

Changing the way we think about AIDS

The Continuum Magazine

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Continuum

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

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An Open Letter to Les Rudd of NAT

by Barry Duke

On the 10th June a letter, written by Julian Meldrum, Editor of the National AIDS Trust's magazine 'AIDS Matters' was published in the Pink Paper implying that Continuum and Continuum members were involved in the protest outside Terrence Higgins Trust and that we are intimately involved with Positively Healthy, SCAM (Steering Committee against AZT Malpractice) and Gays Against Genocide and went on to suggest that The Pink should refuse all advertising and future listings for Continuum.

We were so angered that an employee of the National AIDS Trust, who, after all have supported and husbanded Continuum since our launch in April of 1992 should attempt to publicly discredit us without ever once referring to a member of staff for validation as to the accuracy of his accusations.

Jody Wells, Director of Continuum, wrote a letter of protest to Dr Les Rudd, Director of NAT, saying in effect that although Continuum had been invited to be part of SCAM and had in fact attended three of their meetings, our Steering Committee had taken the decision to resign from SCAM on the 27th May 93 because of Positively Healthy, and GAG's objection to us having received 'start up' funding from Crusaid in November of 1992. This was in spite of the fact that Positively Healthy had themselves applied to Crusaid for funding in June of 91 and again in June of 92. A copy of our letter of resignation from SCAM was enclosed

What follows is a copy of Dr Rudd's reply to Mr Wells's letter.

16th June 1993

Dear Jody,

Thank you for your letter of the 15th June. I have seen the letter which appeared in the Pink Paper and I have discussed it with Julian Meldrum. I have the following observations

Julian apologises if he falsely identified Continuum with SCAM and GAG, and I agree with you that the question should have been raised with you before he wrote to the press suggesting that you were directly involved in the present campaign. However, that letter was clearly written in a personal capacity and not on behalf of this organisation (which wasn't mentioned in it).

NAT staff are unhappy about the activities of SCAM and GAG and the abuse they have directed at a number of individuals and organisations. Your organisation has unfortunately been identified by people within and outside NAT with that pattern of abuse. For example, a member of our staff reports that you have in the past accused her of being a 'murderer'.

Your letter of resignation from SCAM, which I have been shown, implies that the only reason you failed to publicise the GAG picket of Great Ormond Street among your members is that the date was inconvenient for your newsletter mailing schedule and says that had GAG been prepared to pay for the mailing, you would have sent out their literature - examples of which I have seen and which I consider to be grossly inaccurate and libelous.

Finally, Peter Duesberg has, in the view of most people, long since forfeited the respect otherwise due to him in relation to his views on HIV, drugs and AIDS. Uncritical promotion of those views, which are contrary to the evidence, can only be damaging to efforts to control the HIV and AIDS epidemic.

Yours sincerely,

Dr Les Rudd, Director

continued on page 2

continued from page 1

An open letter from Jody Wells to Dr Les Rudd, Director of the National Aids Trust

Dear Les,

I feel your letter clearly demonstrates the political machinations of organisations like your own who having chosen to support the growth of Continuum for the past twelve months since our first unsuccessful bid for funding now seeks to discredit us and deny us funding because of our obvious success. A peculiar stance to suddenly take, since, just to quote a letter to us from NAT, dated 18th March 1992 and referring to a trustees meeting, "They were however, extremely keen to support you in your endeavours. May I assure you Jody that your fears that because your views are not necessarily held by the Trustees that that would act as a deterrent or a block to funding, were unfounded."

But now the accusation fly and things that may have been said in conversation are quoted singly and out of context in an attempt to demonstrate that I have an abusive nature. This is a typical example of the tactics employed in the 'AIDS industry' to discredit individuals and organisations who challenge the status quo and is a ploy used by those who fear the truth. Quite frankly Les, if I had a penny for every time accusations like that have been slung at me, I *would'nt* have to approach NAT for funding.

But this sort of mud slinging is typical of the prevailing double standards running through organisations like NAT which allows you, it's director to adopt a self righteous attitude when GAG refer to Nick Partridge as 'Nick the Sick' and yet turn a blind eye when Julian Meldrum refers to Professor Peter Duesberg, in his letter to the Pink Paper as 'The Doctor Strangelove of Virology.' Ah, I can hear you say, 'but he was writing in a personal capacity, NAT wasn't mentioned.' How very convenient.

I must say, I would find it amusing if it were not so very frightening and may I say sad, that the very idea of long-term survival of persons with HIV and AIDS or even the mere suggestion that HIV might not of itself be the sole cause of AIDS, appears to strike such fear into the hearts of people like yourself or Julian and which elicits the sort of response that seeks to publicly undermine the very important work that Continuum does.

Forgive me, but all of my life I have been under the impression that I lived in country that promoted the ideal of 'free speech' to the world. The inalienable *right* of the citizen to hold whatever views and beliefs they chose and to publicly express their opinions openly, and to march (Yarrow, Gay Pride, CND, etc, etc), picket or demonstrate in order to make those views apparent.

Am I now to believe that people with an HIV or AIDS diagnosis are *denied* that right? That the pharmaceutical industry and organisations like NAT and THT are the only ones free to publicly express opinions and views around the subject? Have you really all become nothing more than the 'thought police' of the HIV and AIDS theory?

I have to tell you Les, that Continuum exists because I believe with all my heart that people living with an HIV or AIDS diagnosis still have that *right*, just as much as anyone else.

Although I have made it quite clear that we are not associated in any way with GAG or Positively Healthy and were only marginally associated with SCAM, your assertion that we would have accepted and published information about SCAM or GAG is correct. I for one do not subscribe to the notion of censorship as a means of controlling peoples views. Subscribers to The Continuum Magazine are informed, educated and concerned individuals, perfectly able to make up their own minds about what they choose to believe and whether or not they wish to support the views of these organisations. As director of Continuum am not prepared, nor would I be as pompous as to make that decision for them.

For too long, information which would allow HIV positive

persons to make free, informed and educated choices about treatment, about health and recovery, about the distinct probability of long-term survival has been denied them and been sacrificed to the belief that profit is more important than life or good health. Perhaps that's why our membership has grown so big so rapidly. Perhaps, like me, others, living long-term with this diagnosis have also noticed what I have noticed, that those people diagnosed HIV+ and pressured into the HIV=AIDS=DEATH belief system and persuaded by the medical profession and organisations such as yours to take every drug going appear to be the only ones dying of the syndrome described as 'AIDS'.

