

## Study Group AIDS Therapy

c/o Felix de Fries  
Eglistr. 7 CH-8004 Zürich  
Tel. 0041 44 401 34 24  
Email: [felix.defries@tele2.ch](mailto:felix.defries@tele2.ch)

To patients, their doctors and nurses,  
To institutions involved, and to the media

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### **Disruptions to mitochondrial functions as major cause of AIDS-defining illnesses and mitochondrial damage from nucleoside analogues and RTI in HAART: No topics for the International AIDS-Conference in Vienna**

Dear Madam/Sir

The disruption to mitochondria, living cell organelles of which on average there are 1,500 active in every cell, is the central cause of chronic diseases and the immune deficiencies such as AIDS.

Two billion years ago mitochondria, which by means of oxygen produce the ATP that is required as energy for all differentiated cell performance and binds to toxic oxygen radicals, underwent as Archaeobacteria symbiosis with Proteobacteria spawning, as a result, higher life on our planet ([att.1 engl.](#)).

The causes of disruptions to mitochondrial functions and their symbiosis with cells are:

- Undernourishment, namely an unmet increased demand for amino acids, vitamins, lipids, minerals and polyphenols which are required for energy production and anti-oxidative activities in mitochondria
- Disruption to the intestinal mucosa and the digestive organs which control the absorption of these substances from foodstuffs
- Contamination by environmental toxins, herbicides, insecticides and heavy metals in foodstuffs, vaccine-carriers and dental fillings which block the mitochondrial membranes
- Antibiotics which impede the influence of substances and signals on cell walls that are essential for mitochondrial activities e.g. the production and release of folic acid
- Chronic inflammations of open wounds or repeated injuries, repeated contact with foreign proteins (in blood preparations), contaminated water supplies or leaky intestinal mucosa, inducing ongoing immune activation

Some of these factors occur in clusters in developing and emerging countries where many people suffer from undernourishment (lack of proteins), contaminated water supplies, lack of sewage systems and as a result from endemic infections and in the developed countries in certain groups at risk ([att.2](#)).

Leaks in the intestinal mucosa, which has a total area of a football pitch, where more than

70% of all immune cells are found could lead to nutritional components coming into direct contact with immune cells which they then identify as antigens, produce antibodies against them and trigger within the organism as a whole recurrent inflammatory reactions with a switch in the messenger substances (a Th1-Th2 switch). In the process the immune reaction is constantly regulated to defend against external agents while the elimination of parasites and of cells carrying viruses, fungi and mycobacteria, is constantly compromised, eventually leading to a weakening of the immunity of the intestinal and cerebral barriers via a decline in the formation of Th17 cells and as a result to fungal infestations (*Candida albicans*) and to inflammations in the cerebral areas (toxoplasmosis), in the lungs (Pneumocystis Carini Pneumonia) and in the organism as a whole which are characteristic of AIDS ([att.3](#)).

A leaky intestinal mucosa and chronic intestinal inflammations arise from:

- Hyperacidity through consumption of acidic or acidogenic foodstuffs (white flour, sugar, saturated fats etc.); in developing and emerging countries as a result of the decline in traditional diets with plant proteins and fibres
- Gluten-containing foodstuffs (wheat, rye, barley etc.) which lead to attacks of immune cells on the tissue of the intestinal mucosa
- Allergic reactions to foodstuffs leading to the release of histamines and histamine-containing foodstuffs (cocoa, yeast, nuts, mayonnaise etc) both of which cause damage to the tissue of the intestinal mucosa via persistent inflammations
- Long-term intake of antibiotics transforming gut flora and the ratio of good to bad intestinal bacteria. This enables bacteria to spread and discharge toxins compromising the intestinal mucosa, which finally impairs the formation of haematopoietic progenitor-cells in the bone marrow inducing a decrease in CD-4 helper cells
- Toxins in foodstuffs with fungal infestations due to inadequate storage conditions

All of these factors cause a reduced absorption of nutritional components in the intestine, which after transport to the cells are required by mitochondria for energy production and anti-oxidative tasks particularly after increased demand due to continuous immune activation ([att.4](#)).

