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To people affected, their doctors and carers

To related institutions and to media

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ref. **AIDS at HIV-viral load zero: The disturbance of autophagy by Malnutrition, Toxins, Antibiotics and cART**

Dear Sir/Madam

As you may learn from various new studies carried out on PCR-testing, the antibodies against proteins which are considered to be products of the Hi-retroviruses, are expressed in mucosa at immune reactions to various bacterial, viral, fungible and parasitic agents (e.g. Mycoplasma Genitalum, Chlamydia trachomatis, Neisseria Gonorrhoea, Mycobacterium tuberculosis, Trichosomas vaginalis, Escheria Coli, Hepatitis A, B and C, Herpes 1 and 2.) This happens depending on the bacterial flora in the oral, genital and anal regions, the availability of the body's antigens and on the intake of medicaments and drugs, and in women, on the menstruation cycle, pregnancy and hormone-regulating contraceptives. These interactions have been demonstrated recently by animal trials on rhesus monkeys, identified as carriers of the so-called Simian Immunodeficiency Retrovirus (SIV), considered to act similar as the Human Immunodeficiency Retrovirus (HIV).

In the mucosa of the intestines, the sexual organs, the anal areas, the oral cavities and the lungs where large numbers of bacterial, viral, fungal and parasitic agents, environmental toxins and micro dust accumulate on mucosal epithelium, an ongoing activation of immune cells takes place, that leads to an increased release of oxygen and nitrogen radicals (ROS) normally produced in lower quantities in mitochondria, which live as bacteria-like organelles with their own DNA, inside cells where they produce the energy-carrier molecule ATP that is used for various cellular functions. Such interactions may lead to oxidation of proteins in mitochondria, which due to temporary shortage of nutrients, hypoxia or reperfusion, as well as contact to bacteria, fungi, viruses and parasites, induce the mechanism of autophagy, that causes the dissolution of pathogens and of altered cellular materials for its reuse in the formation of new cells and mechanisms of cell death and for the maintenance of the oxidative equilibrium in cells.

After a while, continuously heightened levels of oxygen and nitrogen radicals (ROS) which cannot be bound by the anti-oxidative capacities in cells, cause an increase in the permeability of the double membranes of mitochondria, via oxidation of proteins and lipids resulting in a continuously heightened emission of radicals, to a lasting change in the PH-value in cells and to oxidative damage of cellular elements such as the Golgi apparatus and the endoplasmic reticulum and thus to changes in the cycle of autophagy that can no longer be completed. This facilitates the existence of viruses, bacteria (also in cell-wall deficient forms) and parasites inside of cells and

their reproduction in newly formed cells and allows the emergence of these pathogens which are normally kept silent inside of cells in the genital, anal, intestinal and pulmonary mucosa and the building of local infections there.

As demonstrated by numerous trials, antibiotics block the formation of glutathione molecules in the liver, which are used for the transportation of reduced oxygen into cells and effect thereby more oxygen-free energy production by anaerobic glycolysis. By direct damage to the unprotected mitochondrial DNA, they cause DNA-mutations, which are transmitted to big numbers of its kind by division (fission) or by fusion, effecting thereby a mixture of intact and damaged mitochondria in cells, both of which finally heightens the formation of oxygen and nitrogen radicals in mitochondria causing changes in its exchange of substances and signals with the cytosol and the cell nucleus, from which they continuously receive substances and signals. The building of inflammasomes, which is induced by the mitochondria at inflammatory reactions of any kind is changed under this conditions, with lasting effects on the cellular messengers for the activation of immune cells and for cell death.

All of this changes the metabolism of bacteria, fungi, parasites and viruses, living inside cells, causes genetic mutations in their DNA, which are transmitted to different bacterial strains via plasmids, biofilms and transposomes, finally leading to a higher presence of genetically mutated, antibiotic resistant strains with changed metabolism, who themselves exert antibiotic activities against neighbouring bacteria, similar to those originally produced by the antibiotics themselves, leading thereby after time to lasting changes in the bacterial flora in various mucosa and its interaction with immune cells. The massive use of antibiotics in animal farming effects in this way causes the formation of antibiotic-resistant strains in nutrients, waters and grounds, which are transmittable to humans, who then may register a positive result in HIV testing. In such conditions, DNA-breaks in the cell nucleus may occur and following the building of cancerous cells, which by means of a changed metabolism use reduced oxygen and oxygen radicals in a new manner.