I realise of course that when statements like that are made publicly it elicits screeches of outrage from people like yourself confined to the rarefied, bureaucratic atmospheres of organisations who, over a period of years have completely lost touch with the feelings and observations of people with an HIV/AIDS diagnosis living at grass roots level and witnessing daily, friends and acquaintances staggering from one useless medical intervention to another while their health continues relentlessly to deteriorate.

Contrast that scenario with the many hundreds of Continuum members who have thrown off the yoke of the 'HIV curse' and remain healthy and in fact thrive. Is it purely coincidental that those of us who remain well and continue to enjoy our lives happen to be those who have refused the medication offered or have chosen to give it up because we found it *more* debilitating than being HIV positive? I think not.

What frightens me and I guess many in my situation is the realisation that unless one toes the party line and promotes the belief that HIV/AIDS is the inevitable consequence of sexual indulgence and consequently fatal then all hope of funding and support are withdrawn. It seems to me like a very one-sided and narrow viewpoint considering that no one on the planet has proved the HIV theory to be clinically true. HIV may I remind you is a disease of 'correlation' and no one has yet demonstrated the actual mode of HIV transmission or the means by which it causes AIDS (see New Scientist leader 5th June 1993).

That being the case I feel that all organisations promoting the idea that survival is not only possible but in fact a probability and that people with an HIV/AIDS diagnosis have a moral right to be informed about both sides of the (as yet unresolved) HIV/AIDS hypothesis and of the life threatening dangers of 'experimental' treatments, should get the full support of organisations like NAT.

I notice in the final paragraph of your letter the veiled accusation that we "promote uncritical views which are contrary to the evidence". My response to that is.....what evidence? Provide it if you can. Show me one clinical study which conclusively proves beyond doubt and that is accepted by the scientific and medical professions as a body that HIV is (a) sexually transmitted and (b) causes AIDS.

Can I just quote to you the profound words of Dr Beverly E. Griffin, Director of the Department of Virology at the Royal Postgraduate Medical School in London, who has said that we should not accept HIV as the cause of AIDS just yet. "It will surely lead to a scientifically healthier society if the burden of proof for HIV as a deadly pathogen is returned to where it belongs - to those who maintain that HIV causes AIDS - and others are allowed to pursue alternative approaches in the battle for eradication of the disease."

Drawing attention repeatedly to Peter Duesberg as the ogre of HIV science, something both you and Julian are wont to do with regular monotony, is a ploy you have both adopted in the hope that by focusing attention on him, the rest of the world wont notice the thousands of scientists, doctors, care workers and people living with HIV and AIDS who are no longer prepared to accept a theory which blatantly ignores both the boundaries of good science but also of sound common sense.

The world is moving on Les, the Earth may not be flat after all.

Sincerely'

Jody Wells (Director and Founder)

Amoroli

The Ancient Practice of Urine Therapy

Phil Heath

Yes, I will admit, I drink my own urine. I also use it on my skin as well. This practice, which is known as Amoroli or Urine Therapy has been used as a therapy in many cultures since the dawn of time.

Your doctor wont inform you of the benefits of Amoroli, even if he's aware of it's existence but by relating to you my own experience I may persuade you of its benefits to your own health.

I was first introduced to this unusual and ancient therapy in October 1992. At the time I was quite unwell and depressed about the situation because I had Molluscum on my face and the treatment I was receiving at my GUM clinic was painful and laborious.

My doctor told me that the virus which causes Molluscum would be with me all my life (where have I heard that before) and that all they could do was to treat individual eruptions.

Personally I would have done almost anything to have got rid of these unsightly eruptions from my face, so I was ready for anything. It was then that a friend advised me to apply my own urine to my skin at the sight of the eruptions and, open to any suggestion which might help, I did.

Within two days, the inflammation, caused by the orthodox medical treatment I had been given subsided and within two weeks the smaller of the eruptions had gone completely. Eight weeks later all evidence of the Molluscum had vanished. My skin was clear although I have had two small eruptions come and go since.

Around the same time as the Molluscum problem, my doctor advised me I had oral thrush (caused by the Seprin he had prescribed) Hairy Leucoplakia, Itching scalp, a CD4 count of 50 and a P24 result of

16...none of which was good news.

Perhaps it was the shock of all that bad news that made me realise I would have to take control but I came to the decision that if urine therapy worked on my skin, then perhaps the advice I'd been given to take it internally, might just help my other problems too.

I have to admit, it is quite difficult to overcome the brainwashing of a lifetime which has taught us that our own urine is dirty, (It's not true...in fact it's sterile.) but, I simply got up one morning peed into a cup and drank the lot. I have to admit, that first batch was terrible.

I continued this practice for the next seven days and to my amazement I began to feel really healthy and fit. I was sleeping better, waking refreshed and had energy again. Even more amazing was the disappearance of all my health problems, including the thrush. My last P24 test came back negative and I no longer bother to have me CD4's done.

Since that week in October I have increased my urine intake to suit my own personal needs and I am very happy to say I haven't had a days illness in seven months.

If you are considering starting Amoroli there are couple of important points to remember. First....only re-cycle your own pee. Don't drink anyone else's and, if you're taking any orthodox medication, seek advice first.

In some cases, what you may find is that some ailments get worse before they get better or you may discover that an old complaint from the past will recur. This is a normal reaction of the immune system and in time it will go. The reason that this reaction happens is because the urine therapy triggers a detoxification reaction in the body which allows it to eliminate disease causing organisms and toxins.

Most people, when they first embark upon urine therapy begin by drinking the

first pee of the day (midstream). Some dilute it with orange juice to make it more palatable, while others like me drink some each time I pass water.

An interesting fact about urine is that in America it is collected in public toilets by the pharmaceutical companies who extract the main ingredient urea (it could be called taking the piss I suppose) and include it as an ingredient in skin creams. So why pay for someone else's wee-wee when you can use your own.

Truly, the benefits of urine therapy are too numerous to list here and sadly there are no publications currently available on Amoroli in this country but for anyone who is interested I can obtain some very informative books from the States and should you wish to obtain one or would like to find out more, please do contact me. I will do all I can to help.

I would very much like to hear from anyone who already practices Amoroli as I want to put together some case histories to present to the medical profession in a bid to address their hostility to urine therapy.

The more information you are willing to let me have, the better and it would be helpful if you could indicate whether I can use your name and personal details. You have my assurance that all information will be held in the strictest confidence.

I would also like to hear from people who have had encouraging responses from their clinic doctors or GP's or from health advisers or counsellors who may have clients who have expressed an interest in urine therapy or alternative medicine.

