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ref. **The „HIV-positive” inducing mycobacteria**

**A Commentary on the results of the World AIDS-Conference 2014 in  
Melbourne**

Zürich 1<sup>st</sup> January 2015

Dear Sir or Madam

As you may learn from various studies that you may access by the enclosed links, mycobacterial infections such as tuberculosis, remain a major cause of AIDS-defining diseases. As MD Lawrence Broxmeyer has stated in 2003 in his book “What the discoverers of HIV have never admitted”, the HIV discoverers did not do biopsies to detect mycobacterial infections in the patients with recurrent infections, from whom they took cells from the lymph nodes, to be brought into cell cultures at the Pasteur Institute. As we cannot find any references to biopsies in their original papers on the isolation of HIV, we must conclude that they did not do biopsies to detect mycobacterial infections in the patients from whom they had taken cells, when they postulated the lymphadenopathy associated virus (LAV) and the human T-cell leukaemia retroviruses HTLV-I, HTLVII and the HTLVIII, later termed as “Human Immune Deficiency Retroviruses” (HIV), which then were detected by means of an antibody-test developed by Luc Montagnier and Robert Gallo, termed as HIV antibody test”.

From all of this and a big number of studies, we have to conclude that this HIV-antibody test detects reactive products of bacterial, fungal and mycobacterial infections. A fact that also has been demonstrated by various trials carried out in recent years, which showed that a positive result in HIV-tests is occurring at infections by various kinds of mycoplasma, bacteria, mycobacteria, fungi and parasites, many of which nowadays show genetic mutations going along with resistance to antibiotics, pesticides and herbicides. In this way the detected entity “HIV” being most likely a product of mycobacterial, bacterial and fungal and parasite infections has been declared to be a by itself pathogenic sexually transmittable retroviral entity, causing the severe course of more than 30 infectious diseases that define the “acquired immune deficiency syndrome (AIDS). The HIV testing permitted since the mid 1980ies to fade out the fact, that mycobacterial infections such as Tuberculosis, thought to be eradicated in western countries, had infected various populations in cities such as Paris, New York, London and San Francisco. By means of this antibody-test various kinds of infections were traced back to the newly discovered HIV-retrovirus.

On to this day mycobacterial infections play a major role for AIDS-defining diseases and for an enhanced “HIV-viral load”. As the formula of the PCR-test to detect the HI-viral load has never been published by its producers, no-one knows exactly what entities are detected by it as being HIV-specific.

The WHO, considering the HIV to be the central cause of AIDS-defining diseases, instead of making specific testing and specific treatment against mycobacterial, bacterial and fungal infections available to people affected worldwide, concentrated all its activities in the field of

AIDS in the last 30 years on the inhibition of HIV-transmission and on bringing anyone with a positive result in HIV- testing into “antiretroviral therapy”.

Mycobacteria, which live inside of protozoans (such as amoebae), in animals and humans are also normal inhabitants of a wide variety of environmental reservoirs such as natural waters like lakes and rivers , municipal water facilities and soils, where they accumulate resistance to various antibiotics and biocides such as herbicides and pesticides. In the human body mucosa are important sites for the uptake, living and excretion of mycobacteria. Damage to the gut flora, producing substances for the building of the cells in the gut mucosa and for the protecting gel on it, due to repeated administration of antibiotics, facilitates mycobacteria to cross the mucosal barriers and enter the gut associated lymphatic tissues (GALT), where they activate a cascade of immune reactions leading to a decline in T-4 cells, a phenomenon which has been attributed to the HI-retroviruses. The frequent use of large-scale antibiotics such as TMP/SMX blocks the formation of the enzyme dihydrofolate reductase, needed for the building of tetrahydrofolate, used in the liver for the building of glutathione molecules necessary for the stepwise reduction and transportation of oxygen into the cells, where they are used for the building of the energy carrying molecule ATP, essential for all body functions including the containment of mycobacteria inside of cells and for building of tetrahydrobiopterin (TH<sub>4</sub>), necessary for the synthase of nitric oxide gas (NO) used by macrophages for the defence against mycobacteria and for the induction of a dormancy programme in them, which keeps them from continuous activation and genetic mutations, occurring frequently after administration of antibiotics. (Luc Montagnier, the „discoverer of HIV“, speaks in his presentation as Nobel price laureate about oxidative stress due to air pollution and of pollution in nutrients as being the cause of immune deficiency. [http://www.nobelprize.org/nobel\\_prizes/medicine/laureates/2008/montagnier\\_slides.pdf](http://www.nobelprize.org/nobel_prizes/medicine/laureates/2008/montagnier_slides.pdf) )

The central role of mutated, antibiotic resistant mycobacteria for AIDS-defining disease and its emergence has been faded out in the last 30 years by means of the HIV-AIDS theory, so that the world-wide emergence of multi-resistant mycobacterial infections is not known exactly today.

The Simian Immune deficiency retrovirus (SIV) found in African rhesus macaques, which has been considered to act in similar manner as the HIV in humans and was investigated in various trials to better understand the alleged pathogenic action of the HIV retrovirus in humans, is occurring only, as studies show, at infections by mycobacteria coming from water, food and from soils, whilst the occurrence of AIDS-related symptoms in the test animals is closely linked to these mycobacterial infections. This well documented fact did not keep the “HIV discoverer” Françoise Barré Sinoussi from repeating at the World AIDS conference in Melbourne her theory that the HI-retrovirus ages ago, has passed over from “African monkeys to the humans”. Despite billions of public research money invested, the retroviral HIV-research did on not bring more efficient treatment to the people affected.

