Study Group AIDS Therapy

c/o Felix de Fries
Eglistr. 7 CH-8004 Zurich
Tel. 044 401 34 24
felix.defries@sunrise.ch

To people affected
Their doctors and carers
To institutions
To the media

Zurich, 30th November 2012

ref. **AIIDS: Antibiotic Induced Immune Deficiency Syndrome**

Dear Sir or Madam

Epidemiological data show that the signals and structures, traced back to the Human Immune Deficiency Retrovirus HIV and measured by means of HIV-tests, only occur after sexually transmittable diseases such as syphilis, gonorrhoea, chlamydia, hepatitis A and B, chlamydia, herpes genitalis, granuloma, urethritis, trachomatis, bacterial vaginosis etc.) and endemic infectious diseases such as tuberculosis, candidasis, cryptococcosis, toxoplasmosis, mycobacterium avium, herpes simplex, leishmania, salmonella septicemia and malaria, all of which with a positive HIV-test-result define the AIDS syndrome since the 1990s. All the pathogens of these diseases, most of which have shown resistance to various kinds of antibiotics since the early 1980s, induce in cells a higher activity of reverse transcription, the formation of antibodies against certain proteins of the cell membrane and the cell nucleus, which are measured by HIV-antibody tests as 'HIV-antibodies' **(B1)**. Since the introduction of this test and the postulation of the human immune deficiency retrovirus (HIV) in 1984/85 the severe course of these illnesses and its proliferation have been attributed to the newly discovered retrovirus HIV, whose worldwide dispersion was supposed to be halted by tests on members of defined risk groups and by the practice of safer sex.

Regarding the HI-retrovirus it is not clear to this day whether this is a singularly transmittable virus or an presumed part of the human genome ("endogenous retrovirus"), which is activated under particular conditions such as the transmission of mutated, antibiotic-resistant pathogens or by non-infectious factors such as the blocking of receptors (ribosomes) by antibiotics, which block beside the bacterial also the mitochondrial translation system and cause thereby lasting damage to energy production with oxygen in cells, diminishing the cell growth in immune cells and other cell-systems, which was attributed to the HI-retrovirus. Despite all these findings, year after year, the AIDS establishment speak only of higher or lower new HIV-infections **(B2)**.

The principal cause for the formation of antibiotic-resistant pathogens, which even in the mid 1970s led to an antibiotic crisis in US hospitals, not only occur due to the uncontrolled medical administration of antibiotics but also to its use as growth promoters in the cattle, poultry and fish industries, which introduce the transmission of resistant strains via meat, poultry, fish, diary products and via vegetables fertilized with the faeces of animals treated

with antibiotics. (The latest example of such a transmission path was the EHEC epidemic last spring in Germany, which lead to the death of many people after the consumption of salads).

Antibiotic resistant pathogens in water, in nutrients or as products of its medical use, accumulate in the gut, where they diminish commensal bacteria, which are needed for defence against hostile bacteria, for the activation of immune cells and for the formation of the tissue of the intestinal mucosa. This, after time, increases the permeability of the intestinal gland, so that gut bacteria can pass through it and relocate to other organs, where they induce the ongoing activation of immune cells, which after over-activation leads to blockages, resulting in a lasting immune deficiency **(B3)**.

Under the pressure of antibiotics, bacteria, fungi and parasites pass on, via plasmids and introns, genomic parts, which they present on their surfaces to other strains, which then make changes in their own genome that can lead to an advantage in the competition with other strains or to a loss of genes with subsequent failure of individual organs resulting in a disadvantage in this competition. In the course of these interactions, during which the blocking of receptors on the cell surface and damage to the mitochondria play important roles, they display changes in their metabolism, their surface structure and in the emitting of signals to toll-like receptors and the gut associated lymphatic tissue (GALT) cells which direct the formation and activity of immune cells in the entire organism and the exchange of signals between them via messenger substances. If under these conditions genetic sequences from the products of activated genomic parts ("endogenous retroviruses") can be transmitted to the genome of bacteria remains questionable. At an external transmission of such products via blood, they are recognised as antigens (non self) and bound by antibodies. *It is possible, that such genetic sequences from bacteria have earlier been defined to be HIV-specific for PCR-testing* **(B4)**.

