Insights into Immunodeficiency

review by Katherine Duff

The Silent Revolution in Cancer and AIDS Medicine, by Heinrich Kremer, MD
Xlibris, International Plaza II, Suite 410, Philadelphia, Pennsylvania 19113; www.xlibris.com
Paperback $28.99; Hardcover $38.99; ©2008; 650 pp.

In his book, *The Silent Revolution in Cancer and AIDS Medicine*, Heinrich Kremer challenges our understanding of these illnesses by integrating the major immune system and cell research of the last 50 years to explain the mechanisms that lead to the human immunodeficient state that precedes cancer and AIDS.

To begin, Kremer looks to nitric oxide (NO) research and evolutionary biology for insight into AIDS. Setting aside the retrovirus orthodoxy, he immediately identifies one of the major culprits as nitric oxide, which was used by many in the male homosexual community in the form of inhaled amyl, butyl, and isobutyl nitrites. Almost 20 years after the inhaled nitrites were adopted as a sexual aid, the first patients with what was to become known as AIDS appeared. The first signs were malignant cancers of the endothelial cells of the blood and lymph vessels. Later, and with increasing frequency, homosexual men were diagnosed with Kaposi's sarcoma and *Pneumocystis carinii* pneumonia (PCP). It was immediately supposed that a viral infection had weakened their immune systems, and the research into a retrovirus was launched, which Kremer considers an error.

The author looks at the role of nitric oxide inside and outside the body. Besides in inhalant sex aids, NO is found in food, beverages, and pharmaceuticals. When NO bonds with certain amines and amides in those products, it forms the carcinogenic compound nitrosamine. Recent research has revealed that inside the body, NO is produced by the endothelial cells. In response to stressors such as bacteria, NO forms as a gas that surrounds and kills the invader.

As a free radical, NO can be neutralized by thiols, a collection of sulfur molecules. If the thiol pool is overwhelmed with too much NO and oxygen radicals, damage can include immunosuppression, mutations, and cell death. Kremer informs us that knowledge of the regulations and counterregulations controlled by the thiol depletion sensor is critical in understanding cancer and AIDS.

He also wants us to consider the fact that the indicating illnesses in AIDS did not begin with AIDS. The most frequent presentation is PCP, which was seen over 60 years ago in premature infants who had been treated with sulphonamides. At that time, PCP was considered an immunodeficiency disease often found with fungal and viral infections. In the developing world, PCP has long been associated with the starvation and malnutrition found there. Another common presentation is Kaposi's sarcoma, which has been known in Africa for centuries. The multiple cancers seen in AIDS patients have also long been seen in people with organ transplants, which for them have been attributed to immunosuppressant drugs and antibiotics.

Utilizing the major research over the last 50 years, Heinrich Kremer, MD, examines the mechanisms that lead to the human immunodeficient state that precedes cancer, AIDS, and other chronic illnesses.

Kremer's explanation for the development of AIDS and cancer is elucidated through his meticulous description of the human immune system. He incorporates the latest research to describe the processes that are set in motion in response to sources of immune stimulation, and what occurs when these processes are exhausted. The triggers are numerous and can include nutritional status, environmental toxins, infections, and novels sources such as the inhaled nitrites. His remedy for these and other chronic conditions call for rebalancing of the immune system through his "Cell Symbiosis Therapy."

The historical review of AIDS retroviral research in this book paints a picture of lost opportunities, competition between research institutes, disputes over patent rights, and misleading conclusions. One event of note was the announcement of the first isolation of the human immunodeficiency virus (HIV) in 1983. Researchers claimed to have followed procedures according to standard rules with the exception of releasing the electron-microscopic (EM) photographs. In 1997 when other researchers did release their EM photographs of HIV isolation, it showed just material from human cells of the cell culture. This meant that the HIV test was actually measuring antibodies to decay proteins from human cell cultures. To this day, we do not have a test that measures antibodies to an actual retrovirus HIV.

Kremer has written a book challenging on many levels. First, most readers will recognize his theory of nonviral immunodeficiency in AIDS as a controversial one that has been assailed by many in the research community. In addition, this book is not an easy read, especially for the layperson. At 650 pages, the explanations of his theories for the causes of cancer and AIDS, and the failures of their respective research establishments, are comprehensive and densely constructed. However, of course, the greatest challenge of this book is to the status quo. It is by no means time to stop preventive AIDS measures, but it is time to ask more questions of our research establishments. With the growing body of knowledge concerning the human immune system and especially the NO cycle, should they not be examining the manner in which more people are slipping into an immunodeficient state and becoming vulnerable to a host of chronic illnesses, including AIDS and cancer? ◆