Representatives of the HIV-AIDS model postulated the HIV-retrovirus in 1984 without purification of cell-material and the demonstration of a transmittable endogenous or exogenous retrovirus and developed by means of co-cultivation of cells with immortal leukaemic cells, that induce a higher degree of reverse transcriptase activity, the substrate for antibody tests, that reveal antibodies against proteins from the cell wall, the cytoskeleton and of bacterial origin, appearing frequently in 65 disease conditions and also in the 29 diseases, that can define the AIDS-syndrome, from a certain level on, that they calibrated in steps in the late 1980ies, with the result “HIV-positive” ([Att.5](#)). By means of nucleoside analogue drugs (AZT) they wanted then to eliminate this “human immunodeficiency retrovirus”.

After AZT monotherapy, administrated after 1995, which was lethal for thousands of patients, they supplemented these substances within the context of a combination therapy (HAART) together with protease inhibitors, which retard increased cell division in chronic inflammatory reactions. This ‘highly active antiretroviral therapy’, efficiently eradicated bacteria and fungal infestations and did lead to a decrease in deaths, due to the reduction of nucleoside analogue drugs but consecutively to an increased resistance necessitating the use of new substances and to a multitude of infectious diseases – defined as the ‘Immune reconstitution inflammatory syndrome’ (IRIS) – which, in turn, had to be treated by additional antibiotics ([Att.6](#)).

But the 'HI virus' that at times during treatment can no longer be identified, could not be completely eliminated because it has hidden in the intestinal mucosa and survived. Only after this 'phenomenon' was discovered after 25 years of research by HIV-fixated scientists, did they become alert to the central role of intestinal mucosa in immune reactions and chronic immune deficiencies ([Att.7](#)) and finally traced back all the interactions occurring once more to the postulated HIV-retrovirus.

Although, as many studies have shown over the years, that nucleoside analogues, RT inhibitors and chemo-antibiotics act toxically on mitochondria thus damaging immune cells (CD-4 helper cells) and causing severe and often lethal disruptions to the coronary blood vessels, the liver, the kidneys and the brain ([Att.8](#)), the WHO has named this therapy as the only effective therapy against the 29 endemic diseases including TB, Candidiasis, Cryptococcosis, Toxoplasmosis, Mycobacterium avium, Herpes simplex, Leishmania and Salmonella septicaemia, which with a positive HIV-test result define AIDS. The WHO recommendations and interventions have enabled the marketing and dispensing of these substances throughout the world ([Att.9](#)).

At the 18<sup>th</sup> International AIDS Conference in Vienna, corresponding to the previous patterns followed by the WHO and other parties, it was again all about opening new markets for the newly developed substances for HAART that are unobtainable for many countries and activating the community of states to allocate subsidies for widespread dispensary, even though they also cause severe damage to various organs due to mitochondrial toxicity.

The statement by Luc Montagnier that with a healthy immune system the HI-Retrovirus can be eliminated within short time, has been considered to be the result of senility of the leading AIDS specialists in Austria. Both his appeal to defeat the AIDS epidemic in Africa by means of herbal antioxidants and measures to stop malnutrition, dirty drinking water and sewage problems and his request to treat every illness individually with a corresponding treatment, (as we have proposed it since 1986) fell on deaf ears at the conference. He admitted in an interview (link attached), that no money could be made with such measures and that in many of the affected countries, money for such measures is not available. Effective treatment against the blocking of phagocytes, along with an ongoing Th1-Th2 switch occurring in immune deficiencies, as has been demonstrated by Yamamoto et al. (link attached), was once more not a topic at an International AIDS-conference.

