen in people who are HIV+ or have AIDS. The activity of several enzyme systems responsible for killing bacteria is reduced as are a number of protein components of the complement system. **4,5**

People with protein-calorie malnutrition have a pronounced reduction in the proportion of helper T-lymphocytes and a moderately reduced proportion of suppressor T-lymphocytes and cytotoxic T-lymphocytes. **4,5** Equally protein - calorie malnutrition leads to a decrease in the number of red blood cells.

Protein cannot be overemphasised especially when one considers that antibodies and complement are composed entirely of protein and that the enzymes that white blood cells use to poison and digest microbes *are* proteins.

It can be generally accepted that if an individual is suffering from protein-calorie malnutrition , his or her intake of vitamins and minerals would be seriously impaired also, so it is therefore hardly surprising that recent research done by Dr Richard Beach of the University of Miami School of Medicine noted that widespread nutritional deficiencies were noted in a group of men who had CD4 counts of between 200 and 700 and that once their diets were supplemented with large increases in vitamin and mineral intake their count improved.

I contend that Acquired Nutritional Deficiency Syndrome (ANDS) be recognised as a necessary precursor to the illness known as AIDS and that the treatment of affected individuals should be based on nutritional improvements and support and not on the use of toxic medication which will only further rob the patients body of (because of the need to detoxify these chemicals) existing nutrients and make death from AIDS more likely.

Acquired Nutritional Deficiency Syndrome and AIDS. Jody Wells January1992

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 a 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 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.

DAPSONE

Dapsone is a sulphonamide normally used to treat Malaria and Leprosy and is currently being used for PCP (Pneumocystis Carinii Pneumonia) prophylaxis and the treatment of toxoplasmosis.

Prophylaxis for PCP is questionable anyway as it is well recognised that the condition was first recognised in people suffering malnutrition in Europe after World War II and disappeared once the population was well fed.

Long -term prophylaxis with an antibiotic may in fact cause the immune system to be weakened further so that the prospect of actually stopping prophylaxis may actually put one at greater risk of a further attack of PCP

The side-effects of Dapsone are as follows: Dose-related haemolysis (especially in G6PD deficient patients), drug rashes (stop immediately), itching and slight hair loss.

Rarely it may cause allergic reactions, including Stevens-Johnson syndrome, headache, feelings of fullness, nausea, vomiting, sore mouth and fever, blood disorders and nerve damage.

Warnings: It should not be used in persons allergic to sulphonamides neither should it be used in daily treatment (for prevention) in anyone with severe kidney or liver disease or blood disorders

Avoid excessive exposure to the sun. Regular blood counts should be carried out on anyone taking Dapsone for more than six months.

ESSENTIAL READING

MEDICAL TREATMENTS
THE BENEFITS AND RISKS
THE COMPLETE REFERENCE GUIDE TO DRUG TREATMENTS

PETER PARISH
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Sweetly Suppressive

One of the most respected and knowledgeable nutritonalists in the United States, Bernard Jensen, said "the more sick you are, the more disciplined you must be".

I know that statement to be true and I want to give you all the facts about food so that your choice of diet can be an educated one.

It is through nutrition that we can achieve the quickest and most beneficial changes. Proper nutrition can become a therapy of replacement of old sick tissues by new healthy ones. Strong immunity can only exist in a body receiving the right nutrients and bio-chemicals absorbed into our systems from the foods we eat.

Malnutrition on the other hand is the specific result is the specific result of a lack of minerals, vitamins, proteins carbohydrates and fats, nutrients which are essential to normal body function.

Malnutrition has been increasingly recognised to be one of the main factors in the development of AIDS, so, following my articles in Issues 1 and 2 of this magazine, I would like to look at foods in much greater detail so that you can fully understand why some foods need to be eliminated or greatly reduced in the diet and why some others are essential on a daily basis.

SUGAR

The only sugar used by the cells of the body to provide energy is Glucose. It comes from the slow conversion of complex carbohydrates such as pulses, grains and some roots. The fibre these foods contain serves to slow down the absorption of sugars entering the bloodstream. Complex carbohydrates also provide bulk which is essential to stimulate bowel movement and reduce the amount of time it takes for food to pass through the digestive system. Complex carbohydrates are good foods, on the other hand, simple and refined carbohydrates such as honey and sugar in all its forms have a negative and deleterious effect on the body.

1) Sugar has a negative effect on the body's immune system. When 100 grams of sugar is ingested, the activity of the white cells is reduced by 50% for up to six hours(The average consumption of sugar per person in Britain is 150 grams per day).

2) Sugar depresses gastric secretions, reducing the efficiency of the digestive process and creating further problems lower don the intestinal tract.. (70% of HIV+ people (mostly on some form of medication) do not produce sufficient hydrochloric acid and suffer from impaired digestion).

3) Sugar hinders mineral absorption, especially magnesium.

4) Sugar encourages an unhealthy bacterial population in the colon favouring those types of organisms detrimental to health.

5) White sugar is a refined carbohydrate and contains no nutrients. Because it gives us a quick burst of energy we use it to replace other foods which would contain useful nutrients.

6) Constant use of sugar places a heavy strain on 'blood sugar' control and overtaxes the pancreas and the adrenal glands.

7) Sugars have important negative effects on B vitamin status. Vitamin B 12 in particular is highly deficient in people with AIDS.

8) Excessive sugar consumption has strong connections with arterial disease.

9) High sugar consumption can cause hypoglycemia which leads to exhaustion, irritability, anxiety, lethargy and decreased concentration.

10) Honey (the healthy alternative) although made from fructose (fruit sugar) and glucose is nonetheless SUGAR.
Brown sugars although containing some minerals, is, nonetheless...SUGAR.
Molasses although containing substantial amounts of minerals...SUGAR

All of these should be totally avoided in the presence of Candida infection.

If you must have something sweet treat yourself occasionally with some dried fruits, fresh fruits or even some malt but always use them in moderation.

