

ARE THESE THE
KNOCKOUT WEAPONS IN THE
FIGHT AGAINST OUR
GREATEST HEALTH PLAGUE?



THE AIDS FIGHTERS

THE ROLE OF VITAMIN C AND OTHER
IMMUNITY-BUILDING NUTRIENTS

Ian Brighthope, M.D.
with Peter Fitzgerald

Foreword by Linus Pauling, Ph.D.
with comments by Jeffrey Bland, Ph.D.,
Lady Phyllis Cilento, M.B.B.S.
and Abram Hoffer, M.D., Ph.D.

THE AIDS FIGHTERS

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THE AIDS FIGHTERS

Ian Brighthope M.D.
with Peter Fitzgerald

The AIDS Fighters is not intended as medical advice. Its intent is solely informational and educational. Please consult a health professional should the need for one be indicated.

THE AIDS FIGHTERS

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"The only outstanding side-effect of this form of management is chronic good health. These therapies allow an AIDS victim or an antibody-positive individual to live in harmony with their AIDS virus -- possibly indefinitely." -- Dr. Ian Brighthope.

"Let nothing which can be treated by diet be treated by any other means." -- Maimonides, 12th Century Physician.

"This is probably the only answer for the African countries to save themselves from mass genocide by the AIDS virus ." -- Dr. Ian Brighthope.

You Can Knock Out AIDS With Vitamin C & Immune Nutrients

AIDS can be successfully treated right now. The answer is in building up the body's depleted immune system. This book gives the how and the why of achieving this by using megadoses of Vitamin C, micronutrient supplementation, diet and the judicious use of meditation, relaxation and exercise. This is no fad book. The therapies advanced are tried and proven in Dr. Ian Brighthope's Clinic in Melbourne, Australia.

This is a popular book - Simple and direct with the edge of scientific authority and a closing section on supporting scientific references.

The Brighthope therapy certainly helps AIDS sufferers dramatically improve their prognosis and very importantly gives them an excellent quality of life. For antibody-positive people, without full blown AIDS, keeping to this program may ensure the maintenance of AIDS-free good health indefinitely.

Acknowledgements

To Moya & Ernie Brighthope

To Marygabrielle Fitzgerald and Kerrie Franklin for their help in developing the manuscript, Dr. Ina Williams who has painstakingly devoted her time and skill to the care of AIDS sufferers, Sister Claire Grose and to the clinic's staff and patients for their help and understanding.

Dr. Ian Brighthope,
Peter Fitzgerald,
Melbourne 1987.

Foreword and comments from the original edition

ONE of the greatest medical problems at this time is how to combat Acquired Immune Deficiency Syndrome, AIDS. The disease seems to be caused by a retrovirus. The presence of specific antibodies against this virus shows that millions of people are infected with it. In some of these persons, the disease becomes active, with a high probability that the patient will die in a few years.

The medical establishment does not know how to control this disease. Efforts are being made to develop a vaccine against it. Some toxic drugs have been said to have some value, but none has yet been shown to be effective. There is one treatment which should be given to every patient with AIDS, and should also be used prophylactically. This is the treatment with high doses of vitamin C, as much as 120 grams per day.

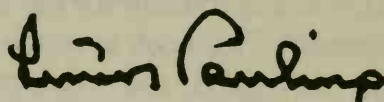
Vitamin C is known to inactivate viruses, to be beneficial in the treatment of severe viral infections, to potentiate the immune system (which is damaged in AIDS patients), and to have value in the treatment of cancer. Many AIDS patients die of severe infections, which their damaged immune systems are unable to control, and many others die of the cancers associated with the disease, especially Kaposi's sarcoma.

The value of high dose-vitamin C in the control of advanced cancer was shown by Dr. Ewan Cameron in Vale of Leven Hospital, Lochlomondside, Scotland, beginning in 1971, and by Dr. Fukumi Morishige in Fukuoka, Japan, a little later, as also by a number of other physicians. Although the use of high-dose vitamin C as an adjunct to appropriate conventional therapy in the treatment of cancer has not been generally accepted, I believe that it will soon be accepted, and will become a part of the treatment of all patients with cancer.

It is hard to understand why the medical establishment refuses to accept the idea that a thorough study should be made of the value of vitamin C in the control of AIDS. Recommendations to this effect made by Dr. Ewan Cameron, Dr. Robert F. Cathcart, and me have

been ignored. Four applications for grants to support investigations in this field, made by Dr. Cameron and other associates of mine in the Linus Pauling Institute of Science and Medicine, were rejected by the National Cancer Institute and the National AIDS Foundation. A similar application made by Dr. Brighthope, the author of this book, to the Australian Government Department of Health was also rejected.

In this book, *You Can Knock Out AIDS with Vitamin C & Immune Nutrients!*, Dr. Brighthope presents the evidence for the value of a regimen for treating patients with AIDS that includes high-dose vitamin C, other nutrients, and procedures for decreasing stress. The cost of vitamin C is low, its toxicity is extremely low, and there is no reason why the regimen should not be instituted for every patient with AIDS. I recommend that every interested person read this book.



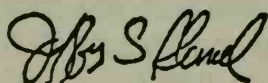
Linus Pauling Institute
of Science and Medicine,
Palo Alto, California.

In 1981, the world was confronted with the information that a new communicable disease was starting to rear its ugly head. One that had associated with it an unusual form of cancer called Kaposi's sarcoma, neurological degeneration and immune suppression. This disease was to be called Acquired Immune Deficiency Syndrome. Since 1981, we have seen a virtual explosion of information and concern surrounding this condition in that it has now started to influence the health care planning and disease treatments in most highly populated centers of the world. In the face of this burgeoning concern about AIDS, has been the search for an appropriate drug or immunotherapy that would knock out the dreaded virus. Most of this, however has been unsuccessful and we are, at best, left with short-term remedies and not long-term treatments. Certain drugs have been approved, such as AZT, which seem to prevent some of the dreaded infections such as pneumocystis, yet the disease AIDS still continues to take its toll.

Visionary physicians, such as Dr. Brighthope, have been exploring new immunoaugmentive therapies using natural methods. In his book, *You Can Knock Out AIDS With Vitamin C & Immune Nutrients*, he

details the natural therapy he has been using with great success in managing AIDS in his patients. By the application of one of the most powerful antiviral substances known to humankind, vitamin C, along with other immune-strengthening approaches, Dr. Brighthope, has achieved remarkable success. This book should be considered quite a revolution and will generate considerable controversy and conversation. It is not widely regarded in the medical community that vitamin C, or natural therapies, have any positive benefit in AIDS. However, clinical success talks very loudly. Dr. Brighthope has been able to demonstrate his satisfaction with clinical success in the management of AIDS by the use of these natural approaches and that should serve as a catalyst for discussion, research and investigation by many other clinicians into the value of these modalities.

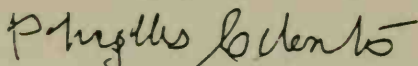
This book truly opens the eyes of the individual who is concerned about AIDS and is looking for the best available alternatives towards its management. This book is certainly provocative and the product of a careful, thoughtful and concerned practitioner who has made observations in his practice that may have very significant positive benefits to countless thousands of people who are concerned about the AIDS epidemic. I strongly encourage any individual worried about the AIDS problem to read *You Can Knock Out AIDS With Vitamin C & Immune Nutrients*.



Dr. Jeffrey Bland, Ph.D.
President of Health Comm Inc.
Human Sciences And Medicine,
Gig Harbor,
Washington State.
and past Professor of Nutritional
Biochemistry, at the University
of Puget Sound, Washington
State.

Dr. Ian Brighthope has the courage of his convictions, and his convictions are based on the facts proven by intensive research and by actual experience.

I hope that readers of this book will be willingly convinced about its truth and its value for the relief of AIDS symptoms.

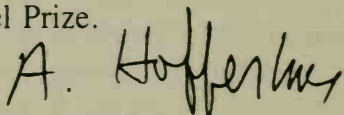
A handwritten signature in dark ink, reading "Phyllis D. Cilento". The script is cursive and fluid, with a long horizontal stroke at the end.

Lady Phyllis D. Cilento,
M.B.B.S.

And an added comment regarding the Keats edition

Dr. Ian Brighthope's book about the treatment of AIDS—*The AIDS Fighters*—deserves the same public recognition which is awarded AIDS itself. It provides a powerful beam of hope in a field which is dark, dismal and deadly.

If any establishment scientist made similar therapeutic claims, he/she would be nominated for the Nobel Prize.

A handwritten signature in dark ink, reading "A. Hoffer". The script is cursive, with a large, stylized initial "A" and a long, sweeping horizontal stroke at the end.

Abram Hoffer, M.D., Ph.D.

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THE SPECIFICS OF Dr. IAN BRIGHTHOPE'S MICRONUTRIENT SUPPLEMENTATION PROGRAM:

1. **Diet, rest, meditative techniques and positive imagery** -- which are all vital for immune stability.
2. **Vitamin C:**
 - . Ascorbic Acid, or Sodium Ascorbate, orally to fill and flush. Up to 10-20 teaspoons per day.
 - . Intravenous ascorbate, daily or three times a week. (Up to 150 gm per day. Maintenance -- the usual dose is 30-60 gm.)
 - . Care for tooth enamel with Ascorbic Acid.
3. **Vitamin A:**
 - . 20,000 I.U./day or
 - . Micellised Vitamin A, 4 drops twice daily.
4. **Vitamin E:**
 - . 500-1,000 I.U./day.
 - . Micellised Vitamin E, 1 ml. twice daily.
5. **Selenium:**
 - . Sodium Selenite drops.
 - . 200-1,000 mcg/day (*1) of elemental Selenium.
 - . Monitor blood levels monthly.
6. **Vitamin B-complex:**
 - . 50-200 mgm (*2) three times daily.
7. **Calcium Pangamate:**
 - . 50 mgm three times a day.
8. **Zinc/Magnesium/Manganese Complex:**
 - . 30-60 mgm. elemental Zinc per day.
 - . Biozinc (Blackmore's) 1 twice daily.
9. **Evening Primrose Oil:**
 - . For Gamma-Linolenic Acid 1,000 mgm, three times a day.
10. **Pancreatic Enzymes:**
 - . One to two with meals, 1 tablet containing pancreatin, 4 NF. 400 mgm.
11. **Echinacea:**
 - . 1500 mgm, twice daily.
12. **Viscum album (Mistletoe):**
 - . 0.1-1.0 ml by subcutaneous injection on alternate days.
13. **Thymus extract:**
 - . One tablet three times a day.

14. **Lactobacillus acidophilus tablets or powder:**
.Ten tablets three times a day for three days, then one or two tablets three times a day.
15. **Nystatin:**
.500,000 I.U. -- 1-2 three times a day, indefinitely or Ketoconazole as follows ...
16. **Ketoconazole:**
.200 mgm, 1-2 daily for two to four weeks. But beware of kidney or liver problems.
17. **Garlic or Garlic extract:**
Japanese Kyolic garlic is superior
.One three times a day.
18. **Pao D'Arco Tincture:**
.Four to six drops, three times a day.
19. **Juices: Beetroot and Carrot:**
.One to two 7 oz. (200 ml) glasses of each daily.
20. **Metallo Proteins:**
.Ten mls, three times a day of liquid form. Ten drops, three times a day of the concentrated form.
21. **Licorice root extract:**
.2-5 mls. three times a day.
22. **Homeopathics:**
.Zincum iodatum.
23. **Aged Aloe Vera juice:**
.50-100mls. per day.
- *1 mcg = a microgram. That is, a one-thousandth part of a milligram -- or a millionth part of a gram.
- *2 mgm = a milligram. That is, a one-thousandth part of a gram.

• **Vitamin C Suppliers:**

Intravenous Sodium Ascorbate in bottles of 15, 30 and 1,000 gram quantities can be obtained from:—

Drs. Glenn and Ian Dettman,
Orthomolecular Medi Search,
Oakleigh Pathology Laboratories,
9 Rogers Street,
MENTONE 3194.
VICTORIA.
AUSTRALIA.
Telephone: (03) 583 7168.

CHAPTER 1

Why this book can help you

"In the past two decades, one of the fondest boasts of medical science has been the conquest of infectious disease -- at least in the wealthy countries of the industrialized world.

The advent of retroviruses, with the capacity to cause extraordinarily complex and devastating disease, can explode that claim for what it is -- hubis. (wanton arrogance)

Nature is never really conquered. The human retroviruses, and their intricate relationship with the human cell, are but one example of that fact. Indeed, perhaps conquest is the wrong metaphor to describe our relationship to nature, which not only surrounds us but in the deepest sense, also constitutes our being."

--- R. Gallo, *"Scientific American",*
January 1987.

AIDS can be successfully treated right now. It has been treated successfully on both sides of the Pacific using non-toxic, scientifically based methods.

A small group of medical doctors interested in the use of naturally occurring viricidal (anti-viral) substances and immune stimulating agents have been achieving excellent results even with very ill and debilitated patients.

This book has been written to inform the general public, health care providers and government authorities that AIDS can be conquered cheaply and without resorting to expensive research into toxic drugs.

This book advocates how, and why, this is achieved by changing attitudes through education and by encouraging a life-style which promotes optimum good health for all -- including the use of diet, meditation, micro-nutrient supplementation and proper amounts of Vitamin C.

It's essential for prevention of the spread of the disease with mass education programs, safe sex practices and the provision of sterile needles for intravenous drug users.

However, infection still occurs and we are seeing huge numbers of the world's population being infected and potentially wiped out.

For this reason, we require a cheap, simple and easily understood method of helping the infected individual's immune system overcome the virus.

In doing so, those who are infected will not degenerate to the full-blown AIDS disease. In fact, if the approach recommended in this book is adopted world-wide, the disease can be virtually eradicated.

The approach involves the nutritional support of the immune function combined with virus killing doses of ascorbic acid, diet, meditation, positive imagery and life-style changes.

Ascorbic Acid, or Vitamin C as it's popularly known, has several important functions. It can kill many viruses, including those for hepatitis, herpes, polio and rabies. It's an immune system stimulant and protector.

These two very important functions are not found in any other drug or substance known to man. Unique in itself, Ascorbic Acid holds the key to overcoming AIDS.

Combined with a diet which eliminates commonly "allergic foods" known to suppress immune function, the removal of chemical additives to the diet, the avoidance of tobacco, alcohol, medical and

illicit drugs and the use of micronutrient supplementation and non-specific immune stimulants, this approach has saved the lives and improved the health of AIDS patients despite their normally hopeless prognosis.

The use of these techniques is scientifically, and medically, validated using references from highly respected literature sources.

It's known that diet can influence immunological function. There is an overwhelming amount of evidence to show that micronutrients such as minerals, vitamins and essential fatty acids can modulate and improve immunity.

For example, zinc is known to play an important role in all phases of the immune system's functioning and low levels or deficiencies can result in severe infections and other inflammatory disease states.

Tobacco, alcohol and many chemical substances in the environment are known to suppress cellular and antibody-mediated immunity. Emotional stress adversely affects the nervous, hormonal and immune systems.

Relaxation therapy and meditation help in overcoming these problems. The evidence is provided that they increase the individual's resistance to stress factors.

Additional therapeutic support is derived from herbal remedies traditionally used -- either as non-specific immune stimulants or anti-infective agents.

This book will fulfil a unique need because it advocates a simple, effective, low-cost and non-traumatic approach to an explosive public health crisis which is going to get a lot worse before it gets better.

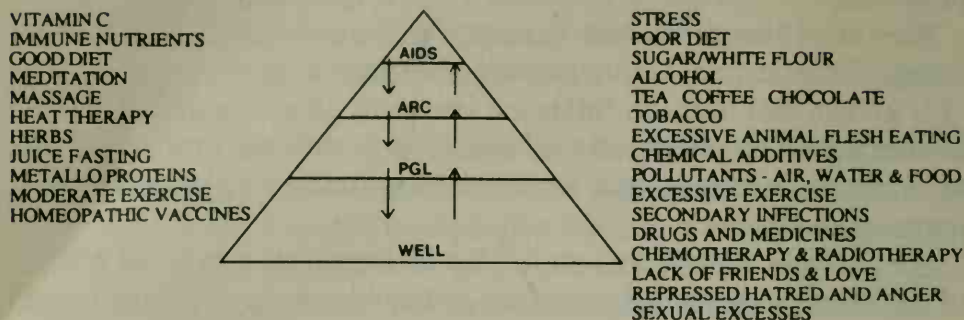
The simple truth is that a vaccine is years away, if at all, because the AIDS virus is one of the cleverest ever encountered by medical researchers as it's constantly mutating.

The value of this book is that it is mainly self-help, stressing early adoption of the therapy to give the most effective results. The style of this book has been refined so that every "at risk" individual can share the knowledge of this exciting medical breakthrough.

Every effort has been made to simplify masses of research data, as well as practical experience with AIDS patients, so that the tremendous advantages of this innovative approach to AIDS treatment -- and with it the enhancing of the quality of life of otherwise doomed AIDS patients.

The clear, simple message of this book is that here is a way to beat

AIDS and its many distressing complications -- without recourse to costly and toxic treatments including chemotherapy.



The AIDS pyramid represents the total population of those infected with AIDS virus. The largest sub-group are well. The next (PGL) have a persistent generalized lymphadenopathy. A group with more severe symptoms is the Aids Related Complex (ARC - See Glossary) At the top of the pyramid we have full-blown AIDS. Patient movement from one group to another is generally upwards ie to move severe disease. Movement downwards is possible when the appropriate action is taken.

MILLIONS OF VICTIMS

Millions of people world-wide are now infected with the AIDS virus. Dr. Everett Koop, the U.S. Surgeon General, has warned that about 100 million people world-wide could die from AIDS by the year 2000 if a cure, or vaccine, isn't found. By 1990 alone, the number infected with the virus could increase to 100 million -- a global catastrophe.

According to Dr. H. Mahler, the Director General of the World Health Organization, the official figure of 30,000 AIDS cases world-wide is a gross underestimate.

There are probably in 1987, more than 100,000 cases of AIDS globally. AIDS is now a household word throughout the western-world.

It's the widest publicised sexually transmitted disease known. AIDS is basically a killer. From the time it's first diagnosed, a patient on average will survive for only 15 months.

This of course varies according to the patient's general health. Those who are generally healthier can linger longer. Others die within a few months of diagnosis

The care of a patient with AIDS is not only risky. It's also very expensive, time consuming and labour-intensive.

Despite the claims that not a single patient has been cured, a number of patients in both the United States and Australia, who have been adopting lifestyle changes, including diet, meditation, herbs, vitamins and minerals have survived and improved their general health.

This book is intended to show how this can be done. People who have been infected by the AIDS virus don't necessarily have to develop AIDS and die.

Until now, the diagnosis of AIDS in anyone was a virtual death sentence -- the mortality for patients diagnosed with AIDS in 1981 is approaching 100%. That is, all patients with AIDS have died if the diagnosis was first made in 1981.

AIDS is a virus which is technically called the Human Immuno Deficiency Virus, or HIV, which infects the cells of the immune system, the white cells of the bloodstream called T-Lymphocytes.

Once these cells are infected by the HIV, or AIDS virus, they lose their ability to support and protect the immune system and fight foreign invaders including bacteria, fungi, yeasts and other pathogenic or sickness-producing organisms.

As will be shown later in the book, the immune system can be protected and its functions improved, by carefully supporting the immune system with proper diet and dietary substances. For example: herbs, vitamins, minerals, proteins and amino acids and relieving the load on the immune system by treating infections, removing allergies and chemicals.

WHAT IS THE EXTENT OF AIDS?

The world is faced with an epidemic of AIDS the size of which none of us ever expected or can appreciate. The countries with the greatest number of AIDS cases are, in order, Africa, the United States, Australia, Denmark, Belgium and then all other western European countries.

The relatively high, and increasing, number of patients with AIDS in the United States, Australia and elsewhere is cause for concern. Nearly 90% of all AIDS patients are homosexual or bisexual men. Most are aged between 30 and 40 years. With this in mind and the fact that it may be many years before an effective treatment or vaccine for HIV is available, AIDS must be viewed with extreme seriousness.

We must concentrate our efforts on studies which will reduce, or stop, the spread of AIDS while concentrating on our efforts to make an

THE ORIGIN OF THE AID'S VIRUS

It is thought that the virus causing AIDS originated in the African Green Monkey in Central Africa - Uganda, Rwanda Zaire region. The monkey virus mutated to a strain highly dangerous to man. The virus spread within Africa then to Europe and Haiti in the Caribbean. From here it spread to the U.S.A. then to Australia.

Some experts have suggested that the virus is man-made and it escaped from the laboratory. Others have suggested its the result of vaccination. There is good supporting evidence for both of these observations.



early diagnosis. It's important that we understand the role of other factors in AIDS which may allow the disease to progress.

For example, such things as diet, lifestyle and exposure to legal and illegal drugs are extremely important. In fact, they will probably play leading roles in the management of AIDS patients in the future by their exclusion.

According to public health specialists, here and overseas, our health resources won't be enough to deal with the number of persons with HIV-related disease.

HIV-related disease means people who are infected with the HIV, or AIDS virus, who may or may not have the AIDS disease itself.

We will discuss the other HIV-related diseases later in this book. It's sufficient here just to mention that the AIDS virus may cause AIDS or an AIDS-related disease. The AIDS-related disease (also known as AIDS Related Complex) isn't as serious in its outcome as full-blown AIDS itself.

There's an urgent need for us to study the extent of HIV-infection in groups of individuals who are at high risk of becoming infected. These groups include male homosexuals and bi-sexuals, intravenous drug users and recipients of human blood and blood products. For example, haemophiliacs and road accident victims.

There's a need to monitor the efficiency of educational programs which aim at altering the sexual practice of homosexuals.

One can see that the management of AIDS will take teams of people who are specialized in many areas of health care delivery including psychologists, social workers, educationalists, doctors, nurses and the co-operation of the public and government health care facilities.

DEATH FROM AIDS

AIDS is a killer disease which affects the immune system and the central nervous system including the brain and the spinal cord. The death rate amongst people diagnosed as having AIDS for more than two years in the United States and Australia is nearly 100%.

This means that, after two years, all patients who have been diagnosed as having AIDS are expected to be dead. In the United States, this figure is 75%. That is, three out of four patients will be dead within two years of diagnosis.

The differences between the United States and Australia is explained by the fact that there's difficulty in keeping track of infected individuals in the U.S - - probably because of the large numbers involved. However, the seriousness of the condition remains the same in the United States as in Africa and Australia.

WHO -- MALES OR FEMALES?

In Australia at present, there's one female sufferer for every 26 males. In the United States, there are 33 males for every infected female. In Europe, the figure is 10 males for every infected female.

Here we can see a high proportion of women in Europe with AIDS. This may be explained by the fact that many of the cases that have been diagnosed in Europe have been African nationals.

About 50% of Africans with AIDS are females. Why females in Africa are more prone to the disease than females in other parts of the world is unknown.

It may be that living conditions in Africa allow the virus to infect more females who are partners of infected males.

Poor hygiene and the sharing of scarification instruments contaminated with blood during tribal rituals are two likely explanations. Medical researchers now believe the general spread of infection in Africa could have occurred from contaminated needles during mass vaccinations against Smallpox.

Other factors may be dietary and, if so, they should be studied in more detail. The African nationals appear genetically more susceptible to infection from the AIDS virus than other nationalities. The exact reason isn't yet clear despite the extensive research now proceeding.

Many questions may be asked about the differences here. The answers may give us further clues about the future care of AIDS patients.

HOW OLD?

AIDS mainly affects people at the most productive stage of their lives between 30 and 40 years. But, it also affects newly born infants who are exposed to the virus either through maternal infection during pregnancy or children who have been exposed to the virus via blood transfusions.

One should ask -- why does a such a disease affect relatively young people living at a standard which has probably never before been reached in human history?

Why is this virus behaving in the manner it does? What are the circumstances which have allowed it to overwhelmingly invade the immune system?

It's highly likely that the virus is one which has undergone change over the last few years and these changes have allowed it to invade the human immune system.

An already compromised immune system, sick from the use of drugs, medications, tobacco, alcohol, poor diet, chemical additives and chemical pollutants. The virus is thus allowed to gain ready access and infect the blood cells -- called the Helper Cells.

THE ORTHODOX TREATMENT OF AIDS

The main strategy in the management of AIDS is the suppression of the virus's reproductive ability and the restoration and enhancement of the immune system. Most researchers today agree that a combination of the two approaches will be evaluated in the future.

It's hoped that agents will eventually be discovered that have the ability to block the virus before it attaches itself to the cells of the body.

Also, important is the development of substances which can block the conversion of the virus to a form which can enter and control the nuclear material of our cells.

Another method of attacking the virus is by preventing the host cell from producing more viral particles within itself. Most drugs which are now being used in the management of AIDS are toxic, ineffective or may even accelerate the course of the disease.

For example, United States and other medical researchers expressed serious doubts about Suramin, being implicated in serious toxic effects including weight-loss, fatigue, muscle break-down and a rapid deterioration with an increase in Kaposi's Sarcoma and Pneumocystis pneumonia. Interferon, a chemical produced by the body's own immune cells, has been produced in the laboratory -- but has also proved to be of only limited use in Kaposi's Sarcoma.

Although interferon can help with Kaposi's Sarcoma in eradicating it from 30% of patients, a partial remission can be obtained in another 30%.

The best response of course to interferon treatment has been with patients with reasonably normal immune function. Again, interferon is so expensive that it's beyond the reach of most AIDS sufferers any way.

Another biological chemical produced by the immune system is Interleukin 2. This results in a minor increase in the Helper Cell numbers of the immune system, but no real clinical response occurs. It's another example of "the operation was a success but the patient died!"

Interestingly, reports from most of the world's medical literature on the Acquired Immune Deficiency Syndrome, and its treatment, don't mention the patient's nutritional status -- or the dietary and micronutritional management of these unfortunate individuals.

SOCIAL ASPECTS -- ECONOMICS OF AIDS

It's been reported in the United States that by 1991, there will be 270,000 AIDS cases of which 179,000 will have died. The proportion of cases in women will have increased to about 6000.

The heterosexual incidence of the disease will have increased by 2,700 to 7,000 cases with the vast majority of cases still occurring with homosexuals and drug abusers.

It's been estimated that by 1991, the total cost to the health budget in the United States will be approaching \$8-billion. This cost to the community is extreme to say the least.

Any preventive measures taken will illuminate the old maxim: "A

stitch in time saves nine." It's clear that we will not be able to properly care for these patients without creating enormous deficits in other health care areas.

That is, unless a simplified approach to the AIDS epidemic is adopted by placing prevention and self-care in the hands of the individual.

So, it's worth stressing what this book is all about. We believe that the Brighthouse therapy is a simple, cost-effective, eminently workable, painless approach which could literally save millions of lives -- by changing attitudes through education and encouraging a life-style promoting optimum good health for all. This includes the use of diet, meditation, micro-nutrient supplementation and proper amounts of Vitamin C.

SOCIAL ASPECTS -- PUBLIC ANXIETY

Although sexual intercourse is still the major route of transmission of the AIDS virus, there's still a high level of anxiety in the public mind about other ways of infection.

However, extensive studies amongst family contacts of AIDS patients haven't shown that social contact, even of a close and intimate nature, will result in infection.

