

Study Group AIDS-therapy c/o Felix de Fries, Eglistr. 7, 8004 Zurich 27th August 2012

Commentary on the International AIDS Conference in Washington DC

From the 19th International AIDS-Conference (22nd-27th July in Washington DC, USA) we have learned:

- that 34 million people worldwide are carriers of the alleged HI-retrovirus, of whom 23.5 million live south of the Sahel Zone and 90% in countries of the developing world.
- that in the last year 2.5 million people have been newly infected with the alleged HI-retroviruses
- that circumcision can diminish the risk of transmission of the alleged retrovirus from man to woman by 60%. (a fact that clearly contradicts the presence of a transmittable, infectious retrovirus considered to be present in the semen liquid.)
- that ART should be more effective, when administrated soon after the diagnosis (with a positive HIV-antibody test).
- that ART diminishes the so called “viral load” and thereby the risk of infections for non-infected people
- that in the USA preparations were available, which effectively prevent infection in partners of persons testing positively and in members of the risk groups,
- that in countries, with high average incomes, in which ART has already been available for a number of years, annually 10-17 % of persons treated were resistant to ART-formulas whereas in countries with low average incomes, particularly in Eastern Africa resistance to ART develops much faster (29% every year) or in southern Africa (14% every year). In Eastern Africa every 14th therapy-naive person already shows signs of resistance to ART-formulas. <http://www.ncbi.nlm.nih.gov/pubmed/22828485>
- that if resistance to ART occurs in the first or second generation, ART of the third generation has to be administrated immediately, which, as we learn from Médecins Sans Frontières, at the price of \$ 2486 for a year is 15 times more expensive than the earlier ART combinations,
- that mutations of the alleged Hi-retrovirus and resistance to ART can only be prevented by continuous close laboratory control of patients and that this is not available in regions with low average incomes. <http://jama.jamanetwork.com/article.aspx?articleid=1221704>

16 years after the introduction of ART we believe:

- that HIV, which is supposed to be responsible for the severe and fast course of 30 AIDS-defining diseases, has not been isolated or biochemically characterised according to the accepted rules for the demonstration of retroviruses,
- that antigens used in HIV-antibody tests, that were elaborated by means of H9 leukaemia cells, are cellular proteins and the antibodies detected by the antibody test are either auto-antibodies or other non HIV specific antibodies, meaning antibodies induced by non HIV-

stimuli and cross-reacting antibodies that can be measured in various infectious and non-infectious diseases <http://www.ummafrapp.de/skandal/felix/mitochond/Att.5.pdf>

- that HIV-antibody tests are differently formulated from one country to another and that someone testing positive in one laboratory can test negatively in the next.

-that the primers and probes used in “HIV” PCR are cellular nucleic acids, meaning the RNA “measured” by the viral load test has nothing to do with an endogenous or exogenous retrovirus

-that the alleged AIDS epidemic contradicts the distribution of an infectious transmittable disease: About 90% of all AIDS patients in the USA and Europe are, up to now, male, 2/3 are male homosexuals and about 1/3 of them are intravenous drug users, whereas in Africa the alleged Hi-Virus is spread equally between both sexes, whilst AIDS-defining diseases there are known as endemic diseases.

...as it has been demonstrated in various articles by the Perth Group

<http://www.theperthgroup.com/> MD Heinrich Kremer since 1990

http://www.ummafrapp.de/skandal/heinrich/Kremer_The_Collective_Tunnel_Vision.pdf and by MD Muhammad Dalmau in 2005

http://www.shaykhabdalqadir.com/content/books/The_HIV_AIDS_Question.pdf

- that the antibodies measured by HIV antibody-tests are antibodies against selected proteins of the cell wall and the cell skeleton and other products of autoimmune reactions and increased cell turnover, such as increased reverse transcription activity, all induced by ongoing oxidative stress mainly due to the continuous administration of antibiotics in endemic diseases and sexually transmittable diseases (STD), which exhaust the antioxidative thiols in cells, block the energy production (ATP) in mitochondria, the production of NO in immune cells and of the antioxidative glutathione molecules in the liver, cause damage to the gut flora and the gut mucosa, allowing gut bacteria to emigrate into other organs, where they induce an ongoing activation of antigen-presenting dendrites and other immune cells.

http://ummafrapp.de/skandal/felix/Darmflora/Gut_flora

[%20_intestinal_mucosa_antibiotics_and_AIDS.pdf](http://ummafrapp.de/skandal/felix/Darmflora/Gut_flora%20intestinal_mucosa_antibiotics_and_AIDS.pdf) <http://www.lyme-borreliose-hamburg.de/press/MEK-Antibiotics.pdf>

- that a low or non-detectable “viral load” in ART treated patients does not prevent the transmission of resistant bacteria from them to test negative partners, who after continuous antibiotic treatment can show themselves a positive result in HIV-tests.