When we know the importance of a healthy immune system in avoiding or recovering from AIDS, that Candida infection is present in 90% of people affected, that the major source of antibodies come from the bowel flora, that massive mineral deficiencies are present in people with AIDS and that proper absorption is often impaired, it becomes extremely important to consider the negative effects of sugars in the diet.

Lastly, if you want to cut sugar from your diet, never do it suddenly. You run the risk of a collapse of your blood sugar levels which can make you physically very weak. Do it gradually while making sure that you replace it with complex carbohydrates such as brown bread, rice, potatoes, green bananas, yams, peas and beans, foods which in fact contain all the sugars your body will ever need and which at the same time provide us with essential things like fibre, minerals and vitamins.

Trust your body. Nature evolved it to convert starches to glucose to create warmth and energy. Don't overload the system just because you've become addicted to a 'sugar fix'.

Danielle Harris

Garry French

Delta set to take off – despite Concorde's crash

A Continuum member, with a low T-cell count, but otherwise in perfect health, was recently invited by his consultant to take part in a new drug trial, called Delta. He was provided with a patient information sheet explaining the purpose of the trial. The following is an abridged version of the information provided:

Zidovudine (AZT, Retrovir) is the only anti-HIV drug which has been shown to have unequivocal benefit in people with HIV disease. Didanosine (Dideoxyinosine, ddI) and ddC (Dideoxycytidine) are new drugs which show anti-HIV activity in the "test tube". Naturally there is hope that they will be helpful in people with HIV disease but so far there is limited information on their use in patients although both have been given to many patients in the USA and ddI also in Europe and Australia. Evidence of efficacy is limited to changes in blood tests in a number of people with HIV disease. These include a reduction in the levels of HIV antigen in the blood (a marker of virus activity and a small rise in the number of CD4 (T helper) cells in the blood (an indirect marker for effects on the immune system). These changes are similar to those seen in patients treated with Zidovudine but evidence on prolongation of life is lacking.

AZT, ddI and ddC all have significant toxicities, though these are different. The most common toxicity of AZT is anaemia due to depression of the bone marrow but headaches and sickness are often seen and muscle pain and weakness is a rare but serious side effect.

ddI and ddC may cause pain in the hands or feet and loss of sensation due to damage to the nerve fibres (peripheral neuropathy). This tends to appear after some time on the drug and seems more common at higher doses. If HIV or other drugs have already caused damage to peripheral nerves, ddI or ddC may improve or may exacerbate this.

ddI also appears top cause inflammation of the pancreas, with increased levels of pancreatic enzymes in the blood, sometimes associated with abdominal pain. Although this is rare, it may sometimes be serious and may very occasionally result in death.

Damage to the liver may occur with all three drugs but usually resolves c stopping them. There have also been reports of mental confusion and seizures (fits) in individuals talking ddI but these may occur in HIV disease. Other toxicities to ddI and ddC may yet emerge, with more widespread clinical use, as they did with AZT. However, neither ddI not DDC seem to cause serious problems with anaemia or other types of bone marrow suppression like those seen with AZT.

The UK Medical Research Council (MRC) and the Agence Nationale de Reserches sur le Sida (ANRS) in France, together with colleagues in the Netherlands, Australia and Italy have planned a study in conjunction with the manufacturers of ddI (Bristol-Myers Squibb), ddC (Roche) and AZT (Wellcome) to investigate the benefits and risks associated with combination of ddI plus AZT and of ddC plus AZT, in individuals with HIV disease who have not yet taken or are able to take Zidovudine by comparing it with AZT alone. In this way we will be able to assess the benefits and risks of the combination. As some people consider that AZT may begin to lose its effect after people have taken it for a long time and there is evidence of the virus becoming resistant to the drug, a combination of two or more drugs may be more effective. However, as the drugs work in a similar way and are toxic, the combinations may cause more side effects.

Barking up the wrong tree?

After digesting the information provided, the Continuum member penned the following reply to his consultant:
I have decided not to take part in the trial for the following reasons:
1. I have never been keen on taking drugs unless absolutely necessary.
2. I cannot see the logic in treating people who have problems with their immune system by giving them toxic substances.
3. Having read various articles about AZT, and from my own observations of friends taking the drug, I am sure it does harm to people, but have yet to be convinced that it has beneficial effects.

I reached these conclusions before the revelations made on Friday last that the Concorde trial had failed to show any benefit to asymptomatic people taking AZT. I am surprised that in the light of those revelations the Delta trial is to proceed. It seems strange to me that having failed to help people by giving them one toxic substance it is thought they might now be helped by giving them two toxic substances instead.

I would like to continue with my visits to the clinic so that at least one person is being monitored who is HIV positive and not taking drugs. I would also like to put on record that should I develop any illness I would prefer to be treated in the same way as any person who was not HIV positive i.e. if I get pneumonia I would like to be treated as a patient with pneumonia and not as an AIDS victim.

I wish the clinic well with its participation in the Delta trial but as you may gather from the above I think the medical profession is barking up the wrong tree.

Have you got something you want to get out of your system. If so, this page is for you. Write it, vent it, post it and we'll print it in SNARL!

AIDS is Dead! Long Live HIV Disease

Oh dear. Something's gone horribly wrong in the make-believe world of Aids.

Reality appears to have seeped through the multiple layers of bunkum which, for far too long, have shielded Aids "experts" from all manner of dissent, and right now the industry seems to be running in a dozen directions at once as it attempts to duck and weave its way around a barrage of questions to which it clearly has no satisfactory answers.

The clearest indication of the blue funk which has overtaken the once smug world of Aids is the forced entry into its language of a new condition: 'HIV disease'. The term Aids is dead: no longer, it seems, could it accommodate the ever-lengthening list of conditions which Acquired Immunodeficiency Syndrome is said to typify.

Let's face it – the "experts" were beginning to look distinctly dotty through their insistence on attaching the term "HIV or Aids-related" to an increasing number of illnesses which, up until that point, had always been regarded as "stand-alone" afflictions, and were treated as such. These usually form part of a group of diseases associated with malnutrition and sub-standard living conditions, and are not confined, as many imagine, to the poor in "third world" countries.