For example, it's interesting to note that one AIDS-positive patient who had bitten 35 hospital staff members, had nevertheless failed to infect one of them!

MEDICINE'S VIETNAM

It's been stated by experts in the field that AIDS is "medicine's Vietnam". Researchers and public health officials have been put under enormous pressure to quickly find answers and make decisions -- often before all the necessary information has been available.

The AIDS crisis will dominate public health well into the 21st century. It will cost taxpayers billions upon billions of dollars. Vitamin C, micronutrients, and other ways of effectively boosting the immune system is the low-cost, simple answer.

The significance of this chapter on how this book can help you is that it is a simple, self-help manual on the prevention of AIDS, and if you have it -- learning how to progressively achieve a remission from full-blown AIDS to eventual good health.

CHAPTER 2

How and why Vitamin C works

"No one has to date used ascorbate in large enough doses to adequately demonstrate a therapeutic effect."

-- Dr. Ian Brighthope.

VITAMIN C is essential for the proper functioning of all aspects of the immune system. It's also essential for keeping intact the skin and the linings of the mouth, intestines, stomach, lungs and nose.

Otherwise, the membranes end up weak and frayed like old elastic which then allows the easy penetration of germs and disease.

If these important body surfaces are weakened, or destroyed in any way, then bacteria and viruses have a greater chance of gaining entry into the system and producing infections. Good nutrition increases their resistance to invasion.

As well as being an important part of the immune system, Vitamin C is also very important in maintaining the strength of the skin and mucous membranes of the body. However Vitamin C, or Ascorbic Acid, is probably one of the most important nutrients involved in the maintenance of immune function -- particularly in patients infected with the AIDS virus.

A deficiency of Vitamin C causes a reduction in cellular immunity. It's this very reduction of cellular immunity which occurs in the AIDS patient which eventually causes his death.

The Helper Cells are the ones which are actually killed by the AIDS virus. A deficiency of Vitamin C can also cause a weakening of the inflammatory reaction which occurs as a result of infections. These inflammations are very important in helping the body rid itself of the virus.

Vitamin C has also been shown to enhance the specific function of the Helper Cells. The AIDS patient, of course, has a reduced number of Helper Cells -- they are continually being killed off by the presence of the AIDS virus within them.

Nearly every other function of the immune system can be reduced, or affected, by a deficiency of Vitamin C or even by low levels of Vitamin C in the blood or tissues.

One doesn't have to have scurvy (Vitamin C deficiency) to have impairment of their immune system. Vitamin C also appears to have an important role in supporting the immune system's surveillance mechanism.

High levels of Vitamin C are found in the white cells of the blood during an infection and it's rapidly expended during the development of the infection.

Unless it's adequately replaced, then the Vitamin C present in the white cells becomes depleted and the white cells themselves become

weaker and are thus unable to effectively fight the infecting organism.

In normal people, high doses of Vitamin C actually promote immunity and stimulate the lymphocytes in the blood. It's this activity of Ascorbic Acid, or Vitamin C, which appears to be of most benefit to the AIDS victim.

In fact, the Helper Cells of the immune system have been shown to be increased in numbers by the proper use of diet, nutritional supplementation and high doses of Vitamin C by mouth and by injection. This has been achieved in the Brighthope Clinic in Melbourne, Australia.

Many people have experienced the use of Vitamin C in treating the common cold and other viral illnesses including influenza.

Although doctors and medical specialists say that Vitamin C has very little effect on the common cold and other viral illnesses, those people who have been using Vitamin C in proper doses and for long enough, certainly know that the severity, duration, and frequency of their viral infections is if not completely abolished, then dramatically reduced.

In fact, some people who had continual colds and flu-like illnesses throughout winter have been able to completely prevent them by taking large enough doses of Vitamin C by mouth or by intravenous injection.

These doses may range from between 1000 milligrams to 30,000 milligrams or more per day. This is the equivalent of taking between a quarter to half a level teaspoonful of Vitamin C powder two or three times a day to a level teaspoonful 10 times a day.

Thus, we can see that Vitamin C can alter the individual's capacity to fight infections. It's only logical to conclude that if Vitamin C can influence the viruses causing the common cold and influenza, then it may be possible that it can also alter the expression of the AIDS virus infection.

In fact, this is exactly what it does. Vitamin C actually modifies the AIDS disease once it has established itself. Vitamin C also modifies the course of the AIDS-infected individual who hasn't yet developed the full-blown disease. It's this action which is most promising. I believe it's a real life-saver in many cases.

Vitamin C does this by stimulating those important aspects of the immune system which we have already discussed. The crucial, and overlooked, fact is that it's also a virus killer.

ASCORBIC ACID -- THE VIRUS KILLER!

Many people, including eminent medical doctors, have found that large doses of Vitamin C have been of great benefit to patients suffering from viral infections.

Lady Phyllis Cilento, in Australia, has been a strong advocate of Vitamin C for many years. Dr. Archie Kalokerinos has also supported its use in a wide range of human diseases particularly those diseases affecting the aboriginal population of Australia.

Drs. Glenn and Ian Dettman from Victoria manufacture, and provide, intravenous Vitamin C for use by Australian doctors and have been doing so for over a decade. They have thousands of testimonials to its effectiveness in combating infective and degenerative diseases.

In the United States, we have Dr. Linus Pauling and his associate Dr. Ewan Cameron. There are Drs. Frederick Klenner, Robert Cathcart and many other physicians who have used massive doses of Vitamin C orally and intravenously for the management of acute viral infections.

Of course, a special tribute should be paid to Irwin Stone whose book "Vitamin C -- The Healing Factor" was the turning point in my medical career.

In this book, he devoted a whole chapter to Vitamin C as a viricidal agent and another chapter to it as a bactericidal agent. There's also a well-documented chapter on the use of Vitamin C as an immuno-stimulant in both animals and man.

Ascorbic acid, or Vitamin C, as it's commonly known, has been shown to inactivate the viruses of poliomyelitis, herpes, vaccinia, foot and mouth disease, rabies, hepatitis and other plant and animal infective agents.

This means that we have a substance which normally appears in our diet and our own bodies which has the ability to inhibit the growth of viruses and, at even higher concentrations, to kill the virus.

At the same time, we have a substance which is not only harmless but actually promotes the health of the body. This is particularly important in the context of AIDS where the immune system is malfunctioning.

The Vitamin C acts as an important stimulant and supporter of the immune cells and the immune system as a whole.

There have been numerous reports in the medical and the scientific literature on the successful treatment of many severe viral infections with injectable Vitamin C.

These disease include hepatitis, encephalitis (an inflammation of the brain and spinal cord) and infectious mononucleosis -- more commonly known as glandular fever.

There are other reports to indicate its effectiveness in the management of the common cold, herpes simplex (or cold sores) and even influenza.

The doses which have been recommended for these disorders vary from one gram per day to a massive 100 grams of Vitamin C per day orally. In some conditions, such as cancer, leukaemia and lymphoma, we are advocating at our clinic up to 250 grams of Vitamin C per day per patient if it can be tolerated.

Vitamin C has been shown to be far more effective if given by an intravenous injection rather than taken by mouth. The usual dose when given by intravenous injection can vary from one to 60 grams of sodium ascorbate per day or more.

For very sick patients, this is increased even higher, if they can tolerate it, to 90 grams and in one or two instances we have given almost 200 grams per day by intravenous drip or infusion.

In the past, such very big doses have been the subject of much criticism by orthodox medical practitioners. They claim that high doses of Vitamin C may cause the destruction of Vitamin B 12 in the body or the production of kidney stones.

It's our experience that this has never happened after 60,000 treatments -- the greatest number of any treatments of any single clinic in the world.

If the medical people who make these claims about the harmful effects of Vitamin C were right, we should be seeing an epidemic of kidney stones in Australia and the United States because of the large number of people taking higher than the recommended daily allowances of Vitamin C.

Millions of people are now taking so-called "Megadoses of Vitamin C" and there has been no increased incidence of kidney stones in these population groups.

In fact, there's not one single documented case of a patient taking Vitamin C and developing kidney stones as a direct consequence of his, or her, taking Vitamin C.

HEPATITIS -- SUCCESSFUL TREATMENT WITH VITAMIN C

It's interesting to see Japanese studies which have shown that large groups of patients supplemented with Vitamin C haven't developed hepatitis as a result of blood transfusions.

The patients were supplemented with 2 grams or more of ascorbic acid a day and not one case of hepatitis was recorded in more than 1,000 of these patients.

When Japanese patients were not supplemented with Vitamin C, approximately 7% developed serum hepatitis after undergoing blood transfusions in hospitals.

This would have meant over 70 patients in the study group should have developed hepatitis. Also, at these hospitals, 6 to 10 grams of Ascorbic Acid per day are given to patients before a blood transfusion and for several weeks afterwards.

The infection rate with hepatitis is virtually zero. Theoretically, if this applies for the hepatitis virus it should also apply for other viral infections such as AIDS. However, this has not been studied anywhere in the world.

Should a patient develop a viral infection like hepatitis the severity of the illness can always be dramatically reduced in both duration and severity by a large loading dose of intravenous Vitamin C followed by the oral ascorbate "fill". Intravenous administration should also continue.

If this was routinely done in our hospitals, we would see a dramatic fall in bed occupancy from viral and other severe infections and the gradual improvement in the health of patients unfortunate enough to suffer from a range of infectious diseases.

Thus, hundreds of millions of dollars a year would be saved in unnecessary medical care.

ASCORBIC ACID, VITAMIN C -- AN HISTORICAL PERSPECTIVE

The dispute over the clinical usefulness of Vitamin C has been evident since its initial isolation by Albert Szent-Gyorgi in 1928, from cabbage juice and rat adrenal glands, as Hexuronic Acid.

However, in the last 15 years we have seen an escalation of this debate to raging controversy following claims of its usefulness in cancer.

Today, in 1987, we are hearing and seeing it being used in the management of AIDS, cancer and other immunological disorders by isolated medical practitioners and other health workers.

However, we are probably further away from the resolution of this dispute than when it was first proposed as a common cold remedy by Linus Pauling.

The reasons for this failure are political, medical and economic. The inability of the scientific medical establishment to assess novel treatments and alter its methodology to work within different parameters have been major factors so far retarding the development and use of nutrients in therapeutics.

Despite these problems, Vitamin C has continued to be used in increasing quantities for a wide range of human diseases, particularly in Australia, the United States and Europe. Its eventual use against cancer and AIDS is dependent upon a medico-political struggle.

The awareness of the general public and governments alike to the enormous cost of caring for the sick has prompted thinking more towards prevention in the delivery of future health care systems for this country.

Nutrition is the most central, and possibly the most important and easy manipulated variable in this theme.

The available hospital beds in this country are now fully occupied by AIDS patients. It would appear pertinent to mention at this stage the relevance of attempting to prevent the illness deteriorating to the point where hospitalization is required.

Hospitalisation is an expensive procedure and, if AIDS is at all modifiable, an attempt should be made with cheap and safe methods.

Nutrition fills this role because nutritional derivatives are comparatively cheap and safe therapeutic substances. They have been shown to have a vast, and penetrating, influence in disease processes and their prevention.

The National Cancer Institute in the United States now states that 85% to 95% of cancers are preventable and probably 70% to 80% have nutritional factors in their causation.

It's now possible to assess risk factors for the development of cancer and other immunological disorders including auto-immune diseases. Nutritional status is a major factor which is easily assessable. This applies equally well to AIDS as it does to cancer, heart disease and diabetes.

Although the full story is still unfolding, it's high time we used the present knowledge to intervene in the war against cancer and AIDS.

There's doubt that we will ever find the "magic bullet" for cancer and AIDS because it probably doesn't exist. However, in Vitamin C, we do have something far superior to any single drug.

Vitamin C has a dual role as an anti-viral, anti-carcinogen and immuno-supportive biochemical will, if the political struggle determines, take it into the 21st century in specialized intravenous ascorbate treatment centres.

VITAMIN C AS AN ANTI-OXIDANT

Vitamin C has been shown to stimulate immune function. This is partly related to its activity as an anti-oxidant. Vitamin C stimulates the functioning of the white cells, particularly those which are involved in seeking out, attacking and engulfing the invading viruses and bacteria.

Vitamin C has also been shown to be effective in transforming lymphocytes, of which the Helper Cells are members, into becoming specialized cells. They are therefore capable of recognizing and killing, either directly or indirectly, the invading bacteria and viruses.

Vitamin C stimulates these specialized lymphocytes into producing chemical messengers called "lymphokines". These in turn communicate with other cells of the immune system. Lymphokines include the substances Interferon and Interleukin 2 which have been synthesized and are extremely expensive. So, why not use Vitamin C instead?

To achieve these positive effects in the patient, it's essential to use high doses of Vitamin C. The small doses which have been used in studies in the past to determine the effect of Vitamin C on the common cold and influenza have been far too inadequate.

As a consequence of these studies, the medical profession has been erroneously told that Vitamin C is of virtually no use in the treatment of acute viral illnesses.

This would be the same as saying that penicillin is of no use in the treatment of pneumonia after studies had been done using doses only a fraction of the dose used in modern medicine today. This was in fact the situation in the early days of penicillin.

More and more medical scientists are now advocating the use of

Vitamin C as an immuno-pharmacological agent in the prevention and treatment of individuals with immune disorders.

These scientists of course are specialists in their fields. However, as history has shown, the medical profession is extremely slow and reluctant to accept new ideas.

The ingestion of fairly high intakes of Ascorbate, or Vitamin C, by normal individuals has long been controversial and seems likely to remain so. However, a point of interest has emerged from recent research.

That is, that Vitamin C seems to be important in immune stimulation by protecting the white cell membranes from damage due to free radicals and oxidation.

Oral doses of Vitamin C required to achieve the saturation of the body's tissues are not high enough to do this job of membrane protection in the diseased individual.

I believe it's important not only to saturate all of the tissues with as much Vitamin C as possible, but that it's equally important to continually saturate all the cells of the body's organs.

The Vitamin C must be forced into the cell and its contents including the nucleus, the mitochondria and the other important organelles which it houses.

THE POTENTIAL FOR ANTI-OXIDANT TREATMENT

Over the past three to five years, the general public has become increasingly aware of the benefits of nutrition and nutritional therapies for their overall health and the management of their health problems. For example, garlic is taken for colds and zinc is taken for the skin.

In fact, they have been using higher than the recommended dietary allowances permit of nutritional anti-oxidants including Vitamins A, C, E and certain minerals.

It's known that the nutritional anti-oxidants, selenium, Vitamin E and Vitamin C, have significant immune-stimulating effects as well as anti-cancer and anti-inflammatory properties.

These effects are well-documented in the world's biomedical literature. It seems only sensible that if there are natural substances available which give you the best chance of optimal health, the choice of these is the wisest.

These first-preference substances are ideal for stimulating the

immune system, preventing cancer and stopping inflammatory reactions, for example arthritis and dermatitis.

It's outside the scope of this book to discuss the biochemical roles of the antioxidant nutrients, vitamins, trace elements, enzymes and amino acids.

Suffice to say here that, with the evidence available, the management of the patient suffering from a degenerative disease without nutritional considerations would be, if not medically, at least legally, tantamount negligence by omission.

VIRAL DISEASES AND THEIR TREATMENT WITH INTRAVENOUS VITAMIN C

Intravenous Vitamin C can be used for the prevention and treatment of a wide variety of viral diseases.

Once the patient is infected, Vitamin C, administered intravenously, can also be used for the modification of the disease process.

There have been many patients who have gone through my centre who have suffered from viral diseases ranging from hepatitis, shingles, glandular fever and chicken pox, who have responded dramatically to the use of daily intravenous injections of 15 to 60 grams of Vitamin C (Sodium Ascorbate).

Not only is its use effective in the prevention, treatment and modification of diseases, but it's also been shown to be extremely effective in the treatment of the "Post-Viral Syndrome".

Many patients have come after weeks, months and in a few cases, years of suffering from this syndrome which consists of generalized lethargy, weakness, fatigue, depression, occasional fevers and the intermittent swelling of various lymph glands.

Typically, they have been told by their doctors that nothing can be done for them and that they will just have to learn to live with it.

I believe many of these Post-Viral Syndrome patients go on to develop myalgic-encephalitis, food and chemical sensitivities and other derangements of the immune system including auto-immune diseases themselves.

These are diseases in which the immune system attacks the body's own tissues and organs. For example, rheumatoid arthritis is an auto-immune disease.

Vitamin C is very effective combined with the general nutritional approach outlined in the appendix in treating all stages of Post-Viral Syndrome. I believe that a part of the AIDS disease itself is similar to

the post-Viral Syndrome that we see with other viral diseases.

However, the triggering virus in AIDS is more severe and can even lead to death. As with the Post-Viral Syndrome, the quicker the intervention, the faster the patient will recover with massive doses of intravenous ascorbate combined with better diet and supplements.

From time to time over the next few months, it may be necessary to give intermittent doses of large quantities of ascorbate intravenously to maintain the level of wellness.

We have mentioned elsewhere the important work with Vitamin C that's been done by various people including Cathcart, Klenner, Kalokerinos, Dettman & Dettman, Cilento, Pauling and others from all corners of the world.

For example, in Europe it's been found that high doses of ascorbate have been very effective in the management of epidemic hepatitis in children.

It was found that 10 grams of Ascorbic Acid given intravenously, or as an enema (inserted into the rectum) in a large number of children reduced the treatment time from 70 days to 30 days.

Also, it was found that the administration of Vitamin C by slow rectal infusion was a little more effective than the actual intravenous infusion itself.

The children who received the Vitamin C did significantly better with respect to their well-being, appetite and weight gain. The jaundice, or yellowing from the hepatitis, disappeared more rapidly as did the hepatitis itself.

Other studies have been done on the use of Vitamin C and hepatitis in children, and it's been found that the duration of their illness can be reduced from one month to as little as five or six days.

Even the abnormal pathology tests, which are found in some patients with hepatitis, improve at a better rate. For example, the yellow pigment in the bloodstream which is normally cleared by the liver is elevated in hepatitis when the liver is inflamed.

The use of ascorbic acid will reduce the level of this pigment at a much quicker rate than if the patient is not given the Vitamin C.

Also, in hepatitis, which is a virus disease, the liver is enlarged. It's been found that those who have been treated with adequate doses of Vitamin C show a complete reversal of the liver enlargement in eight days compared with the usual 30 days or so in non Vitamin C-treated patients.

Another viral disease which has been treated with intravenous ascorbate by intramuscular injection is poliomyelitis. Dr. Klenner, away back in 1949, treated 60 polio patients with intramuscular injections of Vitamin C every two to four hours.

When he gave them 1000 to 2000 milligrams in each injection, he found that the patients lost their acute fevers and were without complaints after three days.

The findings of several other doctors have supported Dr. Klenner's views. They have found that acute polio patients who were treated with Ascorbic Acid had a better outcome. They had less severe paralysis, shorter duration of their fever and better chances of a full recovery.

In fact, it's been shown that Vitamin C treated patients are more likely to be free of the paralysis from polio if treated with Vitamin C than if left untreated.

Measles is another example in which Vitamin C is found to be effective. Ascorbic acid is found to be significant in reducing the death rate in children severely ill with measles.

We can go on and on discussing the large number of reports in the medical literature on the use of Vitamin C in treating glandular fever, hepatitis, viral pneumonias, viral bronchitis, generalized viral infections, meningitis, measles, herpes and shingles.

If Vitamin C can have such wide-ranging effects on a large number of viruses, then why shouldn't it have an effect on the AIDS virus? Well, we know it certainly does.

WHY INTRAVENOUS ASCORBATE?

Clinically, there seems to be distinct advantages in using massive doses of intravenous ascorbate compared with the same amount of ascorbate taken orally.

A massive dose of intravenous Sodium Ascorbate of 60 to 90 grams in one hour would saturate most tissues rapidly with Vitamin C.

This also provides a situation in which we're approaching a Vitamin C level at which all viruses would be killed in the bloodstream.

To achieve this, we would have to use approximately 150 to 180 grams of Vitamin C by injection at any one time. But if the patient is already taking the Vitamin C orally, in large enough doses, it's possible to reach a level of Vitamin C in the bloodstream at which the viruses are either killed or prevented from actively reproducing using smaller intravenous doses.

By giving these intravenous doses rapidly, we find not only can we saturate the tissues but we can take advantage of the Vitamin C's free radical scavenging and anti-oxidant effects.

A rapid intravenous push of Vitamin C will also allow full benefit to be derived from its immune-modulating effects and its enzyme-inducing activity for detoxification.

This means we can both stimulate the immune system to work more efficiently and simultaneously stimulating the liver to produce enzymes which help to detoxify the body of various chemicals and toxicants including tobacco, drugs and medicines.

In severe cases one should aim to infuse approximately 200 to 250 grams of Sodium Ascorbate intravenously over 24 hours.

This should be done in a hospital situation where the patient's blood biochemistry can be monitored. The infusion of 60 to 90 grams per day can be given easily in an out-patient setting, without risk to the patient, for two to three weeks at a time.

Although the intravenous route of administering Vitamin C is extremely effective, simultaneous oral doses of Ascorbic Acid should also be administered.

Ascorbic Acid can be taken in oral doses from one quarter to a full level teaspoonful four to six times a day, or if necessary, every half an hour through the day to maintain the patient's well-being.

At these high doses, bowel intolerance will quite often occur and the patient will get stomach cramps, wind, loose bowel actions and diarrhoea. If this happens, it's wise to reduce the oral dose and consider increasing the intravenous dose.

Each level teaspoonful of Sodium Ascorbate contains approximately 3 grams of Vitamin C. This means that to maintain an oral dose of 60 to 90 grams of Vitamin C per day one would be looking at taking between 20 to 30 level teaspoonfuls a day.

This dose is taken if the patient is suffering from the initial acute AIDS infection. But it can be reduced over two to three weeks to a maintenance dose of between 4 to 6 teaspoonfuls a day when well.

The Vitamin C powder can be dissolved in water or fruit juice. It's usually suggested that one level teaspoonful be dissolved in one glass of liquid.

Ascorbic Acid is probably the best preparation of all. You must be careful that the acid isn't in contact with the teeth for any longer than a few seconds because the acid itself can destroy tooth enamel.

Thus, if pure Ascorbic Acid is being used, it's better to take it in capsule form, or to sip it through a straw. Sodium Ascorbate is probably the safest form to take and the easiest to tolerate. Large doses of calcium ascorbate could form imbalances in the calcium and magnesium ratios in the body and are therefore not recommended.

If at any time an individual is taking Vitamin C to treat an acute viral infection or to prevent the infection developing, he should make sure that increases to the doses both intravenously and orally should occur if another infection or extra lifestyle stress occurs. These increases may have to be two to four-fold the doses already being taken.

Of course, after clinical improvement occurs, the intravenous program can be scaled down from daily injections or infusions to an infusion every second day. This is then reduced to twice weekly injections for three to six weeks and then weekly or fortnightly depending on the clinical state of the patient and his well-being.

The oral Vitamin C intake should be maintained at a maximum, 4 to 10 teaspoonfuls per day being the ideal. More should be taken if necessary. It's discussed elsewhere how safe oral Vitamin C is and why bowel intolerance is the pressure valve to excessive dosage.

Bowel intolerance to the Vitamin C is no reason for reducing or stopping it. This intolerance can be overcome by persistence in reducing the dosage until the bowel becomes more tolerant to that particular dose and then slowly increasing it.

By persistently trying to achieve higher doses of Vitamin C orally, you will eventually overcome problems of wind, abdominal pains, cramps and loose bowels.

It's been the experience in my clinic in which 60,000 Vitamin C injections have been administered, that the ill patient with cancer, leukaemia, lymphoma and possibly AIDS will require both infusions and high doses of oral Vitamin C daily for the rest of their life.

Chronic good health for all, whether "well" or "ill", largely depends on an optimal Vitamin C intake.

VITAMIN C FILL AND FLUSH

It's extremely important that the substance being used to treat the condition actually reaches the tissue, organ or cell of the body which is sick when treating a patient with either a drug or a natural substance. For example, a herb, vitamin or mineral.

Both drugs and natural medicines are taken by mouth. This is usually sufficient to enable the medicine to be absorbed from the stomach and intestines into the bloodstream and from there to the target organ.

In the healthy state, this is also sufficient for the intake of Vitamin C. However, diseased organs such as the heart and kidneys and in the case of AIDS, the immune and nervous systems, require larger amounts of Vitamin C to function optimally.

This means that it may take very large doses of oral Vitamin C to reach the tissues which require it. Often, it's impossible to adequately saturate the tissues by taking large amounts of oral Vitamin C.

In these cases, we use the intravenous Vitamin C as we do with injectable penicillin when severe pneumonia occurs. For example, it's pointless giving a patient with severe pneumonia a penicillin tablet, or capsule, by mouth. Because the amount of drug required is much greater, it's best given by injection.

However, the combined use of intravenous Vitamin C and maximal Vitamin C intake by mouth will saturate the tissues. The technique of taking adequate ascorbate by mouth is called the "fill and flush technique".

Hundreds of patients have used this technique for various disorders including viral disorders, immunological disorders, heart disease, allergies, cancer, lymphomas, leukemias and arthritis.

The technique is simply to start taking the Vitamin C powder, either as Ascorbic Acid or Sodium Ascorbate. Sodium Ascorbate is the preferred form, although Ascorbic Acid is probably slightly more effective.

Start with a quarter of a teaspoonful twice a day building up to a half or one level teaspoonful four times a day. Most people can tolerate a level teaspoonful four or five times a day.

If bowel intolerance occurs at this level, then of course you have to reduce the dose and frequency of the Vitamin C until the bowel settles down.

Increasing the dose of ascorbate daily is important. You do this by increasing the frequency of Vitamin C to the point where, instead of taking one level teaspoonful three or four times a day, you're taking a level teaspoonful six, eight, 10 or even 20 times daily.

Eventually, this means taking ascorbate every waking hour until such time as the symptoms of the illness, or disorder, improve.

Taking ascorbate at night will also help, providing sleep isn't unduly interfered with.

The fill and flush technique refers to the flush of the Vitamin C through the bowels until diarrhoea occurs and then reducing the dose until the bowel settles, and then filling the patient with higher doses of ascorbate until further "flushing" occurs.

We thus have a flush alternating with a fill until a further flush occurs and then another fill. We keep doing this until the patient can tolerate a level teaspoon every waking hour of the day.

In so doing, we can encourage a patient to take between 60 and 90 grams of Vitamin C orally. A rounded teaspoonful contains approximately 4 grams of ascorbate and this, taken every hour of the day for 16 hours, is the equivalent of 64 grams per day.

Add to this the extra ascorbate that can be given by intravenous infusion and we have the possibility of approaching 200 grams of ascorbate per day per patient.

It's at this level that we believe the greatest effect will occur both on the AIDS virus and the immune system. It's at these levels of ascorbate that we can be sure of saturating the immune system, including the adrenal glands, the white cells of the immune system, the pituitary gland, the brain, the pancreas, liver and blood plasma.

These are the the organs requiring the highest concentrations of Vitamin C to function optimally.

VITAMIN C AND MENTAL FUNCTION

Nearly all patients with AIDS suffer from a moderate to severe form of depression. This of course is aggravated each time they are told of some deterioration in their condition. The shock of being told they are HIV positive in the first place can precipitate a severe depression.

