European AIDS Research Ignored

by Fr. Richard Wilhelm
Spotlight Newspaper

Dr. Horst Keif is curing AIDS victims in the Munich area of West Germany, by hyperoxygenating their blood with ozone, which destroys the AIDS virus on contact.

The same basic process appears to be also effective against hepatitis, herpes, the Epstein Barr virus and the cytomegalovirus, as well as providing a simple method of purifying stored blood and blood components, and preoxygenating blood to be transfused. Some of the medical uses of ozone have been appreciated for years in Europe and elsewhere but are still relatively unknown in the United States.

The treatment itself is remarkably simple: The ozone is produced by forcing oxygen through a metal tube carrying a 300-volt charge. A pint of blood is drawn from the patient and placed in an infusion bottle. The ozone is then forced into the bottle and thoroughly mixed in by shaking gently, whereupon the blood turns bright red.

As the ozone molecules dissolve into the blood they give up their third oxygen atom, releasing considerable energy, which inactivates all lipid-envelope virus while leaving blood cells unharmed.

Ozone overcomes AIDS virus by a fundamentally different process than usually attempted with drugs. Instead of burdening the liver and immune system with more elaborate toxic substances, ozone simply oxidizes the molecules in the shell of the virus, rendering it incapable of spreading.

It also oxygenates the blood to a greater degree than is usually reached, what with poor air and sluggish breathing habits. The treated blood is then given back to the patients. This treatment is given from twice a week to twice a day, depending on how advanced the disease is. The strengthened blood confers some of its virucidal properties to the rest of the patient's blood as it disperses.

The disease will not return, as long as the patient maintains his blood in an oxygen-positive state, through proper breathing, exercise and diet.

Research Ignored

The major U.S. news media and the medical Establishment seem to be ignoring this line of research. Meanwhile hundreds of millions of dollars are being spent to "try to find a cure," which supposedly won't be available for years, if ever.

Once AIDS is diagnosed, "it means death," insists American Medical Association (AMA) President Dr. John J. Coury. "There is no cure...and no immunization."

He also mentioned that each case brings the medical industry another $40,000 to $150,000, or 40 to 150 million dollars from every thousand victims. Of course, that's totally unconnected with the AMA's silence about the AIDS cases cured with ozone.

Apparently the lone exception to the medical Establishment's overall lack of interest in this promising breakthrough is the Food and Drug Administration (FDA) approval of the Medizone Co.'s tests on ozone blood treatment.

The New York-based company obtained an "investigative new drug" approval for ozone, which falls under the heading of "drugs" even though it isn't. Their recently completed animal tests have demonstrated no indication of toxicity, at 10 times the equivalent amount that is proposed for human treatment.

Medizone was granted U.S. Patent No. 4,632,980 on December 30, 1986, on "inactivating lipid-envelope viruses in blood that is returned to a mammalian host."

In humans, this includes AIDS, herpes, hepatitis, Epstein Barr virus and cytomegalovirus.

Medizone now has FDA approval to begin human testing.

All this has been with virtually no publicity, because the accepted procedure for publishing medical breakthroughs is to complete all the tests first, even though victims may die waiting for the cautious, methodical testing procedure to run its course. No one in the industry wants to raise false hopes, let alone repeat the medical disasters that have resulted in the past, from rushing approval on new treatments.

On the other hand, the drug AZT was widely publicized for many months before it was approved in the United States, as is ongoing research into possible AIDS vaccines.

The difference is that ozone offers an actual cure, and it's cheap.

AZT does not cure but only buys time, and is expected to cost $10,000 per patient per year, bringing the Burroughs-Wellcome Co. up to $300 million, from the 30,000 reported AIDS cases.

Information given here is for research and educational purposes only and is not intended to prescribe treatment.

◆

Ray Peat's Newsletter

AIDS/Syphilis Treatments & Ideas

Two of the best articles on AIDS that I have read are by Katie Leishman in *The Atlantic* (August, 1987 and January, 1988). In the earlier article, she discussed some of the poorly publicized alternative theories about the cause of the disease, and presented some of the arguments about the method of transmission, especially about lice. In the January article, she concentrates on the association between AIDS and syphilis.

Leishman quotes the argument of Jean McKenna, of Berkeley, that the AIDS-associated virus, HIV, is a by-product of the disease, rather than its cause, and that it probably only infects someone who is already immunosuppressed. Reading the older scientific literature, McKenna learned that both Kaposi's sarcoma and pneumocystic carinii pneumonia had been associated with syphilis.

The literature suggested that syphilitic patients are prone to various opportunistic infections, as AIDS patients are, although syphilis does not appear to suppress the immune system until its latent and tertiary stages. She tested twenty-four HIV-positive subjects (most of whom were ARC and AIDS patients) with a documented history of syphilis.