Depending on the types of oxygen- and nitrogen- radicals, which are emitted in higher quantities after the intake of antibiotics, heavy metals or after wounding, the mechanism of programmed cell death, of autophagy induced cell death, or of autophagy without subsequent cell death is activated, during which bacteria, viruses, fungi and parasites as well as degenerated mitochondria and altered cellular parts are packed in closed membranes (called vesicles) to be broken down to their basic elements to be used for the building of new cells, or, if the autophagy cycle cannot be fully completed, are deposited on the cell membrane, from where they can trigger via the bloodstream reactions in distant cells to make these ready for the uptake of their ingredients; a mechanism which is used by intracellular living bacteria for their reproduction in newly built cells. Besides this action bacteria, parasites, viruses and fungi dispose of individual mechanisms to subvert destruction by autophagy, and use parts of its cycle for their entry into cells and their reproduction there.

The prolonged administration of antibiotics and the continuously repeated induction of autophagy may cause a shortage in substances, needed for a successful completion of the autophagy cycle. Such conditions, occurring together with higher oxidation of cellular parts and changes in signalling as also with cells, baring mixtures of intact and damaged mitochondria may lead to genomic instability and DNA

mutations in the cell nucleus, which induce the formation of cancerous cells that receive their energy either from anaerobic glycolysis as also from aerobic glycolysis, coming from the surviving intact mitochondria.

Whereas many of the commonly administrated antibiotics induce autophagy, others, such as the widely used Macrolides, inhibit autophagy and thereby diminish the reproduction of intracellular bacteria in newly built cells, whilst at the same time allowing the growth of mycobacteria (such as mycobacterium Tuberculosis) causing damage to the liver and kidneys. Efforts to treat intracellular infections that in time may cause AIDS-defining degenerations such as Kaposi's sarcoma, by means of these antibiotics fail, as they block the autophagy needed for the breakdown of degenerated elements, whilst causing higher oxidation, which triggers cancerous degenerations. If immune reactions are directed continuously towards to the humoral antibody response (for example due to heavy metals in vaccine carrier substances or dental fillings), autophagy is inhibited by a continuous Th2 profile of messengers in T-cells.

As the ingredients of extracellular vesicles, which are made from parts of the cell, of mitochondria, bacteria or parasites, could only be partly characterised as agents of AIDS defining infections, their measurement in the plasma as "HIV-particles" by means of PCR-testing to determine the "HIV viral load" can only be understood as an intentional deceit. This because it is not known which parts of which bacteria, fungi, viruses or parasites define the "HIV viral load", as the producers of these tests declare this as part of their patent secret, and because the HIV could on to this day not be demonstrated as a retrovirus by centrifugation and budding, according to the established rules in retro-virology. HIV test positive "non-progressors" who, without antiretroviral treatment, do not show AIDS-defining diseases for years, show a perfectly functioning autophagy.

Lasting changes in the bacterial flora of the gut, due to repeated uptake of antibiotics, herbicides insecticides and heavy metals in nutrients, as well as by nucleoside analogues, non-nucleoside analogues, protease inhibitors and fusion inhibitors in cART cause a diminished formation of bacterial short chain fatty acids (SCFA) needed for formation of the gut mucosa, with the result that parts of gut bacteria (LAS) can translocate to the lymphatic tissues of the gut (GALT), where they induce lasting inflammatory reactions which after time lead to lasting changes in T-4 and T-8 cells and in regulatory T-cells (Treg) that after time induce the immune deficiency syndrome.

As it has been demonstrated by animal trials with monkeys, showing a negative result in the Simian Immune Deficiency Retrovirus Antibody Test, the translocation of bacterial particles (LAS) into lymphatic tissues of the gut mucosa GALT) can be induced without the presence of the alleged SIV-retroviruses, by means of substances such as dextran sulfate sodium and be inhibited by substances such as Sevelamer, that bind bacterial liposaccharides. The translocation of these bacterial liposaccharides cannot be inhibited by cART even at the decrease of the HI-viral load below its detectability, so that persons treated show a lasting decline of the inherent T-cells in the gut mucosa (MAIT) leading to the immune deficiency syndrome AIDS.