It's been found that low Vitamin C levels can be correlated with low levels of a brain chemical called Cyclic-AMP. Low Cyclic-AMP is associated with mental depression.

It's also been found that individuals with depressed mental states have lower Vitamin C levels in their blood. People in depressed mental states, including schizophrenia and depression, can actually experience a therapeutic effect when they follow a regimen of mega-intakes of Ascorbic Acid.

The high intake of Vitamin C results in a higher tissue absorption of Vitamin C. This is particularly so for the brain and the central nervous system.

It's extremely important for these organs to obtain optimal concentrations of nutrients, particularly Vitamin C, for their essential functions of regulating the various systems of the body. The hormone systems, the nervous and the immune system are the most important.

Because we are all biochemically individual and different, there's no fixed dose of ascorbate which would satisfy the requirements of all the tissues in a single individual.

Following this, a situation in human biology has occurred in which it cannot be guaranteed that an individual's tissues will be saturated with ascorbate. It would be a practical impossibility to perform biopsies on all tissues of the human body suspected of an ascorbate deficiency.

For example, it would be ludicrous to contemplate performing a brain biopsy to determine the ascorbate levels in a depressed patient.

However, it's possible to perform blood and white blood cell Vitamin C levels. A commonsense caution is that these may not be necessarily be a true indication of the tissue levels. For example, in the immune system and the brain.

To overcome this, the method of ascorbate "fill and flush" has been utilized. This means that the amount of ascorbate taken in by an individual is increased by daily increments to the point where the individual's health and welfare improves with this improvement remaining constant.

Once this optimum level of ascorbate intake has been achieved, the patient can reduce it slowly to a maintenance level of usually one level teaspoon four times a day.

Over several years, and with many hundreds of patients involved, it's been found that, by slowly increasing oral ascorbate doses, a therapeutic effect can be obtained in most people.

By therapeutic, we mean the removal or reduction of signs and symptoms of disease. To understand more about the dosages of ascorbate please refer to the ascorbate "fill and flush" section in this chapter.

The ascorbate flush is that level of Vitamin C in grams at which diarrhoea occurs. Thus, the patient may have an ascorbate "flush" of 10 grams ("a 10 gram flush") which may become a "15 gram flush" or a "50 gram flush" during a severe bout of influenza or following medications, cytotoxic drug therapy or severe stress.

It's been found that increasing stresses of any kind will increase the

level at which the level of Vitamin C can be tolerated -- thus a 50 gram or even a 100 gram "flush" in such cases.

This high level of intake with flushing doesn't necessarily mean that the tissues of the body are saturated with Vitamin C.

PERSISTENCE PAYS!

The patient must persist with pushing the intake of Vitamin C to increasingly higher doses so as to achieve the so called "ascorbate fill".

This is theoretically the level at which all tissues of the body are saturated with Vitamin C and are functioning maximally with respect to Vitamin C metabolism.

It's outside the scope of this book to give a biochemistry of the ascorbate "fill". Suffice to say that it's been achieved when essential nervous system functioning, with respect to well-being, has been reached.

The psychiatric parameters of anxiety and depression must have improved. The physical signs and symptoms of the illness must also be continuing to improve. You must be certain that adequate ascorbate saturation is occurring.

It's at this level that the Vitamin C must be maintained until the clinical improvement has been constant for a period of from three to six weeks and then slow reduction of the daily dose of Vitamin C may commence.

Ideally, if the patient has access to a proper clinic then the measurement of the free radical and the anti-oxidant activity of Vitamin C plus the estimation of two chemicals called Cyclic AMP and Cyclic GMP would be to the patient's greatest advantage.

Clinically, and practically at home, it's a simple and practical approach to push the intake of oral and intravenous Vitamin C beyond the flushing level until the individual feels physically and psychologically better. The measurement of Vitamin C in the urine is then maximal.

Vitamin C output in the urine can be measured by Ames C Stix. One should aim to have the highest level of Vitamin C in the urine as possible, as measured by these sticks when they are dipped into the early morning urine.

THE MYTH OF BOWEL TOLERANCE

Some doctors working in the area of Vitamin C assert that a healthy person can easily tolerate from 10 to 12 grams of Vitamin C per day.

This is quite true. They go on to maintain that, with an attack of the common cold, tolerance rises considerably. This is also true in many cases.

With a cold the tolerance for Vitamin C rises considerably. Colds can be categorized by their gram requirements of Vitamin C.

For example, a 20 gram cold would be described as: "The patient has the sniffles and doesn't go to the doctor. Instead he takes 20 grams of Vitamin C a day and maintains this high level for five days. If he reduces the dose at any particular time, the sniffles return. By increasing the dose back to 20 grams a day, the cold disappears."

Eventually, the virus is eradicated from the body and the requirements for Vitamin C drop down to much lower levels. Some people, of course, may suffer from a 40 gram or a 60 gram cold. Unless Vitamin C is taken to the point of causing diarrhoea, then its full therapeutic effect won't take hold.

The more severe the illness, the higher levels of Vitamin C the bowel will tolerate. For example, in hepatitis, the patient can tolerate perhaps 60 or even 90 grams of Vitamin C orally a day.

However, it's my experience that this is not necessarily so. For example, very ill and terminal cancer patients can often not tolerate even half a gram, or a quarter of a gram, of Vitamin C without severe bowel cramps and diarrhoea.

It's these patients in whom very small doses must be started and then increased very slowly until they can tolerate the higher dosages. This is described elsewhere in this chapter.

The simultaneous use of intravenous ascorbate also helps the patient who is intolerant of ascorbate to be able to take more by mouth.

Also, very healthy patients have been known to be able to take 60 to 90 grams per day experimentally without causing bowel gas, cramps or diarrhoea.

Oral and intravenous injections of Vitamin C should be commenced immediately an infection or stress occurs. Automatic and rapid increase in dose and frequency of oral and intravenous Vitamin C should occur if the clinical response is too slow.

PRESENT RESEARCH WITH VITAMIN C

In 1985, I applied for a grant to assist me with the research into the use of Vitamin C in the management of AIDS. This application was made to the Research Grants' Division of the Commonwealth Department of Health.

The application was refused on the grounds that there was no evidence that Vitamin C had any effect on the course of the disease.

This statement was made by health department officials despite evidence to the contrary supplied to them by Linus Pauling and Ewan Cameron in the United States.

Pauling had examined the application for the research grant and stated that, in his opinion, it was good and that the project should be carried out.

Pauling further stated that a high intake of Vitamin C has been shown to be effective against many viral diseases.

He stated that: *"Vitamin C, in concentrations which can be reached in the bloodstream, has been found to be an inactivating agent for every virus which has been tested in this way. Vitamin C also potentiates the immune system in several ways I have the strong opinion that high-dose Vitamin C, administered in the way Dr. Brighthope described, may well have a valuable effect for many patients in controlling their disease."*

It's indeed unfortunate that the medical hierarchy in Australia and the United States have never examined properly, and carefully, Ascorbic Acid's biological values.

No one has to date used ascorbate in large enough doses to adequately demonstrate a therapeutic effect.

Even a study which was hailed as *the* definitive study on Ascorbic Acid performed by Moertel and others at the Mayo Clinic in the United States was performed improperly.

Moertel withdrew the ascorbic acid from his cancer patients after an average of two and a half months treatment. Advocates of Ascorbic Acid therapy insist on the maintenance of high, and even higher, doses of Vitamin C for life if there are signs of the disease continuing.

Pauling and Cameron are continuing to run trials at the Linus Pauling Institute of Science and Medicine in California in the management of both cancer and AIDS using high doses of Ascorbic Acid.

Also very active in the field are several other doctors in the United States who also strongly believe that ascorbate can ameliorate the AIDS syndrome to a significant degree.

We all emphasize the absolute necessity of massive doses continually. Also, without the appropriate and aggressive treatment of opportunistic infections, one can only expect a lesser response with the Ascorbic Acid.

A poor prognosis can result from the presence of multiple infections, whether they be of the skin, gastro-intestinal tract, liver, lungs or elsewhere, plus the lack of understanding in the proper use of Vitamin C.

My experience is that with cancer and AIDS patients, doses higher than most other workers have proposed are sometimes necessary to suppress the symptoms of disease and to slow or stop its progression.

I believe that Vitamin C may prevent the destruction of the Helper Cells of the immune system in AIDS patients if it's used adequately in the early infective period.

Using Vitamin C orally, and intravenously, should start at the first sign of infection in any "at risk" patient. It should then be continued until such time as the patient can be shown to be definitely infected, or not infected, with the AIDS virus. If infected, he or she, should continue taking the ascorbate for life.

It's important for a person at risk of developing AIDS, who suffers from an illness suggestive of the initial AIDS illness, to be given massive doses of intravenous ascorbate immediately.

The impressive results we have seen with most AIDS patients have permitted us to advise the use of massive ascorbate doses on a wider scale. That is, to all persons who are "at risk" or who are infected.

THE RESEARCHERS' DILEMMA

Researchers around the world, but particularly in the United States and Australia, will find that their results from the study of AIDS will be confounded. This is simply because many AIDS sufferers are taking large doses of Vitamin C and other nutrient supplements which modify their immune response.

It will be extremely difficult, if not impossible, to control these variables in their research trials. Thus, any positive results on AIDS' drug testing must be seen in this realistic context. That is, the benefits

to AIDS' sufferers in clinical trials may be solely due to their adopted, and adapted, life-style changes.

"Dosis Sola Facit Venenum." -- Only The Dose Makes The Poison."

The significance of this chapter on Vitamin C's importance in AIDS is that it plays a dual role in the destruction of the AIDS virus while supporting and stimulating the immune system. The only side effect is chronic good health.

CHAPTER 3

Nutrition and immune function

"The inability of the scientific medical establishment to assess novel treatments and alter its methodology to work within different reference frames have been major factors so far retarding the development and use of nutrients in therapeutics." -- Dr. Ian Brighthope.

MANY cultures throughout history have recognized the association between malnutrition and lowered resistance to various diseases.

All populations, animal, plant and human, suffer from species specific infectious diseases. In humans, such death and illness is frequently the direct result of various nutrients deficiencies which impair the immune system's proper working.

Throughout history, it's well known that famine and pestilence have taken their toll on large numbers of people living in various cultures. The Black Plague of the 14th Century is a good example.

In our society, we see many malnourished individuals resulting from the over-consumption of refined carbohydrates such as sugar, white flour and alcohol and also the excessive intake of fats in "fast" take away foods.

There's also poor nourishment from the point of view of too much salt and the enormous quantities of chemical additives in our food supply -- even our air and water are contaminated with chemicals which are detrimental to the immune system and are also carcinogenic, or cancer causing.

These toxic substances of course put a strain on our body's systems, including our immune system, and can greatly weaken them.

In this way, the over-consumption of poor quality foods together with a relative lack of the important vitamins, minerals, and other essential food factors present in our foods all may contribute to a weakening of the immune system.

MODERN MEDICINE LARGELY IGNORES PROPER NUTRITION

However, very few scientific studies have been done by the medical profession into the use of alternative therapies in the maintenance, support and repair of the functions of the immune system.

Some valuable and informative studies have been listed at the back of this book for those interested in expanding their knowledge.

However, when these studies are performed, they are generally ignored by the medical profession. In fact, very few doctors will prescribe a change in diet and the supplementation of this diet with appropriate micronutrients.

Instead, they prefer to give the patient a toxic substance which further strains the immune system. These toxic substances include antibiotics, blood pressure pills, anti-inflammatory drugs for arthritis

and so on. They in turn rob the body of essential nutrients, including those of the immune system.

There have been one or two studies which have been done in AIDS patients which have shown that they have been depleted of certain key nutrients, such as zinc. In fact, some of the patients have been significantly depleted in total body mass. This means they are virtually wasting away.

Nutrients such as potassium and zinc have been shown to be deficient in patients with AIDS. It's well known in the scientific community that zinc is very important for the immune system's proper functioning. We will discuss this in more detail later.

AIDS "BURNS" NUTRIENTS

In an AIDS patient, there's a continuing process that adversely affects his nutritional status. That is, the persistence of the infection or the virus in the AIDS patient's system somehow adversely affects his state of nutrition in a way that is not really properly understood.

It may be that the presence of the virus causes the body to be less efficient in managing the nutrients that it is absorbing into the system.

Also, the virus's presence changes the rate of metabolism for various nutrients. This eventually means a loss of nutrients from the gastrointestinal tract -- or gut. Alternatively, it may also mean the loss of nutrients from the kidneys.

The virus also has an affect on the absorption capacity of the intestines. Here, we will find the intestine not taking up the nutrients it should, a form of malabsorption.

It's highly probable that the presence of the HIV infection produces such a malnourished state that the system has no way of naturally ridding itself of the infection.

The infection therefore becomes overwhelming, producing a progressive downhill spiralling of the patient's condition.

Various combinations of poor nutrition can co-exist together in an AIDS patient. These include deficiencies of protein and/or calories and deficiencies of specific micronutrients.

For example, vitamins, minerals and essential fatty acids, and also disturbances of enzyme function related to the patient's state of nutrition.

These deficiencies, and imbalances, can result in changes in the immune system which are far reaching. These changes include

deficiencies in the number of white blood cells which fight infections, a reduction in the number of antibodies produced which help the white cells kill bacteria and viruses -- or the reduced concentrations of such things as complement. Complement is a chemical in the blood which facilitates anti-body action.

NO INTESTINAL FORTITUDE

Aggravating the nutritional deficiencies and imbalances is sub-standard functioning of the intestine of the AIDS patient. Because of poor immunity, the AIDS patient is usually infested or infected with a number of bacterial, viral or parasitic organisms in the small and large intestine.

These infestations include the presence of Candida, or thrush, which is known to be a potent inhibitor, or suppressor of the immune system.

It's known that eight out of 10 people infected with the AIDS virus don't develop symptoms of AIDS or the full-blown disease, at least in the first few years of the infection.

It's important that this large percentage of the population infected with the AIDS virus and who don't develop the full blown disease are assessed very carefully from the nutritional point of view. Their diet and life-style should also be assessed very early and changes made to them as rapidly as possible. But, most important, is the use of additional supplements and Vitamin C in very large doses.

There have been many scientific studies done to indicate that nutritional deficiencies, excesses or imbalances can alter the competence of the immune system. The individual's susceptibility is thus increased to infections by a variety of micro-organisms including bacteria and viruses.

AIDS is of course a virus. Because, it's such an overlooked fact, it's worth restating my earlier assertion that many AIDS patients develop an increased susceptibility to bacteria, fungi, yeasts and other infections which thrive in such conditions.

Poor nutrition can suppress, or abnormally stimulate, the immune response. Thus, the host's non-specific resistance factors to disease are reduced by impairing the production of antibodies, suppressing his immune cells (lymphocytes) and reducing the ability of the body's surfaces, such as the skin and mucous membranes, to stop viral invasion. This includes the ability of the white cells to attach themselves to bacteria and viruses to kill them.

The competence of the immune system can be reduced in individuals who have a deficiency of a single nutrient. For example, a protein or a vitamin. Usually, deficiencies of many nutrients are more common, particularly in the very ill.

The most important nutrients for the proper and adequate functioning of the immune system are proteins, essential fatty acids and Vitamins A, B2, B5, B6, folic acid, Vitamin B12, and Ascorbic Acid.

The important minerals required for the proper functioning of the immune system include zinc, iron, manganese, magnesium, copper and the trace element selenium.

VITAMIN E's VITAL ROLE IN NUTRITION AND IMMUNE FUNCTION

Vitamin E is another important nutrient which plays an extremely central role in protecting the immune system.

This is because Vitamin E is an anti-oxidant and free radical scavenger. It can inactivate free radicals and stop them damaging the cells of the immune system and other cells of the body, particularly those of the central nervous system.

Free radicals are electrically unbalanced molecules which are highly active and damaging to the membranes of the body's cells.

These membranes include the membranes which bind the outer surface of the cell and protect it from the external environment.

They also include the cells of the nucleus and the membranes inside the cell which are important for helping the cell to produce proteins, enzymes and other important substances.

Free radicals can also damage the mitochondria which are the powerhouses of the cell producing its energy. Deficiencies of Vitamin E will result in a reduction of antibodies, poorly active white cells and lymphocytes and a general reduction in the individual's resistance to infection.

Importantly, Vitamin E stabilizes the membranes of all the cells of every tissue in the body including those of the immune system.

Vitamin E supplementation has been shown to actually stimulate antibody response to infection and also to promote the activity of helper lymphocytes.

This is exactly what we want in the patient who has an HIV infection of his helper lymphocytes. They are being killed by the presence of the virus and thus requiring strengthening.

The patient certainly needs his remaining uninfected Helper Cells to function as best they possibly can -- and this is the role of the Vitamin E and some of the other anti-oxidants.

Excessively high doses of Vitamin E have been shown to suppress immune function. This in itself may play a role in some of the abnormal immune over-activity which occurs as a result of the AIDS virus infection. However, its use must be carefully monitored.

It's possible that the auto-antibodies produced against the Helper Cells and other lymphocytes of the immune system can be suppressed by using the proper doses of Vitamin E together with non-specific immunotherapy.

It's very early at this stage in the use of nutrient therapies in the management of AIDS to say what is the optimum dose of Vitamin E - - but it's probably between 1000 and 2000 international units per day.

However, as little as 500 international units per day have been suggested as being immuno-suppressive. Extreme caution should be taken with Vitamin E dosages because of its immuno-suppressive actions in high doses.

THE B GROUP VITAMINS

Probably all of the B group vitamins play a role in the maintenance and optimum functioning of the immune system. However, Vitamins, B5, B6, Folic Acid and B12 are the most important.

A lack of Vitamin B5, or Pantothenic Acid, will result in a reduction of antibodies. Vitamin B6 deficiency affects the lymph nodes, the spleen and thymus glands.

The significance of the thymus gland is that it's important for the proper development of the Helper and other T-dependent lymphocytes. These lymphocytes must pass through the thymus gland and be appropriately activated.

Vitamin B6 (Pyridoxine) deficiency will produce a depression of the cell-mediated immunity as well as antibody production.

If Vitamin B6 is low, then the ability of the lymphocytes to multiply in the presence of an infection is reduced dramatically.

This means that, if Vitamin B6 is deficient, then an infection can more easily take hold and triumph. Consequently, more Vitamin B6 is required. If it's not supplied, the immune system will start to fail.

The bone marrow is the site of formation of the red blood cells and

the white blood cells. But for this to happen, the lymphocytes and other white blood cells have to be adequately nourished with protein, iron, folic acid and Vitamin B12.

In fact, folic acid and Vitamin B12 are essential for the replication or division of the bone marrow cells. This division of the bone marrow cells results in hundreds of millions of white cells being released eventually into the bloodstream. They then travel to various organs and eventually become specialized lymphocytes.

MINERALS

There are several minerals which are very important for the functioning of the immune system. These include zinc, magnesium, manganese, copper and selenium.

ZINC

Zinc is probably the most important of all the minerals required for the normal functioning of T lymphocytes, the thymus gland, white cells and overall cell-controlled immunity.

Zinc deficiency is a cause of atrophy -- or shrinkage of the thymus gland. If the thymus gland shrinks, then it can no longer activate the T lymphocytes and cause them to perform as Killer Cells and Helper Cells of the immune system.

Zinc deficiency is also associated with a loss of Natural Killer cell functions. Killer cells are the important T-lymphocytes in the surveillance mechanism whereby single cancer cells produced daily in everyone's body are recognized and removed.

These Killer Cells play a key role in the removal of cancer cells. They require adequate levels of zinc and amino acids which are provided by the diet.

IRON

Iron deficiencies without anemia have been shown to increase one's susceptibility to infection. Iron is very important as a co-factor in the scavenging cells of the immune system and for stimulating various enzymes in these cells.

These enzymes are little working proteins which destroy the bodies of invading viruses and bacteria. Iron is thus an important nutritional supplement.

OTHER BULK AND TRACE MINERALS

It's important for all the cells and tissues of every system in the body to be adequately supplied with minerals. A good chelated, multi-mineral should be taken three times a day.

Chelated minerals are minerals chemically joined to a protein or amino acid -- the join being weak enough to release the free mineral into the body after absorption.

The minerals present in the recommended tablet should include calcium, magnesium, potassium, zinc, manganese, chromium, selenium, lithium, molybdenum and perhaps even germanium.

It's a good idea that these minerals be taken away from meals with a glass of water. In this way the minerals are dissolved and are rapidly absorbed by the intestine.

If the minerals are taken with a meal, quite often they will complex themselves with proteins or carbohydrates in the food and thus become unavailable for absorption. Importantly, bottled mineral water or properly filtered tap water should be consumed for best results.

PROTEIN/CALORIE MALNUTRITION

The lack of protein, and adequate calories, in the diet is the most common cause of immune deficiency. This occurs particularly in primitive and poor communities.

In fact, it may be the imbalance of proteins to calories which causes the disturbance of immunity. For example, in Western societies, where we have a very large intake of high energy/low micronutrient dense foods, we find that this imbalance makes us vulnerable to a greater risk of infectious and degenerative diseases including diabetes, cardiovascular disease and cancer.

People who consume take-away foods, and other junk foods high in fats and white flour products, are those who are generally unwell and suffer from recurrent infections.

You can see that we don't necessarily have to live in a Third World country under primitive conditions to suffer from malnutrition. We can call our form of malnutrition "over-consumptive malnutrition".

It's possible and highly likely that the life-style of many of the AIDS victims may contribute to a variety of forms of malnutrition.

As we have mentioned elsewhere, this can include the use of drugs, tobacco, alcohol, take-away foods and so on. The very debilitating condition of the AIDS patient itself reduces the individual's ability to provide fresh, wholesome food for himself or herself.

SUPPLEMENTATION

The poor and low nutritional status in an individual is a major predisposing factor to the development of full-blown AIDS in an AIDS-infected patient.

We are saying that, out of 10 people who are infected with the AIDS virus, only two or three will go on to develop the full-blown disease.

It's highly likely that those who do will be the ones who have a poor nutritional status at, or about, the time of the initial infection with the virus.

There are definitely some predisposing factors in many individuals which make them more susceptible to AIDS than others. Not all individuals who have been exposed to the virus end up developing the disease and dying.

Here, it's important to restate that the most important predisposing factor is that of poor nutrition. Other factors include, of course, the general life-style of the patients plus their genetic make-up.

It's only logical to consider using zinc supplementation in these patients, and measuring any improvement in immune function, because it's been found that zinc levels are diminished in AIDS victims in both the blood and the white cells. It's also been shown that zinc deficiencies have resulted in sub-standard immune functions.

Should this occur, then it would be only logical again to look at other nutrients to determine firstly their adequacy and secondly any effects of supplementation on immunity.

Here, we are suggesting that nutritional supplementation plus the treatment of other infections should improve the immune status and significantly decrease the incidence of AIDS in susceptible groups and populations. This is the only logical way of attacking the AIDS problem at present.

ANTIOXIDANT NUTRIENTS

These nutrients include Beta Carotene (Vitamin A), Ascorbic Acid, Tocopherol (Vitamin E), and Selenium.

Selenium, a trace mineral required in extremely minute amounts in the diet, is essential for life and health.

The antioxidants have all been shown to improve the functioning of the immune system. They also have wide ranging effects on the metabolism of essential fatty acids and other key nutrients.

An important aspect of these nutrients is their ability to scavenge and to block the harmful effects of free radicals on the various membranes of the cells of the immune system. (See AIDS and Rapid Ageing -- Chapter 5).

ESSENTIAL FATTY ACIDS

Essential fatty acids in the diet come from the oils present in land plant seeds. Examples include linseed oil, sunflower seed oil and the oil from the Evening Primrose.

The essential fatty acids also come from fish oils and these include the oils from sardines, mackerel, salmon and other oily deep sea fish.

The oils here are called EPA which stands for Eicosapentaenoic Acid and DHA which stands for Docosahexanoic Acid.

These important essential fatty acids are vital for life's functions. Essential fatty acids are broken down to substances which have profound, and wide ranging, effects on nearly every cell and tissue in the body.

These fatty acid products include inflammatory and anti-inflammatory prostaglandins, prostacyclin, leukotrienes, and thromboxane.

These chemicals, with fancy names, can do both good and harm to the body's biochemistry. The inflammatory prostaglandins are important for promoting inflammation which is an important part of the immune system for the eradication of infective agents.

However, if this prostaglandin-induced inflammation, as it's called, becomes protracted and continues, the inflammation is said to be chronic. Damage will result to the tissues in which it's taking place as well as to tissues at a distance from the source of the inflammation.

The anti-inflammatory prostaglandins stop this inflammation and when the two are in balance we have a state of homeostasis -- or health.

The other essential fatty acid products mentioned can cause the clotting of blood in the veins and arteries. On the other hand, some will prevent this by thinning out the blood and reducing its "stickiness"

Other prostaglandins will help to open up the arteries thus allowing better blood flow into organs. Other prostaglandins will cause the arteries to close down.

So, you can see that these prostanoids, as they are called, have a

multitude of effects, virtues and sins. It's the balance of these, and their stability, which contribute to either good health or disease.

As we mentioned before, the antioxidant nutrients, Vitamins A, C, E and selenium, will actually block, stimulate or modulate the activity of the prostaglandins.

Some of the essential fatty acids have been used in various disorders including heart disease, arthritis, eczema, cancer and other diseases involving disturbances of immune function.

For example, the Oil Of The Evening Primrose is very effective in certain forms of dermatitis and eczema and can benefit patients suffering from the Pre-Menstrual Tension Syndrome (PMS).

Many allergy sufferers find the Evening Primrose Oil very effective in alleviating their symptoms. Fish oils are being increasingly used in heart disease to stop the blood platelets from becoming "sticky" and causing clotting in the arteries.

They are also used in reducing the amount of cholesterol and other fats present in the blood of potential heart disease victims.

Prostaglandins are harmful during the process of infection and become active in the immune organs including the lymph glands and the spleen.

Vitamin E will actually reduce the levels of these harmful prostaglandins and subsequently reduce the severity and mortality rates from infections.

When selenium is added to a supplementation program, including Vitamin E, it multiplies this effect in reducing inflammatory prostaglandins to safe levels.

Thus, it can be seen that the antioxidants can act as anti-inflammatory agents and stop the development of chronic inflammation.

They can also act as stimulants of the various components of the immune system. In fact, selenium has also been shown to improve antibody production and to increase resistance against the development of various cancers in animals and man.

DIMETHYLGLYCINE (DMG)

Dimethylglycine is another anti-oxidant nutrient with a very important protective effect. It's also known as Pangamic Acid or Calcium Pangamate.

It's major effects have been shown to protect the liver against

damage due to various chemicals including chloroform, carbon tetrachloride and 5-Fluoro-Uracil. Because it reduces the formation of free radicals, it's of benefit to patients being given chemicals or drugs.

Dimethylglycine improves both cell mediated immunity and antibody production. Therefore, it has a multitude of effects and is of particular benefit to patients with allergies and sensitivities to chemicals and drugs.

It should be given in conjunction with other anti-oxidants including intravenous Vitamin C when these patients are being given toxic medicines, chemotherapy and radiotherapy.