Tuberculosis is an excellent example. If you're an African unfortunate enough to contract TB, you are more than likely to be classified as an AIDS case – ***even if you're not HIV positive!*** **(See the Frank Zerox report on page 12.)**

Crazy or what? A friend, HIV+ for the past seven years or so and healthier than most people I know, wondered what would happen if he were to fall off his bike and break a leg. "Would I have an HIV-related fracture?" he mused.

OK. He was taking the piss. But serious questions *are* being asked, and no-one in conventional medical circles is providing even halfway coherent or consistent answers.

In an ideal world, they would hold up their hands and declare: "OK guys, we've been rumbled. We'll come clean. After more than a decade of research costing zillions of pounds, we still don't know what the HIV virus *really* is. We don't know whether it's benign, malignant or irrelevant. We not altogether sure how its transmitted. And we definitely don't know what its link is to Aids. And, let's be honest, we haven't the foggiest notion what Aids itself is."

Fat chance of such an admission. A squadron of messiahs will come swooping in from the heavens and bombard the Vatican with custard-filled condoms long before those at the helm of the hugely lucrative Aids industry will confess to having been party to the greatest hoax in human history since the Virgin Birth. And who can blame them for trying to keep alive the myth of a global Aids pandemic? Just look at the reputations – and the money – that's at stake. Having seized the tiger by the tail, they daren't let go.

So all they can do is move the goalposts once again in this global game of hunt-the-virus, and magic up new clinical definitions in the hope of patching up the tattered remains of their HIV=Aids=death hypothesis. Hence the hurried invention of 'HIV disease', a term now used more and more frequently by many a defensive epidemiologist. Press these people further, and they invariably come over all embarrassed and confused.

All of this defensiveness, confusion and embarrassment springs from the fact that they **know** they are on shaky ground. They are also nervously aware that deception has a limited shelf life; that given time, even bullshit tends to turn transparent.

I guess we should rejoice over the fact that the industry is now well and truly caught between a rock and a hard place. But its predicament offers little comfort to those individuals – indeed, entire communities – who have been irredeemably damaged in a host of different ways as a result of the paranoia generated by those who cynically sought to sell the world the notion that it was teetering on the edge of an Aids abyss that never was.

Barry Duke

What Price Silence?

Ruth Hepworth

Now that at last the truth is out about the Concorde trial, perhaps people like ourselves, affected by AIDS and HIV can tackle 'the conspiracy of silence' which has surrounded the the prescribing and administration of AZT.

In an industry top heavy with care workers and more jumping on the AIDS bandwagon by the minute, the golden rule up until now has been that even if for one moment you suspected that the drugs were killing your client...you stayed quiet.

The logic went something like this; "people with HIV and AIDS are really stressed out about their diagnosis so it's not up to us to influence their decisions regarding their treatment. Anyway, they are fully informed about any side effects by their doctors."

Off the record, many care workers would admit that it was the drugs and not HIV that was and still is killing their clients but it is still more than their jobs or careers are worth to speak out.

How many people might still be alive today if only one of you had had the guts to satyto your client "stop taking this stuff." But no, the pressure to conform to the HIV=AIDS = DEATH scenario and the prospect of having to look for a job somewhere else bought your silence.

Sixty years ago, in Nazi Germany silence was also bought and those who could have spoken out stayed silent rather than face the consequences. Sad isn't it that the lessons we should have learned from that tragedy appear to have gone unheeded.

It bodes the question, "What is the real vale of human life when the truth can be so easily ignored?"

Ruths son Peter died in February this year having taken AZT for twelve months prior to his death

This article is reproduced with the kind permission of *PWA Newsline* (New York). Udo Schüklenk is a German student

AIDS RESEARCH and

by UDO SCHUKLENK

When HIV (the so far unproven cause of AIDS) was discovered nearly a year ago everything seemed clear, at least for those subscribing to the hypothesis, that AIDS is a single, infectious disease caused by the virus. The directions for AIDS research became clear: antiretrovirals (chemotherapy) and vaccine trials. Ten years later and a historically unique sum of research money, AZT and its followers give PWA's only a "survival benefit" of a few weeks, if at all. That's basically it.

There were always, in nearly every part of the world, highly trained physicians, immunologists and retrovirologists around who did not take for granted that HIV is the cause of AIDS. They have developed a range of explanations for the reasons people are coming down with these diseases (*Newsline*, issue No. 79, pp 37-40), none of which have been amply researched. Why did they fail to get research grants? The evaluation of research proposals is done via peer review, which means that those already established (somehow) as "experts" decide about all applications, including those of dissenters. The success of any dissenter's hypothesis would lead to the destruction of the actual "experts" status by undermining the status quo. Hence: granting no money means running no risk of losing one's status and privileges (*The Scientist*, 8 July 1991:12).

Richard A. Ratner MD, editor-in-chief of the *MSDC Physician*, the monthly publication of the Medical Society of the District of Columbia, certainly not a heretic as far as the HIV-hypothesis is concerned, comes to similar conclusions. He commented: "For there are many people, whether in science or in latex who are comfortable – in a crazy sense of the word perhaps, but comfortable nonetheless – with things as they are, and stand to lose reputations, money, credibility and political power if he is right. If Duesberg is wrong, let him be proved wrong. But if the current AIDS theory and policy is wrong, let's not do what we did with the Shah of Iran: suppressing dissent and propping him up until all was truly lost. To err is human, but to perpetuate error through self-delusion is to break faith with those who trust us with their lives." (*MSDC Physician*, June/July 1992: p5).