Anyone wishing to contact Phil for further information can do so by can do so by ringing Cont-inuum on 081 961 1170 or you can Fax on 081 453 0706

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

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

Septtrin

Although we've been presenting 'SIDE-EFFECTS' alphabetically, on this occasion we're allowing Septtrin to jump the cue owing to the deluge of phone calls and letters we have received from people wanting to know more

Septtrin is a sulphonamide drug and sulphonamides were developed from a red dye called prontosil rubra. Although referred to as an antibiotic it is more correctly classed as bacteriasttic compound. These drugs interfere with the Folic Acid....(B Vitamin group see below) in the body cells and frequently lead to Folic Acid deficiency.

Allergic reactions and skin rashes: Include; serious skin rashes, conjunctivitis, sensitivity of skin to sunlight, nettle rash, itching, drug fevers and chills, serum sickness-like symptoms,(fever, swollen glands, painful joints) bruising and bleeding into the skin (purpura); inflammation of the arteries, systemic lupus erythematosus (an immune disorder producing inflammation of the skin, blood vessels, heart, lungs, nerves and joints); severe dermatitis: and a skin rash with conjunctivitis and ulcers of the eyes, mouth, urethra (Steven-Johnson Syndrome)

Blood disorders: Sulphonamides can: damage bone marrow and affect red blood cell production, causing anaemia and white blood cell production, causing reduced resistance to infection. They may damage red blood cells causing haemolytic anaemia and interfere with the body's use of folic

acid, producing folic acid deficiency anaemia. NOTE: sulphonamides may, rarely, knock out red cell/or white cell production completely.

Mouth, stomach and intestinal: can produce sore gums, sore tongue, loss of appetite, nausea, vomiting, abdominal pains, diarrhoea, colitis (pseudo-membranous colitis)

Liver disorders: occasionally damages the liver, producing hepatitis and jaundice which may be severe.

Kidney disorders: can cause crystals in the urine and severe kidney damage, leading to kidney failure.

Disorders of the brain and nerves: can cause headache, drowsiness, dizziness, noises in the ears (tinnitus), vertigo, numbness and pins and needles in the arms and legs, incoordination of movement (ataxia), convulsions and meningitis.

Mental disorders: can cause: hallucinations, depression, apathy and nervousness.

Other harmful effects: occasional causes: painful joints, painful muscles, weakness, fatigue, insomnia, bad dreams and confusion

FOLIC ACID

Belonging to the B group of vitamins, folic acid is absorbed from our food by the small intestine and this absorption can be interfered with by such drugs as Septtrin, AZT and quite possibly ddI and ddC.

Deficiency produces anaemia and may be caused by poor diet and is quite often associated with alcoholism and drug abuse where the diet is usually poor in Folic Acid; also alcohol is toxic to liver cells and interferes with the use of folic acid.

The foods that are richest in folic acid are: fresh green leafy vegetables, wheat germ, wheat bran, eggs, yeast, liver, kidneys, peanuts, soya flour, oranges, bananas, avocados, beans, beetroot and brown rice.

Canning, processing, long exposure to heat and refining can seriously reduce the folic acid of foods so it pays to steam your vegetables for the shortest time possible and pressure cook you brown rice. Fresh green vegetables are the best source of folic acid.

In Brent

Park House Social Services in conjunction with IDT are offering free holistic therapies to people living in the borough and affected by HIV or AIDS.

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If you wish to make an appointment, phone Park House on 081 961 5755

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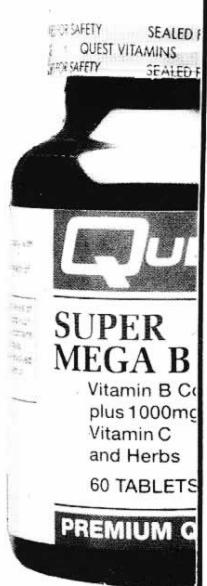
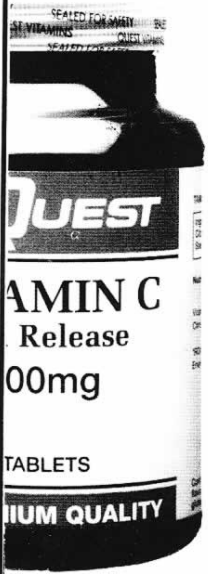
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Reprinted from the DAILY NEWS - New York's Hometown Newspaper

Garry Null says Arthur Ashe is

AZT Victim

By NEENYAH OSTROM



New York Daily News columnist Earl Caldwell describes in his February 10th column how Arthur Ashe "wrestled with the possibility of breaking away from the medical establishment to seek treatment for 'AIDS' during the last ten months of his life." Ashe's friend, Doug Henderson, told Caldwell, "He was really close. He just ran out of time."

Henderson arranged, in April 1992 for a film by nutritionalist Gary Null to be screened at Lincoln Centre and for Ashe to be there to see it. Null is an outspoken critic of AZT and he and Ashe had been talking for some time about how "Ashe could break away from orthodox treatments, according to Caldwell. 'He wanted to do it but he

would say, 'What can I tell my doctors?'" Null told the *Daily News* columnist.

"The film got into what the mainstream treatments AZT and ddI do to the body." Henderson told Caldwell. "Everyone who takes the treatment dies; that's what Arthur found out and that's the reason he was talking with Gary and that's why he was so close to breaking away from his doctors."

I even sent him case reports on a number of persons who had advanced AIDS and were treated successfully," Null said of Ashe, "He

read everything; he studied what we gave him and asked lots of questions. He just never made it to the point where he was ready to try this treatment."

The treatment Null was urging Ashe to try was interavenous Vitamin C along with nutritional support.

"I believe it would have saved his life," Null told Caldwell. "A hundred times he said he was going to come into the office and start the programme. Every time, his fear caused him to delay."

Null also asserted, Caldwell reports, that 90 per cent of those who are HIV positive and 50 per cent of people with 'AIDS' could be

saved "from ever dying."

What we have now is AIDS by prescription," Null said. "it is the biggest scandal of the century. by the end of the 90's we're going to wake up and see this is 'prescription AIDS' - where every symptom can be produced by the drugs we are giving to HIV positive people."

Caldwell ends his

column by pointing out that Null considers Ashe to be "a victim," killed by the conventional 'AIDS' treatment, AZT.



Freddy Mercury, Rudolph Nureyev, Denholm Elliot and Anthony Perkins. These are just a few of the great icons of the late twentieth century who are alleged to, or were known to have been prescribed and to have taken AZT. How many more names among the talented and famous will meet with the same fate before the world wakes up to the realisation that treating a damaged immune system with a drug designed as a chemotherapy is not the answer.

Saying No~and Meaning It!