The dual functions of immune stimulation and anti-inflammation of the anti-oxidants greatly contribute to the protection from the damaging effects of the viral infection itself, common environmental chemicals and even the harmful effects of allergic reactions created by the patient's own body.

The significance of this chapter on nutrition and the immune system is that the Standard American Diet (SAD), and that of the population of most western industrialized countries, is grossly inadequate and supplementation is essential for the optimization of the AIDS patient's health.

CHAPTER 4

Diet - A vital partner on the road to recovery

*"Let foods be your medicine, and medicine your food." -
- Hippocrates.*

THE individual AIDS' patient is advised to adopt a change in both life-style and dietary program. Here, we emphasize the importance of relaxation, meditation, positive thinking and visual imagery.

Stress management is also emphasized and an understanding of the principles, and the practices, of natural healing is essential for total patient welfare.

The dietary practices advocated include avoiding sugar and sugar-rich foods, white flour products, alcohol and other highly processed and refined foods.

In fact, all alcoholic beverages are forbidden. Smoking is also discouraged as it's a known suppressor of immune function. Also important is the avoidance of salt, and the reduction of animal fats from the diet.

GENERAL APPROACHES TO AIDS MANAGEMENT

The proper eradication of intestinal parasites, in particular *Candida albicans*, is imperative. *Candida* greatly suppresses the immune function.

Food and chemical sensitivities and intolerances must be managed and the problems addressed with the same degree of discipline and aggressiveness as for the eradication of *Candida*.

Equally important is the avoidance of immuno-suppressive therapy including drugs and cortisone. A diet free of sugar, processed foods, chemical additives, recreational drugs, tobacco and alcohol will allow recovery of a sick immune system.

All sexual activity should discontinue and rest, meditation, visual imagery and light exercise should be seriously undertaken. Safe sex may resume once the full-blown AIDS symptoms have improved to the satisfaction of your selected and informed physician.

THE VALUE OF A JUICE FAST

In fact, an occasional juice fast of one to three days has been found to be very beneficial in those AIDS patients who have gastrointestinal intolerances to many foods.

The juices recommended are basically carrot juice mixed with small quantities of apple, pear or celery juice. Aloe Vera juice has also been found to be very beneficial in helping many people restore the proper functioning of their gastrointestinal tract. It quickly settles severe cramps and diarrhoea.

There's no city in this world providing pure, clean water. Drinking water, if taken from the tap, should be filtered by an extremely efficient filter which removes most of the chemicals including chlorine, fluoride, hydrocarbons and herbicide and pesticide residues. Bottled mineral water is of benefit -- provided it can be guaranteed to be pure and low in sodium.

White meats are allowed provided they are fresh and uncontaminated. For example, chicken minus the skin is fine provided the chicken is totally free-range and grown on hormone-free and antibiotic-free foodstuffs.

Fresh ocean fish is highly recommended as a good source of protein and may be eaten two to three times a week. If the patient is moderately to severely ill, red meats and other animal proteins and fats are to be highly discouraged from the diet until such time as clinical improvement is stable.

SMOKING, ALCOHOL AND AIDS

Cigarettes, alcohol and other drugs are known to weaken the immune system and could prove fatal to a patient who is AIDS antibody positive.

It's known that cigarettes and alcohol deplete the body of certain important nutrients, particularly the B group vitamins, Vitamin C and some of the minerals including zinc and manganese which are important for the proper functioning of the immune system.

If these nutrients are destroyed, and the influence of the drugs remain, then cancer-producing and immune-suppressing activities of these drugs becomes stronger.

Alcohol and tobacco could turn an AIDS' carrier into a victim. That is, someone who is just carrying the virus without the disease could become a fully blown AIDS victim if they further suppress their immune system with tobacco and alcohol

Of course, the exposure to other environmental chemicals, such as drugs and stimulants, food additives, pesticide and herbicide residues, will adversely effect the immune system. Included in the list of stimulants are tea, coffee, chocolate and caffeine-cola drinks.

And, it may be that these are some of the key factors which determine whether an HIV-positive individual becomes an HIV-AIDS victim.

Therefore, it's suggested that smoking, consuming alcohol and the

use of drugs be avoided and the use of medically prescribed drugs should only be used when absolutely essential in life-saving situations.

If medically prescribed drugs have to be used, Vitamin C intravenously should commence immediately. This is because it's been clearly shown that Vitamin C can reduce the toxic effects of many drugs and chemicals and in fact can help the medically prescribed drug in doing its job more efficiently.

For example, patients on antibiotics can overcome their infections at a much greater rate if they are given Vitamin C simultaneously.

Cancer patients who have been given chemotherapy drugs, that is drugs which are meant to kill cancer tumours, are able to withstand the marked side effects of the chemotherapy drugs more effectively.

Not only do they suffer from fewer side effects and less nausea, the loss of hair and the stomach ulcerations are far less severe and frequent.

In general, these patients on Vitamin C tend to recover far quicker from the toxic effects of the chemotherapy drugs. If an AIDS patient has a lymphoma and has been advised to have chemotherapy, it's also advisable for them to have intravenous Vitamin C on a daily basis while receiving the chemotherapy.

This has proven to be a very effective means of supporting their immune system and preventing any damage due to free radicals induced by the chemotherapy.

AVOID TOXI-MOLECULAR SUBSTANCES

The use of toxi-molecular substances including chemical additives to foods, medically prescribed drugs and fluoridated or chlorinated water are also discouraged.

In fact, chemical food additives are another source of disturbance for the immune system and these substances include colourings, flavourings, preservatives, emulsifiers, anti-oxidants and so on.

The ideal diet consists of plenty of fresh fruits and vegetables, preferably raw. Light steaming of the vegetables or stir fry vegetables in olive oil is also recommended.

Nuts, seeds and whole grains, preferably freshly-milled, are also highly valued. Legumes, including lentils, soya beans, peas and other beans are also recommended as an excellent source of protein. Freshly sprouted seeds including alfalfa sprouts are very beneficial as are pure fruit and vegetable juices.

RED MEAT AND LAMB'S FRY

However, if a patient is recovering and the gastrointestinal symptoms are minimal, small quantities of red meat or lamb's fry are permitted to help strengthen their system generally.

The red meat and the lamb's fry are a good source of readily available amino acids, iron and trace elements. These nutrients are important for the immune system's optimal functioning.

However, when red meat or lamb's fry is recommended, it's advised that they be eaten in conjunction with digestive enzymes so as to reduce the workload on the gastrointestinal tract.

Because it's such an often overlooked basic fact, it's worth restating that the use of alcohol is totally forbidden as are caffeinated beverages including tea, coffee, cola drinks and chocolate.

These stimulants are unnecessary and not conducive to excellent health. In fact, tea and coffee have been associated with forms of immune suppression leading to the increased incidences of cancers of the bowel and pancreas respectively. It would therefore be unwise to recommend these beverages for AIDS sufferers particularly if they have gastrointestinal symptoms. For example, nausea, diarrhoea, abdominal discomfort or malabsorption.

FOOD AND CHEMICAL INTOLERANCE -- AVOIDANCE

Certainly, the avoidance of any food allergies or chemical sensitivities known to the patient is critical. The most common allergies are cow's milk and other dairy products, wheat, eggs, yeasts and food and beverage additives including sulphites and monosodium glutamate (MSG).

Other highly allergenic substances include petrochemical fumes and diesel fumes, the products of fermentation and other processes including yeast-extracts, cheeses and the contamination of foods with chemical additives as previously mentioned.

TREATMENT -- PLANT EXTRACTS

For centuries, herbalists have used the Purple Cone Flower (or Echinacea) for the treatment of inflammatory conditions, poor wound healing and viral and bacterial infections.

German researchers have recently extracted glycosides (special biochemicals complexed with sugars) from the roots of Echinacea

which have antibiotic properties. For example, one glycoside has been called Echinacoside.

Other extracts of Echinacea have also been found to have anti-inflammatory actions. Still other extracts have beneficial actions on the scavenging cells of the immune system. Echinacea also contains inhibitors of harmful enzymes.

There are other components of this Purple Cone Flower which have been identified as having an inhibiting effect on the growth of bacteria and fungi.

Traditionally, Echinacea has been touted as an immune-stimulating agent. This means we are dealing with a substance with potentially very important actions.

The first is that it can kill bacteria and viruses, and the second is that it can stimulate the immune system. Recent pharmacological investigations confirm these actions. Another active principle of the Purple Cone Flower is a chemical called Echinacin which can act as a stimulator of the T-cells. Echinacin has been found to be able to bind itself to the surface of the T-Cells and induce it to form an active T-Cell.

This causes the T-Cell, or lymphocyte, to produce Interferon and other messenger-chemical substances. For example, the Interferon, so released from such lymphocytes, is responsible for the anti-viral activity of the Echinacea.

We therefore have a plant extract which appears to have some very promising features, particularly with the treatment of AIDS and perhaps even in the prevention of AIDS once an individual becomes anti-body positive.

If the Echinacea extract has the ability to increase Interferon production and block the reproduction of the virus, we have a potentially very potent substance for the management of AIDS.

The presence of other Interferon-producing nutrients, particularly Vitamin C may enhance the Interferon-producing capacity of Echinacea by a process called "synergism".

THE VALUE OF MISTLETOE

Another herb which has been extensively used in France, Switzerland and Germany over the past 200 years is *Viscum album* (mistletoe).

Mistletoe is available in an injectable form in Europe and is used in

several clinics for the management of rheumatoid arthritis, autoimmune disease and cancer.

When injected around solid tumours, mistletoe has been shown to stimulate lymphocytes into functioning in an enhanced way to produce a localized collection of lymphocytes. Patients receiving mistletoe often report that they have a definite "feeling of improved well-being and less pain".

The localized injection of these substances around groups of enlarged lymph glands in Hodgkin's Disease and other forms of lymphoma (tumours of the lymph glands) often results in a marked reduction in the size of enlarged glands and sometimes even complete shrinkage of the tumours.

More experience is required in the treatment with this particular approach with AIDS patients. I have also found that mistletoe can produce a very impressive reduction in the size of a malignant melanoma tumour. Melanoma is a very malignant tumour of the skin's pigment-producing cells. Importantly, for the patient, his well-being generally improves dramatically.

TREATMENT -- CANDIDA AND OTHER PARASITES

Several parasites and other infections take the opportunity of "overgrowing" in the AIDS patient. These are called opportunistic infections.

They may be bacterial, viral or fungal infections. One of the most important of these is Candida -- or Thrush. This is a yeast-like organism or germ, which usually lives in the large bowel but can flourish in conditions under which large quantities of sugars, white flour and antibiotics are consumed.

In females, it can infect the vagina and cause vaginal thrush which is a white irritating discharge. It can also infect adults and babies in the mouth -- causing oral thrush.

Thrush, or candida, occurs as a result of antibiotics, the oral contraceptive pill and it can also occur as a result of excessive amounts of refined carbohydrates including sugar and sugar-rich foods, white flour and so on.

The condition can be aggravated if other yeasts are taken in the diet and this includes baker's yeast in bread and brewer's yeast in beer and other products.

A TRANSFORMATION INTO A THREAD-LIKE ORGANISM

Candida usually exists in the gastrointestinal tract, or bowel, as a spherical-like organism. However, it can undergo a change into an organism which is more thread-like.

It's this thread-like organism which can penetrate the bowel wall and enter your bloodstream. Both forms of Candida suppress the immune system drastically, particularly the so-called Natural Killer cells or NK cells of the immune system.

These are special lymphocytes responsible for the destruction of cancer and other foreign cells. However, the rest of the immune system is also grossly suppressed by the presence of Candida in the bowel, vagina, mouth or skin.

This secondary suppression of the immune system by Candida is the main reason for the often rapid demise of the AIDS patient. Without adequate treatment for Candidiasis, the AIDS patient faces certain doom.

The suppression of Candida in the AIDS' patient and the support with other measures mentioned in this book, can result in dramatic clinical improvement and prolonged life expectancy. In fact, even cures are possible. These people are of course still infective but are generally in good health.

AN AGGRESSIVE ANTI-CANDIDA REGIME

An aggressive anti-Candida routine is therefore employed in the management of all AIDS' patients. A totally yeast-free diet is advocated. Yeast-derived foods including beers, wines, and yeast-extracts such as Vegemite are also forbidden.

There are a several good books dealing with yeast-free diets in the health food shops. One is called 'The Yeast Connection' by William Crook. Another is 'The Hidden Enemy' by Orion Truss.

Yeast-free breads, buns, cakes and cookies are also recommended - although buns, cakes and biscuits made of white flour are certainly not part of the anti-Candida, anti-AIDS diet.

Substances which are known to suppress the growth of Candida are also utilized. Natural substances with antibiotic properties are utilized together with drugs.

Garlic and Pau d'arco (a South American herb), have anti- Candida effects because of their natural antibiotics and antifungal substances.

Acidophilus cultures contain an organism called Lactobacillus Acidophilus, a "good" germ that provides very healthy conditions in the gut.

The Lactobacillus itself suppresses the over-growth of undesirable germs, or bacteria, which can produce gases and toxic, soluble substances in the large bowel. When absorbed, these can cause damage to the body's tissues.

Acidophilus can be bought as a pure culture in powder form in which billions of Acidophilus bacteria are present in each teaspoonful of culture.

We recommend large quantities of Acidophilus to our patients, whether it be in the tablet form, the powder or as an Acidophilus culture in the form of Yoghurt.

Additionally, we always require the use of a drug to eliminate the bulk of the Candida. The drugs most commonly used are Nystatin or Ketaconazole.

Ketaconazole is preferred for severe infections because it's absorbed into the system in greater quantities than Nystatin. Ketaconazole must be used in doses of 200 mgs. twice or three times a day.

The patient's kidney and liver functions must be carefully monitored while he, or she, is on Ketaconazole. This drug can cause disturbances in their functioning.

At the same time, Nystatin can be used in the dose range of one-half to one-million units four times a day. It's also been found that severe Candida can be suppressed by the use of oleic acid which is present in olive oil, and biotin. The dose of olive oil is one to two tablespoons daily. Biotin, one of the B-group vitamins, is taken as a 300 mcg. tablet once, or twice, daily.

A SEARCH AND DESTROY MISSION

A careful search is imperative for the eradication of other parasites in the gastrointestinal tract, mouth, nose, lungs and skin. These parasites must be completely cleared out. Otherwise they act as a continual drain on the immune system.

Even a low-grade tinea between the toes must be attended to promptly. Tinea is a fungal infection of the skin usually occurring between the toes. It's difficult to eradicate in the presence of AIDS and Candida. Vitamin C can help overcome their infections if they are given Vitamin C simultaneously.

Also, the exposure to infectious diseases, particularly through sexual contacts, are to be avoided.

Preferably, no experimental drugs, particularly immuno-suppressant drugs, cortisone or radiotherapy are permitted unless an absolute life-threatening condition arises.

With this general program, plus the specific diet and micronutrient regime, discussed in Chapter 5 & 9, it's possible to greatly minimize the load on the AIDS' victim's immune system to the extent where recovery is likely.

I believe that the progression of the disease wouldn't occur if the ascorbate "fill and flush" technique is adopted -- particularly in times of increased need.

What is extremely important is the use of intravenous ascorbate at all times and until such time as the patient has completely recovered and is symptom-free.

This may mean low-intensity treatment after the early intensive treatment stage. The low-intensity stage may go on for months, or even years, meaning the patient has to be given 30 to 60 grams of intravenous ascorbate two or three times a week.

This, together with the careful monitoring of the anti-oxidant, status of the patient, is vital for their survival. Deterioration will become apparent if the intravenous program isn't maintained. To save a life, absolute compliance is mandatory.

Whenever a member of any group, AIDS disease or antibody-positive, develops a secondary bacterial, viral protozoal or fungal disease, the intravenous ascorbate must be increased to massive daily doses. For example, 60-120 gram.

So, to summarise, the significance of diet -- a vital partner on the road to recovery, we are essentially saying that an optimal diet will relieve the load on the immune system and metabolism in general, thus allowing the body's full recuperative powers to become operative.

CHAPTER 5

The essential background/ The AIDS virus/ What it does to the patient

"All of my friends in hospital two years ago are now dead."

'Stephen', 36, architect.

FOR the proper understanding of the innovative AIDS' treatment advanced in this book, the relevant background of the AIDS virus history, structure and properties is essential.

AIDS is a medical dilemma. The structure of the AIDS (HIV) virus has been mapped out and its uniqueness may require entire chapters of infectious diseases text books to be rewritten.

The most significant thing about the AIDS virus is its biological uniqueness. It reproduces itself within the immune cells in a much different way to the viruses of the common cold, influenza, hepatitis etc.

The AIDS virus (HIV retrovirus) hijacks healthy immune cells called the T-Helper cells. The virus penetrates these healthy T-Helper cells and donates some of its genes to those of the Helper cell. This changes the whole nature of the Helper cell to one which is foreign to the body. Some of these genes include oncogenes -- cancer-causing genes.

The AIDS virus is very similar to the influenza virus in that it can change its protein coat. Both viruses can do this by changing their nature from year to year, or month to month in the case of the AIDS virus.

Thus, we find it's necessary to develop new vaccines every year against the new influenza virus strains. It appears that the AIDS virus's proteins also change and that this genetic drift may allow the virus to defeat any vaccine that science may discover.

Thus, we may discover an effective vaccine against the HIV (or AIDS) virus this year but, if the virus changes next year, the vaccine becomes useless.

The experts call these changes in the protein coat "hot spots" of variability. The very fact that it may be impossible to produce a vaccine, at this point in time, should encourage us to start thinking about other methods of protecting the immune system against attack and of suppressing the multiplication of the virus inside the host.

It's also very important to consider how we can increase our resistance to the infection in the first place. These topics, and others, will be covered, as we proceed.

HOW THE VIRUS AFFECTS THE BODY

A healthy body when attacked by viruses usually rapidly mobilizes its army of defence mechanisms. This army comprises antibodies,

white blood cells and many special chemicals present in the blood itself to attack the invader and put it out of action.

All of these functions of the immune system's army need optimal quantities of nutrients from the diet to function with maximum effectiveness.

When they're working hard against infection, they rapidly use up these dietary nutrients. If the infection is long standing, the battle between the invader -- the virus -- and the defenders in the immune system, can result in victory for the invader by quickly depleting these nutrients.

It's possible to slow, or virtually stop, the AIDS virus in its tracks by proper nutrition and very high doses of some of the nutrients which the immune system uses.

There are of course other key questions which must be answered about the AIDS virus. For example, it remains a mystery how a virus, which is present in only a very few cells of the immune system, can lead to such severe generalized suppression of the immune system.

Also, why do only some HIV-infected persons become ill? Again, we must consider the state of health of the patient at the time they are first infected with the virus.

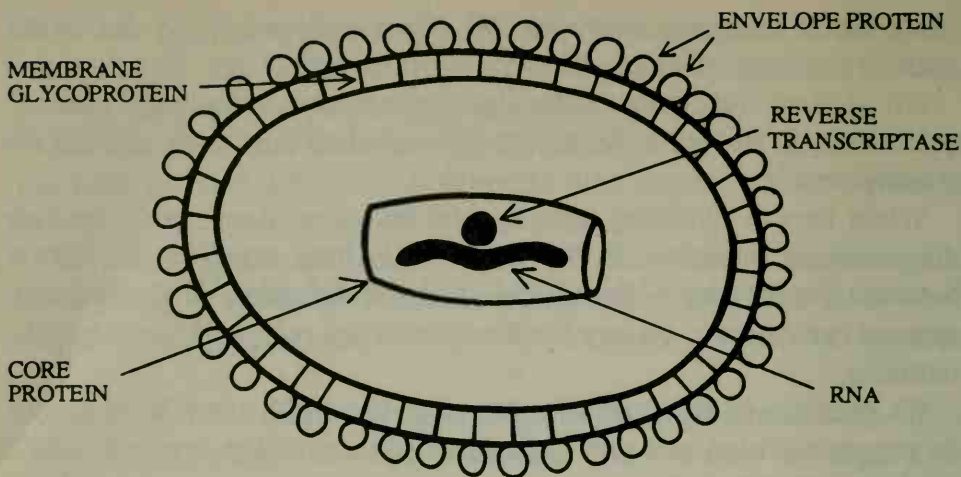
This is particularly important from the point of view of Ascorbic Acid -- or Vitamin C. This substance has been found to be very effective in killing most known viruses. For example, the polio virus, the influenza virus, the hepatitis virus and a number of other viruses causing human and animal diseases.

If there is enough Ascorbic Acid in the bloodstream and the tissues, particularly the tissues of the immune system, then the virus should be killed because of ascorbate's selective toxicity to all viruses.

Vitamin C has also been shown to stimulate the immune system. This includes increasing the white cells, the production of antibodies and the manufacture of some of the other biochemical agents and enzymes important in infection control.

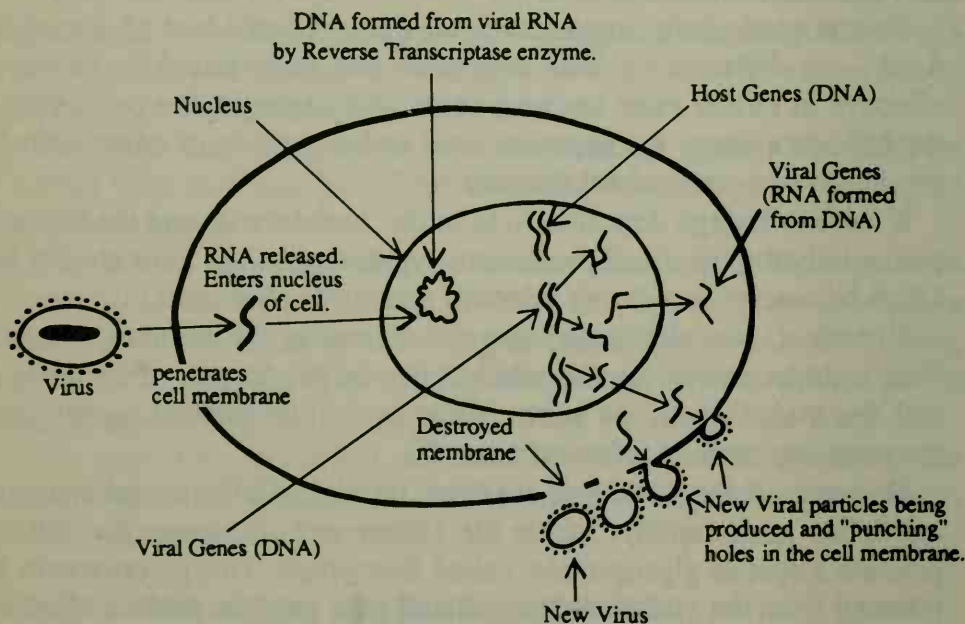
However, if the virus gets into the T-Helper Cells, it replicates or multiplies itself rapidly. Inside the Helper cell, it causes the cell to produce a special glycoprotein, called Syncytium. This glycoprotein is released from the virus-infected cell and goes onto the surface of other cells of the immune system.

This glycoprotein fuses itself on to the cell causing the death of the cell. The more cells it attacks, the more cells it kills.



THE AIDS VIRUS

Consists of proteins (core and envelope), RNA (genes) and reverse transcriptase. The reverse transcriptase is an enzyme which converts RNA into DNA. The virus DNA (new genes) combines with human DNA (genes) and alters their behaviour. In this way, the virus gains control of the genes of the immune cells of the AIDS patient and instructs them to manufacture new virus particles. The envelope of the virus is partly derived from the host's cell membrane which is eventually destroyed resulting in the host cell death.



T-HELPER CELL OF THE IMMUNE SYSTEM INFECTED WITH THE AIDS VIRUS.

By attacking only the healthy cells of the immune system, we have a continual reduction in the number of the Helper cells to the point where the immune system has too few of them for proper functioning.

This allows the other germs in the environment, including normally harmless bacteria and viruses, to infect the AIDS sufferer and cause further disease or death.

These other usually harmless germs are called "opportunistic" germs - that is, they take advantage of a sick immune system and make it even sicker.

However, if we could find a way to prevent its formation, or stop it from sticking to the Helper cells, we may find a way of protecting the AIDS patient from further deterioration.

It's possible, that nutritional factors would be helpful, including specific enzymes, which break down the glycoprotein.

THE IMMUNE SYSTEM BECOMES CANNIBALISTIC

The glycoprotein isn't the entire explanation of why Helper cells are depleted and how the body's immune function is suppressed.

This virus, inside the nucleus of the Helper-cells, probably dictates information to the Helper cells for them to produce messenger chemicals which confuse other cells of the immune system.

Not only do they confuse the other immune cells, they also instruct them to behave in an adverse way to the host's many tissues and organs. The inevitable result is an auto-immune disease in which the cells of the immune system attack not only fellow defender cells -- but those of other vital tissues.

The HIV virus also attaches itself to the Helper Cells in the body's glands. These glands occur in the neck, under the arms, in the groin and in the chest and abdomen.

Known as the lymph glands, they are responsible for producing the white cells of the immune system and also for collecting invading bacteria and viruses and systematically killing them.

The lymph glands are stations in the body through which the immune cells in the blood pass from time to time. As they do so, they perform several mopping up functions to clean out the body of particles, viruses, bacteria and other foreign invaders.

However, if the lymph glands are infected with the HIV virus, the Helper Cells passing through them can also become infected.

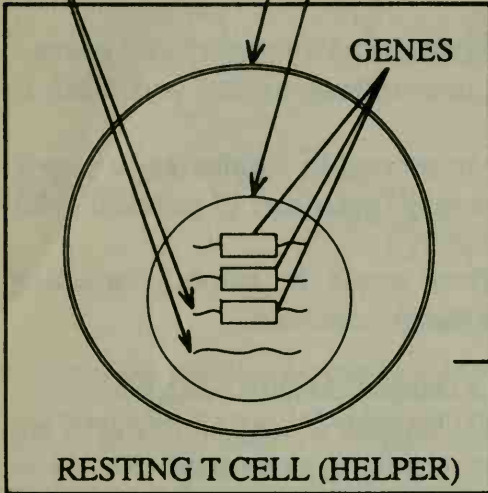
If these cells can be strengthened, and the virus in the lymph glands killed, we have another means of protecting the host.