Since the late 1970s mutated strains (bacteria, fungi and parasites), which can no longer be controlled by antibiotics represent a severe problem for physicians, who after the postulation of HIV in 1984 and the introduction of HIV tests, that show indirectly structures and signals induced by these strains, attributed this to the newly postulated HI-retroviruses which then were regarded as the cause of the severe course of AIDS-defining illnesses. After 1986 uncontrollable infections by resistant strains were increasingly treated by DNA terminators (such as AZT) which not only killed large amounts of bacteria, fungi and parasites but also a great number of 'labile cells' including young immune cells in organs such as the intestinal mucosa, which to fulfil their task build large numbers of new cells every day.

The treatment with these cell-toxic DNA terminators, which before the postulation of HIV were only allowed for use in animal trials, was completed in 1995 by protease inhibitors, which allowed diminishing the dose of these DNA terminators resulting in a fast decline in mortality in the people treated. Despite the administration of ART since 1995 infections by multi-resistant strains could not totally be brought under control by ART, which brought up the need for additional treatment by means of specific antibiotics.

As the combined treatment ART, due to its antibiotic and cell-toxic properties, leads to a decline in resistant bacteria, fungi and parasites it also leads to a decline of structures and signals being attributed to HIV (decline in 'viral load').
Due to its antibiotic and cell-toxic properties ART treatment continuously induces at the same time mutations in bacteria, fungi and parasites, during which surviving, mutated, strains express again at higher rates the signals and structures attributed to HIV (rise in 'viral load') what then is treated by new ART-formulas consisting of other nucleoside analogue

substances, protease and fusion inhibitors and different antibiotics, which then results again in a decline in resistant strains and the signals and structures attributed to HIV (decline in 'viral load') which is measured by means of PCR testing after an unknown formula belonging to the patent secret of its producers. From these interactions it can be understood that these tests are nothing but indirect markers of the growing or declining numbers of resistant strains and the degree of their infectiosity respectively their inhibition by means of ART and antibiotics **(B5)**.

Despite the beneficial effects of ART over a certain time (rise in CD-4-T-cell counts etc.), it is not clear, to this day, whether mutated, antibiotic strains can be brought under control enduringly by ART. In the developed countries, side effects and complications and shortages in vitamins, trace elements and proteins can be treated efficiently and the dose of ART can be diminished, resulting in an improvement in the quality of life and improved life expectancy. In the limited resources settings of developing countries this is not possible.
AIDS patients finally succumb to infections from multi-resistant strains and organ failure due to the toxic effects of ART and antibiotics on the mitochondria, which produce the energy in human cells. In tuberculosis, the most important AIDS-defining illness with the highest mortality, the additional administration of ART to specific antibiotics could not diminish resistant bacteria to a higher degree, which is now forcing specialists to consider the use of other substances to enhance the sensibility of these bacteria to antibiotics **(B6)**. Quite soon we shall see under which title such new combinations of NAIDs and antibiotics will be brought on the market as anti-HIV-drugs.

Considering the worldwide resistance in the pathogens causing AIDS-defining illnesses there is a growing interest in pro-biotics, which as commensal bacteria attack pathogenic strains and induce signals activating immune cells, in pre-biotics, which are nutrients for commensal bacteria, in materials that inhibit the docking of pathogenic bacteria to the tissue on the intestinal gland, in substances supporting the growth of this gland, and in non digestible plant substances, which by activating signals to immune cells can halt ongoing inflammations. The use of these materials is now also being considered for antibiotic-free breeding of cattle, poultry and fish to prevent the transmission to humans of resistant strains **(B7)**.

The claims now asserted by the AIDS establishment that the number of people with AIDS-defining illnesses has declined and that the AIDS pandemic is under control is based on data and definitions that no-one can check in detail. For example it is not clear, which cases of tuberculosis, after the administration of which tests are said to be AIDS cases and which are said to be simple cases of tuberculosis. Accordingly, it is possible even today to reckon up or down the worldwide number of cases (as it has been done for many years in the past, when developing countries received money for every declared AIDS case).