Graham Nixon

Now that the SS AIDS Enterprise has been fatally holed beneath the credibility line, and its cargo of dubious statistical information has started to seep out, there is an additional sound to be heard: that of empires beginning to crumble and the scramble of people leaving the sinking ship.

I refer of course to the HIV/AIDS industry that launched a thousand careers, not to mention the attendant Byzantine structures that developed to support them. And in spite of all the planning, projecting and bandying around of statistics, it is becoming painfully obvious that – after their emergence ten years ago – HIV and AIDS in many quarters is still surrounded by the same tired old rhetoric.

It would appear that many careers have been based and developed on the fragile foundations of HIV and AIDS. Ostensibly, there is nothing wrong with that. After all, the more people who are involved and are trying to make life a little more bearable for people with HIV and AIDS, the better.

However, at this juncture I tend to part company with the mainstream of thought around HIV/AIDS awareness and the delivery of accompanying services.

What is open to debate is the criteria, admirable though it is, on which the career structure has been based. My concern over this grows each time I come into contact with the people who are shaping policy in relation to provision for us, since it is that very criteria that will ultimately mould the perceptions of HIV and AIDS and its effects on individuals and society in general.

During the time I have known of my status, I have at certain points sought out the services of people whom I thought would provide me with some emotional or intellectual means by which I could think my way through and out of the awful no-man's land that knowledge of my HIV status had placed me in. In the process I have been patronised, cajoled and vilified by a succession of doctors, health advisors and, worst of all, well-meaning gay friends.

Why? Because I said No. No to

becoming a victim, thus adhering to the tabloid press image of someone with HIV. No to being wrapped in a cotton wool 'there there' mentality. Finally, the hardest No of all: to the medical profession and the vast array of chemical palliatives they have to hand. HIV? And your cell count falling? Then take this just in case.

They call it preventative medicine. There is a history of breast cancer in my family. Does that mean my sister and her daughters should have their breasts removed, just in case? (This might be desirable, of course, if they harboured a secret desire to take up archery like Amazonian women did). Or should I and my brother have coronary bypasses because our father and grandfather both died of heart attacks? Careful with that butter, Eugene!

The point I am trying to make is that whilst there is a need for support services to be developed that are effective, what I do object to is the attitude that if an individual dare to challenge, and look for alternatives, that particular person is looked upon as some sort of irresponsible, reckless maverick – someone unable and unwilling to come to terms with their HIV status. In other words, acting out denial.

My HIV status is nothing more than a label that others have conveniently applied to me. Becoming HIV positive didn't suddenly mean that I had to relinquish all rights to being a rational human capable of making decisions and maintaining a hard fought for independence. I know people such as myself who are HIV + taking just about every drug on offer looking at me as though I was one cell short of an immune system because I choose to have acupuncture and regularly visit a Chinese clinic. After all, I'm told, Chinese herbs have poisoned people. Excuse me? AZT and the like are Dolly mixtures in comparison?

You could criticise me for being too hard on the people I require information and support from. But, whilst HIV continues to be such a challenge, there is for me little alternative. It is no crime to challenge, to want the best for yourself. Duesberg asked last year: why are the dynamic young scientists going out on a limb and taking so few risks? If only we had a few more people like him to influence those at grassroots

level.

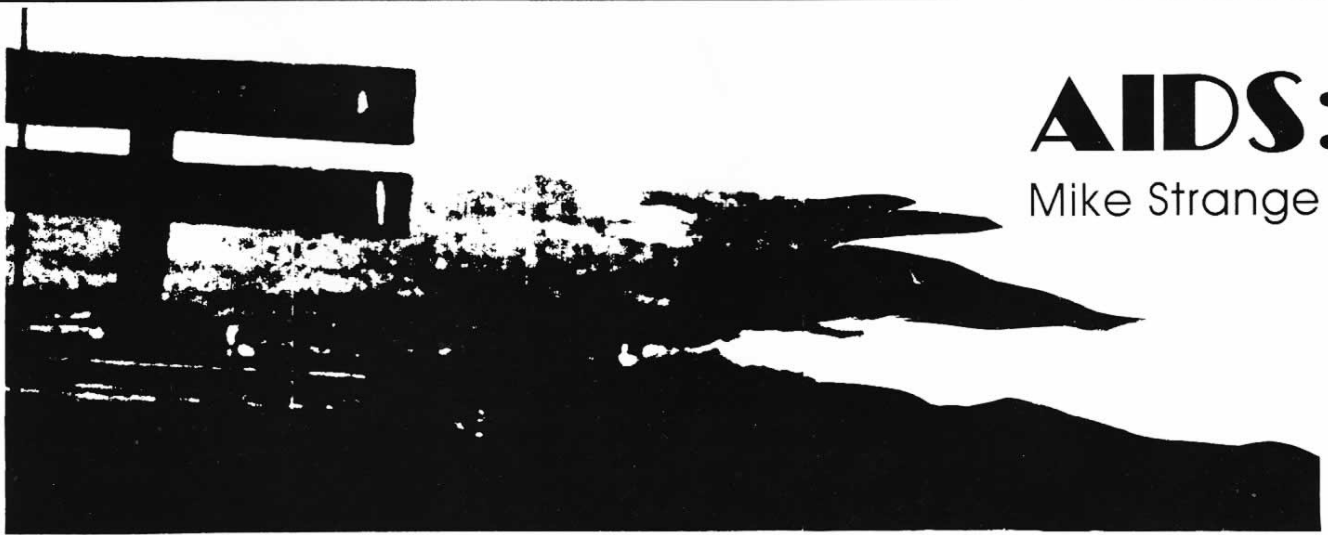
However, the necessity for a radical reappraisal of HIV/AIDS does not alone lie with the doctors and scientists. We as a group must share much of the responsibility for ending our complicity in the perpetuation of the 'victim' syndrome. It is time to stop adhering to the worn out clichés that have followed us around for the last ten years, and free ourselves from the attitudes that have undermined our sense of self-esteem. But instead we compare cell counts, finish off the panel started for *that* quilt a while ago, and plan the soundtrack for the funeral.

Somebody asked me what made me get out of bed in the morning. It is as it always has been – rage. Not over my status but at the appalling fatalism that is encouraged by a hierarchical structure that finds it easier and more convenient to frighten and cajole people into submission in order to create a neatly defined criteria on which the funding of services are based.