- that resistance to ART formulas can only be explained by decreasing ability of nucleoside and non-nucleoside DNA inhibitors to kill latent, antibiotic resistant bacteria and fungi and of protease inhibitors to prevent heightened cell division in ongoing inflammatory reactions.

- that since the postulation of HIV in 1984 and the introduction of HIV-antibody tests no systematic research for non-retroviral causes for the emergence of the 30 illnesses that define the AIDS-syndrome, has been carried out.

- that the role of antibiotic resistant bacteria and fungi in the emergence of AIDS-defining illnesses and of damage to the gut flora, the gut mucosa and the mitochondria induced by continuous use of antibiotics, has to this day never been subject of focussed research, even as:
- the treatment of sexually transmittable diseases (STD) by antibiotics precedes in western countries most cases of sero-conversion to “HIV-positive”, - the WHO has warned for many years of emerging antibiotic resistance and calls for a controlled administration of antibiotics

in animals and humans, - the treatment of AIDS-defining diseases such as TB by ART plus antibiotics becomes more and more difficult due to growing resistance to antibiotics and to the growing resistance to bacteriostatic ART treatment, and - malnutrition and re-infection due to repeated wounding, and contaminated drinking water are known factors for the emergence of AIDS-defining illnesses in the developing world.

- that since the introduction of HIV-tests, no treatment for immune restitution by means of glutathione, N-acetyl cysteine, glutamine, alpha lipoic acid, arginine, glutamate and selenium, natural antioxidants and vitamins has been administered to people with immune deficiencies, even though since 1989 such treatment has proven to be effective in treating AIDS-defining illnesses such as wasting.

-that the only administered treatments were cytotoxic nucleoside analogue drugs, such as AZT, in which the dosage was finally reduced in 1996 for the ART combination therapy, with the consequence of an immediate and marked decrease in the mortality of the patients treated.

- that the known adverse effects of ART (damage to gut flora and gut mucosa, hormonal changes, high cholesterol and triglycerides, lipodystrophy, insulin resistance) and its dose and time dependence, organ damaging effects due to its mitochondrial toxicity (liver and kidney failures, cardiovascular diseases, neural diseases, osteoporosis, myopathy e.g.) have not been treated by additional treatment, which have been shown in clinical trials since 1998 to diminish adverse effects, as the administrators and producers of ART formulas deny such adverse effects and health insurers accordingly do not refund such treatments.

- that immunological non-responders INR (e.g. 5% of all AIDS patients in Denmark), at whom ART even at a “total elimination of HIV” cannot enhance the number of measured CD-4-T-cells above 200/uL do not get special treatment by means of pro-biotics, pre-biotics, messenger substances (IL-2), macrophage activating factors, colostrum, glutamine, cysteine.
http://www.ummafrapp.de/skandal/felix/Darmflora/A19n_Art_and_Pro_Biotica.doc

Regarding the severe adverse effects of ART and its known time- and dose-dependent organ damaging effects, which cannot be treated adequately in countries with low average incomes and regarding the fast growing resistance against old and new ART combinations we demand:

- Free choice of treatment for anyone testing positive or showing AIDS-defining illnesses
- No forced ART treatment for pregnant women and their babies
- Treatment to restore immune functions, gut flora and gut mucosa to anyone affected http://ummafrapp.de/skandal/felix/therapeutic_recommendations.pdf and of special treatment for INR, at which ART can not enhance T-4 cell levels everywhere in the world
- The treatment of each AIDS-defining illness without ART according to the actual medical knowledge (as requested by Luc Montagnier before the XVIII World AIDS Congress in Vienna 2010)
- The administration of the DTH Test (Delayed-type Hypersensitivity Test), which within 48 hours gives clear information on the defence capability against 7 endemic

infectious diseases, and the measurements of glutathione, cysteine, glutamine, arginine, glutamate and selenium levels, which are essential for people affected,

- Controlled administration of antibiotics to man and animal by means of a worldwide Internet register, education of students on antibiotic use, certified qualification of physicians, veto power for hospital pharmacies on the choice of antibiotics, continuous education via Internet and prohibition of the use of antibiotics in cattle breeding and poultry farming (as demanded by Jeffrey A. Fisher in 1995)
http://www.ummafrapp.de/skandal/felix/jf_e.doc
- Laboratory controlled administration of pro-biotics, pre-biotics, colostrum, glutamine and whey proteins for the reconstitution of the gut flora and the gut mucosa after administration of antibiotics everywhere in the world
- The amelioration of living conditions (housing, drinking water, wastewater, food security, protection against environmental toxins)

...replacing the billion dollar business with the alleged HIV antibody tests, HIV PCR tests and the antiretroviral treatment ART, which does not change anything at the causes of AIDS-defining illnesses, causes severe adverse effects, lasting damage to the mitochondria and consequently to the entire organism and repeated resistance,but finances the research for new patentable drugs and every year an International AIDS-Congress with 25000 participants.