The effect of the “antiretroviral therapy” (ART) in AIDS-patients occurs due to its cell-toxic effect on bacteria, fungi and parasites. In the “immune reconstitution inflammatory syndrome (IRIS) occurring under “antiretroviral” therapy, various “masked” mycobacterial infections turn up again. The treatment of mycobacterial infections such as tuberculosis and of other bacterial and fungal infections by means of ART cannot terminate the infections by genetically mutated, antibiotic resistant strains (“super-antigens”) but diminish its pathogenic effects on the organism, so that with a temporary decline in the “HI-viral load” the number of T-4 cells is rising again.

Instead of activities to stop the transmission of environmental mycobacteria that cause transmittable infections in humans and consequently a positive result in HIV-testing, for example by the construction of modern drinking water facilities, and activities to support the defensibility against mycobacterial infections by the supply of nutrients to people affected, and of activities to limit the use of antibiotics in humans and in animals, to prevent the

emergence of antibiotic resistant strains, the WHO concentrates all its activities in the field of AIDS since 30 years on inhibiting the transmission of the postulated HIV-retrovirus by means of safer-sex-rules, caesarean birth and the administration of antiretroviral treatment to HIV-test-positive mothers and their new-born children. The pre- and post-exposition prophylaxis against the transmission of the HIV-retrovirus by bactericidal substances such as Truvada, is now recommended to replace the earlier declared safer-sex-rules, which after WHO officials, could not stop the emergence of the HIV. Apparently they are meant to prevent the transmission of "HIV"-inducing bacteria, fungi and parasites. These bactericidal substances, which such as nucleoside analogue drugs, cause lasting damage to the mitochondria and thereby to the kidneys, the bone marrow, the brain and inner organs should cost \$40 per day and person. An amount that only few people in this world could afford.

In regard of this situation, we demand, that testing for mycobacterial infections is made available world-wide and that anyone receiving a positive result in HIV-testing can also do specific testing on mycobacterial infections and testing to know the pathogenic strains one is carrying and one can transmit to others and their resistance to certain antibiotics which can be detected by means of specific PCR-testing. For the search of pathogens causing mycobacterial infections the delayed type hypersensitivity multi test showing the cutaneous reaction to a certain number of bacterial antigens should be made available again worldwide. (The availability of this test and its production in license was interrupted by its patent holder, Sanofi-Mérieux, in the course of its trials with a HIV-vaccine in 2008. Since then only DTH-tests to fewer antigens are available for single countries, with the effect that mycobacterial infections and the defence ability against it cannot be detected anymore clearly in single areas such as East Asia, Southern Africa or Latin America.

In regard of the damaging effects and complications occurring under of ART we demand, that anyone receiving ART also receives treatment to diminish the toxic side-effects occurring with it.

Study Group AIDS-Therapy, Zurich, Switzerland

Felix de Fries

### **Book Review by Felix de Fries on Lawrence Broxmeyer's: *AIDS, What the discoverers of HIV have never admitted:***

*In his book, internist and medical researcher Lawrence Broxmeyer MD, who has appeared in the Journal of Infectious Diseases and was on staff at New York affiliate hospitals of SUNY downstate, Cornell University and New York University for fourteen years, describes step-by-step, the findings of over 100 years of tubercular mycobacterial research — including its cell-wall-deficient forms, their paths of transmission, and their paramount role in the genesis of AIDS — which took off in the early 1980's. He then shows, based on a review of such original research data, how basic thoughts and concepts were side-stepped and not taken into consideration by the retrovirologists Luc Montagnier, Françoise Barré Sinoussi and Robert Gallo when they postulated the human immunodeficiency retrovirus as AIDS sole pathogenic entity. Besides the omissions and lack of a sufficient differential diagnosis in the original lymph-node-biopsy on the first young male AIDS patient suffering from lymphadenopathy, this interesting little book also brings up the spectre of warnings issued with regard to tubercular sexually transmitted disease issued just before the pandemic, as well as the research that validated this. Also discussed is the singular immunosuppressive effect of an atypical infection joining an old or dormant tubercular focus in the body. Broxmeyer wants us to remember that approximately 70% of HIV tests cross-react positively to tuberculous mycobacteria, a fact which early HIV investigators Essex and Kashala were the first to point out.*

*Overall, the book is a must read, and a pretty intriguing one at that. In addition it is a unifying experience for anyone doubting that the immunosuppression from typical and atypical tuberculosis and not "HIV" is the cause of the approximately 30 AIDS-defining diseases, which whether HIV-positive or not, we are being told "defines" AIDS.*

[http://www.amazon.co.uk/AIDS-Discoverers-Never-Admitted-Latest/dp/1495457044/ref=sr\\_1\\_2/280-5331637-7334718?s=books&ie=UTF8&qid=1407206981&sr=1-2](http://www.amazon.co.uk/AIDS-Discoverers-Never-Admitted-Latest/dp/1495457044/ref=sr_1_2/280-5331637-7334718?s=books&ie=UTF8&qid=1407206981&sr=1-2)

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**Immune reconstitution disease associated with mycobacterial infections**

**in HIV-infected individuals receiving antiretrovirals** Interferon-gamma release assays for the diagnosis of latent tuberculosis infection in HIV-infected individuals – A systematic review and meta-analysis **PDF] von researchgate.net**

Delayed-type hypersensitivity (DTH) test anergy does not impact CD4 reconstitution or normalization of DTH responses during antiretroviral therapy

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72. HIV and Malnutrition: Effects on Immune System

[PDF\] von hindawi.com](#)

Further information on “HIV”- inducing bacteria is available at:

<http://www.ummafrapp.de/skandal/felix/pro/AIDBSe.pdf>