A certain cynicism is creeping into the proceedings. Conveniently, we are now being told that cases of Aids have plateaued out and only specific groups (gays and IV drug users) will be affected by HIV. It does not take too much perception to understand what they are really trying to say. Divide and rule by fear. And by identifying and marginalising groups, the drug companies can set the agenda and make the running. The result, if we are not careful, is that we will be sucked into this huge machine long before we need to make use of its resources. The saddest aspect of all this is that, now the bottom is beginning to drop out of the AZT market, I don't hear any apologies, or expressions of regret. It could be that we are regarded as nothing more than collateral in the name of scientific advancement.

There is, strangely, an 'up' side to all this in that I detect the rumblings of dissent among our exclusive club. There is a sea of change. People are beginning to say 'No.' There are starting to demand better explanations, and they are weaning themselves off the drugs and looking at alternatives.

We believed in the polemic until we read between the lines.



AIDS:

Mike Strange

The allopathic view of AIDS differs radically from the view of the "AIDS Rebels" who include homœopaths, nutritionists, psychotherapists and a growing number of people with AIDS themselves. The insights of people actually living with AIDS are so important to our understanding of what is going on, specially as many are extremely well read in all aspects of the subject, that practitioners need to be very careful to keep their views in the centre of any discussion. In this context I should like to quote a couple of sentences by Adrienne Rich, a feminist writer on spirituality, in her book "Of Woman Born", "The powerful (mostly male) make decisions for the powerless: the well for the sick, the young for the aging, the "sane" for the "mad", the educated for the illiterate, the influential for the marginal. Powerlessness can lead to lassitude, self-negation, guilt and depression. Power [over others] can generate a kind of willed ignorance, a moral stupidity, about the inwardness of others, and hence of oneself." Faced with what the world tells us is terminal illness, how tempting it is to try to take control and exert power, specially if the illness holds particular fears for us, but how opposed to our intended role of healer. If any health practitioner, or well-intentioned friend, tries to take you over, tell them to back off.

The allopathic model is very narrow: **HIV = AIDS = Death**. The conventional prognosis for anybody found to have HIV antibodies is fairly gloomy, and the prognosis for anybody with actual AIDS is almost 100% gloomy (in spite of the living evidence of large numbers of long term survivors, many of whom are following non-allopathic régimes of treatment). Therefore the

allopathic choice is for drastic drug treatments, plus chemotherapy and/or radiotherapy, intended to alleviate symptoms in the relatively short term until the person dies. There is no long term strategy, for obvious reasons. Faced with such a prognosis, given with all the authority of the medical profession, which still has a big residue of priestly or superstitious power in most people's minds, it is a brave and determined person who decides to fight back and live, but fight back we must.

The nucleoside analogue drugs such as AZT and DDI are the only treatments offered by the allopathic system with any intention of treating HIV itself, the so called cause of AIDS. These drugs were first developed to treat cancerous tumors by stopping cell division. They were abandoned because they stop all cell division in the body, and were found to be too toxic for that reason. They are now prescribed to thousands of people with immune deficiency, with drastic results. AZT has recently been discredited officially by the Concorde Trial (as most of us "rebels" knew it would be) and there is no evidence that anybody has got rid of HIV through use of these drugs. The toxic side effects have contributed significantly to the death of hundreds, if not thousands, of people with HIV. Many of them had no evident disease before taking the AZT. (see "Poison by Prescription - the AZT Story" by John Lauritsen.) The newest allopathic proposal is for trials of combinations of these poisons (AZT with ddl or ddC). This is medicine of fear and despair and **we can only advise everybody to have nothing at all to do with it**. This advice is reinforced by the latest ideas about the possible role of HIV in

AIDS - that it might not be an active pathogenic agent, but merely a marker of other processes, since more and more cases of AIDS without detectable HIV involvement are coming to light.

The HIV = AIDS = Death paradigm has another negative effect - that of stigmatising the person in the eyes of other people. There are few things as isolating as the belief of others that you are dying. That isolation is a powerful factor against healing and survival and we need to work constantly to counter it.

Let's leave the allopathic model and turn to the holistic view of the rebels which has to start with an understanding of what AIDS really is, and where HIV might fit in. The view that is increasingly accepted, and seems to lead to the best results when translated into therapeutic measures, is that AIDS is the result of severe pollution of the person's whole life on all levels, which diminishes the "vital force" (one of the basic concepts of holistic health) and so allows opportunistic disease processes to get going. This is analogous with the effects of pollution on the environment, leading to the breakdown of the life systems of the planet. Some of the pollution factors are

** drugs (prescribed or recreational) and vaccines which suppress the body's natural tendency to heal itself, create unacceptable side effects, and often lead to the development of more virulent pathogens which resist treatment.

** repeated syphilis or gonorrhoea, which seems to have a direct immune suppressive effect, and also leads to excessive use of antibiotics. (There is also the theory that AIDS is itself a form of suppressed syphilis. This needs to be taken seriously and researched carefully).

** environmental pollution, specially by

exploring divisions - looking for **UNITY**

hydrocarbons and heavy metals.

** malnutrition both in the form of famine, and of excess consumption of inappropriate food.

** excess ingestion of toxic substances such as alcohol, caffeine, tobacco etc.

** Negative emotional stress such as grief, fear, persecution, inability to accept personal attributes such as sexual orientation etc..

The things at the top of this list need to be dealt with by means of physical detoxification in the first instance, using diet, fasting, and drainage by herbal and homœopathic treatments (see Danielle Harris's articles). Once a reasonable degree of detoxification has been achieved, we usually see the picture in homœopathic terms with new clarity, which makes it much more likely that we can find the most appropriate homœopathic remedies and that the person will respond well to them. The emotional "pollution" can be addressed most effectively by psychotherapy (we have found psychosynthesis to be a most appropriate form) and by spiritual counselling. A majority of the longest survivors with AIDS are actively engaged in some form of spiritual development as well as with their physical and emotional well-being.

As for HIV, what do we make of its role? Millions of dollars, pounds and other currencies have been spent so far on research into HIV, and we still have no idea how it could cause such a drastic condition as AIDS. It is known to be a very mutable virus (in three quite distinct geographical forms) which is very fragile, quickly destroyed by heat and by exposure to air. It is of very

low infectivity compared with other pathogens related to diseases like Hepatitis B, syphilis etc.. It, or rather antibodies to it, has been detected in the majority of people with AIDS, and the presence of the antibodies has become part of the definition of AIDS as published by the US Centres of Disease Control. However, there are known to be more and more people who clearly have AIDS according to their symptoms but do not have HIV antibodies, so this far they are excluded from the AIDS statistics. There are also thousands of people who have HIV antibodies, and have had them for years without showing any signs of disease. If HIV were that destructive, would this be likely? I suspect not. Maybe HIV is just coincidental with the sort of life conditions which make people susceptible to loss of immune function, and has no active role in this phenomenon at all. If that were the case, most of that research effort would seem wasted (apart from the pure pursuit of knowledge).