HELPER CELL
CHROMOSOMES
OF DNA

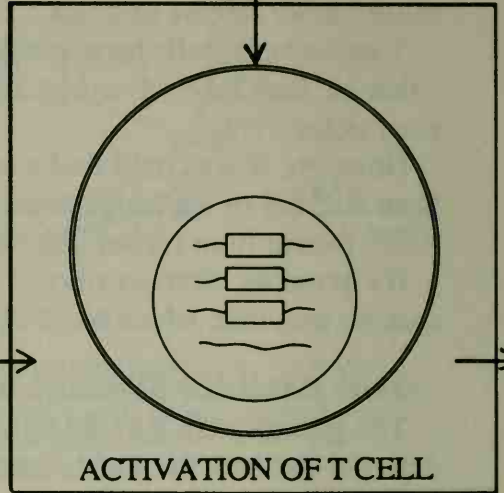
CELL
MEMBRANE

NUCLEUS

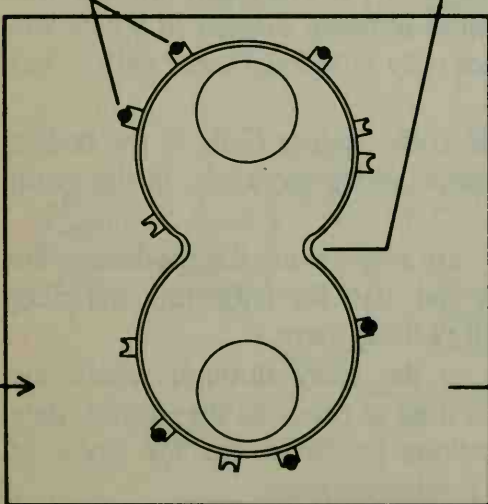
GENES



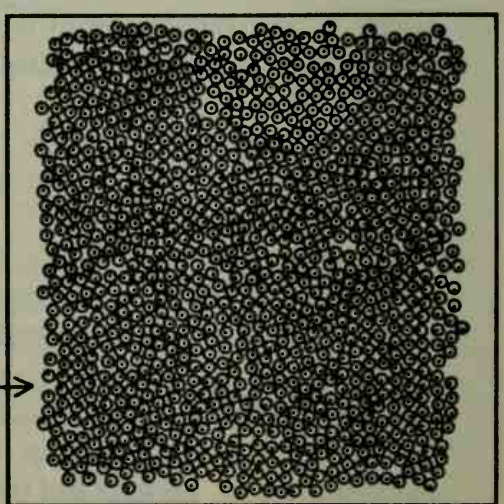
INFECTION
(CANDIDA, BACTERIA OR VIRUS)
ALLERGEN CHEMICAL HAPTEN.



ACTIVATED T CELL
GROWS MEMBRANE RECEPTORS
WHICH STIMULATE IT TO DIVIDE.

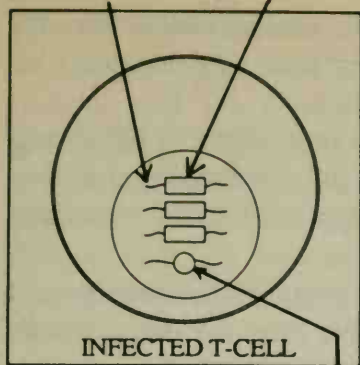


PRODUCING 1000 T-CELLS FROM
THE ONE ORIGINAL.

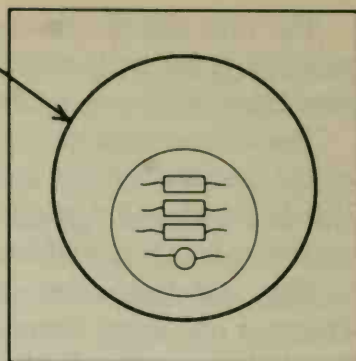


THE REPRODUCTION OF THE HEALTHY IMMUNE SYSTEM'S
HELPER CELLS FOLLOWING STIMULATION BY AN
INFECTION ALLERGY OR CHEMICAL.

HOST CHROMOSOME
HOST GENE

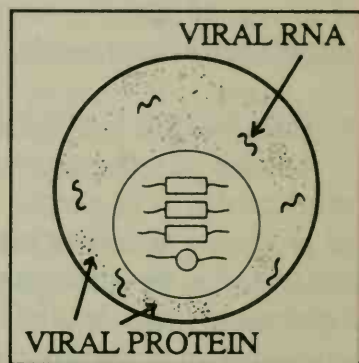


INFECTION
ALLERGEN
CHEMICAL
HAPTEN



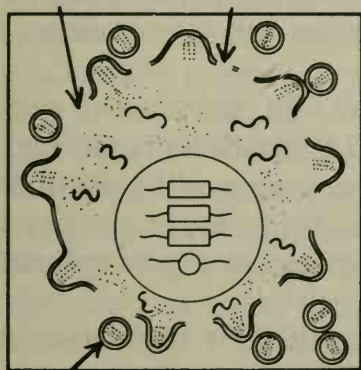
ACTIVATION OF INFECTED T-CELL

VIRUS GENETIC
MATERIAL HIDDEN (INCORPORATED)
INTO HELPER CELL DNA
(CHROMOSOMES)

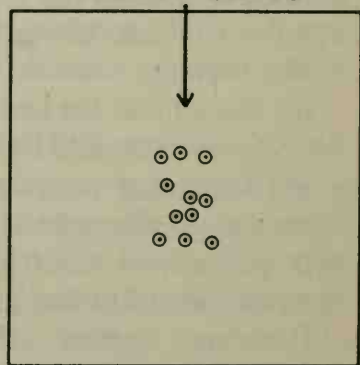


HIV. INFECTED HELPER CELL
PRODUCES VIRUS PROTEIN AND RNA
AFTER ACTIVATION INSTEAD OF
DIVIDING INTO HUNDREDS AS IT
WOULD IF HEALTHY.

NEW VIRUS PARTICLES
"PUNCH HOLES" IN
THE CELL MEMBRANE
THUS DESTROYING
THE HELPER CELLS



A VERY SMALL POPULATION OF
HELPER CELLS



NEW VIRUS PARTICLE

THE DESTRUCTION OF THE AIDS PATIENTS INFECTED HELPER
CELLS FOLLOWING THEIR ACTIVATION.

The virus can also damage the Helper Cell in another deadly way. By producing its own protein, the virus can "coat" the Helper Cell membrane with a camouflage of viral protein.

The virus-coated Helper Cells may then be recognized by other cells of the immune system as "foreign" and therefore something that they should attack and destroy. In effect, what happens is that the immune system is attacking and destroying itself.

This self-destruction phenomenon occurs in other diseases -- a common one being rheumatoid arthritis. In this case, the immune cells attack the components of the joints of the hands and fingers.

So, we can see that the immune system is basically being infected by a virus and will end up behaving in a bizarre way and functioning as if it's out of control. An analogy is the microcircuitry of a computer going haywire and sending the wrong signals.

THE VIRUS CAUSES CANCER

Another puzzling aspect of AIDS is its link with cancer. The AIDS virus carries in its genetic make-up a gene called an oncogene capable of producing tumors or cancers.

Cancer is the excessive and uncontrollable growth of cells. They continue to multiply, divide and spread themselves through the body in a way not controlled by normal immune functions.

The tumour spreads and causes invasion of normal tissues with the subsequent death of those tissues. For example, the liver, brain, bone marrow, kidney -- and virtually any other organ in the body.

The tumors which the HIV virus produces in the body don't necessarily contain the virus. This is a puzzling aspect and it may be that the viral oncogene is present in the tumor and is in some way hidden from the scientific investigators.

It's known that the oncogene freely mixes with, and joins up with, the patient's genes and becomes camouflaged inside the host's nucleus.

We know that suppression of the immune system will quite often allow the development of cancerous tumors. Drugs and cortisone are two methods by which the immune system can be suppressed and tumours allowed to develop.

However, another strange feature of AIDS is that immune suppression is not the only answer for these cancers. For example, Kaposi's Sarcoma, a tumor occurring in the skin and mouth of the AIDS patient, often develops in HIV-infected patients with a

reasonably competent immune system.

Some scientists have suggested that the virus may be working in the tumors with the genetic material from other viruses which have previously infected the host.

I strongly believe this is what's happening. The AIDS virus genes probably "switch on" mechanisms in the Helper Cell only after the Helper Cell has been exposed to another foreign substance. For example, a protein, bacteria, allergen, chemical contaminant or another virus.

Once this happens, the viral particles inside the nucleus start reproducing very rapidly and assemble themselves as thousands of complete viruses which then leave the Helper Cell.

As they leave, billions of viruses "punch" holes in the Helper Cell's membrane coat -- so completely destroying it. So, you can see that the picture becomes increasingly complicated the more we look into it.

Is AIDS a simple viral disease or is it an interplay between the HIV virus and other viruses and bacteria in the system?

MORE THAN JUST A VIRAL INFECTION

Is it really only a single disease after all? Or is the so-called "AIDS Disease/Syndrome" a convenient pigeon hole in which to place patients afflicted with a poorly functioning immune system caused by one virus -- which is then attacked in a multitude of ways by other opportunistic parasites and chemicals upon superimposed genetic aberrations?

On the basis of all that's known, the last explanation is the author's favourite. And, as you have seen, much of the treatment of AIDS patients is aimed at the many possible causes and factors involved in the infective process.

THE POSSIBILITY OF A MUTANT VIRUS

Although transmission of the virus hasn't been found to occur by coughing, sneezing, sharing eating utensils, shaking hands hugging or kissing, there's always the possibility of a mutant virus arising which does have the ability to transmit itself more readily. Recently, it's been shown that HIV can infect extremely superficial cells in the skin called Langerhans Cells. The implication is that AIDS transmission may be possible via blood to unbroken skin contact. This is an extremely worrying proposition.

The AIDS virus itself is able to mutate and may even adopt some of the characteristics of a more rapidly and readily transmittable virus such as the influenza virus.

It's possible that the AIDS virus could pick-up some genetic material from the influenza virus in a patient simultaneously infected with both. The AIDS virus could then develop the properties of the influenza virus which would enable it to be rapidly spread throughout the community by airborne droplets.

I am saying that it's important for each, and every, individual to optimise their immune function and health. This of course can be achieved by adhering to the right life-style factors including diet and micro-nutrient supplementation as discussed in Chapters 4, 5 and 6.

Both the general public and the more at risk groups should in this author's opinion adhere to these principles to maximize their chances of turning the tide against the AIDS virus invasion.

A CUNNING VIRUS WHICH KEEPS CHANGING

The other problems with a potential AIDS vaccine is that the virus is continually changing its protein coat by mutation. This very fact makes it difficult to produce a vaccine in the first place.

It's similar to the situation with the influenza virus which changes from year to year. The public shouldn't be dazzled by biotechnology. Miracle cures, including vaccines, are not cranked out of laboratories on demand!

Vast amounts of time, money and frustrating blind alleys challenge the army of investigators striving for the big breakthrough. Against such huge odds, it could be decades away. Even then, good as they are, today's vaccines may be ineffective against the viruses of tomorrow.

THE PROSPECTS FOR AN AIDS VACCINE

At present, no vaccine is within three years of field trials. This means an effective vaccine is at least five years, or more, away.

Furthermore, it's possible that the normal route of entry of the AIDS virus into the host is inside a white blood cell. This means that the virus is safe from immune attack.

This raises the question of the impossibility of ever developing a vaccine against AIDS. A vaccine against AIDS infection would need to be 100% effective at the prevention of even mild infections to interrupt

the spread of the virus. With the virus "protected" in the nucleus of the white cells, vaccines are useless.

Also, few live vaccines and even fewer "killed" vaccines in the world today, could claim to achieve more than just minimal dilution or localisation of any viral infection. History tells us that most infectious diseases which ever reached epidemic proportions, came under control naturally through some process of their own, without the intervention of modern medical science.

This applies to the Black Plague of Europe of the 14th Century which in four years, 1347 to 1351, wiped out one-quarter of western Europe's population, no less than 100 million people! -- to the tuberculosis and small pox epidemics of the 17th, 18th, 19th and 20th centuries.

Vaccinations played very little role in these diseases. For example, tuberculosis was declining at the turn of this century long before medical intervention occurred with anti-tubercular drugs and mass TB-screening. It's commonly accepted that the major factors in TB's decline were improvements in both hygiene and in the state of the community's nutrition and living standards.

Hopefully, we will see a harmless, mutant, wild AIDS virus develop so conferring immunity to the world before the "dreaded" AIDS virus itself has the opportunity to kill millions more across the face of the globe.

THE COMMERCIAL RISKS

Some authorities contend that vaccine manufacturing is actually bad business. They claim it's high risk, high up-front money for development and research. It's extremely high risk in terms of possible liability, yet not terribly high-yield in terms of money.

Why should free enterprise get into the business of manufacturing vaccines in the first place? Businesses usually do it as a challenge and not as a true business venture.

There are enough problems with present vaccines and litigation, particularly in the United States. It's little wonder that few firms want to come up with any more vaccines.

WHAT DOES THE AIDS VIRUS DO TO THE PATIENT?

The natural history of infection by the AIDS virus is still only

poorly understood. After being infected by the virus, many patients develop an acute flu-like illness or an illness which may mimic the symptoms of glandular fever.

This occurs between approximately two and eight weeks after the initial infection. The symptoms of this acute infection include fever, rashes, generalized weakness and enlargement of the lymph glands.

Lymph glands are glands situated in the neck, underneath the armpits and in the groin. There may also be enlargement of the liver and spleen in the abdomen.

Also, a rare condition may develop called meningism which is an irritation of the delicate membranes covering the brain and spinal cord.

This can result in a painful, and stiff, neck. Other symptoms may include generalized aches and pains, headaches and a sore throat. These symptoms will generally last for approximately two weeks and then subside.

They usually prove to be of little diagnostic importance. But a blood test taken after this episode may reveal antibodies in the patient's blood to the AIDS virus. They are called HIV-antibodies, or AIDS-antibodies, and the person with them is said to be "antibody-positive". Normally, they occur in the blood one to two weeks after infection.

It may, however, take longer for the anti-body test to become positive in some patients. In fact, it may take as long as 12 months before this happens.

This means that someone, who is infected but negative on testing, may assume they are free of infection -- and continually spread the virus unaware of the damage they're doing.

If a person is infected with the AIDS virus, he/she may or may not develop full-blown AIDS. Full-blown AIDS develops in approximately three in 10 persons infected by the AIDS virus.

FULL-BLOWN AIDS

This can present itself in the form of a cancer called Kaposi's Sarcoma -- or a severe pneumonia called Pneumocystis Carinii, sometimes abbreviated to PNP. Other ways of presenting, include a fever of unknown origin or atypical gastroenteritis.

Those patients developing the Kaposi's Sarcoma have their immune system deranged to the extent that the virus becomes oncogenic - which means cancer-producing.

On the other hand, some patients develop the pneumonia PNP. This

is usually caused by a harmless organism but, in a host which has a compromised immune system, it can take over and can cause rapid death.

AIDS INCUBATION PERIOD IS MUCH LONGER THAN FIRST THOUGHT

It's interesting to note that it may take 10 years for full-blown AIDS to develop after the initial infection. Some experts in the field have suggested that the incubation time maybe as long as 15 years. That is, the time between the initial infection and for the full-blown disease to occur.

However, I believe that the incubation period may be 20 years or more based on recent evidence from WHO. This suggested that the vaccination programs in Africa may have contributed to the introduction of the disease on that vast continent, hastened by much of the population being badly undernourished so making them highly vulnerable viral infection, including AIDS.

Getting back to the effect of this protracted incubation period on the individual patient, this incredible stress of the unknown -- of being between the devil and the deep blue sea -- further strains the body's entire system, including both psychological and physical defences.

The ordeal is heightened because, if antibodies are eventually found, they still may have to wait several years before knowing if full-blown AIDS will develop. They are living with a nasty time bomb in their body and psyche. The only way of coping at present is -- waiting, hoping, praying and positive life-style changes as outlined in this book.

It's important at this time that anyone who is anti-body positive but who hasn't AIDS, understands that there's a strong three in 10 lottery chance of him, or her, developing the full-blown disease. I believe the antibody positive patient will have a reduced risk of developing the full-blown disease if they adopt a better diet and lifestyle -- including meditation, exercise and nutritional supplements which are discussed elsewhere in detail in this book.

Unfortunately, there are no tests at present which will enable a physician to accurately predict whether, or not, an AIDS-infected person will go on to develop the AIDS disease.

The exact outcome of the AIDS virus infection probably is dependent on the patient's health, and well-being, at the time of the

infection and upon the way in which they look after themselves after that initial infection.

It also depends on their genetic make-up and how strong they are constitutionally -- something we can do little about presently.

OTHER THINGS MAY TIP THE SCALES

The presence of other viruses, bacteria, yeasts, allergens and foreign proteins may also determine whether an infected person will develop full-blown AIDS -- or who may only suffer from a mild illness and thus quickly overcome it.

There's another group of patients who can be infected by the virus and who develop a syndrome called the Lymphadenopathy Syndrome or LAS.

It's a syndrome in which there's a generalized unwellness with enlargement of the lymph glands, very similar to glandular fever.

It's also highly likely that a person infected with AIDS can modify the disease by following the procedures and advice outlined in this book.

It's known that antibody positive persons are always infectious. They should refrain from sexual intercourse and blood donations. The antibody present in the system isn't one which will fight the virus. Rather, the virus remains in the nucleus of the cells of the immune system -- inaccessible to anti-body attack.

This antibody is present as a result of the viral infection in the immune system. The immune system reacts by producing the antibody - a simple marker which enables the laboratory to make a diagnosis. It's not an effective virus-killing anti-body.

Body fluids in the anti-body positive patient have a high probability of carrying the virus. These fluids include the semen, vaginal secretions, saliva, tears and of course the blood and perhaps even urine.

The transfer of blood, semen and vaginal secretions from one person to another can transmit the disease to the second person. This usually occurs during sexual intercourse or by the injection of the fluids into the recipient during blood transfusions or intravenous drug abuse.

THE LYMPHADENOPATHY SYNDROME (LAS)

- THE AIDS-RELATED COMPLEX (ARC)

As I have mentioned before, not everyone infected with the AIDS virus will go on to develop full-blown AIDS. Another illness is called the Lymphadenopathy Syndrome.

This illness is characterized by a persistent enlargement of the lymph glands, weight-loss, fatigue, lethargy, general malaise and night sweats without any obvious cause. Intermittent bouts of diarrhoea also occur and infections which may be difficult to eradicate are also a part of this picture.

These infections can include persistent fungal infections. For example, candidiasis or thrush in the mouth, vagina or bowel. Other infections include severe tinea of the feet or other parts of the body.

Lymphadenopathy itself means enlargement of the lymph glands and these glands are those which swell in the neck, under the armpits or the glands of the groin.

The Lymphadenopathy Syndrome may occur almost immediately after the initial infection or it may occur some months, or even years later.

Exactly why this is so isn't really understood. It certainly depends upon general lifestyle and dietary factors.

This illness is certainly much more common than AIDS and probably 20% of infected people will develop the Lymphadenopathy Syndrome or LAS.

It can be a very protracted illness and may last for many months or even years. The LAS may eventually develop into full-blown AIDS.

Patients with the Lymphadenopathy Syndrome have the virus present in the blood, semen, saliva, urine and other body fluids and are just as contagious to other people as those with full-blown AIDS.

The virus is present in their systems and is persistent in its attack on the immune system. This attack results in the enlargement of the body's various lymph glands which is their attempt at eradicating it.

This is the body's response to the viral infection and although the immune system is suppressed it appears that it still has the ability to fight back.

AIDS CARRIERS

I have called this part of the AIDS syndrome "AIDS carriers". This is because it involves patients infected with the AIDS virus, and who

have antibodies to it in their blood, but who are generally reasonably well.

They of course suffer from the symptoms of the acute infection such as lethargy, fatigue, weight-loss and a general feeling of being unwell with night sweats and bouts of diarrhoea.

They have had the acute flu-like illness and then become relatively well. About seven out of 10 people infected by the AIDS virus go on to become AIDS carriers.

These people infected with the AIDS virus and who consequently have antibodies in their blood, as far as we know, still carry the virus in the blood, semen and other body fluids.

They are infectious to other people. It may be that some of these people may eventually eradicate the virus from their systems.

But, at present, we must assume that everyone with AIDS antibodies is still carrying the AIDS virus and therefore should take all precautions to prevent its spread.

They of course should also look after their general health by avoiding stress, by practicing meditation and relaxation exercises and partaking in open air activities in the sunlight.

Last, but not least, they must look after their diet and take the nutritional supplements important for supporting their immune systems. (See Chapter 3: Nutrition & Immune Function and the Treatment Summary at the end of this book.)

MAJOR LONG-TERM CONSEQUENCES

The three major long-term consequences of AIDS are:

1. The suppression of the immune system.
2. The production of cancers.
3. The development of central nervous system disease. (brain disease)

The prevalence of these consequences depends on the geographic area and the different groups of patients. Some groups in some parts of the world suffer from suppression of the immune system while others suffer more from the cancer-inducing effects of the virus.

It may be that these disparities are due to different methods of studying the virus and, at this particular point in history, one can only surmise about why it effects people so markedly in different areas.

Some epidemiologists have suggested that the variations in the disease's manifestations may be due to the presence of other viruses, the genetic variability of the host and so on.

I believe that one of the most important variables in determining the outcome of the AIDS infection is the host's nutritional state at the time of the initial infection and in the early stages of the disease -- plus the interaction of the virus' genes with those of the host.

SURVIVAL -- WHO?

Once AIDS is diagnosed, only about 10% of patients will survive for four years. The highest survival occurs in young patients who present initially only with Kaposi's Sarcoma -- the tumour of the blood vessels of the skin and mucous membranes of the body including the mouth.

Opportunistic infections, which have been described elsewhere, are those infections which effect the patient or host with a compromised immune system. These infections are normally harmless.

It's possible to predict those patients who will develop an opportunistic infection. The best predictor has been found to be a continued loss of Helper Cells in the blood.

These Helper Cells are very important white corpuscles in the blood called lymphocytes which help the immune system in fighting bacterial, viral and other infections and in assisting the surveillance mechanism of the immune system to recognize and destroy cancer cells.

Other methods by which doctors can predict the development of the first opportunistic infection are by:

1. The constitutional symptoms the patient suffers. (weight loss, diarrhoea, loss of appetite, fatigue and night sweats.)
2. A condition called Oral Hairy Leukoplakia in which the tongue becomes extremely coated and has the appearance of a bristly brush.
3. The presence of antibodies to the patient's lymphocytes (anti lymphocyte antibodies).

It's important to remember that the presence of enlarged glands in the neck, under the arms and in the groin are by themselves of no sinister significance, and don't predict the development of opportunistic killer infections. For example, enlarged glands can be caused by glandular fever, severe viral infections and bacterial infections.

THE INVOLVEMENT OF THE NERVOUS SYSTEM

THE AIDS virus is known to attack not only the lymphocytes of the immune system, but also the central and peripheral nervous systems. These include the brain, the spinal cord and the nerves to the muscles, skin and organs of the body.

Thus, the Human Immuno Deficiency Virus (HIV) is neurotrophic - it attacks the cells of the nervous system. The virus and the antibodies of the virus have been isolated in the brain and in the brain's fluid coating called the CSF -- or Cerebro Spinal Fluid -- of patients with AIDS and AIDS Related Complex who have nervous system symptoms.

It appears that the virus can actually replicate - reproduce itself - within the central nervous system.

The virus probably reproduces in the white blood cells in the bloodstream and these white blood cells cross the blood/brain barrier and invade the nervous system.

It's been estimated that up to 40% of patients (four out of 10) develop major nervous system complaints during the course of HIV infection.

This nervous system invasion, and the changes which occur in the brain, have been detected in 80% (eight out of 10) patients who have died and had an autopsy performed.

This indicates that the virus is not only a virus of the immune system but it appears that it can also attack the other very sensitive system of the human body -- the central nervous system. In time, it will be shown that HIV invades many, if not most, cells and tissues of the human body.

The most frequently observed nervous system disturbance is Sub-Acute Encephalitis or Encephalopathy. This Encephalopathy is characterized by a progressive dementia which has been called the AIDS Dementia Complex -- or ADC.

Dementia is characterized by loss of memory and impairment of concentration with retardation of psychological and physical functions, muscular strength and co-ordination.

Behavioural disturbances in these patients is often very prominent. The physical changes can result in a form of ataxia -- that is, difficulty in walking.

Generally, the deterioration of the patient with the dementia syndrome is very rapid. However, the physician and patient alike must

be careful not to wrongly attribute these complaints of a nervous nature to depression, anxiety or other purely psychological complaints.

AIDS AND RAPID AGEING

AIDS patients appear to age very rapidly. This may be due to several affects, either due to the virus itself or to the effects of the virus on the patient's metabolism, state of nutrition or psyche.

It's very likely that the virus may induce the production of directly, or indirectly, highly charged particles called "free radicals". These free radicals can destroy cells of the immune system and every other system in the body.

Free radicals are highly charged, electrically unbalanced molecules which contain considerable amounts of free energy. This free energy is capable of destroying the important double bonds of unsaturated lipids (fats) in the body.

Unsaturated lipids form the very backbone of all of the membranes of every cell -- the outer membrane, nuclear membrane and the membranes lining all of the delicate structures inside our cells.

Thus, free radical energy is capable of destroying, or changing, these membranes. The result is cell death or cell mutation. Free radicals can be trapped, and inactivated, by substances known as anti-oxidants.

The anti-oxidants in our diet include beta-carotene (a form of vitamin A), ascorbic acid, tocopherol (vitamin E), selenium and some enzymes including superoxide dismutase (SOD) and glutathione peroxidase.

Anti-oxidants are put into foodstuffs to stop them from decaying or going rancid. As an analogy, the ageing process is similar to the rancidification process and, by utilizing anti-oxidants, we may thus be able to slow it down.

It appears that, in a period of one or two years after contracting AIDS, the ageing process accelerates. This includes premature greying of the hair, the loss of hair from the front of the forehead and the overall thinning of hair.

The face loses its normal contours due to the loss of facial fat and other tissues and the patient usually develops a very debilitated appearance. AIDS patients on this nutritional, and supplementation program, lose this ageing appearance. They not only look better, but feel better physically and psychologically.

So, in this chapter, we have summarised the role that Vitamin C and micronutrients can play in the interaction between the virus and the human immune and nervous systems. Without a complete understanding of the physical and chemical interplay between the two, any AIDS' therapy is doomed to failure.

CHAPTER 6

**Powerful gentle therapies:
Meditation; the mind and
immunity; Exercise; Heat
therapies; Massage -- The laying
on of hands; Metallo proteins -
- The delivery boys; Autogenous
vaccines**

"We command nature only by obeying her."

-- Francis Bacon.

"WHEN the apple is ripe, it will drop from the tree of its own weight." This Buddhist proverb beautifully sums up the therapeutic thrust which follows.

MEDITATION

So, it is with meditation. In a way, we can say that the dietary and nutritional approaches we have been suggesting in this book so far provides the basic physical building blocks on which the chemistry of the body and the mind function.

The meditative process now acts as a catalyst to organize these basic units into a spiritual whole. The mind can have profound influences on your degree of health. Even in sickness, the mind can play a role either by improving the degree of health or worsening the degree of illness.

Not only do your thoughts and emotions influence your behaviour, but these very thoughts and emotions can play a very direct role in influencing all of the body's subtle physical and chemical actions and reactions.

The time-honoured method of meditation has recently become very fashionable in the management of many illnesses including cancer. Not only has it become popular, but also scientifically-validated as a method of improving immune function and resisting infective and degenerative diseases.

THE SINGLE MOST POWERFUL THERAPY

Meditation is the single most powerful therapy in the management of any disease. Meditation has been practiced for centuries to maintain health and well-being and to help in the recovery from disease.

Meditation provides one of the most basic ingredients of good health. Its physical effects range from pain relief and physical discomfort to reduction of metabolic activity and activation of the immune system.

Meditation creates a definite mental harmony and emotional balance in people who practice it. These changes are quite noticeable to onlookers.

THE GENERATION OF POSITIVE BEHAVIOUR

The act of meditation generates positive behaviours and attitudes without effort and cost. With a modest investment of time, meditation

takes you to a higher plane of well-being and a totally different perspective on your existence. Meditation is the foundation for optimum health.