The assertion that ART treatment in positively tested patients could effectively prevent the seroconversion in their negatively tested partners is still lacking any scientific proof. The corresponding studies on the effects of ART on such partners were prematurely abandoned with a reference to short term benefits.

The claim that the postulated 'viral load' could be reduced to zero by means of ART is, as we have explained above, lacking epidemiological evidence. ART treated patients have to be treated in most cases additionally with antibiotics against certain strains, which later often show resistance to it, what then leads to the administration of other antibiotics and different ART formulas. ART treatment and the continuous administration of antibiotics lead the sooner or the later to organ damage due to the toxic effects of these substances on the mitochondria in the human cells.

The claim that the postulated Hi-Retrovirus could be eradicated worldwide after its detection by mass testing and ART treatment of all positively tested persons is misleading. The signals and structures measured by HIV-testing which are the products of mutated, multi-resistant strains and the damage to the antioxidative systems in the organism by antibiotics, may augment after the intake of more mutated strains through nutrition or further medical administration of antibiotics to a level that induces a positive result in HIV-tests.

The assertion that the postulated Hi-Viruses are mostly transmitted by freshly infected people with unspecific symptoms like fevers and skin rashes, in whom HIV-infection can only be detected after some weeks of sexual abstinence by means of a control test, clearly illustrates that the bacteria transmitted (for example via sputum) after a period of time induce the formation of the signals and structures in an amount that leads to a positive result in HIV-antibody tests.

The last 15 years have unequivocally shown that illnesses defining the AIDS syndrome cannot be treated efficiently in the long term by ART and antibiotics.
The fact that the WHO despite frequent appeals to medical institutions for a controlled use of antibiotics could not stop on to this day the uncontrolled use of antibiotics as growth promoters in cattle, poultry and fish breeding, which endangers every day the successful treatment of infections in humans, reveals that nothing essential can be changed at the major causes of AIDS-defining illnesses.
The administration of antibiotics can only help for a short time the organism to re-establish its immune functions dealing with the infection by a pathogen. A continuous administration of antibiotics, as it has been established in AIDS-defining illnesses, will always result in resistant strains. It can never resolve the causes for immune deficiency such as malnutrition, re-infections, dirty drinking water and inappropriate wound care and therefore cannot be a sufficient treatment for AIDS defining illnesses.

The one sided focusing on antibiotic treatment in positive tested persons and AIDS patients, all of whom show multi-resistant pathogens after repeated or continuous intake of antibiotics, the omission of a sustainable immunity supporting, pro-biotic treatment after the administration of antibiotics, the fading out of the epidemic of antibiotic resistance since 1980 by means of the postulation of the HIV-virus, as infectious, singularly transmittable, itself pathogenic retroviral part of the genome, the introduction of HIV-tests and the treatment of patients showing resistant strains and immune deficiencies by means of DNA terminators, protease inhibitors, fusion inhibitors and antibiotics has brought up a billion selling business with tests and patentable “antiretroviral” substances but not an affordable, efficient treatment for the people affected, who living in developing countries still suffer from malnutrition, dirty drinking water, bad housing conditions and lacking wastewater facilities.

The now declared decline in AIDS cases and the propagated eradication of HIV by means of mass testing and the administration of ART to anyone doing a positive test represents an optimal strategy for market extension and brings billions of dollars to the producers of tests and ART preparations, which then are lacking for the development of effective measures conducive to health in developing and threshold countries.

By various articles since 1989 we have explained how by means of resolving of malnutrition, immunity modulating plant substances, pro biotics, vitamins, trace elements and amino acids, and by psycho-social counselling, targeted stress prevention, and prevention of infections an

effective treatment of immune deficiencies can be achieved. We had to learn that such a treatment on to this day is not affordable for most of the people who would need it.

Study Group AIDS Therapy

Felix de Fries

Attachments:

Gut flora, gut mucosa, antibiotics and AIDS
http://www.ummafrapp.de/skandal/felix/Darmflora/Gut_flora%20_intestinal_mucosa_antibiotics_and_AIDS.pdf

AIDS and the mitochondria
http://www.ummafrapp.de/skandal/felix/mitochond/AIDS_and_the_mitochondria.pdf

Therapeutic recommendations
http://www.ummafrapp.de/skandal/felix/therapeutic_recommendations.pdf