When I started out over eight years ago, it was not expected that anyone with AIDS would last longer than 12 months, and most died much sooner. I myself had very little understanding of the condition, but even with basic classical homœopathy alone I soon began to see people lasting over two years, and having a much better time of it too. Very early on AZT became available on an experimental basis and there was a scramble to get it. It now appears that the research results had been falsified and the recommended dosage was about three times higher than what is now thought "safe" (though in our experience any dosage of AZT is far from safe). Not suprisingly, people who already had a precarious hold on life began to die quickly. Those who followed the advice given by me and several other holistic

practitioners, and avoided AZT, showed dramatically better survival and progress than the others, true victims of a very money-grabbing pharmaceutical industry. It is still the case (perhaps even more so) that those who avoid AZT, ddI etc. will be giving themselves a much better chance of survival, and of eventual return to good health. I am seeing over 50 people with actual AIDS, many of whom are now following a régime of homœopathy, prescribed diet (specially against Candida infestation), and psychotherapy, with excellent results. I have hopes that many of this group of PWAs will go on to be long term survivors, with the eventual hope of putting AIDS behind them.

© Mike Strange M.Sc., F.S.Hom. 1993
Lavender Hill Homœopathic Centre
33 Ilminster Gardens
LONDON SW11 1PJ Tel. 071-978 4519



Dear Continuum,

Dear Continuum

It was with some dismay that I received my first copy of The Continuum Magazine (issue No 3).

On the first page runs a line which reads as follows....'it is their (journalists) duty to ensure unbiased coverage, and you don't get unbiased reporting by stifling the opposing viewpoint'.

It strikes me that this is precisely what is happening within the pages of Continuum.

I see little evidence of opposing viewpoints being expressed in your pages. Instead there is a continual diatribe against AZT and a persistent argument that with adequate nutrition, AIDS would cease to exist.

Over the eight years that I have been diagnosed HIV+ I have seen friends thrive on AZT who were quite ill before they began to take it and seen friends die despite rigorous adherence to diet.

In the same article (interestingly unsigned by the way) is a line that claims that all those who died and were clients of various AIDS organisations did so because they were 'exclusively taking AZT and countless other medications.' Can this really be called unbiased coverage?

An article entitled Acquired Nutritional Deficiency Syndrome in the same issue contends that 'malnutrition over a long period of time is the reason why AIDS exist in all three major groups affected'.

Malnutrition is not in fact proven in the article to be a major problem in the gay community although reference is made to the use of recreational drugs and alcohol which could hardly be claimed to be exclusive to the gay community. I know gay men who have never touched either and never saw the inside of a clinic and yet are HIV positive and unwell.

On reading such subjective articles I am made aware of how much confusion there is in the world of HIV and AIDS and I therefore hope that Continuum will help the reader through this quagmire by informed and intelligent articles which make some attempt to remain objective and resist the temptation to descend to the murky depths of the tabloid press.

Guy Shanley
London SW3

I am sorry to hear you were dissatisfied with the opinions and information contained in the Magazine.

I feel it is only fair to point out though that there are quite a number of Newsletters available to people affected by HIV and AIDS, the contents of which are biased heavily towards the orthodox viewpoint. Our Magazine simply tries to restore some of the balance.

I am sure many of us can quote examples of people who have supposedly done all the right things and nonetheless, died of 'AIDS' however, I am quite sure that these people represent only a tiny minority in comparison to those who have gone down the 'heavy medication route'.

I am most surprised that you dismiss nutrition as being an important factor in a disease situation. I would have thought that the importance of adequate nutrition both in recovery from disease and continued maintenance of good health was a well recognised fact, unless of course you are implying that recovery from AIDS is impossible. Editor

Dear Continuum

Thank you for sending me all your issues. I found they gave me very valuable information and they actually confirm a few of my own viewpoints about the virus. Viewpoints usually regarded as 'unethical' in the HIV field and a system which is based on the equation that HIV=AIDS and the problem is 'how to stop HIV.'

I think this has been the big mistake since the beginning and I am glad to know that I am not the only one to have these thoughts.

I was diagnosed HIV+ six and a half years ago and I must have contracted the virus a year before the test.

I am currently very well and have never been in hospital.

When I was infected I was very ill for a few months with fevers and urinary tract infections but apart from a nasty infection last year, the last five years of my life have been wonderful with plenty of growing up, of changing, of searching for truth and some real understanding.

I don't take any drugs at the moment though I'm on methadone maintenance, which I want to get rid of but I am very scared of doing so. I have

taken it for one year and the withdrawal and detox problems are going to be tough for me to face.

At present I am just giving myself some time. My life is a continuous healing process. I harmed myself so much for 8 or 9 years but now I'm learning to love myself, to be wiser and I want to heal my mind and my body.

Two months ago I got married and my husband is HIV negative. We live in a dimension of enchanted love and we would like to try the great challenge.....a child.

I am full of doubts and fears but it would be the best thing I could do with my life now.

- I am trying to find the strength and faith I need to take it on so I hope you'll keep me on the mailing list about your future support groups and that you'll continue to send me the magazine.

Best wishes to all of you and many thanks.

Name and address withheld on request

Dear Continuum

First, thanks so much for all the excellent material you sent me.

Believe me, I am passing the 'Continuum' message on to as many people as I can. It is time for them to have their eyes opened.

I am enclosing a couple of photocopies for you to see what is going on 'down under'. We have been relatively spoiled by an aware Federal Government with good funding for AIDS research and care but of course it has not always been spent in the areas which I believe are the most important.

Also, could I be placed on your list as a personal subscriber.

Looking forward to receiving the next news in Continuum.

Best regards
Paul Boland (HIV Educator)
AIDS Council of New South Wales

Letters to Continuum should be sent to us no later than 25th of July

Appeal to Continuum Members and Subscribers

Due to our combative style and explicit stance against orthodox treatments involving highly toxic drugs, I have been unable to secure funding from the main funding bodies.

We're considered 'unscientific' and "can't be taken seriously as we have no scientifically collated data to back up our beliefs". As if seeing friends and loved ones going down the 'AZT route' and dying, whilst others like ourselves who opt for nutrition, lifestyle changes and alternative therapies thrive, isn't enough! And what about the experience of homeopaths, nutritionalists and other therapists who regularly witness the damage that orthodox treatments cause. Doesn't that count for anything?