Meditation is concentration effortlessly within. It's just as if you are falling down the well within yourself. Others have described it as "diving within".

Meditation is simply the process of being able to effortlessly let go of everything while concentrating on one thought, one word or one idea.

That is, by passively sitting in a chair in a slightly uncomfortable position with your eyes closed for 20 minutes twice a day, you can eventually achieve a state of meditation.

The mind is allowed to wander and invading thoughts are allowed to pass through consciousness. But, eventually, the concentration within starts to dominate. This may take days, weeks or months depending on the individual. All thoughts are eventually blocked out using this process.

The intellect is gradually phased out. It's not necessary to think. Also, no conscious effort is required. An increasing feeling of inner peace, deep relaxation and serenity develops.

Eventually, even the feelings of inner peace fade away to be replaced by a state of selflessness. This gently progresses into a deep feeling of unity or oneness with the entire self and your surroundings.

TIME AND PATIENCE ARE NEEDED

The meditation habit takes time. It cannot be developed overnight or even within days or weeks. A slow transition occurs in yourself after practicing meditation for several months.

This transition is slow but sure. On a day to day basis, changes are not noticed. However, over several weeks blending into months you will find tremendous changes.

Meditation proceeds at its own speed and reaches its goal in its own time. Let the whole process flow naturally. This is what the Zen Buddhists refer to when they say "do not push the river".

A DIVERSITY OF SERIOUS CONDITIONS CAN BE HELPED

Meditation has helped dozens of my cancer patients and hundreds of my patients with immune disorders and allergies. It's helped people

who have been in reasonably good condition to start with.

Patients say they can cope better with the realities of life. They become more resilient to external irritating factors and they feel more "together".

They have more energy and they feel more spontaneous and less tense. It appears that the whole coping mechanism improves. Overall, patients become more cheerful and optimistic and find that they can more easily accept their day to day problems. But there is a cost -- time and self-discipline.

It's extremely important for a person suffering from cancer, AIDS or an immune disorder to approach meditation with a deep degree of sincerity, openness and a genuine desire to learn within. In other words, a feeling of reaching out for something deeper.

A SAFE, SURE AND SIMPLE THERAPY

Meditation is a simple therapy. It's safe, sure and a method which can be used by all including children. Meditation is not prayer. Nor is it self-hypnosis although it does resemble such a state of mind.

It's also not a form of magic or secret formula derived from ancient mystics. The state of meditation itself is certainly not learning the ability to develop alpha brain waves or any other fancy scientific explanation.

Meditation is also not a form of psychotherapy although many people find it psychologically helpful. Meditation is simply a state of being and knowing within. The practised meditator will find, and discover, what this eventually means.

HOW TO PRACTISE SIMPLE, EFFECTIVE MEDITATION

The practise of meditation requires a little time and self-discipline. The determination must come from within one's self and, for someone diagnosed with AIDS, this is often quite difficult at the beginning.

However, the discipline to spend up to half-an-hour, twice a day, on the meditative practice must come from within. Two half-hour daily sessions are recommended for a reasonably healthy individual. For sick AIDS patients to gain real benefit from meditation, they would have to spend up to two, three, four or more hours meditating daily.

If they are willing to do this, and really apply themselves, there's no reason why their condition shouldn't improve. In fact, there's no reason why they shouldn't be able to completely eradicate the disease.

BEFORE MEALTIMES IS BEST

It's recommended that meditating be done before meals rather than afterwards. Mornings and late afternoons are when most benefit can be derived from meditation.

The effects of meditating are not conducive to sleep despite its calming and restful effects. Also, it's unwise to eat immediately before or after a meditation session as food itself can interrupt the delicate and subtle physiological changes which occur.

From this form of meditation, you will only gain what you're prepared to give. Once you have become an experienced meditator, you will get more from the meditation than you put in.

For most people, it usually takes from one to three months before they will know whether they are benefiting from the sessions. Again, this depends on individual variability and the amount of time you devote to them.

A change in your level of awareness is probably the first change which occurs in these first few months of practise. However, the increased level of relaxation and the reduction in anxiety levels are two of the more obvious changes which occur in the early phases of the meditative process.

It's important for AIDS patients to realize that meditation is a total clearing of all thoughts and fears -- at least as much as they possibly can in the early sessions.

Invading thoughts are allowed to enter and become a part of the mind for the process of meditation. However, attempts should always be made to clear these thoughts as soon as possible. Of course, fears and guilts will arise. These must also be dealt with in the same way. Allow them to enter the mind and pass through unhindered.

TREAT THE MIND AS A FORM OF REGISTER

You must attempt to treat the mind as a form of register. For example, a cash register which is cleared at the beginning of each session.

Alternatively, it can be thought of as a tape which can be magnetically cleared of all information at will. When the tape is replayed, nothing appears on it.

This is what is meant by the process of meditation. The mind should eventually be clear of all thoughts.

In time, an experienced meditator can commence to apply his meditation anywhere. -- in his car in a traffic jam or on the top of a mountain. However, to start with, it's desirable for the uninitiated to commence meditating in a comfortable, quiet and familiar place. The bedroom is an ideal place.

Select a time of the day when you won't be disturbed and close and preferably lock the bedroom door. As previously mentioned, it's important to sit in a chair or on the floor in a position of slight discomfort. This prevents you from falling asleep.

This position is adopted each time you meditate. Then all you do is to close your eyes and attempt to concentrate on one thought, or one word, until all invading thoughts and ideas come to a standstill. This skill may take weeks, or months, to achieve. But remember, practise makes perfect.

The object is to feel comfortable so that pain and discomfort don't interfere with the meditative process. -- yet you aren't so comfortable that you fall asleep.

Don't worry if the process seems slow. Things are still happening to you, but at the pace at which your mind and body will allow.

TWO COMMON MISTAKES

The two most common mistakes that meditators can make are trying too hard -- and not trying enough. Trying too hard happens when you try to concentrate too much, or begin to intellectualize or become impatient and attempt to speed up the meditative processes.

On the other hand, not trying enough occurs when you slip out of your routine of meditating twice a day -- or that you allow the session to take on a superficial level by allowing distractions to occur.

Also, insufficient attempts at meditation occur when one cuts the session short or of course falls asleep during the session. The Chinese describe this process of doing but not over-doing as "like cooking a small fish, you must be careful not to overdo it".

AN EFFORTLESS PROCESS

The experience of meditation will take you into a realm of quiet and subdued expectancy in which you become open and receptive to everything.

This is an effortless process requiring time and self-discipline. Experienced meditators become tuned in to everything. But they hear or

see nothing at first and have no expectations of what is to occur during, or after, the meditation. They are therefore really never disappointed. Whatever happens to them is usually for the best.

The rewards of meditation come when they are ready. They come at their own speed and in their own time and they cannot be hurried.

They certainly won't come on demand. With patience and persistence, many patients whether they have cancer, AIDS or other immune disease -- no matter what -- can benefit from this simple and easy process.

THE SCIENTIFIC EVIDENCE FOR THE MIND AFFECTING IMMUNITY -- PSYCHO-NEURO IMMUNOLOGY

Intelligence is the ability to adapt to changing circumstances. The two systems in the body most able to so adapt are the central nervous and immune systems.

Thus, these highly intelligent systems are not only able to adapt to rapid and subtle changes, they also both have enormous potential for variation in their functional capacities and inter-relationships. That is, between one another and amongst themselves and the other bodily systems.

It's only in the 1980s that a new science called Neuroimmunology has come upon the scene. This science is involved in the relationships between the nervous system and the immune system and how the mind and psyche relate to the body's defence system.

It was once thought that stress may alter the immune reactivity through some fairly ambiguous method. However, it's now known that the presence of stress can influence both the hormonal systems and the nervous systems in such a way that specific effects occur at every level.

The sympathetic nervous system which is responsible for the "fight or flight" response of adrenaline is a potent modulator of the immune system's response to its environment.

Further examples of the effects of the nervous system on the immune system is the link between the dominant half of the brain and auto-immune diseases.

Other important aspects of the way the brain can affect the immune system have been the different effects on the immune system of damage to the right half of the brain compared with damage to the left side.

CLOSE LINKS BETWEEN THE NERVOUS AND IMMUNE SYSTEMS

There's abundant scientific and medical evidence to show that the nervous system and the immune system are closely inter-related.

Specific chemical substances are produced by the brain, and the nervous system, which have an influence on the cells of the immune system.

These include hormones secreted by the nervous system which attach themselves to the lymphocytes. Other chemicals produced by nerve cells include neuropeptides which have a similar action on the immune system.

It's by these means that stress acts in producing illness, cancer, increased susceptibility to infectious diseases and auto-immune diseases, allergies and sensitivities to foods and chemicals.

Stress is known to induce disease in animals as well as in humans. Experimentally, animals have been shown to have an increased incidence of cancer and infectious diseases when placed under various stresses.

Stress is known to adversely influence both cell-mediated immunity and humoral immunity. Cell-mediated immunity is the immunity provided by the cells of the immune system.

These cells have numerous functions including trapping bacteria and viruses and the memorizing and recognition of foreign substances. Also, the production of messenger-like substances which convey important information to other immune cells is an integral function of the white cells. Other immune cells kill off bacteria, viruses and cancer cells when they form. These cells are called "Natural Killer Cells" (NK Cells)

Humoral immunity is the immunity provided by antibodies in the bloodstream. These antibodies are produced by specialised cells of the immune system called plasma cells. The antibodies are produced against a virus. For example, when the HIV virus comes into contact with plasma cells these cells are triggered into producing huge amounts of specific anti-body to the HIV virus.

Antibodies, plus immune cells, are usually sufficient to eliminate viruses. In the case of AIDS, the virus makes its home in the T-lymphocytes and eventually kills them.

PERSONALITY IS AN IMPORTANT FACTOR

Personality also appears to play an important role in the development of diseases including heart disease, cancer, auto-immune diseases and allergic disorders.

This is also true for the emotions and immune functioning. It therefore behoves the astute, and cautious, individual to pay attention to behavioural intervention at any level of a disease process in order to prevent its development. Once a disease has become established, behavioural intervention will improve the prognosis.

There are various ways of conditioning the immune system. These include hypnosis, relaxation therapy and meditation. Meditation appears to have the most profound influences upon physical, mental and spiritual functioning in both the short and the long-term.

EMOTIONAL SUPPORTIVE TREATMENT

It's interesting to see the development of lay support groups for cancer victims and other patients with severe debilitating or terminal diseases. AIDS is no exception.

These groups have years of experience helping the sufferers of various diseases by applying diet, meditative processes and emotional support to their healing.

Several scientific papers (see the bibliography at the end of this book) have been published which show the relationship between one's emotions and the immune system.

These papers prove to be another strong argument for so-called 'whole person' health care -- so pertinent to the AIDS problem. Sadly, it's obvious importance to the AIDS' experts is overlooked in favour of complicated, high-tech solutions -- so far doomed to failure.

DEPRESSION LOWERS THE IMMUNE SYSTEM

Some medical studies on bereavement have shown that many widows, surveyed within six weeks of the death of their spouse, had poorly functioning lymphocytes. Also, the spouses of women dying of breast cancer have been shown to have a reduced immunological capacity and this is a result of the onset of severe depression. In other words, severe depression can induce, or cause, a reduced immune capacity.

Medical students under stress, at examination time, have been shown to produce fewer antibodies. Another example of the mind's influence

on immune capacity. It's at this time that they become more susceptible to infections. This is a direct result of stress at examinations.

Other studies have shown that women diagnosed with breast cancer will either do very well or very poorly. This is determined by her initial psychological reaction to the diagnosis of the breast cancer.

Another extremely long study, over 17 years, of more than 2,000 middle-aged men, found that those who were depressed at the outset of the study, were shown to have twice the normal rate of developing cancer and dying than those who were not depressed.

HOW CHRONIC STRESS EFFECTS DISEASE

It's also been shown that other diseases, for example streptococcal infections, glandular fever, and auto-immune diseases, such as rheumatoid arthritis, are also influenced by chronic stress of an emotional nature.

Chronic stress is related either directly, or indirectly, to immune dysfunction (abnormality). Chronic stress from any cause can, in turn, produce diseases, including those of the very sensitive nervous and immune systems.

Stress can either over-stimulate or suppress these systems. In time, this can result in an end-stage disease developing. In other words, if you're simply run down, you're more likely to catch the flu, a severe cold, or bronchitis than if you are 100% physically and emotionally well.

The outcome is more often determined by the individual's behavioural response to stress rather than by the stress itself. With meditation, and positive thinking, you can almost effortlessly alter your response to stresses in such a way that they can be extremely favourable.

Without this approach, there's very little hope that any therapy will work for the AIDS victim. In conclusion, we can state that a variety of manipulations, usually regarded as stressful, can modify the host's immunological mechanisms and thus alter the course of an infection or immunologically-based disease. This is the basis of the science of psycho-immunology.

TREATMENT BY EXERCISE

Exercise is very important for everybody. It's important not only to maintain your present degree of health but also to improve on that degree of health in the future. It's also a form of meditation if you're concentrating solely on your exercises.

In the case of an AIDS patient, exercise is sometimes quite difficult. I have had patients come to me who have virtually no energy with which to exercise. So run down are they that even the simplest of everyday tasks, such as dressing, walking and shopping are difficult to perform.

It's therefore very important to start moderate and graded exercise daily for short intervals. This exercise should be increased until approximately 20 to 30 minutes of moderate exercise is possible.

Those who find it difficult in the early stages to exercise because they're severely ill, find that the nutritional supplementation program -- including the Vitamin B and Vitamin C injections -- helps give them just that little bit of extra energy upon which they can base a minimal exercise program.

START WITH SOME LIGHT STRETCHING EXERCISES

For those with a little more energy, I would suggest they start with some light stretching exercises, even Yoga. We certainly don't want to exhaust the AIDS individual with extensive exercise programs. This energy is better utilized for optimising gastrointestinal, immune, nervous and psychological functions.

Good health is largely a matter of careful balance. This is particularly so with regard to exercise and the AIDS patient. After Yoga or light stretching exercises have been commenced, stationary exercises, for example, the Canadian Air Force 5BX program can be instituted. It may take weeks to achieve this level but it's important to do so.

Walking and cycling are excellent. Jogging and swimming require more exertion and are not recommended unless the patient is fairly fit. Recreational sports, including golf and tennis, not only provide exercise but are a pleasant way of spending some time.

Whatever exercise is done, it should be enjoyable. Exercise has been scientifically shown to improve mood and reduce anxiety and depression levels over a six week period.

Usually it takes this time for the diet and supplementation therapy to start having an effect. Expect to start seeing some results after approximately six weeks.

Indirectly, the improvement in mood and the reduction in anxiety and depression given by exercise should give a further boost to proper immune functioning. Some people have also found that using warm, not hot, saunas can also help to improve their well-being.

HEAT THERAPY

The great classical Greek physician, Parmenides told his followers 2,000 years ago: "Give me a chance to create fever and I will cure any disease!"

Fever is one of the body's greatest defence mechanisms created by the increase in metabolic rate occurring as the result of infection.

The result of this higher temperature actually inhibits the growth of infecting viruses and bacteria. In fact, before the advent of penicillin and other wonder antibiotics, one of the treatments for syphilis was the production of fever.

The use of fever and heat in health clinics in Europe isn't only restricted to the treatment of infectious diseases. It's also used in the serious degenerative disorders including arthritis, leukaemia and cancer.

Methods of inducing fevers vary from drugs, vaccines (for example BCG -- the vaccine for tuberculosis) and exercise. But probably the best, and easiest, way of inducing fever is by using either a sauna or a Schlenz Bath.

In an AIDS' sufferer, or a patient with an impaired immune system, the use of drugs, vaccines and perhaps even exercise can be extra stresses best done without. The sauna is a steam bath developed in the Scandinavian countries which can induce a fever and produce profuse sweating.

Because of its large surface area, the skin can act as an eliminating organ -- particularly during sweating. In effect, this process results in the removal of many toxic wastes from the body. Owing to our modern life-style, the wearing of clothes and the distinct lack of physical exercise, reduces the skin's role as a cleansing organ.

Another effective method is the Schlenz Bath. This is a heating therapy without the production of sweat. It's simply the total immersion of the body in a bath of hot water -- hot enough for the patient to bear comfortably without risking being scalded.

It's best to start the bath warm and then add hot water at five to 10 minute intervals to slowly increase the temperature from an initial 95 degrees F. to 103 degrees F. In very sick patients, the temperature of both patient and the water should be monitored. The patient's pulse rate should not be allowed to rise above 140 beats per minute.

If there's any discomfort, the patient should be removed from the bath. If possible, the bath-time should be one to one and a half hours. Heat therapy can be performed simply and cheaply at home and should be done on a daily basis.

It's advisable to use heat therapies at a time when the patient can rest immediately afterwards. This should also be done on an empty stomach at least two hours away from meals and the bladder and bowels should be evacuated prior to treatment.

Another requirement is that fresh, filtered water or mineral water should be consumed before treatment -- at least two glasses before treatment and one or two glasses during therapy. The water should be at room temperature. Cold water will reduce the body's core temperature (deep temperature) and thus defeat the purpose.

It's also advisable that the patient perform deep breathing exercises during the sauna or Schlenz Bath. Long-term heat therapy can result in often remarkable improvements in the health and well-being of chronically ill patients.

THE LAYING ON OF HANDS - MASSAGE

There's no scientific or medical evidence to my knowledge that massage has any therapeutic effect on the patient. However, massage has been a part of human care since the Yellow Emperor of China first formulated the doctrines of Chinese medicine 5,000 years ago.

Massage, of one form or another, has been a part of every human community for centuries. It also forms a part of some primitive religious rites and rituals. The Chinese barefoot doctors have practised acupuncture and acupressure for centuries. Christ even spoke about the laying on of hands.

Mothers have stroked and manipulated the skin and flesh of their babies since antiquity. The higher apes and many animals perform actions on themselves and their kin which mimic massage therapy.

In my practice alone, the cancer patients who have intense daily massage do very much better than those who don't. In fact, a number of patients including those with brain tumours have gone into remission following the intensive application of massage.

Whole body Swedish therapeutic massage plus foot massage (foot reflexology) are recommended for all AIDS patients. How, and why, this works remains a mystery. Certainly, scientific studies are required into the effects of massage on the physiology and pathology of disease.

Practically speaking, the use of natural massage oils by a healthy and fit masseur is an effective way of achieving, and maintaining, health.

METALLO PROTEINS -- THE "DELIVERY BOYS" OF LIFE-SAVING TRACE ELEMENTS?

A new and exciting field of nutrient supplementation is being developed in my practice at present. This is the use of specially prepared Metallo Protein complexes which can be used to deliver certain specific trace minerals to organs and tissues requiring them.

This applies to both healthy tissues and organs as well as diseased ones. The early results of the use of these substances is exciting and promises to be an area of great promise.

AUTOGENOUS VACCINES

The preparation of vaccines from the patient's own body fluids and tissues is another area which promises to be of significant importance in restoring sub-normal immune function.

It appears that the use of these vaccines can actually improve Helper Cell numbers while simultaneously producing blocking antibodies to auto-immune antibodies in the patient. This work is still in its very early stages.

The significance of this chapter on powerful gentle therapies is that there are many effective alternatives to powerful, toxic drugs and chemotherapy, with their inevitable side effects, for AIDS patients.

There is a tremendous reservoir of inner strength waiting to be tapped by all -- if you only act on the advice in this chapter, in association with a caring, sympathetic doctor practising orthomolecular and nutritional medicine.

CHAPTER 7

"I believe miracles are a natural part of life. If I was helped, you may be too"

*"At first my friends had to carry me through the doors of the clinic I was so ill. Three months later, I was swimming, jogging and feeling the best I had in years." -
- 'Jason', 32, computer programmer.*

"JASON" is a 32 year-old computer programmer who beat the odds. He's still alive after being diagnosed as being AIDS-positive four years ago.

This account is a composite of several patients to preserve their anonymity and trust of the confidential relationship between a doctor and his patient.

This graphic account not only underscores the emotional hell an AIDS sufferer goes through. It's also a message of hope for others that orthomolecular medicine combined with alternative therapies of micronutrient supplementation, improved diet, meditation, relaxation and exercise can bring about a remarkable turn-around in what, for nearly all, is a bleak death sentence.

MANY HEALTH WARNINGS

"My health had been deteriorating for some time. Something was going wrong as far back as 1982.

There had been warnings on and off for a number of years.

Almond-sized lumps appeared in my neck. They would disappear and then reappear under my armpits.

These would come and go together with lumps in my groin.

Fleeting pains in my joints occurred. At 32, I was sure this wasn't part of the ageing process.

As an intelligent professional, I looked after myself, played tennis regularly and swam every morning.

But sore throats started to become the norm. Large areas of dermatitis appeared on my arms and legs.

This was angry, inflamed and it discharged a weeping yellow fluid. I would have days when I felt generally unwell with fatigue and malaise. On other days, I felt almost normal.

I developed a severe attack of gastroenteritis followed by an even more severe attack of genital herpes.

Bronchial infections became more frequent and, in early 1983, I developed a severe chest infection which was resistant to most antibiotics.

As a practising homosexual, I suspected it but couldn't face the facts until now.

So I took the AIDS antibody test. This proved to be positive. This meant that I was infected with the AIDS virus.

Not me, I thought. This can't be happening to me! What have I done to deserve this? I was in a turmoil of conflicting emotions.

I asked for the test to be checked. I waited with sinking heart for the results. But there was no mistake. I was definitely AIDS positive.

It also meant that, because I had been sexually active with a number of partners in the previous two years, I had possibly infected a large number of people.

These would include the female partners of my bisexual contacts as well as the many gays who frequented the gay bath houses and bars. The guilt I felt added to my depression. I was angry -- but at whom? The anger stayed inside.

CONTINUED HEALTH DETERIORATION

Another test was performed on my lymphocytes. This showed that the Helper Cell numbers were 600 per microlitre. This meant that my immune system was functioning reasonably normally and that my Helper Immune Cells were not being killed off by the virus -- yet. However, throughout the rest of 1983, my health continued to deteriorate.

I developed a dose of oral thrush, another attack of genital herpes and an attack of peri-anal herpes which caused extreme discomfort. I found it particularly hard to get accustomed to the oral thrush. This attacked the mouth and produced a white, cheesy coating on the tongue.

I started to lose my appetite and developed a fungal dermatitis on the back and abdomen. I found that I couldn't exercise to the same extent that I could six months previously.

I would get short of breathe and my muscles would ache. At the end of my tennis, I would fall in a heap. Sleep disturbances occurred and I became more and more depressed for no obvious reason.

I was extremely low in energy at times. This would even prevent me from working for days at a time. Eventually my energy levels fell to where I couldn't maintain permanent employment and I was forced to quit my job. I was too sick and at the end of my tether to even feel humiliated. By then, I was unable to even walk, let alone play tennis or swim.

THE WORST WAS YET TO COME

In late 1983, my tests showed a Helper Cell count of a little over 100 per microlitre. This terrified me but the worst was yet to come.

The doctors found a small, purplish lesion on my palate near my back teeth. This was diagnosed as Kaposi's Sarcoma. This meant I

now had full-blown AIDS. What was I to do? I stopped having sex with anyone -- including my 'lover' at this time.

I was told what my prognosis was. I was told at the infectious diseases hospital that 90% of people diagnosed as having full-blown AIDS die within two years of the initial diagnosis.

But I had been unwell two years prior to the initial diagnosis. How much time did I have? What could I do? Who could I turn to? Would the doctors help? Could my friends help? Could I help myself? What alternatives were there for someone in my situation?

The treatment they offered at the hospital included interferon and anti-cancer drugs. For example, chemotherapy with experimental anti-viral drugs was suggested. These were known to be ineffective and could even worsen my condition.

I was undergoing more and more tests. Full-blood tests, chest X-rays, CAT scans, and biopsies of the enlarged glands in my neck and groin.

While all this was happening, friends had passed on information about how I might be helped by some other form of medicine.

I had heard about herbalism, homeopathy, meditation, cleansing and fasting. I had heard about many other approaches to the maintenance of health. But had doubts about how effective they would be at my stage of AIDS.

At the hospital, they were not interested in my real health as much as they were in attacking and killing the virus.

I wanted at this stage to keep myself in as good a condition as possible until such time, should I survive, that a cure for the disease be found.

There were reports that some people with Kaposi's Sarcoma had been using these techniques to maintain their health.

SOME GOOD NEWS AT LAST

I was told about a doctor who was treating people with cancer with massive doses of Vitamin C by injection. He was having quite a lot of success with patients who had cancer, leukaemia, lymphoma (a tumour of the lymph glands) and other tumours.

I asked myself -- if it worked for cancer, why shouldn't it also work for AIDS and the sarcoma that I had developed? Sarcoma, is after all, is a cancer of the skin's capillaries.

This doctor was also looking after patients with respect to their diet

and giving them supplements including vitamins, minerals, and essential fatty acids, including non-specific immune stimulants. What is known is that some of these food factors are vital for optimum immune function.

I was told that herbs were also used to cleanse the body. Also, that some specific herbs were given in order to stimulate the immune system.

So, I started on my journey striving for better health. I went to some meditation and yoga classes. I found the meditation after a while to be extremely effective. I could relax and give myself a rest.

This, I hoped, would improve my immune system's functioning. At least, I knew it was relieving some of the stresses on my body. My mind changed. I felt as though I was going through a learning experience. I found my thoughts, and feelings, altered beneficially.

I also felt a change in my philosophical outlook on life. The visual imagery part of the meditation helped me to see myself, and my immune system, as something which could fight, and beat, the intruder. I felt better within myself.

I could see some of my later goals in life becoming clearer. Simultaneously with the meditation, I was going on short juice fasts, mainly carrot juice, celery juice and, when I could obtain it, beetroot juice. This is where my vitamizer proved invaluable.

Grape juice was another juice I tolerated very well -- particularly when my gastrointestinal tract was causing problems. It was during these fasts that I found some of my old energy returning.

These juices were continued for only short periods of time and they were interspersed with foods of a basically raw and vegetarian nature.

I tried to make all of the juices from organically-grown, pesticide-free foods. This is difficult to do because they're sometimes difficult to find in season.

However, my friends helped me to find them. It was shortly after this period of fasting, meditation and juices, I had received news of the death of a very close friend.

My condition deteriorated rapidly. I developed severe abdominal pains and diarrhoea and loss of appetite. I lost 21 lb (9 kilos) in weight. I couldn't eat.

At times, I felt it difficult to even sit up in a chair. My glands enlarged in the neck and groin and I developed more fungal infections on my skin.

DO OR DIE

It was at this stage that I thought that it's do or die! So, I decided to embark on the intravenous Vitamin C injections. I even felt too unwell to get myself to the clinic.

I needed two friends to carry me from the car into the clinic to lie me down. I was given a Vitamin C injection into the vein of my left arm. The elbow crease was found to be the most convenient place to inject.

The injection consisted of 30 grams of Sodium Ascorbate on the first day. There were no immediate benefits. Nothing. I felt disappointed but I persevered.

When I returned to the clinic on the second and third days, they increased the dose to 45 grams and 60 grams of Vitamin C.