The funds that the US-administration and other institutions now want to spend to make the latest chemotherapies (HAART) available for poor countries, will, as they did before, flow back directly to the producers of these drugs in the US and Europe and thereby finance the search for new substances and the propaganda for this chemotherapy by mobilisation of those affected and their helpers such as was perfectly demonstrated at the International AIDS conference in Vienna. The HIV-AIDS model was shown there once more to be a perfect marketing instrument to sell chemotherapies and tests worldwide. At a symposium before the conference (link enclosed) US gynaecologist, Nancy T. Banks, revealed in this context, how the HIV-AIDS-model was from the beginning on designed as a global project of healthcare and eugenics. The immediate administration of HAART to everyone with a positive result in HIV tests, as was proposed at the conference, constitutes a classic strategy for market expansion. According to the project, presented by Dr. Bernhard Hirschel, Geneva, in the big human trial, everyone in an entire province of South Africa with a positive HIV test should receive immediately this chemotherapy. If the result is positive, this should become the new standard for HIV treatment worldwide and allow the definite elimination of this virus.

Since 1988 we have illustrated through diverse studies why this antiretroviral therapy cannot be effective against the real causes of AIDS and how an effective prevention and therapy of AIDS can be conducted by means of amino acids, vitamins, phospholipids, minerals and polyphenols ([Att.10 engl.](#)). Since the end of the human genome project, recent research has disproven that chronic diseases are caused by inherited genetic dispositions and transmittable retroviruses so that leading mass media (such as DER SPIEGEL) now explain that such illnesses are induced epigenetically by experiences, feelings, behaviour, life styles, nutrients and environmental toxins.

In his article “The Secret of Cancer: Short Circuit in the Photon Switch” (link enclosed) Dr. Kremer explained in 2004 how the reading of the genes and their activation is directed by means of the energy carrying molecule ATP, which is produced and supplemented with information in the mitochondria. The cell symbiosis therapy that he postulated in 2007 (link enclosed) is today administrated successfully by a growing number of physicians in Germany, who continuously participate in further education and exchange their therapeutic experiences, which they record in a common database following a defined schema.

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Felix A. de Fries

Links:

Felix de Fries: Dr. Gallo’s proof for Dr. Montagnier’s retrovirus  
[http://ummafrapp.de/skandal/felix/Dr\\_Gallos\\_Proof.pdf](http://ummafrapp.de/skandal/felix/Dr_Gallos_Proof.pdf)

Etienne de Harven: Problems isolating HIV: Brussels – European Parliament – Dec 08, 2003  
[http://www.ummafrapp.de/skandal/de\\_Harven/Problems\\_Isolating\\_HIV.pdf](http://www.ummafrapp.de/skandal/de_Harven/Problems_Isolating_HIV.pdf)

Luc Montagnier on measures against AIDS in Africa From: House of Numbers  
<http://www.youtube.com/watch?v=8ilwK9Rod6U>

Luc Montagnier on HIV-Testing From: House of Numbers  
<http://www.naturalnews.tv/v.asp?v=0B54775A156275E25995ECDC5BD9B12D>

[Yamamoto N](#), [Ushijima N](#), [Koga Y](#). Immunotherapy of HIV-infected patients with Gc protein-derived macrophage activating factor (GcMAF).  
<http://www3.interscience.wiley.com/cgi-bin/fulltext/121531612/PDFSTART>

Felix de Fries: The Failure of HAART  
[http://ummafrapp.de/skandal/haart/the\\_failure\\_of\\_haart.html](http://ummafrapp.de/skandal/haart/the_failure_of_haart.html)

Nancy T. Banks: AIDS, Opium, Diamonds and Empire  
<http://www.science-and-aids.org/e/referents/banks.html>  
<http://www.nancybanksmd.com/>

Heinrich Kremer: The Secret of Cancer: Short Circuit in the Photon Switch  
[http://ummafrapp.de/krebs/Kremer/kremer\\_the\\_secret\\_of\\_cancer.html](http://ummafrapp.de/krebs/Kremer/kremer_the_secret_of_cancer.html)

Heinrich Kremer: The Concept of Cellsymbiosis Therapy

[http://ummafrapp.de/skandal/heinrich/kremer\\_the\\_concept\\_of\\_cellsymbiosis\\_therapy.pdf](http://ummafrapp.de/skandal/heinrich/kremer_the_concept_of_cellsymbiosis_therapy.pdf)