This closed shop situation is not only the current reality in biomedical research, but also in the field of bioethics, my own field of study. A group of approximately 40 to 60 bioethicists. specialising in AIDS stuff, spend most of their time quoting themselves and each other, and strongly believe that they are the only ones to say anything of any practical relevance. Papers questioning these views are reviewed by the same people and are consequently rejected. An analysis of a footnote on a footnote of a famous AIDS ethicist's paper's comment on a footnote made by one of her bioethicist colleagues, however, had a good chance of being published. This is what the AIDS publishing game is all about. Of course, the same is true for cancer and any other "popular" (translate to "media relevant") diseases. This effective introduces censorship of the kind that no research will be undertaken that's not in line with the commonly held beliefs about the causation of AIDS-related diseases, and virtually no paper espousing a different view will be published. There is nothing like free, independent research in the "free" western world. It's basically a myth.

Newsletters, magazines sand journals (like *Newsline, QW, SPIN, NY Native*) not participating in those quotation circles are not considered "scientific" enough to be considered. They are not existent in the world of "science".

Community organisations, corruption and censorship

Unfortunately, community activists have, to a certain extent, become the glamour of the fascinating world of science and it scientists. Of course, our Mr and Ms Nobodies were glad to be known by Tony Fauci by their first names, and were proud to be invited to join NIH and NIAID panels and committees and had no ethical problems with getting air fares and conferences (among other thing) paid by Burroughs Wellcome and other pharmaceutical companies. It was certainly no coincidence that at the point when the FDA conceded that the original AZT trials were "...based knowingly on irregularities in reporting of adverse reactions" (*Lancet*, 1992; 339; 1105-6) – euphemisms for fraudulent research – that Wellcome donated $1 million to ACT UP/NY, and pays staff members of both Project Inform in San Francisco and the Deutsche AIDS Hilfe in Germany (*QW* 1992; 51:45-9, 70-1).

A friend of mine, who is a professor of economics, called this the most unusual marketing strategy he has ever seen. Gay magazines, like Australia's *Outrage*, or Germany's *Magnus*, usually not the richest papers on earth, published full-page ads for AZT. Surprise, surprise, none of these magazines ever published a fundamentally critical article on the

researching bioethical problems related to treatment issues of people with AIDS.

CENSORSHIP

AZT trials. In fact, I often had problems figuring out what was Wellcome advertising and what was the journalistic coverage in the paper.

The release of the Movie *The AIDS Rebels* in Germany in late 1992 led a number of journalists to explicitly admit that they censored information about the critique of the HIV-AIDS hypotheses. The justification was to keep people at risk of AIDS from reaching "wrong" conclusions (*die tageszeitung*, 28 Nov. 1992. *Zitty*, 1992; 24:16-18). Who are these people, believing themselves to know better than a mature, autonomous person what is or isn't good for themselves (and the public)?

Even though I have committed a number of sacrileges already, here's another one: imagine a cure for AIDS found tomorrow. What would all our famous activists do? What would all our "community-based" AIDS organisations managers, executive managers, officers et all, do? Where would all the (quite well-paid) professional do-gooders go? Wait for the next epidemic to show up? Isn't it amazing that some German AIDS Councils have paid staff doing nothing else than recruit volunteers? This is how they retain their image of being community-based. And don't get me wrong here; I'm not saying that all or most of the staff of AIDS organisations are corrupt bastards. Not all. but I've met too many of these people, jumping from one AIDS job to another, so that I could not possible ignore it any longer.

The Critics.

Experiences with the AIDS establishment and the AIDS activist establishment led most HIV critics to become very hostile towards those with the common views about HIV and AIDS. And there have been similar attitudes from the "other side". The result has been that there are no longer any serious discussions by scientists about the weaknesses of their hypotheses of the cause of AIDS and possible treatment options. Instead we have a bunch of publicity-hungry competitors (on both sides) who have eliminated any chance for a serious exchange of arguments. In November 1992 I attended another symposium of the dissenters held in Berlin at the Humboldt University. There were not many differences between the AIDS establishment ridiculing the skeptics, and the dissenters attending this conference trying to insult the few representatives of the AIDS establishment institutions. There were no exchanges of views, just rhetoric. This is certainly not in the best interests of PWA's

I hear you saying: "Enough critique, I know all this. I'm as sick as you are of many of these people in the AIDS business, and I'm as sick as you are of their hypocrisy. And honestly, I can't bear to hear Duesberg commenting on homosexuality as an 'incurable disease' any longer.' But what can be done?"

The Future

I propose to (re)introduce mechanisms of democratic control, again (or for the first time) at least in so-called community based organisations. What I mean is to have "community-based" AIDS organisations be controlled by people with AIDS. Community-based organisations, and especially gay magazines, *must* assure that dissenting views (of minorities in the community) get a chance to be heard. It is in the best interest of the community that open-mindedness and skepticism return to the process of scientific research. This has been almost completely eliminated in the case of AIDS. I think that magazines like *QW*, where people, with a strong belief in HIV and those skeptical about this hypothesis have presented their views on AIDS, are wonderful examples of the spirit community-bases AIDS organisations and gay magazines should all begin to develop.

Dear Continuum

I was so completely stunned by your Snarl page when I read it that it took me some time to recover my equilibrium.

Absolutely marvellous!....Congratulations! And utterly hilarious into the bargain.

It's about time somebody said it. We've all thought it, we've all witnessed it, sadly, too many have succumbed to it. The pressure to die to maintain the status quo and keep all those 'death with dignity merchants ' in business.

Dignity my ass! There is utterly *no* dignity whatever in being medicated to death by the medical profession and the AIDS carers whose only agenda appears to be to keep the 'myth' going at the expense of too many innocent and trusting peoples lives.

By the way, isn't it about time somebody said something truly pithy about that *god awful* quilt!

Love and best wishes to you all.
Jarvis Stanton
Seattle. USA

Ed: We did say somthing pithy about the quilt. The article in question called it "the duvet of death".

Dear Continuum

Just a short note to congratulate you all on your achievements, especially on the commitment you have given to Continuum.

Fascinating, provoking, gut-honest stuff from the people at the sharp end.

Personally, Dapsone took me to hospital, AZT to the toilet bowl of life, and non-toxic Continuum gave me an enlightened feeling of well being.

My empathy goes out to so many people like yourselves whom I deeply respect. Good luck Continuum.