Still nothing happened. By now, I was getting weaker and weaker and I couldn't tolerate anything by mouth. After the injections, I would feel terrible.

They appeared to bring on generalized aches and pains and headaches. The doses were increased to between 60 and 90 grams per day.

Continuing to be taken to the clinic, I required help with nearly everything that I did -- even to the point of being helped to bed and assisted out again.

On the eighth day, I felt like quitting more than ever before. But something was happening. The nausea was settling and was now only coming in waves.

The rumbling in my gut started to settle. But I still had diarrhoea and bouts of severe wind. Yet, for the first time in months, there was the unmistakable awareness of some peace in my intestines.

Then, over the next few days the improvement continued with the awful irritation, and churning in my gut, subsiding in such a way that I felt it was almost a miracle.

In fact, on the ninth day, I felt hungry for the first time in weeks. Until this time, all I could tolerate were carrot, celery, apple and pear juices. Now my hunger was returning, I felt able to eat a few tablespoons of steamed vegetables and yoghurt. This was just right so that I wasn't overloading my tender gut. On the tenth day, I returned to the clinic for my intravenous Vitamin C.

TURNING THE CORNER

The staff noticed a change in my eyes. They were bright for the first

time in months. I also smiled spontaneously for the first time, according to the sister-in-charge.

When I received my injection that day, I stood up from the couch feeling as if I wanted to walk out of the clinic and keep walking! I just felt so good to be alive again.

My energy levels had returned. It appeared as if the treatment could be working. Dare I keep hoping? By this time, I was able to take the vitamin and herbal supplements the clinic's doctor had prescribed.

They also added mistletoe injections and some Vitamin B injections to my program. By the end of one month on this treatment, I was feeling vastly improved. No longer did I feel at death's door.

True, I still didn't have the energy to swim. But I could walk. And, I could walk for longer than at any time over the past three months without feeling tired or drained of energy like a spent battery.

I was eating again and had gained a few pounds in weight. I still felt repulsed by the vile appearance of the oral thrush -- although it seemed to be less severe.

The clinic's doctor gave me an anti-fungal drug called Nizoral. This is also called Ketoconazole. One tablet a day wasn't enough. I needed two. The thrush then finally began to disappear.

Because my glands were still enlarged, it was decided that I needed mistletoe injections over the problem areas. After another two weeks on the mistletoe injections, there appeared to be some improvement in my enlarged glands.

I felt heartened that they were definitely getting smaller day by day. Blood tests also confirmed an improvement in my immune function.

My lymphocyte ratio was again increasing. My Helper Cells had also increased to over 200 per microlitre. I was starting to feel as though there was some light at the end of the tunnel.

I continued on the intravenous Vitamin C -- daily if necessary to keep my energy levels up. Eventually, my injections were reduced to alternate days.

MASSIVE DOSES OF ORAL SODIUM ASCORBATE

During this time, I was taking large doses of Sodium Ascorbate, mixed with Ascorbic Acid, as much as possible.

By large, I mean a level teaspoonful every one to two hours, depending on how I was feeling -- and, of course, what my gut would tolerate. I didn't want to get myself into the situation of suffering from side-effects such as severe wind and diarrhoea.

It could be useful to explain here why Sodium Ascorbate is combined with Ascorbic Acid. Most people in my situation prefer Ascorbic Acid because of the enhanced feeling of well-being it gives.

But in large amounts, it can eat into your teeth enamel. This isn't the case with Sodium Ascorbate. Hence, the virtue of combining them.

WHENEVER I FEEL LOW ...

Whenever I felt low, I would take it every half-an-hour until my bowels would rebel. On the average, I would estimate that I was taking it at least every two hours of my waking day.

If I woke at night, I would take a dose. In fact, at times I would purposefully wake myself early in the morning and take a dose in the hope that I would wake up feeling better than if I hadn't.

This appeared to work well. The injections were reduced from alternate days to two or three times a week. I started to eat more and had the feeling, and desire, to start swimming again.

After two and a half months on the treatment, I embarked on my old early morning swimming routine of half-an-hour and felt even better than before. If I didn't overdo the swimming, I would feel as if I had enough energy to do a day's work.

I would conserve this energy. Day by day, I found I could increase the amount of activity I was doing, but still I didn't expend all my energy. By the third month of the Vitamin C injections, I felt enough energy had returned for me to resume tennis.

A DISAPPOINTING SET-BACK --

STRIKE THREE BUT STILL NOT OUT!

I felt good but tired after the end of my first tennis match. Then, crash! The disappointment of another chest infection. This was again diagnosed as bronchitis and I was given an antibiotic.

This caused a severe rash. Another attack of herpes and down I went. No energy, lifeless, listless and with no appetite. So, again, I found myself in a pathetic state. Severe bowel disturbances began to plague me again. I felt in the pits.

More purplish Kaposi's lesions appeared on my arms and trunk. Oh God, I thought, this is the end! There's nothing that will help me now!

I became confused and brain fatigued. The depression which set in was the heaviest I had ever experienced. I didn't know what to do next.

VITAMIN C HELPS ME TURN THE CORNER AGAIN

Well, the only thing to do was to go back to the Vitamin C with doses even bigger than before.

It didn't take long before I was back on the road to recovery again. Within two weeks, I was starting to feel my old self again.

I started a general cleansing program, including the use of herbs to clean out any parasites in the gut.

I was continuing with my resolve to kill the gastrointestinal Candida. To do this, I added Acidophilus in a powder form. I took a teaspoonful of this three times a day before meals.

This is one of the goodies amongst the germs. It naturally lives in the bowel and suppresses the growth of disease-causing bacteria such as Candida. Acidophilus is naturally found in yoghurts as one of the bacterial agents responsible for acid production.

I also took garlic because it has a good reputation as an anti-fungal agent. By this time, my diet had become very strict.

Commonsense dictated that I stay on a very strict yeast-free diet. This meant having nothing whatsoever to do with yeast -- no bread and certainly no beer or wines, Vegemite, cakes, biscuits, pastries and the like were forbidden.

In fact, even fruit was restricted because of the presence of fruit sugar which would allow yeast growth.

Again, there was a dramatic improvement in my condition. Once more, the Kaposi's lesions started to fade and my glands diminished to near-normal size.

I continued for another four months and found that my immune system continued to improve. This was confirmed by the doctor's blood tests. He seemed as delighted as I was.

I HAVEN'T LOOKED BACK SINCE

I haven't looked back since. I continue with my diet, my imagery, my meditation, vitamin supplementation and Vitamin C program.

I believe that I'm not allowing the virus to take hold. I am giving my immune system, and every other system in my body, the optimum support for optimum functioning.

I believe that I have beaten this killer disease. I believe I still have the virus in my system but now it's under control.

I'm still alive more than four years after my diagnosis was first made. I now have no symptoms. I should have been dead two years ago.

I have friends who have undergone the same sort of treatment. They are also doing very well. One of them has had a number of attacks of Pneumocystis pneumonia. Each attack becomes less and less severe, requiring much less treatment.

The Pneumocystis pneumonia is usually very severe and can cause death quite rapidly. But Vitamin C and dietary changes are being used increasingly by more people with immunological disorders.

The thing is that Pneumocystis pneumonia by itself isn't a killer. Rather, the body's immune system is so weakened by the AIDS virus that an opportunistic organism, such as Pneumocystis, can result in death within a few days.

I wish I could stand up on top of the world and shout out the news to everybody. I believe this is the answer. At least for the time being.

This is definitely the answer to stop AIDS from taking lives. It's probably the only answer we will have for a long time to come. I believe miracles are a natural part of life. If I was helped, you may be too."

CHAPTER 8

How to reduce the risk of
infection; Things to remember;
The elimination of Kaposi's
Sarcoma; Recommendations to
the healing professions -- The
physician's attitude

"It therefore behoves the conscientious physician to also become an educator, motivator and sympathetic healer if the patient is to do well."

*Dr. Ina Williams,
Melbourne, 1987.*

The major thrust of any campaign to prevent the spread of AIDS must lie in an effective education program aimed at all levels of the community -- particularly high risk groups.

The main aim of a prevention campaign is to stop the spread of the virus from one individual to another. Because it's known that the virus is spread by both heterosexual and homosexual contact, and by infected blood products, it's recommended that safe sex practices, including the use of condoms, always be adopted.

The other important aspect is the avoidance of infected blood products by drug users making sure they use sterile needles and that they don't share their needles with others.

Another preventative measure is the maintenance of a healthy, and optimally-nourished immune system. This applies to the entire world population. The sooner a start is made, the sooner the benefits will be reaped.

THINGS TO REMEMBER.

Extensive experience with AIDS so far indicates that the disease isn't spread from one person to another through any form of casual, non-intimate contact. However, recent evidence suggests that the virus may infect the Langerhans' Cells of the skin. Direct blood to skin contact is a transmission method should the skin be weakened or diseased in any way.

What is certain beyond a shadow of a doubt is that AIDS is transmitted through direct blood-to-blood contact or by unprotected intercourse. Direct contact with other body fluids of an infected person also may increase the AIDS risk.

Based on this information, there are precautions which can be taken by the general public and also by those in special risk groups to eliminate, or reduce, the risk of contracting AIDS:

1. There are several precautions to avoid transmitting AIDS. Think about them. Work out how they apply to you. Don't rely on others to stop the virus.
2. If you, or your partner, have homosexual or heterosexual contact outside your regular relationship, make sure it's safe. Avoid exchanging risky body fluids. Better still, maintain a monogamous relationship.
3. If you use intravenous drugs, don't share needles or syringes (boiling doesn't guarantee sterility) and make sure that any sexual contact you have is safe.

4. Correct use of a condom during sexual intercourse will reduce the risk of spreading the AIDS-related virus.

5. Condoms have often been used incorrectly. To make sure you're using them correctly, read the instructions provided, or contact a health agency.

6. Don't share toothbrushes, razors or other personal items that could become contaminated with blood.

7. Health workers, laboratory personnel, funeral directors, ambulance drivers, police and others whose work may involve contact with bodily fluids should strictly follow simple safety precautions to minimize exposure to AIDS, hepatitis B and other diseases.

8. Those who are at increased risk of AIDS shouldn't donate blood, plasma, body organs, sperm or other tissue.

9. Women who have had positive antibody test results should recognize, if they become pregnant, that their unborn children are at increased risk of getting AIDS. Antibody-positive women should be advised not to have children.

10. Carefully manipulated confidentiality is vital to gaining the confidence, protecting the rights and caring for people who are at increased risk of AIDS-related virus infection.

11. Men, women and children infected with the AIDS-related virus are entitled to the same rights as all other citizens. There's no real reason to deny the same rights as all other citizens. There's no reason to deny education, employment or appropriate services.

THE ELIMINATION OF KAPOSI'S SARCOMA

In my experience, the lesions of Kaposi's Sarcoma can be suppressed and, even in some cases eliminated, by the use of ascorbate. This has been substantiated by other medical workers using megadoses of Vitamin C.

This can be done despite the fact that the Helper/Suppressor T-Cell ratio may remain at very low levels (0.2).

The Kaposi's lesions can reoccur following a cold, Herpes simplex or influenza -- or for that matter any stress for which the ascorbate levels are inadequate to cope.

Again, we insist that the patient must aim for high doses of ascorbate. This may mean taking a level teaspoon every half-an-hour of the day and perhaps at night as well.

It's probable that, in those patients who can eliminate the Kaposi's

Sarcoma with Vitamin C, the phenomenon isn't a manifestation of the virus infection itself.

Rather, it's a manifestation of secondary changes to the patient's immune system and biochemical functioning, with the development of unknown factors secreted by traitorous lymphocytes subtly stimulating the Kaposi's growth.

We all agree that AIDS is associated with a virus -- but it may no longer be active in AIDS cases. Various later manifestations of the AIDS syndrome are caused by secondary changes to the immune system -- plus secondary and opportunistic infections, and in particular, Candida.

It's generally known that the initial viral infection damages the immune system's cells -- but I believe that the full syndrome of AIDS only develops after a series of stages have been successfully completed and passed.

These stages include the development of abnormal biochemical reactions, the development of abnormal antibodies to the cells and tissues of the immune system -- and perhaps even the further development of other antibodies to these antibodies causing unusual complexes to appear in the system.

Early intervention with nutritional therapies can be shown to definitely blunt the cutting edge of the AIDS disease by blocking some of the immune system's transitory stages.

THE PHYSICIAN'S ATTITUDE

The importance of the physician's attitude is often under-estimated. The attitude perceived by the AIDS patient comes a close second to the therapy itself.

This is because AIDS patients are frequently frightened and desperately lonely people -- mixed-up and craving being treated like human beings with some TLC -- Tender, Loving Care.

The last thing they want is a judgmental approach from a stern-faced, white-coated medico echoing the wrath of God on moral wrongdoers!

Furthermore, the instilling of a positive sense of self-esteem plays a vital role in inducing a rapport which in turn optimizes the beneficial effects of the Vitamin C and micronutrient therapy -- along with the patient following the treatment guidelines of proper diet, relaxation and exercise.

How can AIDS patients get the most from their meditation when they have a poor self-image aggravated by their doctor?

An interview with one of the treating physicians at the Brighthope Clinic, Dr. Ina Williams.

"At the beginning of February 1986, Dr. Ian Brighthope, told me he had an AIDS patient suffering from Kaposi's Sarcoma diagnosed in the United States the previous year.

"The patient had been treated with high doses of Vitamin C. Dr. Brighthope asked me if I would be willing to give him injections. I agreed.

"It didn't enter my mind to say no. But I have since heard that there are quite a number of doctors, male and female, who won't treat HIV-positive patients.

"This patient came to us not only with Kaposi's Sarcoma but with very severe diarrhoea. A sigmoidoscopy (a bowel examination using a lighted, telescopic instrument) showed that he had colonic ulcers - - ulcers in the bowel. Intravenous Vitamin C was called for because he couldn't tolerate it orally.

"There was no change for two weeks. But, in a month, he was looking and feeling better. A highly intelligent man, 'Henry' is a lecturer at Australian and American Universities. I was impressed by his remarkable knowledge about AIDS. He knew far more than I did at the time and proved to be a catalyst for me to better inform myself.

"In America, 'Henry' had been given high doses of Vitamin C, in the realm of 30 grams daily. When first seen, he was on a macrobiotic diet and had a very positive mental attitude. We gave him 30 grams of Vitamin C every day. He was also given Vitamin B and mistletoe injections. He continued to improve quite markedly.

"I don't find it difficult to get on with patients and was so able to form a good rapport with him. I have since learned that this is extremely important with AIDS patients. They are usually young men under incredible stress with a frightening fate facing them -- an allegedly incurable disease.

"They have been imbued with a sense of doom, a paralysis of fear, a dread of tomorrow -- with all they have been told, read and seen by media scaremongers trying to sell newspapers and boost TV ratings.

"Of the patients we have, I feel the ones who have a tertiary education and a higher intellect who tried to learn everything about their disease have a far better prognosis. They are far more positive in

their approach to AIDS. They are also more compliant with their medical management.

"It therefore behoves the conscientious physician to also become an educator, motivator and sympathetic healer if the patient is to do well."

Dr. Ina Williams, 1987.

CHAPTER 9

Self-help advice -- Specifics of
Dr. Ian Brighthope's
supplementation program/ how to
simply and effectively meditate/
For your physician -- How to
administer intravenous Sodium
Ascorbate (Vitamin C)

"We have to date not had a single death amongst our patients with full-blown AIDS who have continued on the Vitamin C and Nutrition Program." - Dr. Ian Brighthope.

THE SPECIFICS OF Dr. IAN BRIGHTHOPE'S MICRONUTRIENT SUPPLEMENTATION PROGRAM:

1. **Diet, rest, meditative techniques and positive imagery** -- which are all vital for immune stability.
2. **Vitamin C:**
 - . Ascorbic Acid, or Sodium Ascorbate, orally to fill and flush. Up to 10-20 teaspoons per day.
 - . Intravenous ascorbate, daily or three times a week. (Up to 150 gm per day. Maintenance -- the usual dose is 30-60 gm.)
 - . Care for tooth enamel with Ascorbic Acid.
3. **Vitamin A:**
 - . 20,000 I.U./day or
 - . Micellised Vitamin A, 4 drops twice daily.
4. **Vitamin E:**
 - . 500-1,000 I.U./day.
 - . Micellised Vitamin E, 1 ml. twice daily.
5. **Selenium:**
 - . Sodium Selenite drops.
 - . 200-1,000 mcg/day (*1) of elemental Selenium.
 - . Monitor blood levels monthly.
6. **Vitamin B-complex:**
 - . 50-200 mgm (*2) three times daily.
7. **Calcium Pangamate:**
 - . 50 mgm three times a day.
8. **Zinc/Magnesium/Manganese Complex:**
 - . 30-60 mgm. elemental Zinc per day.
 - . Biozinc (Blackmore's) 1 twice daily.
9. **Evening Primrose Oil:**
 - . For Gamma-Linolenic Acid 1,000 mgm, three times a day.
10. **Pancreatic Enzymes:**
 - . One to two with meals, 1 tablet containing pancreatin, 4 NF. 400 mgm.
11. **Echinacea:**
 - . 1500 mgm, twice daily.
12. **Viscum album (Mistletoe):**
 - . 0.1-1.0 ml by subcutaneous injection on alternate days.
13. **Thymus extract:**
 - . One tablet three times a day.

14. **Lactobacillus acidophilus tablets or powder:**
.Ten tablets three times a day for three days, then one or two tablets three times a day.
15. **Nystatin:**
.500,000 I.U. -- 1-2 three times a day, indefinitely or Ketoconazole as follows ...
16. **Ketoconazole:**
.200 mgm, 1-2 daily for two to four weeks. But beware of kidney or liver problems.
17. **Garlic or Garlic extract:**
Japanese Kyolic garlic is superior
.One three times a day.
18. **Pao D'Arco Tincture:**
.Four to six drops, three times a day.
19. **Juices: Beetroot and Carrot:**
.One to two 7 oz. (200 ml) glasses of each daily.
20. **Metallo Proteins:**
.Ten mls, three times a day of liquid form. Ten drops, three times a day of the concentrated form.
21. **Licorice root extract:**
.2-5 mls. three times a day.
22. **Homeopathics:**
.Zincum iodatum.
23. **Aged Aloe Vera juice:**
.50-100mls. per day.
- *1 mcg = a microgram. That is, a one-thousandth part of a milligram -- or a millionth part of a gram.
- *2 mgm = a milligram. That is, a one-thousandth part of a gram.

• **Vitamin C Suppliers:**

Intravenous Sodium Ascorbate in bottles of 15, 30 and 1,000 gram quantities can be obtained from:—

Drs. Glenn and Ian Dettman,
Orthomolecular Medi Search,
Oakleigh Pathology Laboratories,
9 Rogers Street,
MENTONE 3194.
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HOW TO SIMPLY AND EFFECTIVELY MEDITATE:

TO elaborate on the previous discussion in Chapter 6, meditation is a simple process. All it requires is time and discipline. You only have to prepare yourself and decide the time, and place, where you will regularly meditate.

Select a quiet room and use the same place each time for your meditation. The bedroom is ideal. Lock the door and either take the telephone off the hook or turn the bell down. Make sure that you're not distracted by anyone or anything. The room must be very, very quiet. It's very important to select the same time every day to meditate.

Choose a chair which **isn't** comfortable. The best is one in which you're sitting without back support. You're thus unlikely to fall asleep.

The best time is early in the morning and late in the afternoon. That is, you must meditate twice a day. Each time you meditate, it should take 20 to 30 minutes -- therefore you will be meditating for 40 to 60 minutes daily to start with.

When you become more familiar with the routine, you will naturally increase your meditation time. It's possible to meditate for six or more hours a day. This may be necessary for some AIDS patients.

You must carefully prepare yourself for each meditation session. It's better to meditate before a meal than after. Experienced meditators find that an empty stomach is more conducive to the true meditative process.

If you need to attend the toilet for any reason, then do so. There's no point in meditating with a bowel that's noisy and wanting to empty itself.

Be comfortable. Wear loose clothing but sufficient to keep you warm in winter. Sit perfectly quietly on the edge of the chair. Straighten the back and hold your head up. Attempt to emphasize the curve in the lower back as much as possible.

Your hands should be placed on your lap close to the knees. At this stage, you're ready to allow your thoughts to flow freely like a river while concentrating on your breathing.

A state of free thinking is the key to successful meditation. Don't worry about pleasant or unpleasant thoughts appearing. In time, your thoughts will change in a way that helps you meditate more effectively.

Just relax and let it happen. Breathe very slowly inwardly, and outwardly, through your nose. It's possible to reduce the amount of breathing to two or three breaths, or less, a minute.

Don't force yourself at all. I repeat -- the entire process is meant to be effortless. It's easy, it's simple and it works. But remember --- twice a day in the same place for at least 20 to 30 minutes. Don't expect immediate results or rewards. Make meditation a life-time practice.

FOR YOUR PHYSICIAN: HOW TO ADMINISTER INTRAVENOUS SODIUM ASCORBATE [VITAMIN C]

Large doses of Sodium Ascorbate can be safely administered by any competent physician or nurse. In my clinic alone, we have administered more than 60,000 Vitamin C infusions without a single complication. In most cases, there has been marked clinical improvement -- sometimes dramatic.

It's been used for, and effective in, nearly every known human condition from cancer to burns, behavioural disorders, psychiatric problems, arthritis, inflammatory and auto-immune diseases.

It appears to be most effective in acute viral illnesses and the post-viral syndrome. Several health workers in Australia and the United States have been using intravenous ascorbate in the successful management of AIDS and HIV-positive patients.

We haven't so far had a single death amongst our patients with full-blown AIDS who have continued on our Vitamin C and nutrition program. At the end of this section, I will detail the actual preparation of this fluid for intravenous administration.

It's administered usually via the antecubital veins at the elbow crease because of their easy accessibility. For acute illnesses, including AIDS, the ascorbate is given intravenously on a daily basis for 5 to 20 days -- or until such time as clinical improvement occurs. This is usually 10 days but, in some cases, this may extend for one or two months.

The dose given ranges between 10 to 30 grams per day -- although for extremely sick cases, we give 60 to 120 grams per day intravenously. This high dose is attained gradually, increasing the amount by 15 grams a day.

After clinical improvement occurs, the dose is maintained at 15 to 30 grams daily. During this time, maximum optimal oral doses are

also used -- Sodium Ascorbate being the preferred form of Vitamin C, although Ascorbic Acid seems to be slightly superior.

At the same time as the intravenous ascorbate is administered, an intramuscular injection of the B-complex vitamins is also given. This contains 100 mgm of each of the B-group vitamins, 1,000 mcg of vitamin B12 and 15 mgm of folic acid.

The equipment required for the intravenous administration is minimal. A tourniquet, alcohol skin preparation swabs, a 23 gauge winged infusion set for intravenous puncture, and a number of 25 or 50 ml syringes with drawing-up needles (disposable), cotton wool and adhesive tape.

The intravenous Sodium Ascorbate can be mixed-up into 50 ml, 100 ml or 1,000 ml quantities. The amounts, of course, depend on the number of patients the physician is treating. The ascorbate is injected through the winged infusion set after it's been inserted into the vein and secured on the arm.

We have found that the rapid intravenous injection of the ascorbate (up to 50 grams at a time) is both more effective and less inconvenient than if it's administered by a slow intravenous infusion. The injection can be given fairly rapidly with the concentrations of Sodium Ascorbate suggested below.

The concentration of Sodium Ascorbate is usually 15 grams in 50 mls of sterile, distilled water. This can be given over three to five minutes. It can be given a little quicker if the patient doesn't show signs of discomfort in the arm or slight dizziness.

If these problems occur, then the administration is given in a pulse-like manner. Two to five mls are given at a time with a few seconds pause between each.

The only real side effect is a heavy pain in the arm due to either vasospasm or the hyperosmolar nature of the solution. Sometimes, a severe thirst or a slight faint feeling will occur, particularly after the administration of unwarmed and large quantities of the Sodium Ascorbate.

Quite often an immediate feeling of well-being is experienced after the injection. Infrequently, some patients complain of feeling tired for the next 24 hours.

This fatigue may be related to the Chelating effect of the Ascorbate and the subsequent loss of some minerals. It's suggested that they have

an oral multi-mineral preparation containing calcium, magnesium and potassium administered daily.

The preparation of the bulk quantities of Sodium Ascorbate for intravenous injection is also fairly simple. Any laboratory with a laminar flow cabinet can prepare it.

The Sodium Ascorbate is placed into 100 or 1,000 ml bottles. That is, 30 gm or 300 gm respectively. To this is added, 2 ml. or 10 ml of Ethyl Alcohol and 100 or 1,000 ml of sterile distilled water.

This mixture is allowed to totally dissolve and is then filtered through a millipore bacterial filter (0.2 micron) into a sterile, stoppered glass container. The mixture is sterile and is free of particulate matter and can be stored in this way for two to four weeks in a dark refrigerated environment.

The testing of this mixture, both aerobically and anaerobically, has never revealed the presence of pathogenic, or non-pathogenic, organisms. From these bulk supplies the Vitamin C can be drawn up for the patient and the remainder replaced in the refrigerator.

When treating patients, warm the Sodium Ascorbate solution early in the morning to body temperature before administration. By obtaining such supplies, the physician doesn't have to concern himself, or his staff, with opening large numbers of small volume (1 or 2 ml) ampoules each time an HIV-infected person comes for treatment.

In summary, this chapter deals with the 'nuts and bolts' of self-help, that's practical and cheap and which can be done almost anywhere -- the most important requirement is having the know-how and the right mental attitude for best results.

CHAPTER 10

Quick-Find "A to Z" glossary of key words and phrases

"There is one thing stronger than all the armies in the world, and that is an idea whose time has come." -

- Victor Hugo.

ADC (AIDS DEMENTIA COMPLEX): This is a progressive dementia characterized by a loss of memory and concentration ability with retardation of both psychological and physical functions including muscular strength and co-ordination.

AIDS RELATED COMPLEX (ARC): The AIDS Related Complex is a collection of symptoms plus abnormal blood tests in an individual infected with the AIDS virus but who has not developed full-blown AIDS. The symptoms are fatigue, night sweats, enlargement of glands for more than three months, greater than 10% weight loss, fevers lasting more than three months or diarrhoea. The abnormal blood tests in the ARC include reduced Helper Cells and increased serum globulins (a special protein in the blood).

AIDS' CARRIER: A person who is infected with the AIDS virus and who has antibodies to it in their blood -- but who is clinically well.

AIDS: Acquired Immune Deficiency Syndrome. In all the millions of words written in the media, often overlooked are its three major effects. 1: The suppression of the immune system. 2: The production of cancers. 3: Brain disease. AIDS is a virus which is technically called the Human Immuno Deficiency Virus or HIV. It's also known as the Human T-Lymphotropic Virus 111 -- or HTLV 111. Whichever name is used, the effect is just as potentially deadly. The virus infects the cells of the immune system and the white cells of the bloodstream. All of them have specific functions in the immune system as their names suggest. The T-lymphocytes are invaded and killed by the AIDS virus. It appears that the Helper and Suppressor Cells are those most susceptible to AIDS damage and these are the cells which are first depleted in the disease.