Vitamin D, which is produced under the skin by UV-radiation or by the intake of nutrients, such as mackerel, sardines or shitake mushrooms, and is synthesized in the liver and kidneys, and the following production of Vitamin D receptors (VDR) in B-cells, T-cells, regulatory T-cells (Treg) and in cells of the gut, pancreas, prostate and peripheral tissues, is decisive for the formation and activity of T-cells in the thymus and for dendrites, macrophages and monocytes and their reactions after contact to antigens. Vitamin D activated by its receptors supports via heightened chemotaxis the production of antibacterial peptides (Cathelicidins) as well as the induction of autophagy and the destruction of mycobacteria (such as the mycobacterium tuberculosis). Shortage in vitamin D and vitamin D-receptors, as it may occur after repeated intake of antibiotics, anti-retrovirals, hypotension lowering drugs, inflammation inhibitors, steroid preparations, anti-epileptics, contraceptives, anti-depressants, sedatives, insecticides and aflatoxins leads to a lessening of tolerance to antigens in immune cells of the gut, causing an increased production of TH17 cells, inducing thereby autoimmune reactions and an ongoing decline of T-4 cells, typical for the formation of AIDS. Isonazin and Rifampine, which are used for the treatment of tuberculosis, diminish the level of active Vitamin D and thereby, after some time, the antibacterial activities of immune cells and the induction of autophagy and loose in this way their bacteriostatic effects against the mycobacterium tuberculosis.

Nitric oxide gases (NO) are used in the organism for defence against the agents of AIDS defining diseases. At low quantities, they support the formation of mitochondria and its functioning, the cohesion of mucosa, the inhibition of inflammatory signalling from neighbouring cells, the containment of bacteria, viruses and parasites inside of cells and their breakdown by phagocytosis, as also pro-biotic acting bacteria in their attack on pathogenic strains, or activated immune cells in their attack on cells containing bacteria, viruses and parasites, whereas at high quantities they cause overextending immune reactions. The synthase of various types of NO-gases (iNOS, nNOS, bNOS and eNOS) in cell systems and in bacteria and its emission under particular conditions (e.g. repeated antigen contact through polluted drinking water) is inhibited by antibiotics and bacteriostatic substances in cART, as well as by the uptake of lead, arsenic and aluminium from the environment and of mercury from vaccine carrier substances and dental fillings, all of which block the synthase of tetrahydrobiopterin, needed for NO-synthase. Due to this, the antibiotic treatment of AIDS defining diseases, such as tuberculosis, becomes more difficult in areas with high levels of environmental heavy metals.

As numerous epidemiologic studies, carried out in the last 20 years, reveal, bacterial, fungal and parasitic infections, such as syphilis, tuberculosis and chlamydia, whose agents show nowadays resistance to antibiotics of various substance classes, and viral infections, such as hepatitis A, B and C, HPV and Herpes I and II, whose agents show resistance to various chemotherapeutics (including nucleoside analogue drugs), are pacemakers for the seroconversion to the test-result “HIV-positive” after which they are considered to be co-infections of the HIV-viruses, meant to be the cause of their severe course. According to these definitions attempts are made today to prevent this seroconversion by means of specific antibiotics and to treat infections occurring after this seroconversion despite cART treatment (e.g. in hepatitis C) by the

additional administration of specific antibiotics, which may cause high oxidative stress and consequently damage to the liver and kidneys.

By means of bacteriostatic drugs (protease inhibitors, fusion inhibitors, nucleoside analogues and non-nucleoside analogues), by which these infections are suppressed in the pre- and post-exposure treatment (PreP and PeP) the transmission of products of these infections, termed as HIV particles, should be inhibited at unprotected sex, whilst the transmission of the pathogenic agents itself, many of which nowadays show resistance to various sorts of antibiotics, cannot be inhibited by it, such as they have to be treated later by means of specific antibiotics. As Prep and PEP show the same severe adverse effects and growing resistance to HIV as cART it is improbable that the seroconversion to the test result “HIV-positive” can be averted by it over a longer period. That anyone who takes in cART consequently cannot transmit HIV anymore and anyone, consequently taking PreP cannot take it up anymore at unprotected sex, as the promotors of cART and PreP state, cannot stop the transmission of infections that over time may induce a positive result in HIV-testing. High daily doses of cART and respectively of PreP are necessary to prevent the transmission of one pathogenic strain that may induce a positive result in HIV-testing at unprotected sex. Genetically mutated, antibiotic resistant strains are transmitted nowadays in short time due to a high intercontinental mobility. The continuous preventive administration of cART in form of PreP and PeP, as proposed by the WHO for African and Asian countries and for risk groups in Europe and the USA, cannot represent a substantial strategy against the epidemics of AIDS-defining diseases, due to its damaging side effects, the price of the pills and the necessary close laboratory monitoring, overrunning the limited annual health care budgets in states of the developing world.