➤

Although all of their FTA (fluorescent treponemal antibody) tests should have been reactive, twenty-one were not. McKenna speculated that all AIDS patients might have syphilis.

In 1981, before AIDS had been recognized, two German physicians, K. Dierig and U. Waldthaler, guessed that gonorrheal endocarditis might be causing a patient's hot flashes, drastic weight loss, shortness of breath, and confusion, so they treated him with 40 million units of penicillin intravenously each day for three weeks. His symptoms disappeared, and later they found he tested positive for HIV, and a review of his 1981 laboratory tests "showed abnormalities consistent with AIDS." Dierig and Waldthaler then used the same penicillin treatment on six other ARC and AIDS patients. All seven are now "clinically asymptomatic." (The usual treatment for syphilis in the US is a single injection of 2.4 million units of benzathine penicillin. This form of penicillin does not penetrate the brain. In some countries, syphilis is treated for a year.)

Leishman also describes the work of Salvatore Catapano, of Valley Stream, Long Island. Thirty years ago, Catapano learned that the Enterobacteriaceae stimulate immunity, and found that typhoid vaccine could stop the growth of tumors. When he saw patients with Kaposi's sarcoma, he was reminded of syphilitic sores he had seen in the tropics. Catapano believes that the tropical spirochetal disease, yaws, shouldn't be considered as a distinct disease. He advocates the use of typhoid vaccine to stimulate the immune system before treating AIDS patients with penicillin. Catapano also believes that "syphilis" infections can occur without the presence of a spirochete, possibly by a virus-like variant of the organism. This idea has been proposed many times, e.g., by Bergel, in *Syphilis im Lichte neuer Untersuchungen*, Jena, 1925.

A few months ago, D.J. Bauer of Wellcome Laboratories, wrote an article on the history of antiviral drugs. I know of his 1959 work, in which he showed that copper inhibited the growth of a lipid-coated virus in the brains of mice, so I was surprised to see that he didn't mention copper or zinc, and that his story began with the introduction of amantadine in 1964 to treat influenza (which, like herpes and HIV, is also lipid-coated). I had been interested in amantadine for a long time, because it modifies nerve function in a way (anti-cholinergic) that I think mimics certain steroid hormones which I consider to be part of our natural anti-viral defense system. So I was also surprised to see that Bauer gave no explanation of the origin of amantadine.

Amantadine (or adamantaneamine) is a water soluble form (1-amino-adamatane) of a substance that occurs in petroleum. I noticed that adamantane smells like camphor, and that it has a cage-like shape which is very much like that of camphor. Camphor has a long history of use as a germ-killer (e.g., Campho-phenique, for herpes), and was used successfully in the great influenza epidemic 70 years ago. I assume that the idea of using amantadine to treat influenza was based on its obvious similarity to natural camphor. An oxidized form of camphor, camphoric acid, also has a faint odor of camphor, and has been used as an oral germ-killer. It was tested as a syphilis treatment in comparison with penicillin and the traditional arsenic compound, salvarsan, shortly after penicillin became commercially available. All three eliminated the syphilis infection, but the drug companies were already set up to produce large amounts of penicillin profitably. Camphoric acid was used to carry bismuth, another heavy metal that was effective against the syphilis organism. (I was interested in using camphoric acid to transport copper, making it able to enter the brain and also causing it to be absorbed via the lymphatic system, by-passing the liver and thus allowing a large dose to be absorbed without injuring the liver. I swallowed a small amount, and the next morning, noticing that my mouth felt fresh when I woke up, found that my tongue didn't have its customary coating. I have heard that harmless spirochetes tend to grow on the tongue).

Infection with the "trench mouth" organism, Trepenema Vincenti, was often associated with a deficiency of white blood cells. Another spirochetal disease, Weil's disease, involved fever, headache, vomiting, and intestinal bleeding. Still another type of spirochetal infection was known in Mexico as "pinta," and mainly involved depigmentation of the skin. Early in the century, some of the abnormalities of pigmentation, teeth and hair development, and defects in blood vessels, that had been attributed to syphilis were found to result from a copper deficiency.

For at least 80 years, people have been observing an association between anesthesia and the elimination of viral infections. We have at least three natural anesthetic systems, namely, the GABA system, the endorphins, and the steroids (especially progesterone). These very likely are just three aspects of a single system. Close analogs of the GABA system are already known to have anti-viral action.

About 60 years ago, it was commonly believed that women, especially during pregnancy, are resistant to syphilis. Moore (*Johns Hopkins Hosp. Bull. 34*, p 89, 1923) states that it is fair to assume that pregnancy is the factor which suppresses the lesions of the disease. The protection may persist over a long period of years and possibly for a lifetime. Spontaneous cure seems in a few instances to have been the ultimate result.