I was 23 when I first found out my status and this year I am 31. Up until recently I never touched medication, however, my short exposure, on advice from my doctor has resulted in extremely negative side-effects and reactions.

It has given me a lot to think about, I'm sure you understand.

Anyhow, please find enclosed a small donation and a verbal cuddle. With every best wish.

Newport. Gwent. (name withheld)

Dear Continuum

I'm hardly a long term AIDS survivor, having only learned of my condition eight months Ago.

By all accounts I should be dead already due to a mis-diagnosis of encphalopathy,

I kept turning up for my clinic appointments until it occurred to me that it might be time to have another look at those brain scans.

I wasn't told at the time that the scans indicated that I'd probably only got another six months to live. If I had been, I honestly don't think it would have made any difference to the way I felt. Since my diagnosis I have tried really hard to work out what it is about me, my character, that equipped me to cope so well with such devastating news. If I knew and I could mint it, perhaps it would help others.

The first strategy I adopted was one of denial. When I was told I had symptoms that indicated that I was HIV+, I decided not to have the blood test and asked instead that I be treated as if I was positive. It was my way of saying "This is not happening to me". Reinforced by my comparative wellness I decided to live as if the disease did not exist.

I recently read the case of a survivor from the Nazi concentration camps who coped with the cold and punishment by denying what was happening to her. She used a form of self hypnosis to help herself through the horror of her situation.

I also read of Kate, a cancer patient who decided to live her life as if the cancer did not exist. She indulged herself in whatever she fancied and bought herself a flashy red mac instead of a designer shroud.

Looking at my own character I've now decided that it's been self-determination and a will to go on living that has been the key to my survival. Looking back, I can now recall hundreds of examples from my past.

I nearly died from PCP last June but I've been given a second chance. Another stab at life. Can anyone blame me for being just a little selfish and self-indulgent. Now, where did I put that red mac?

Steven Fox
(Address withheld on request)

Dear Continuum

I am writing after i saw an ad: in Mainliners newsletter. The ad: made me aware that your organisation exists and that you produce a magazine.

I am presently serving four and a half years and have been HIV+ asymptomatic for the last none to ten years and throughout these years I've come a long way.

I previously served an eight year sentance for being involved with drugs and I am now a recov‹ ng addict and no longer use drugs interavenously.

I do look after my health now and am conscious of things like diet etc. I am on a Vegan diet and find this suits me best.

Ireally do believe nutrition plays an important part in staying healthy!!

I have had no opportunistic infections and take no prophylaxis treatment, or, AZT, ddI, ddC-----my T-cell count is sitting happily at 840 just now and I've never felt better!!

We have a self -help group here in the prison for inmates who are HIV or have AIDS.

We meet each week and the group is *for* the guys and run *by* the guys.

Perhaps you've heard of our group, it's called the 'Pheonix Group' and we've had letters printed in Mainliners and the Body Positive newsletter.

Could you please put me on the mailing list for your magazine and would it be possible to send me six copies so I can distribute them at our group meetings.

As you can immagine there is not a great deal the Prison Service is willing to do for inmates who are HIV or have AIDS and the group really enjoy reading newsletters.

It keeps us up to date on all thats happening outside!

Thanks for taking the time to read my letter and I look forward to hearing from you.

All the best, stay healthy!!!

H.M.Prison, Perth, Scotland
(name witheld)

Letters to Continuum and to The Vital Question should be sent to us no later than 25th of May 1993

news from around the WORLD

Ghana

A recent report seriously challenges the belief that HIV=AIDS.

In a study of 227 Ghanaian people with AIDS diagnosed by the World Health Organisation criteria only 48 were shown to be HIV1 positive,17 of the total were HIV 2 positive, 11 were dual positive, 16 were intermediate (*an expression we have never heard used before. Anyone with any ideas please let us know*) and 135 were seronegative; in other words they had no trace of either HIV 1 or HIV 2.

These persons who exhibited at least three of the accepted major signs of AIDS (weight loss, diarrhoea and chronic fever) were evaluated using techniques accepted to be adequate.

Many of them had other symptoms such as TB, lymphadenopathy, dermitological disease and neurological disorders.

The researchers speculate that other unknown forms of HIV may be involved or that a mysterious Simian virus (*back to green monkeys again..huh)* could be the cause.

Great Britain

The British Government Food Safety Directorate has issued guidelines restricting the consumption of the herb Comfrey to teas (or other infusions) made with leaves only.

This requires that all commercial products containing Comfrey in root or leaf form be recalled from sale. The consumption of Comfrey leaves as a vegetable is also not recommended although external use of Comfrey is acceptable.

The Food Safety Directorate have arrived at this decision as toxic chemicals called Pyrollizidine Alkoloids are known to be present in Comfrey

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United States

In Florida, a study conducted on 108 HIV+ asymptomatic men found that 30% were deficient in vitamin B6, a deficiency associated with anxiety, stress and depressive disorders.

Similarly, in a French study, 140 symptomatic and asymptomatic people with HIV, 49% were found to be deficient in vitamin B9 and 22% deficient in vitamin B12.

In a more detailed analysis, vitamin B12 deficiency was recorded in almost 40% of people who were showing clinical symptoms of early AIDS.

Dr Richard Beach of the University of Miami School of Medicine observed that widespread nutritional deficiencies were seen in a group of 180 men who had CD4 counts between 200 and 700.

He modified their diet to include supplements of vitamins and minerals and reccomended that the group should increase their daily intake over and above the level generally prescribed.

The recommended list is as follows:

Vitamin A (Beta-carotene) up to 6 times daily allowance.
Vitamin B2 up to 6 times daily allowance.
Vitamin B6 up to 10 times daily allowance.
Vitamin B12 up to 25 times daily allowance.
Vitamin C up to 6 times daily allowance.
Vitamin E up to 6 times daily allowance.
Zinc up to 6 times daily allowance.

No side effects were reported in any of the cases.

Dr Beach feels that there is a significant relationship between these nutrient levels and disease progression.