Long term survival is good news. We should be shouting it from the rooftops and reading it on page one of the national dailies. Instead we are faced with a situation where if we ignored the side-effects and plugged the pills we'd have funding coming out of our ears. Opt for bereavement counselling and you'll be flavour of the month. But, push nutrition and personal responsibility over ones health and lifestyle and you'll engender the same sort of response Galileo got from the Catholic Church.

As Fundraising Officer for Continuum I have decided to take the time to appeal to members of Continuum and all readers of the Continuum Magazine for support.

We need donations to help with the general expense of running Continuum and the printing and dispatch of the Magazine until applications for the next financial year 94/95 can be made in December, when hopefully the funding bodies will recognise the need for an organisation like ours. We can but hope.

Any amount you can afford to send us as a donation will be gratefully appreciated and will assist us to inform and support more and more people who want to change the course of their lives and recover their health.

We have included a donation slip (below) for you to fill in and post off with your donation and I can only thank you in advance for your help.

Sincerely,
Marcel Wiel (Finance and Fundraising Officer)

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The Food Pharmacy



*Dramatic New Evidence
that Food is Your Best
Medicine*
JEAN CARPER

Thinking about it, I suppose it stands to reason that the foods we eat should have medicinal qualities as well as nutritive ones and in this well researched book, Jean Carper presents some of the scientific evidence to back up this belief.

It may come as a shock to some of the purists among you when you come to the chapter devoted to Milk because the section devoted to heart disease tends to contradict most of what we have come to believe as gospel over the past twenty years or so. But then, contradictory evidence shouldn't come as a surprise to any of us, should it?

It makes a fascinating read

though and if you have no idea of the complexities of nutrition, this is a great book to whet your appetite....so to speak.

Jean Carper, who is a well known authority on nutrition on health and nutrition in the States and is a former medical correspondent for CNN in Washington so (risking another pun)...I guess she knows her onions.



Still, for those among you who prefer to prop up the

bar at the Dog and Duckette there is a comforting section on the pharmaceutical benefits of wine and beer. What I suggest you do is read it very carefully and then eat the book.

Raj Singh

Published by Simon & Chuster, ISBN 0-671-71502-X Price £6.99

The Natural Pharmacy

MIRIAM POLUNIN &
CHRISTOPHER ROBBINS

For centuries people have relied on the healing power of natural medicines available to them in their surrounding environment and it is no great wonder that nature has supplied these remedies in abundance.

This book presents the reader with a beautifully presented encyclopaedia of herbs, animal products and natural minerals that are used in Western, Chinese, Homeopathic and Ayurvedic medicine and describes in detail the uses to which these healing products are put.

What becomes clear as one wades through the wealth of information is the great similarity that exists between

the various disciplines even though their experiences of disease may be separated by thousands of miles or dozens of centuries.

The colour photographic illustrations and accompanying texts are superb and the A-Z Reference Guide in the second section elaborate further the information around each particular medicine.

This is in reality a 'coffee table' manual but one with a great deal of practicality especially for someone wishing to learn the basic outlines of traditional medicine and a brief history of its importance to society in general.

Lionel Thomas

Published by Dorling Kindersley ISBN 0-86318-858-3 Price 14.99



Excerpts from an interview with

PART ONE

Jeremy Selvey

of Project AIDS International

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

My talk with Project AIDS International focused on debunking! The intention was to cast new light 'objective' aspects of HIV and AIDS that we take for granted as being credible and scientific but upon closer scrutiny may not appear as well grounded. Specifically we highlighted two major issues: the accuracy of the standard HIV tests and the significance of T-cell counts

Q: Why are T-cell counts not necessarily indicators of a strong immune system?

J.S. We began by investigating T-cell studies because this is how the CDC and a lot of other organisations determine whether a person has a healthy immune system or not.

We became suspicious when reviewing case studies when we came across one of HIV+ body-builders with zero T-cells and complete CD4 cell depletion, who were not suffering from any opportunistic infections.

We thought this was very strange so we began studying people with a T-cell count of between 3 and 10. Upon examination we discovered that there wasn't necessarily any correlation between the condition known as AIDS with its opportunistic infections and ones CD4 count.

So, I personally began investigating areas where we could find HIV negative studies. For this I had to go into the Chronic Fatigue Syndrome research area where studies have been done of people who were positive for the Epstein Bar Virus, the virus that is 'believed' to cause Chronic Fatigue Syndrome (of course there is no proof that Epstein Bar causes CFS just as there's no proof that HIV causes AIDS but at least with CFS they openly admit it).

They had done studies with the sexual partners of people suffering CFS who were testing EBV negative and what they wound up with was studies of HIV negative people who were perfectly healthy and yet their CD4 cell count was substantially lower than the Centre for Disease Control says is normal for HIV negative people.

We began networking a lot of scientists figuring that, we were not the only ones to notice this type of correlation. We contacted a scientist (who wishes to remain anonymous) who told me that I was correct: that there were studies done on HIV negative people but had been suppressed by the government, specifically the National Institute of Health and the CDC because "the numbers were not sexy enough." Which is to say, their studies did not back up the propaganda of the government so they were never permitted to be printed.

These studies which are now available to the public through Project AIDS International, examined the CD4 count of HIV negative people, studied for six years, revealed that the normal range of CD4 is between 237 and 1817, showing my hypothesis is correct.

We further inquired, within the underground of unpublished research of scientists persecuted by the government and discovered a study done on HIV negative U.S. Olympic athletes in perfect health. Again the range for was between 400 and 600 T-cells.

This information was supposedly suppressed although the study has been going on for six years.

In the Journal of American Medicine, you'll find the study (Denny, et. al.) citing the exact dates but of course, this is one of those situations where it was broadcast but not necessarily trumpeted.

Q: I would like you now to address the validity surrounding the standard HIV test. The Elisa or Western Blot test. Is it the case that one can test

negative but be encouraged to keep being re-tested because it could be a false negative, and, what is the reliability of the HIV test that most people are given?

J.S. We first have to look at what studies have shown.

It's a clear cut case that if you have just received a vaccination-- there may be many different types of vaccination, but we'll say for now a Hepatitis B vaccination-- then, within the next six months after your vaccination, whether you are HIV positive or HIV negative, you will automatically receive an HIV positive result. This was how inaccurate the test is.

Why? The Elisa test is testing for the antibody to the HIV virus and not the virus itself.

This test is very inaccurate in that the antibody to HIV is very similar to the antibodies for HHV6 the Human Herpes Virus 6, or the Hepatitis vaccine will cause an immune response of antibodies that resemble HIV and trigger the test.

Studies have shown that this test is only 60% accurate, provided that you haven't had a Hepatitis shot or had any other type of vaccine or viral infection in the last six months. So this is a very frightening tool that is being used as propaganda.