It seems necessary to believe that some substance produced in the course of pregnancy and non-existent in the tissues and body fluids of males and non-pregnant women is antagonistic to the spirochaetae, but whether this is derived from corpus luteum, or other organ of internal secretion, or from the placenta or foetus, is merely a subject for speculation. (W.G. MacCallum, *A Text-Book of Pathology,* W.B. Saunders, 1937, p. 684.)

Camphor, progesterone, nutritional supplements, and artificial fever have even fewer side-effects than penicillin, and should be tested more widely. The GABA analogs, besides being non-toxic, have the additional advantage of being very cheap. In the pharmaceutical-bureaucratic world, though, this has too often been a fatal defect.

The close association between immunity and the balance of iron and copper suggests that the iron/copper ratio should be studied in AIDS.2 The fact that hemosiderosis (a disease of excess iron absorption) occurs mainly in Africans and in transfusion recipients might be expected to relate to the virulence of any infectious disease in those populations. The tumor of Kaposi's sarcoma is often pigmented with hemosiderin. Although the suppressive effect of iron on the immune system is well-known, it is generally ignored, probably because of our society's obsessive belief that "iron is good for you." Iron's effect on the immune system is interestingly examined by June

Goodfield in *An Imagined World.*

Since I mentioned the endorphins above in the context of resistance to infections, I should mention that these endogenous peptides are really a family of substances with very different properties; some activate the right side of the brain, others activate the left side.3 The two sides of the brain have different effects on the immune system. Opiates are powerful suppressors of immunity.5 I think it is clear that morphine and codeine should never be used when there is an immune deficiency.

References

1. Serum copper rises sharply during pregnancy, partly as a result of high progesterone levels. Copper provides some protection against iron toxicity.
2. Physicians with AIDS or ARC patients are invited to participate in a study of these and other factors. The Health Discernment Laboratory in Santa Barbara, Calif., will do the serum testing. They will do tests on about 12 of each at no charge, but very special handling of the serum is necessary, and instructions are available.
3. Ye. Chazov, *et al.*, "Chemical asymmetry of the brain," *Science in the USSR*, No. 1, pp. 21-29, 1987.
4. P.J. Neveu, *et al.*, "Modulation of mitogen-induced lymphoproliferation by cerebral neocortex," *Life Sciences 38*, pp. 1907-1913, 1986.
5. H.U. Bryant, *et al.*, "Immuno-suppressive effects of chronic morphine treatment in mice," *Life Sciences 41*, pp. 1731-1738, 1987.

Subscriptions: $18.00 yearly
Ray Peat's Newsletter
P.O. Box 3427
Eugene, OR 97403

◆

NATURAL HEALTH CONVENTION
May 21 & 22, 1988
Memorial Coliseum Complex
1401 N. Wheeler
Portland, Oregon
For Information Contact
Sandy at 818/357-2183

AMA NEWS

Register Publishes Clearinghouse Rules

by Diane M. Gianelli

Proposed rules related to the national clearinghouse for MD licensing and malpractice data were published in the March 21 issue of the *Federal Register.*

The rules – which detail the types of information that must be reported to the data bank, the entities that must report information, the conditions under which parties will have access to the confidential information, and the penalties for non-conformance – are subject to a 60-day comment period before final regulations are issued.

The clearinghouse, which also will include information on dentists and other licensed health professionals, was mandated by Public Law 99-660, the Health Care Quality Improvement Act of 1986. It was established to provide a central repository of information on health care providers so as to improve the quality of the nation's medical care by identifying those engaged in unprofessional behavior, and by providing a means to restrict incompetent providers from moving to other states to set up practices without fear of detection.

The data bank was scheduled to begin functioning last November, but funding has not yet been appropriated.

The American Medical Association and the Federation of State Medical Boards applied jointly for the contract to run the data bank, but because the eligibility period for consideration has run out, they will have to re-bid. Administration sources predicted that the data bank would not become operational before 1989.

Issues likely to be discussed by affected groups before the May 20 comment deadline will include procedures related to resolving disputes about the accuracy of information reported to the data bank. The proposed rules request comments on the subject, saying: "In light of the sensitivity of this information, we specifically solicit comments on how disputed information should be handled prior to settlement of the dispute."

◆

THE KEY CO.
FINEST HEALTH PRODUCTS
Catering specifically to the Professional with a "preventive" or "holistic" health care practice.
From a wide variety of services and products, the Key Company is unique and able to meet the needs of most professional practices.
Our product line (over 500 items) includes supplements which are hypo-allergenic.
If you are looking for product integrity and cost effective therapies, please consider what the Key Company has to offer.

We care that your patients get well.
For a FREE catalog please call:
Toll free in Missouri 800-392-9039 Outside Missouri 800-325-9592