His research has indicated that people who have nutrient abnormalities tend to progress more rapidly to disease.

He suggests that people who are HIV+ should become more knowledgeable about the nutrients in the foods they consume.

See our Quest Vitamin Offer on page 4

Great Britain

Following a question from Lord Baldwin of Bewdley in the House of Lords asking the government whether they had studied a report indicating that haemo-philliacs given impure Factor VIII suffered immune damage whether they were HIV positive or not and that given highly purified Factor VIII progression to AIDS was halted.

Baroness Cumberlege, Undersecretary for the Department of Health replied that,"having studied the recent research, our understanding of the role of HIV in the causation of AIDS has not materially changed."

The four year study showed quite clearly that having antibodies to HIV did not mean that progression to AIDS was inevitable and showed too that haemophiliacs who were HIV negative and given impure Factor VIII suffered the same immune damage and opportunistic infections as those who tested positive.

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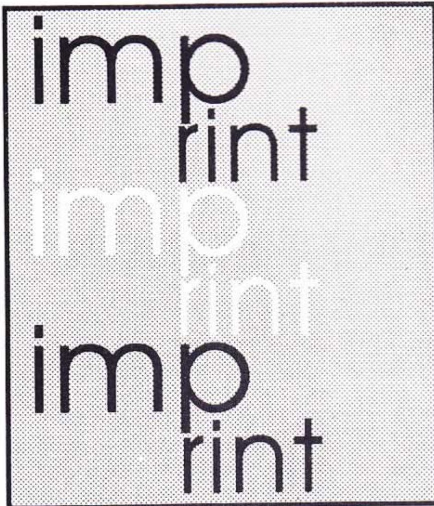

CANCER AS A TURNING POINT

Dr Lawrence LeShan

The psychological factors in diseases such as cancer and AIDS is gradually gaining currency within the medical community and, more importantly, with people affected by these diseases. In the absence of a 'cure' one might suspect that this sounds like clutching at straws

'Cancer as a Turning Point' by Dr Lawrence LeShan explores this relationship and explains how he used psychological changes to mobilise the compromised immune system.

In the course of his researches, he discovered that up until 1900 the relationship between cancer and psychological factors had been commonly accepted in medical circles. From the turn of the century this viewpoint gradually disappeared. Advances in surgical techniques focused attention on cancer as a localised disease of a specific part of the body and not as one aspect of a total human being's functioning, which is the essence of the psychosomatic view. Radiation, used as a therapy later in the century reinforced the concept of cancer as a local problem rather than a disease state of the whole person.

We probably owe more to Eastern philosophies than to our Victorian predecessors for the current revision in our understanding of the mind-body interaction. Dr LeShan's book, however, is based on many years of experience counselling clients and is written for patients, their families and health professionals alike.

Steven Fox

Cancer as a Turning Point. Published by Gateway Books at £6.95, copies available from the Bristol Cancer Help Centre Bookshop (include £1.00 p&p) Grove House, Cornwallis Grove, Bristol, BS8 4PG.

HIV GLOSSARY DEFINITIONS AND TERMS USED IN THE TREATMENT OF HIV AND HIV RELATED CONDITIONS

This A4 booklet printed and published by Merseyside Body Positive is an invaluable com-panion for the 'clinically obsessed' HIV positive person who still believes that having antibodies to the virus has a direct bearing on their future survival.

A must for "T-cell counters" everywhere, its thirty seven pages are packed to the brim with medical and scientific terms that will enable you to have a 'meaningful dialogue' with your doctor next time you're down the GUM or share with extremely accuracy the details of your latest treatment with your co-HIV's at the BP drop-in.

Frankly, it's a pity that Merseyside Body Positive couldn't come up with something more healthfully informative and supportive in a bid to raise money. Anyone newly diagnosed and unfortunate enough to have purchased a copy of this booklet is doubtless going to believe that their future as an HIV positive person is going to be extremely bleak.

Mind you, thats not to say there aren't some interesting bits. My favourite is 'DEMENTIA- Chronic intellectual impairment (loss of mental capacity) with organic origins, that affects a persons ability to function in a social or occupational setting. Well, that just about covers everyone I know, HIV positive or not!

Raj Singh

HIV GLOSSARY

DEFINITIONS OF TERMS USED IN THE TREATMENT OF HIV AND HIV RELATED CONDITIONS

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THE PROSTITUTE PARADOX

Female prostitutes often have 200-300 sexual partners per year and are therefore assumed to have much higher rates of exposure to HIV and AIDS than the vast majority of heterosexuals. Indeed, many AIDS researchers initially assumed that female prostitutes would be the vectors (or means of transmission) of HIV and subsequently AIDS to the heterosexual community

After all, a single HIV-infected interavenous drug user or bisexual man could infect one prostitute, who in turn could infect dozens or perhaps hundreds of non-drug using heterosexual men.

These men could, in turn, infect their other sexual partners and an explosion of HIV and AIDS could occur among people without any obvious risk of AIDS.

Paradoxically , no heterosexual epidemic has occurred and no evidence of female prostitutes transmitting HIV or AIDS into the heterosexual community exists for any Western nation.

Reports by prominent researchers in the United States, Britain and Germany have all concluded that the acquisition of HIV by men from female prostitutes is almost always drug related. In fact, sexual acquisition of HIV and AIDS among female prostitutes them-selves is almost unknown in the absence of concomitant interavenous drug use.

The statistics are striking. In New York City for example, 40-50 percent of streetwalkers (downmarket prostitute) who have used IV drugs over the past decade are HIV seropositive. (Whether these streetwalkers had other immunosuppressive risks such as non IV drug use, multiple sexually trans-mitted diseases and/or anaemia or malnutrition that may have predisposed them to HIV and other infections, has never been studied.)

Among call girls in New York City (more upmarket prostitutes) no seropositivity was found among those who were drug free. These figures were constant between 1984 and 1989.