Politicians have to decide, whether PreP and PeP has to be refunded by the public health system to all HIV-Test-Positive persons and their friends doing unprotected sex. These can now buy cheaper generics of PreP if they get a prescription from an MD, even as they still do not know which Antibiotic resistant strains they are carrying and probably transmitting to others. If the public health systems refunds Prep and PeP, this would represent a new billion selling business for Big Pharma and the end of safer-sex for the prevention of the transmission of sexually transmittable infection. HIV-test-positive persons and their friends would again become guinea pigs in the global human trial for the treatment of infections by antibiotic-resistant strains.

Due to its bacteriostatic, anti-viral, anti-parasitic and anti-fungible effects cART, consisting of nucleoside analogues, non-nucleoside analogues, protease inhibitors and fusion inhibitors, reduces the number of various pathogens and suppresses thereby the emergence of AIDS-defining infections, as each of its ingredients does this to a certain group of pathogenic agents, allowing thereby a temporary increase of the T-4 cell counts, whilst causing resistance after longer time, which emerges fast in countries of the developing world. Everyone who takes in cART continuously loses the ability to defend pathogenic strains by means of immune-reactions, as this task is taken over continuously by cART. Once interrupted new resistance and related immune reactions occur, that later may cause severe complications. Therefore once started cART has to be taken in life-long, and can only be ended by specialists by means of immunity restitutive treatments including transfusions.

By damaging the intestinal flora, the mitochondria and the vitamin D synthase cART causes after some time a lasting decline in invariant T-cells of the intestinal mucosa (MAIT), inducing thereby immune deficiency. The promotors of cART know this already since some years and they also know, which antibiotics and which ingredients of cART actually work in which AIDS-defining infections at which groups of HIV-test positive persons and which cannot do this anymore due to resistance occurring.

By means of the administration of cART in pregnancy, birth by caesarean delivery, the avoidance of breastfeeding and the administration of cART to newly born babies, the transmission of gut bacteria from the mother to her child should be prevented, to achieve a negative test result in the newly born baby. As demonstrated by targeted tests, factors such as the bacterial flora of the mother and her intake of antibiotics before and during pregnancy are decisive for the result of HIV-testing in the newly born baby. All antiviral chemotherapies against HIV and Hepatitis C as well as antibiotics, hyperlipidaemia drugs, Antiarrhytmics, Antimalarials, Antifungizides, Non-Steroidal Anti-inflammatory Drugs (NSAIDs) as well as alcohol and tobacco consumption cause damage to mitochondria in the pregnant mother and her new-born.

The blocking of mitochondrial functioning by cART damages the formation of the energy carrying molecule (ATP) in immune cells and causes thereby immune deficiencies occurring at infections of any kind, the translocation of fatty tissues and damage to the liver, the kidneys, the intestinal mucosa, the brain, the muscles, the bone density and the cardio-vascular system, all of which are termed as “non-HIV/AIDS related progeria”. In many patients, the intake of cART causes various types of non AIDS-defining cancer.

Neither the weakening of the mitochondria by antibiotics, toxins and medicaments which damage its DNA and the transportation of oxygen into cells and the following disturbance of autophagy, which supports intracellular living of bacteria, fungi and parasites and their emergence, nor the building of antibiotic-resistant bacteria and parasites, inducing changes in the gut flora and consequently in the gut mucosa, or the inhibition of the synthase of vitamin D, vitamin D-receptors and of nitric oxide in immune cells by antibiotics, as also not malnutrition in countries of the developing world, which weakens all immune reactions, should be the cause of the severe course of the AIDS defining infections and of the immune deficiency syndrome, but an infectiously transmittable “Human Immune Deficiency Retrovirus” who’s products detected by HIV-Antibody tests, induce the test result “HIV positive” at more than 30 AIDS defining infections under the above mentioned conditions. Why this retrovirus should not be an endogenous retrovirus, such as many others that represent 8 % of the human genome, which are activated under particular environmental conditions cannot be explained by its promotors, who state that it is an infectiously transmittable retrovirus, that came from monkeys into the human genome.