You'll note that if you're tested positive, you're not encouraged to go back in six months and test again to find out if it might be a false positive. However if you test HIV negative they will have you coming in every six months until you do test positive. And we have a very strong concern about this type of manipulation.

PRAXIS Volume No 2, Spring 1993

In part two of this interview to be published in the next issue of The Continuum Magazine Jeremy Selvey will be discussing sero-conversion.

A Natural History of

PCP pneumocystis carinii pneumonia

Jody Wells

Of all the diseases associated with the 'syndrome of AIDS' PCP causes more angst and anguish than any other, or so it would appear.

It's understandable. The thought of asphyxiation is hardly a pleasant one and so much has been made of the perceived risk of contracting PCP that immediately someone is diagnosed HIV positive, the fear of going down with some form of pneumonia becomes an obsession that causes a great deal of unnecessary distress.

So lets look at the true facts. PCP has been known about far longer than HIV has, it was first diagnosed in 1911 and may have been far more prevalent as a cause of death than we imagine. Up until 1982 when new diagnostic procedures were introduced, the only satisfactory method of confirming the presence of PCP was to surgically enter the lung to look for cyst or trophozoite forms.

Even with new diagnostic techniques, confirming the presence of PCP is not accurate and definitive tests to prove the presence of the organism are hardly ever performed. In most people who are known to be HIV+ the diagnosis is presumptive. In other words, it is assumed to be present because of the perceived risk factors. This is why one hears so frequently of people, suffering from non-specific chest infections being told by their doctor that they have 'mild' PCP and

are persuaded to take Septrin as a prophylactic.

There is no such thing as 'mild' PCP. You either have PCP or you dont. If your doctor tells you you have a 'mild case", he's covering his back. By its very nature the onset is rapid, utterly debilitating and life threatening

Because of the difficulties associated with the diagnosis it is probably accurate to say that many of the deaths due in the past to Pneumonia, were in fact due to PCP and as an example of this, in 1976, 200 routine autopsies in a Dutch hospital revealed that 8 per cent of the patients had PCP present in their lungs.¹

Pneumocystis carinii pneumonia, far from being a disease that only affects people who are HIV positive has always been recognised in the past among patients with so called nonimmunosuppressive diseases such as anaemia, haemophilia, non-Hodgkins lymphomas, cryptococcosis, tuberculosis, protein-calorie malnutrition, venereal disease and chronic fungal infections.²

It is also notable that PCP is often found in people who are malnourished and frequently suffering a deficiency of Vitamin A and is a problem found frequently in drug abusers and alcoholics. It is also a frequent cause of death among the starving peoples of Developing Countries.³

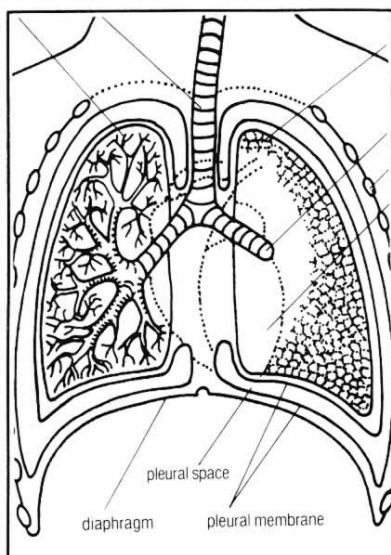
This information should tell us all something about why PCP

develops and what we can do to reduce the risk without resorting to prophylaxis with antibiotics and the further suppression to the immune system that open ended use causes.

It seems clear therefore that there are a lot of things one can do to lessen ones chances of coming down with PCP in the first place, or, if having already done so, minimising the possibility of a further attack.

Stopping the excessive use of recreational drugs and that includes large amounts of alcohol. Increase and improve your intake of nutrients by changing to a wholefood diet. By that I mean, ensure that you get an adequate daily supply of green leafy vegetables (for the vitamin A and E) whole grains and legumes, meats or fish and plenty of fresh fruits and vegetables. In other words--- steer clear of junk food.

It wont do any harm either to supplement your diet with extra vitamins (especially A,E,C and B Complex) and a mineral supplement which includes Selenium and Zinc despite the scare stories one constantly hears from the medical profession about side-effects. The likelihood of of you having side effects from vitamin and mineral supplements is about the same as you *not* having side effects from the stuff they dole out.



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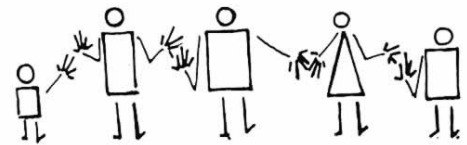
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Continuum

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Lightning Strikes

3TC, a Nice Little Mixer

The latest line in cocktails was revealed at the Berlin Aids Conference last month when BioChem, manufacturers of 3TC claimed that although the result of their Phase 2&3 trials showed that 3TC was effective, in combination with AZT, it appeared to be even better.

Francesco Bellini head of BioChem said of 3TC and AZT, that neither was good on its own, AZT especially had toxic side effect but they were good together and that combination drug therapy wont hurt their potential market.

The market they are aiming for are all those asymptomatic (well but HIV+) people out there. Glaxo who own 17% of BioChem reckon that there are 200,000 people currently taking AZT, with another 100,000 participating in trials and for every HIV+ person with an AIDS diagnosis (read - doing medication) there are potentially 8 to 10 asymptomatic's just raring to try one of

these cocktails.

Strange isn't it, although everyone knows how toxic AZT is they continue to maintain that it works even better in conjunction with something equally



toxic.

Please, this kind of logic defeats me. It's rater like saying Arsenic works but it works more effectively if you take it in conjunction with Cyanide, or, the Gin will get you drunk but it will get you even drunker if you take it with Scotch.

The only part of the logic that nobody has been able to explain to me is the logic of trying to repair a damaged immune system with chemical designed to destroy body cells. Clue me in somebody.

Risky Business

The other little gizmo about to be launched on an unsuspecting world (although not here in the UK..just yet anyway) are--HIV self-test kits. Yes...you too can become a do-it-yourself 'HIV Positive' in the privacy of your own room. Can you just imagine the commercial potential of this little wheeze.

The tragedy is of course that anxious people, worried that they might have done something sexually risky will have their lives wrecked. That morning after the night before could potentially turn out to be, the last day of the rest of your life if you cant handle the outcome of a positive result.

Hopefully, the idea could backfire. After all is anyone in their right mind really going to want to find out that they're HIV positive, and pay for the privilege, unless of course, they're into cocktails in a big way.