The same sort of figures have been found in all Western nations. In Seville, Spain, 20 percent of interavenous drug users are HIV positive and 2.5 percent of non-needle using prostitutes. Only 8 in 10,000 non-needle using prostitutes are HIV positive in the Philippines. Studies of drug-free prostitutes in Amsterdam, London, Zurich, Paris, Vienna, Athens, Pardenone (Italy), Callo (Peru), Rena (Nevada), Tijuana (Mexico), and Central Tunisia over the last eight years have found only a handful of cases of HIV infection.

Thus, American researchers M.J. Rosenberg and J.A.M. Weiner concluded in 1988 that "HIV infection in non-drug using prostitutes tends to be low or absent, implying that sexual activity alone does not place them at a high risk, while prostitutes who are interavenous drug users are far more likely to be HIV positive."

Similarly, British researchers concluded in the same year that "sexual activity alone has not been described as the principal risk (outside of Africa)....The most important risk factor for prostitutes in the West is sharing needles and syringes for drugs." Every subsequent study has confirmed these conclusions.

It is most important to note that the almost complete absence of HIV among non-drug using prostitutes is not due to safer sex practices. The same studies that documented an absence of HIV found low rates of condom use and very high rates of infection with classical sexually transmitted diseases.

Twenty five to fifty percent of prostitutes were seropositive for hepatitis B virus (with about 5 percent actively infected). The same percentage were positive for syphilis and antibodies against chlamydia, herpes simplex 1, herpes simplex 2 and gonorrhoea were present in 95 to 100 percent.

HIV in short is not behaving like a typical sexually transmitted disease. Sexual promiscuity, per se, does not put female prostitutes at risk for either HIV or AIDS. There is only one possible conclusion: vaginal intercourse and oral forms of sex (which are by far the most common forms practised by by prostitutes interviewed in the studies summarised above) are not high risk activities for either the acquisition or transmission of HIV and AIDS.

As Japanese physician Y. Schiokawa has suggested, it is probable that drug use, multiple concurrent disease, malnutrition and other immunosuppressive factors are required to increase susceptibility. Thus, healthy individuals do not contract HIV or AIDS, and even HIV seropositive, drug-abusing female prostitutes have not been and cannot be vectors for transmitting HIV and AIDS to a healthy drug-free heterosexual population.

Robert Root-Bernstein

Selected References

Cameron DW, Simonesen JN, Costa LJ, et al, "Female to male transmission of human immunodeficiency virus type 1: risk factors for seroconversion in man," Lancet ii: 403-407, 1989

Ward Day M, Harris JRS, "Prostitute women and public health," *British Medical Journal* 297: 1585, 1988.

Hyams KC, Escamilla J, Papadimos TJ, et al, HIV infection in a non-drug abusing prostitute population." *Scandinavian Journal of Infectious Diseases* 21: 353-354, 1989.

Rosenberg MJ, Weiner JM, "Prostitutes and AIDS: A health department priority?" *American Journal of Public Health* 78: 418-423, 1988.

Wallace J "Case penetration of AIDS in the United States," in: Ma P. and Armstrong D. *AIDS and infections of Homosexual Men* 2nd Edition. Boston: Butterworths, 285-289, 1989

An Aids Quiz

Suppose a hospital ion New York City has diagnosed 100 cases of Pneumocystis carinii pneumonia (PCP) among a group of severely malnourished IV drug users. They also tested for HIV and found 60 were positive and 40 were negative. The results were then reported to the CDC. How many of these were counted as AIDS cases?

If you answered 100, you are correct. You are also among the few who have actually read the CDC's definition of AIDS.

The average American thinks that HIV is AIDS. Well informed Americans know that this is inaccurate. But even if you ask well informed Americans for a definition of AIDS , the reply goes something like this: "There's a list of about 25 diseases and if you have one of them plus HIV, then you have AIDS." This too is inaccurate.

It turns out that since 1985, shortly after HIV was announced as the cause of AIDS, the CDC surv-eillence definition of AIDS has ex-pressly included HIV-negative cases. Even in 1992, if you are HIV- negative and have PCP, you are an AIDS case

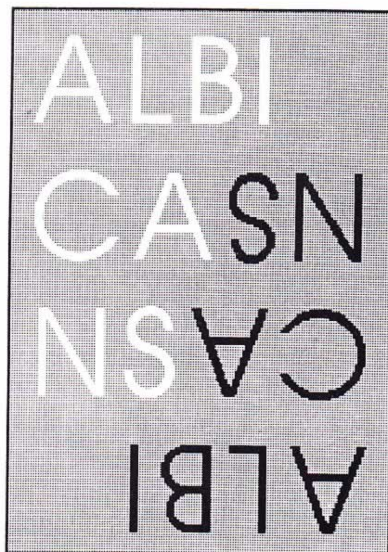
Consider the following: Virtually no one was tested for HIV before 1985. Between 1985 and 1987 less than 7% of AIDS cases in New York and San Francisco were reported to the CDC with HIV status. PCP accounted for over half of all AIDS cases from 1981-1987. How many AIDS cases prior to 1987 were HIV negative?

Nobody knows, including the CDC.

A Natural History of-
CANDIDA (THRUSH)

Rufus Dennis

The thought of having Candida is a terrifying prospect to most people who are HIV positive because we've been led to believe by the medical profession that it is an indicator of the onset of immune dysfunction and the fungal threshold of AIDS. Also the thought of being consumed by a fungus is pretty scary in itself; I'm sure most of us have seen the odd bathroom ravaged by wet rot in our time. Not a pretty sight.



The fact that you're HIV+ doesn't put you at any greater risk of Candida than anyone else on the planet. In fact, tens, if not hundreds of thousands, probably millions of people all over the planet get thrush.

What your doctor might omit to mention is that frequently medication that has been prescribed such as antibiotics which play havoc with your digestive flora and fauna may very well be the reason that Candida has become a problem. Equally, immunosuppressive drugs like AZT or ddI for instance can also allow Candida to gain a foothold.