30 years after the postulation of an infectiously transmittable “Human immune deficiency retrovirus” by Françoise Barré Sinoussi, Luc Montagnier and Jean Claude Cherman, the development of a test, meant to detect products of this retrovirus, by Robert Gallo, and a billion costing state financed AIDS research, it is still not clear, how this retrovirus should cause a lasting decline in T-4 and T-8 cells and the severe

deadly course of these infections. Yet it is quite clear today, that the signals and entities attributed to the alleged Hi-retrovirus are not the cause of the severe course of AIDS defining diseases and of the acquired immune deficiency and that the so called Hi-Virus-particles, detected in plasma by means of PCR testing are the products of a disturbed autophagy, which occurs due to damaged mitochondrial function, malnutrition, environmental pollution, antibiotics and chemotherapy.

Neither the fact that patients with AIDS-defining diseases have done a positive result in HIV testing before getting ill, nor the presence of the increasing and decreasing “viral load” occurring due to the suppression of the AIDS defining infections by the effects of cART do change anything in these facts. The statement of the HIV discoverers, that HIV could only be transmitted via blood or semen, has averted in the last thirty years an effective prevention of the transmission of droplet infections by antibiotic resistant agents which can be transmitted in many ways and nowadays may result in severe, deadly infections, particularly in countries of the developing world, dealing with malnutrition, polluted drinking water and poor housing conditions.

Up to this day HIV-test-positive persons and patients with AIDS-defining diseases do not receive targeted treatment for good bacterial flora in the gut, mitochondrial functioning or synthase of Vitamin D. They also do not get anti-oxidative treatment against the adverse effects of antibiotics and cART, even as such additional treatment has shown a substantial decline in complications and fatality in clinical tests carried out 20 years ago. An effective treatment for AIDS-defining diseases is still only seen in chemotherapy. Measures to prevent antibiotic resistance, by means of a controlled and targeted administration and the ban of broad spectrum antibiotics in animal farming, or measures for the improvement of drinking water and the ban of insecticides and herbicides (such as Glyphosate) which heighten the release of heavy metals into the environment, have only been taken in beginnings.

That it became possible by means of HIV-testing to fade out all these factors for the emergence of endemic infections, declaring the products of infections by antibiotic resistant strains to be products of a transmittable retrovirus, responsible for the severe course of these infections, represents an unique case of crowd psychology manipulation. Various kinds of professionals (medical doctors, scientists, social pedagogues, psychologists, publicity specialists, journalists, and politicians) have played their role in the distribution of this double meaning model of a sexually transmittable, deadly virus occurring with sexually transmittable infections, which has become a good business for many of them as also for big pharma. The fact that over the last 30 years medical doctors have treated the HIV-test positives by means of harmful substances apparently without any therapeutic alternatives, whilst increasingly losing sight of a holistic understanding of these diseases and its treatment as clinical tests on alternative treatments were not carried out anymore will be noted in the history of medicine.

What the presence of the so-called HIV-antibodies and HIV-particles really means and how a non-damaging therapy for AIDS-defining diseases can be achieved has to become again the topic of a broad public discussion in regard of the now available research data.

What mechanisms take place in the formation of AIDS-defining diseases and which therapies can efficiently change it will also be cleared up by means of new imaging processes of microscopy and quantum physics research at the x-ray laser- tunnel (http://www.xfel.eu/).

Study Group AIDS-therapy

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AIDS at viral load zero: Studies and Links
www.ummafrapp.de/skandal/felix/zero/studies_and_links.pdf

The „HIV-positive“ inducing mycobacteria

http://www.ummafrapp.de/skandal/felix/The_HIV-inducing_Mycobacteria.pdf

AIDBS: Antibiotic induced deficient bacteria syndrome: The HIV-activating bacteria

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

AIIDS: Antibiotic Induced Immune Deficiency Syndrome

http://www.ummafrapp.de/skandal/felix/antibiotics/aii-e.pdf

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

Dr. Gallo’s proof of Dr. Montagnier’s HIV retrovirus

http://www.ummafrapp.de/skandal/felix/Dr_Gallos_Proof.pdf

MD Heinrich Kremer

The Lifesaving Knowledge of Healing

The Lifesaving Knowledge on Healing pdf 115 k

The Secret of Cancer: „Short Circuit“ in the Photon Switch

The Secret of Cancer: "Short-Circuit" in the Photon Switch

The Concept of Cellsymbiosis Therapy

The Concept of Cellsymbiosis Therapy pdf 24.5 k

Did Dr. Gallo and his colleagues manipulate the AIDS-test to order?

http://www.ummafrapp.de/skandal/test/did_gallo_manipulate.html