The symptoms of this particular yeast infection can be very distressing and are are frequently misdiagnosed as symptoms of HIV infection. Chronic fatigue for instance is often wrongly attributed to HIV as is the chronic fever (lasting four days or more) that people with Candidiasis frequently suffer.

Thère are many more minor but equally distressing symptoms associated with this condition such as chronic low level sore throat and symptoms of heartburn and indigestion

Apart from medicinal drugs being a causative factor it is more than likely that recreational drugs (including alcohol) have a part to play too. What you èat is also important . Diets high in refined carbohydrates and sugars are a great way to feed your Thrush.

Not every coated tongue is in fact an indicator of an attack of Candida. Many people, especially smokers, suffer from a form of oral plaque which deposits itself on the tongue and is often mistaken for Candida. This can be dealt with on a daily basis by using a plastic tongue scraper during your normal oral hygiene routine.

Candida, on the other hand can be a far more serious and persistent problem and needs to be tackled from the inside. Frequently good sound nutritional advice can greatly improve your general health making it much easier for your body to to deal with and eventually eliminate the fungal infection.

In fact, it means radically altering your diet to improve your intake of natural, unrefined carbohydrates, the elimination of all sugars and an improvement in your vitamin and mineral intake.

Attempting to treat it with drugs like Fluconozole or Nystatin are not the answer. They may appear to eliminate the symptoms but it is only a temporary improvement and runs the risk of not just side effects from the drugs but a chronic fungal condition which in the long term is much harder to treat.

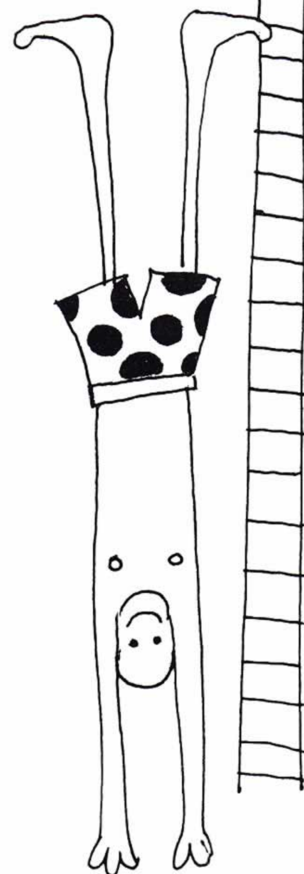
ESSENTIAL READING

CANDIDA ALBICANS

Leon Chaitow D.D., D.O.

Published by:Thorsons Publishers Limited. ISBN 0-7225-2452-8 Price £2.99

University of London
Malet Stereet
London WC1



Splash!

A SWIMMING GROUP FOR PEOPLE LIVING WITH HIV AND AIDS

Every Saturday from 17th April to 31st July excluding 29th May at 4.45pm for a swim between 5pm and 6, Free admission. exclusive use of pool. Meet after for drinks at the bar

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RETHINKING AIDS

The group for the Scientific Reappraisal of the HIV/AIDS Hypothesis came into existence as a result of our efforts to get the following four sentence letter published in a number of prominent scientific journals. All have refused to do so.

"It is widely believed by the general public that a retrovirus called HIV causes the group of diseases called AIDS. Many biomedical scientists now question the hypothesis. We propose that thorough reappraisal of the existing evidence for and against this hypothesis be conducted by a suitable independent group. We further propose that critical epidemiological studies be devised and undertaken."

TO THE EDITORIAL OFFICE

☐ I would like to be a signatory to the above letter to be published at the discretion of the Editorial board and to receive RETHINKING AIDS on a regular basis.

Signature__________________Date______________

☐ I do not want to be a signatory at this point but would like to receive RETHINKING AIDS regularly. There is no charge at present, but donations are appreciated. Make checks payable to RETHINKING AIDS.

Name______________________________________

Prof: Qualifications___________________________

Affiliation_________________________________

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Lightning Strikes

Lightning *Strikes*
Frank Zerox

I wish you could all have been at Boroughs Wellcome's attempt at a 'Concorde damage-limitation exercise' on Wednesday the 7th April at their headquarters at Unicorn House in Maryleboune Road.

Professor Paul Fiddian for Boroughs Wellcome did his vain best to re-present the data to make it appear that AZT did in fact show benefit to those prescribed it but appeared unable to grasp the evidence which showed quite clearly that the length of survival on AZT for someone asymptomatic and well and someone with advanced AIDS was the same - 1 to 4 years.

Dr Simon Barton from the Kobler Centre, who opened his speech with the immortal words, "Well, here I am in the Unicorns den, so to speak"' was also eager to assure us of AZT's effectiveness and of its 'minimal' side-effects. "It's business as usual", he said.

Simon Whitney,(looking as though he was one of their principal customers) Chaired the meeting on behalf of Boroughs Wellcome and became quite agitated when the panel was challenged on a number of major issues attempting at one point to stop a representative of Continuum asking Paul Fiddian if he was aware that Dr Beltz, the true inventor of AZT said in 1961 that, "it is too toxic to be used as a chemotherapy, even for short term use and that it is carcinogenic at any dose". Fiddian denied any knowledge of this.

The whole exercise was a complete sham. The majority of those present, representing organisations like London Lighthouse, the National Aids Manual (NAM) and Act Up made absolutely no attempt to challenge any of the material that Fiddian was trying to whitewash, all that is except for a member of Act Up whos contribution to the proceedings was to state that the outcome of the Concorde had taken away everyone's hope and that many affected by HIV or AIDS would be tempted to put their heads in the gas oven.

Well, all I can say to that kind of remark is,given the choice between the gas oven or AZT the former would probably be a more humane , and less painful wa y to go. Don't *you* just love being in control?

Finally, while doing a spring-clean this week I came across the words of a song written by Derek Collyer and David Cummings and made famous by Marlene Deitrich called Where Have All the Flowers Gone. I felt that the verse reproduced below says it all.

Where have all the young men gone?
Long time passing,
Where have all the young men gone?
Long time ago,
Where have all the young men gone?
Dead and buried,everyone,
When will we ever learn?
When, will we ever learn?