ALLERGEN: A substance which causes an allergic reaction. For example, a pollen grain, a food protein or a bacterial toxin. Allergies can also produce malabsorption. In the AIDS patient, it's extremely important to eradicate all forms of malabsorption and help in digestion by using enzymes and proper diet.

AMES C STIX: A commercial product which measures the amount of Vitamin C in the urine by dipping a color test strip into the urine and observing the color change.

AMINO ACIDS: These are the basic building blocks which, when joined together in large numbers, form proteins. Proteins are

important constituents of the diet. The amino acids from dietary proteins are used to build antibody proteins by the immune system.

ANTECUBITAL VEINS: Those veins in the elbow crease used for administering intravenous Sodium Ascorbate (Vitamin C).

ANTI-FUNGAL AGENTS: These are antibiotic-like substances used to kill yeasts and fungi in the body. The most common yeast problem in AIDS is Candida. The common anti-fungal agents used include Nystatin and Ketoconazole. Candida causes Thrush of the mouth, vagina and bowel and can be extremely persistent.

ANTI-OXIDANTS: These block the effect of harmful oxidizing free radicals on the cells of the body and include Vitamin C, E, Beta Carotene, selenium and a number of enzymes including SOD. They mop up free radicals caused by infections and neutralize them. For example, Hydrogen Peroxide which can produce free radicals is destroyed by an enzyme called Catalase. Antioxidant nutrients are often found to be deficient in our diets and supplementation is therefore necessary.

ANTIBODIES: Specific substances produced by the plasma cells in the bloodstream. These plasma cells themselves are a product of the immune system. Antibodies attach themselves to viruses and inactivate and remove them from the blood.

ANTIGEN: An antigen is a substance foreign to the body which, when it enters the body, stimulates the production of antibodies by the white blood cells. Antigens are usually complex molecules such as proteins and include vaccines, bacteria, viruses, pollens, food allergens and so on. The protein coat of the AIDS virus is an antigen. There are many antigens on the surface of the Thrush or Candida yeast. Antibodies to these antigens can be found in patients infected with them.

ARC: AIDS Related Complex.

ASCORBIC ACID: An alternative name for Vitamin C (See Vitamin C).

ATAXIA: Difficulty in walking. This occurs when the brain is damaged by a stroke or by the dementia caused by AIDS.

ATROPHY: The shrinkage of a tissue or organ because of disuse or lack of exercise and nutrition.

ATTENUATION: The deliberate technical weakening of a virus in the production of vaccines.

ATYPICAL: An uncommon disease or symptom. For example, atypical pneumonia is a form of pneumonia which is unusual.

AUTO-IMMUNE: A self-destruction phenomenon in which the HIV virus first infects the Helper Cells of the immune system. The virus then instructs other cells to produce antibodies to attack the Helper Cells. It thus tricks other cells of the immune system into believing that these cells are foreign and must therefore be destroyed. In effect, it's the self-destruction of the immune system by auto antibodies.

BETA CAROTENE: This is the yellow substance in carrots and other vegetables which is converted in the body to Vitamin A. It's an antioxidant and is essential for the immune system's proper functioning. A glass of carrot juice a day provides ample carotene in the diet.

BOWEL FLORA: The normal germs, and bacteria, present in the human large intestine. It is adversely altered by antibiotics and poor diet, essentially low fibre and high sugar diets. Such conditions promote the luxuriant overgrowth of Candida (Thrush.) The abnormal flora and Thrush produce toxins which are absorbed into the bloodstream and are harmful to the patient's overall well-being. Bowel flora can be replaced by consuming Yoghurt or Lactobacillus tablets.

CALCIUM: An essential mineral for the development of bones and teeth and it also plays a role in the normal functioning of the nervous and muscular systems. High levels are found in peas, beans, molasses and dairy products.

CAMERON: Dr. Ewan Cameron, a Scottish surgeon, whose discovery at the Vale Of Leven Hospital of the effect of Vitamin C on cancer brought him into collaboration with Linus Pauling. His main contribution has been an understanding of the value of Vitamin C in cancer treatment.

CANDIDA: This is a yeast infection. Candida is very allergenic. Its cell surface has many foreign proteins, some of which help in suppressing the immune system. Candida can be responsible for the onset of many allergy symptoms and auto-immune disorders. It lives in the mouth, vagina and bowel and is often difficult to eradicate - particularly if the patient's immune system is already compromised by the AIDS virus, nutritional deficiencies or allergies.

CAPILLARY: Capillaries are the finest blood vessels in the body. They form very fine beds in every tissue and organ. The

capillaries allow the transfer of oxygen and nutrients from the blood into these surrounding tissues. Then they take up waste products and carbon dioxide from them. The capillaries are lined by very fine cells. It's the cell lining of the capillary which becomes malignant in AIDS and forms the lesions called Kaposi's Sarcoma.

CARDIOMYOPATHY: A disease of heart muscle caused by many factors including alcoholism, viruses and selenium deficiency. The latter causes a fatal cardiomyopathy of Chinese children called Keshan Disease.

CATHCART: Dr. Robert Cathcart, an early advocate for megadose Vitamin C in AIDS.

CELL MEMBRANE: Vulnerable to damage by the AIDS virus, this membrane encloses the entire cell as if it were an envelope. It protects the cell and allows the inward passage of nutrients. These membranes contain receptors for hormones and other chemical messengers, receptors for antibodies, channels for the influx of nutrients and the efflux of waste from the cell.

CELLULAR IMMUNITY: The immune system consists of two components - cells and antibodies. The cells of the immune system are responsible for cellular immunity and include the Helper Cells, the Killer cells, the Memory cells and all of the other specialized cells which help the body in detecting, attacking and eradicating viruses, bacteria, foreign proteins and cancer cells. The cells of the immune system are attacked primarily by the HIV virus.

CEREBOSPINAL FLUID (CSF): The brain's fluid coating. The brain floats in this fluid which thus cushions it against the hard skull. The AIDS virus has to leave the blood and enter the CSF before it can enter the brain and cause the AIDS related Dementia.

CEREBRAL ABSCESS: An abscess is a collection of pus and a cerebral abscess is a collection of pus in the brain. This can be caused by bacteria or, in the case of AIDS, by an organism shaped like a gondola called Toxoplasmosis. An abscess can cause paralysis, loss of sensation, disturbances of the special senses including sight and speech and eventually death if it becomes large enough.

CHELATING AGENT: A substance which attaches itself to a toxic heavy metal (e.g. mercury) in a claw-like way and removes it from the body. For example, Vitamin C can remove lead from the body.

CHROMIUM: A trace mineral essential for proper glucose metabolism, chromium is indirectly important for the immune system's metabolism. Rich sources include Brewer's Yeast, black pepper, liver, beef and beer. A chromium deficiency may be responsible for diabetes and hardening of the arteries.

CHROMOSOME: The chains of genetic material present in the nucleus of all living cells. The chromosomes carry genes which are the molecules conferring inherited characteristics from one cell to another. The chromosomes in the HIV-infected Helper Cells may become contaminated with genetic material from the AIDS virus itself. Control of the Helper Cell by its chromosomes is interfered with by the presence of the AIDS genes.

CILENTO: Lady Phyllis Cilento, M. D., an Australian advocate of Vitamin C therapy for viral illnesses for more than 40 years.

CSF: See Cerebrospinal fluid.

CYCLIC-AMP: An energy chemical found in all cells, particularly high in the brain. Low levels are associated with mental depression and Vitamin C deficiency. Vitamin C supplementation increases Cyclic-AMP and improves the associated depression.

CYTOPLASM: The protein-rich fluid making up the bulk of the inside of the cell.

DEMENTIA: See AIDS Dementia Complex.

DETTMAN: Drs. Glenn and Ian Dettman, advocates of the use of Vitamin C for a wide range of human diseases. They manufacture Vitamin C in bulk for intravenous injection and have thousands of testimonials to its effectiveness in combating infective and degenerative diseases.

DHA: Docosahexaenoic Acid -- an essential fatty acid from fish oils, important in modifying inflammation.

DIMETHYL GLYCINE (PANGAMIC ACID): An anti-oxidant and free radical scavenger found in the diet.

DNA: (DEOXYRIBONUCLEIC ACID): This is the chemical molecule which makes up the gene structure in the human cell. The long chains of DNA molecules joined together form the chromosomes in the nucleus. The other form of nucleic acid is RNA which forms the genetic material of the AIDS virus.

DYSFUNCTION: Disturbance of function of any bodily organ or tissue.

ECHINACEA (PURPLE CONE FLOWER): A herb traditionally used for treating infections. It's been shown that Echinacea contains chemicals which bind to the immune cells and cause them to divide and become activated. Echinacea also contains an enzyme which can inhibit harmful, inflammatory actions triggered by a sick immune system.

ECHINACOSIDE: An extract from the Purple Cone Flower which stimulates the immune system and thus helps to fight infection.

EFFICACY: The efficiency by which a medicine works.

ENCEPHALOPATHY: The AIDS Encephalopathy is characterized by a progressive dementia which has been called the AIDS Dementia Complex. It's basically a disease of the brain causing it to eventually shrink as a result of the destruction of the brain cells.

ENDEMIC DISEASE: This is a disease prevalent in certain areas of the world. It's a disease usually affecting the native inhabitants.

ENZYME: A protein catalyst which very effectively stimulates biological reactions to proceed at an extremely rapid rate. Enzymes don't change during these reactions but essentially remain the same. They require certain vitamins and minerals before they can function effectively. The important enzyme in the AIDS story is Reverse Transcriptase which allows the virus RNA to be converted to DNA. The DNA from the virus then penetrates the nucleus of the human immune cells. Other important enzymes are the antioxidant enzymes SOD and Glutathione Peroxidase which help to destroy chemicals harmful to the immune system (free radicals).

EPA: Eicosopentaenoic Acid -- an essential fatty acid from fish oils, important in reducing cholesterol levels and platelet stickiness. This reduction protects the heart from coronary occlusions.

EPSTEIN-BARR VIRUS: A virus associated with Oral Hairy Leukoplakia, a poor prognostic sign in AIDS cases. This virus is also known to cause lymphoma.

ERYTHROCYTE SEDIMENTATION RATE (ESR): This is a non-specific blood test in which the red blood cells are allowed to fall in a test tube and their rate of fall is timed. The higher the rate of fall, generally, the more severe is the illness. It's like a barometer and can give an indication of the degree of effectiveness of the treatment of a disease. For example, if the disease treatment is effective, a high

ESR will fall to a lower value. The normal value is less than 20 mm per hour.

ESR: See Erythrocyte Sedimentation Rate.

ESSENTIAL FATTY ACIDS: Components of the diet which are essential for life, they arise from fish oils, land plant oils -- for example linseed oil -- and also from animal fats. Those derived from plant oils and fish oils are usually safe and beneficial. The essential fatty acids from animal fats are harmful and produce damaging prostaglandins in the body.

EVENING PRIMROSE OIL: An oil from the Evening Primrose plant which contains an essential fatty acid called Gamma Linolenic Acid (GLA). This substance is important in many immunological actions in the body. It's effective for many allergic conditions including severe eczema, asthma and is of benefit in some auto-immune states.

FACTOR V111: This is a component of the blood. It's necessary for the normal clotting of blood. Factor V111 is deficient in haemophiliacs and is therefore the reason they bleed easily. Factor V111 has to be administered by an intravenous transfusion and, before adequate blood testing for the AIDS virus was available, it was contaminated by the virus. This was thought to be the means by which haemophiliacs have contracted AIDS. Factor V111 is now heat-treated and all blood is screened for the AIDS virus before being used. Thus, the risk of developing AIDS from a Factor V111 transfusion is zero. Synthetic Factor V111 should become available in the future.

FOLIC ACID: A member of the B-complex vitamin family, deficiencies of which can cause anaemia, disorders of the nervous system, malabsorption and reduced immune capacity. Folic Acid is found in green, leafy vegetables.

FREE RADICAL SCAVENGER: A substance, such as Vitamin E, which mops up free radicals.

FREE RADICALS: Highly charged atomic particles which can destroy cells of the immune system and every other system in the body. They are produced by chemicals, radiation, drugs and even by food allergies. They attack the lipids in the membranes of cells including the cell membrane itself, the nuclear membrane, the mitochondria and the endoplasmic reticulum. Anti-oxidants such as Vitamins C and E can destroy them.

GAMMA LINOLENIC ACID (GLA): An essential fatty acid found in high concentrations in Evening Primrose Oil, GLA produces anti-inflammatory prostaglandins (chemicals) to aid healing.

GARLIC: An undervalued common herb which is also a rich source of selenium from the soil. Garlic has virus killing properties, immune stimulating properties and is also a detoxifying and chelating agent.

GENETIC DRIFT: This is the ability of the genes (and proteins) of the AIDS virus to change so posing a tremendous challenge for those wishing to produce an effective vaccine.

GENETIC MAKE-UP: The exact sequence of genes present in the core, or centre, of the AIDS virus particle. It's also the exact content of genes present in the chromosomes in the nucleus of the human cell.

GLUTATHIONE PEROXIDASE: This is a selenium-dependent enzyme essential for the destruction of harmful peroxide free radicals. It's therefore an anti-oxidant enzyme. Not available in free form, or a tablet form, selenium's presence ensures proper functioning.

GLYCOPROTEIN: The biochemical combination of a protein with a specific sugar -- a gluey substance secreted by an AIDS-infected leukocyte.

HAEMOPHILIAC: A person who suffers from a lack of Factor V111 in the bloodstream -- this deficiency prevents the blood from clotting and haemophiliacs can easily bleed to death, or bleed into joints and internal organs. Factor V111 by injection prevents this.

HAIRY LEUKOPLAKIA: A pre-malignant condition of the tongue in which a thick, white hairy membrane forms on the upper surface of the tongue in AIDS victims. The presence of this usually means a poor prognosis. However, with Vitamin C, this isn't the case. Found inside the cells of the leukoplakia is the Epstein-Barr virus which is known to be associated with certain lymphomas.

HAPTEN: A small molecule which is normally harmless but when combined with a blood protein can cause an allergic reaction or an auto-immune reaction. Haptens are simple, chemical molecules and can be found in the air, water, diet and may include substances from tobacco, alcohol, chemical additives to food and even prescribed drugs or medicines.

HELPER CELLS: The Helper Cells are specialized lymphocytes (white blood cells) which act as the conductor of the orchestra of the

cells of the immune system. It tells the other cells who they are, what they shall do and how they will function. The Helper cell is the one most affected by the AIDS virus infection and falling numbers of Helper Cells indicate a grave prognosis. Once these cells are infected with the virus, they lose their ability to support and protect the immune system and to fight foreign invaders including bacteria, fungi, yeasts and other pathogenic or sickness-producing organisms. The numbers of Helper Cells are important in monitoring the patient's progress. Falling numbers indicate a worsening prognosis.

HELPER SUPPRESSOR RATIO: This is the ratio of Helper to Suppressor Cells in the blood. It should be approximately two. When the ratio falls below one, there's an increasing risk of opportunistic infections -- plus a deteriorating clinical condition. Below 0.2, it was thought that almost certain death would occur. This can be prevented by using adequate quantities of Vitamin C.

HEPATITIS B: A viral infection of the liver which is normally transmitted by blood -- or infected needles during intravenous drug abuse.

HERPES SIMPLEX: A virus which causes cold sores and genital herpes. An opportunistic infection in AIDS patients, it can become extremely serious and difficult to treat. Massive intravenous ascorbate is very beneficial.

HERPES ZOSTER (SHINGLES): Another opportunistic infection in AIDS patients, this is a virus which causes shingles or a severe and painful blistering rash on the face or trunk. It can spread extensively and is difficult to treat. Massive intravenous ascorbate is very helpful.

HIV: See Human Immuno Deficiency Virus.

HODGKIN'S DISEASE: A cancer of the lymph glands which can spread to the liver and spleen.

HOMEOPATHY: A system of medicine in which extremely dilute solutions of toxic substances are given. The toxic substance chosen to treat a disease is selected on the basis of its ability to produce the symptoms of the disease. However, in the dilute form, the toxic effects don't become manifest but reverse the symptoms of the disease. For example, onions cause watering of the eyes and nasal irritation. A homeopathic preparation of onions can be used to switch off these symptoms in hay fever.

HOT SPOTS OF VARIABILITY: This refers to the AIDS virus's protein coat which has areas that constantly change in composition. This means that the antigenic nature of the virus changes from time to time thus making it almost impossible to produce a vaccine which will be effective for future viruses.

HTLV 1V (HUMAN T-LYMPHOTROPIC VIRUS No.4): This is a new strain of the lymphotropic viruses and has been found on the west coast of Africa only recently. It may be associated with a mild illness but it doesn't cause AIDS. It may even be found useful in the production of vaccines.

HTLV 111 (HUMAN T-LYMPHOTROPIC VIRUS No.3): Another name for the Human Immuno Deficiency virus which causes AIDS. It means the virus attacks the T-lymphocytes of the human immune system. Viruses number one and two may cause disease. Virus number one is known to cause a form of human leukaemia.

HUMAN IMMUNO DEFICIENCY VIRUS (HIV): The latest name given to the virus causing AIDS. It was previously known as HTLV 111. It was first found in New York and San Francisco in male homosexuals, intravenous drug abusers and Haitian immigrants. The HIV is believed to be a mutated virus from one which infects the African Green Monkey. The virus doesn't harm this monkey. It's also been speculated that the HIV was synthesized in a laboratory and escaped -- a possible but unlikely explanation. The Human Immuno Deficiency virus attacks the T-lymphocytes of the human immune system thus causing their destruction. This results in severe immune deficiency and an inability to stave off even simple infections. The end result is severe immune deficiency with the immune system being overwhelmed by infections with the final result being death from pneumonia, septicemia or severe gastrointestinal infections.

HYPEROSMOLAR: A very concentrated solution.

IMMUNE STIMULATING AGENTS: Something which will stimulate, in whole or in part, the activity of the immune system.

IMMUNE SYSTEM: The body system consisting of cells, blood chemicals and antibodies which fights infections and eliminates abnormal and cancerous cells from the body. The immune system includes the lymph glands in the groin, neck and under the armpits. The tonsils, liver and spleen also play important roles in immune reactions. It's the failure of the immune system which eventually

causes the death of AIDS patients by allowing overwhelming infections to take over.

IMMUNO-SUPPRESSIVE: Any substance which suppresses or adversely affects the functioning of the immune system. For example, some drugs such as alcohol, tobacco, cortisone and stress - including accidents, surgery and burns.

IMPETIGO: One of the opportunistic infections occurring in AIDS. Impetigo is another name for the commonly occurring and highly contagious school sores. A skin infection caused by the bacteria staphylococcus or streptococcus, Impetigo appears as an inflammation of the skin with weeping sores producing a honeycomb-like crust on the surface.

IN VITRO: Refers to tests and studies done in the laboratory or test tube. Compared with in vivo which means in the living body.

INFLAMMATION: Any tissue response to injury which may be physical, chemical or infective. The inflammation seen around wounds is typical -- redness, swelling and pain are the main features. Inflammation is essential for the repair of tissues. However, if the cause of the inflammation persists and nutrition is poor, then the inflammation becomes chronic and harmful. The presence of inflammation in an AIDS victim can cause further suppression of immune function. Thus, all inflammations must be attended to quickly and effectively.

INTERFERON: A substance produced by the lymphocytes after they have been stimulated by a viral or bacterial infection. Interferon prevents the invasion of further cells by viruses and also inhibits the viral multiplication within human cells. While having been synthesized for clinical use, so far it's effectiveness has been poor.

INTERLEUKIN: A chemical substance produced by the cells of the immune system. It acts as a messenger between the various cells of the immune system. Interleukin 1 from one cell can stimulate another cell to produce Interleukin 11 and Interferon. Both are capable of influencing many other immune reactions. Interleukin 11 is known to stimulate the division of T-cells into many hundreds which then become infection fighters. It's believed that the presence of the AIDS virus in the T-cells prevents these chemical messengers from performing their normal tasks. Instead, the Interleukin may actually stimulate the division and replication of the virus inside the host cell. The result is T-cell death.

INTRAMUSCULAR INJECTION: An injection of medication given in a muscle. For example, Vitamin B or penicillin.

INTRAVENOUS (ABBREVIATED TO IV): The method by which solutions containing vitamins, minerals or drugs are administered directly into the bloodstream by a needle penetrating the vein. The veins used for administering intravenous Vitamin C are those in the elbow crease because they are easily accessible and large.

INTRAVENOUS NUTRITION: Intravenously feeding a patient with special sterile solutions of food.

IV: See Intravenous.

KALOKERINOS: Dr. Archie Kalokerinos, M.D., discovered the effectiveness of Vitamin C in the prevention of trachoma blindness, cot death and aboriginal morbidity.

KAPOSI'S PNEUMONIA: A serious pneumonia in AIDS patients in which Kaposi's Sarcoma invades the lungs thus causing pneumonia.

KAPOSI'S SARCOMA: This is a malignant tumour of the capillaries of the blood vascular system. It presents as purplish, flat, mole-like tumours in the skin and mucous membranes, particularly those of the palate. They enlarge and become darker in color and subsequently invade the surrounding, healthy tissue. The sarcoma can also involve the gastrointestinal tract and the lungs. Kaposi's Sarcoma usually occurs firstly on the limbs and trunk. It can also spread to the face and other tissues and cause obstruction of blood vessels. As a result, quite severe swelling can occur.

KETOCONAZOLE: An anti-Candida drug administered orally for cases of severe and difficult Thrush (Candida).

KLENNER: Dr. Frederick Klenner, M.D., has pioneered much of the work on the use of intravenous ascorbate in viral diseases.

LACTOBACILLUS: A germ which is used to turn milk into Yoghurt. Lactobacillus is a good germ and should normally be present in the human gut. Antibiotics, a low fibre diet, a high sugar diet and poor hygiene can result in the over-growth of disease and toxin-producing germs in the bowel. Either Yoghurt or Lactobacillus tablets can be taken to return the germs in the bowel to normal. Up to 10 tablets three times a day are sometimes needed for several days followed by one to two tablets three times a day. The bowel actions then lose their nasty odour and become well-formed.

LAS: See Lymphadenopathy Syndrome.

LIPID MEMBRANE: The fatty protein membrane which covers all cells, the nucleus and many of the small organs inside the living cell including the mitochondria -- a collection of tiny organs inside every living cell which are responsible for the burning of fuel for the production of the cell's energy supply. It's the unsaturated lipids (unsaturated fats) in these membranes which are attacked, and destroyed, by free radicals produced by viral infections, drugs, chemicals and radiation.

LYMPH GLANDS: The glands situated in the neck, underneath the armpits and in the groin. Lymph glands are significant in AIDS cases because they are responsible for producing the white cells of the immune system. They also collect invading bacteria and viruses and kill them. These lymph glands are stationed in the body through which the cells of the immune system in the blood pass from time to time. If active virus is present within them, the immune cells become infected as they pass through.

LYMPH NODES: Lymph nodes, or lymph glands, as they are commonly called, are glands which are present in the body containing large numbers of white blood cells for fighting infections. Lymph glands are present in the abdomen and chest but most commonly they can be felt in the neck, under the armpits and in the groin. It's these glands which swell when a patient contracts glandular fever.

LYMPHADENOPATHY SYNDROME (LAS): This illness is much more common than full-blown AIDS. Caused by the AIDS virus, it's characterized by the persistent enlargement of the lymph glands for more than three months. It can be a very protracted syndrome lasting for many months or even years. The Lymphadenopathy Syndrome, or LAS, may eventually develop into AIDS.

LYMPHADENOPATHY: The enlargement of the lymph glands in the neck, under the armpits or in the groin following infection, cancer or allergy. The swelling of these glands doesn't necessarily mean that a person is infected with the AIDS virus. However, if a person at risk of AIDS has enlarged glands for more than three months, then they are said to be suffering from the Lymphadenopathy Syndrome.

LYMPHOCYTE PRODUCTION: Lymphocytes are produced in the bone marrow from where they travel via the blood to the lymph glands and spleen.

LYMPHOCYTES: Specialized white blood cells responsible for most immune functions. They are produced in the bone marrow but usually function in the bloodstream or in the lymph glands. Two major types occur -- the B-cells and the T-cells. The B-cells produce antibodies and the T-cells become further specialized into Helper Cells, Memory Cells, Suppressor Cells and Natural Killer Cells. All of them have specific functions in the immune system as their names suggest. The T-Lymphocytes are invaded, and killed, by the AIDS virus. It appears that the Helper and Suppressor Cells are those most susceptible to AIDS damage and are the cells which are first depleted by the disease. The number of Helper Cells is important in monitoring the patient's progress. Falling numbers indicate a worsening prognosis.

LYMPHOKINES: Specialized chemical messengers produced by lymphocytes and which influence the function of other white cells and tissue cells.

LYMPHOMA: A tumour, or cancer, of the lymph glands in the neck, under the armpits or in the groin -- or present in the lymph glands in the chest or the abdomen.

MACROBIOTIC DIET: A diet based on natural, unprocessed foods.

MACROPHAGE: A very large white cell present in the blood and tissues, it has a specialized function of scavenging particles, bacteria, viruses and other foreign substances. It digests and removes them from the body. Macrophages play an important role in stimulating lymphocytes to become functional once an infection has occurred in the body.

MALABSORPTION: The disturbance in absorption of food and nutrients from the gut caused by the presence of disease-producing germs and parasites or allergies.

MEGADOSE: A very large dose of a vitamin or other nutrient substance, still regarded as being safe and useful. For example, the large doses of Vitamin C used in Orthomolecular Medicine. The dose of Vitamin C required to prevent scurvy is approximately 40 mg per day. However, 40,000 mg (40 Gm) can be administered either orally or by injection. This is approximately 1000 times the dose needed to prevent scurvy. The doses of some of the nutrients mentioned in the self-help section of this book are safe megadoses and have no adverse effects.

MEMBRANES: These are protein-lipid compounds which surround, and form, the surface of all body cells. They also include the membranes surrounding the nucleus and other tiny organs, such as Mitochondria within the cell. It's the unsaturated lipids (unsaturated fats) in these membranes which are attacked, and destroyed, by free radicals produced by viral infections, drugs, chemicals and radiation. The lipid, or fat part of the membrane, is easily damaged by free radicals, by radiation or drugs and other chemicals. The AIDS virus multiplies in the T-Lymphocyte into millions of viral particles. When emerging through the cell membrane, the virus "punches holes" through it thus destroying the cell.

MENINGISM: The irritation of the fine coverings of the brain and spinal cord resulting in severe headache and stiffness of the neck. This may occur in AIDS in which the brain and nervous system are infected. It occurs in meningitis -- the infection of these fine brain coverings.

METABOLISM: The series of chemical changes in the body by which life is maintained and energy is produced. Metabolism results in the building-up of body tissues, plus the breaking down of body fuel supplies to produce water, carbon dioxide and energy.

METALLO-PROTEIN: A new, and experimental, method by which certain minerals are combined with special proteins and given to patients orally.

METRONIDAZOLE: A drug used to kill intestinal parasites. For example, Giardia.

MICELLIZED: A special form of an oil-soluble vitamin (For example, vitamins A and E) which has been made water-soluble for better absorption from the intestine.

MILD AIDS: See AIDS' carrier.

MISTLETOE (VISCUM ALBUM): A parasitic herb of evergreen trees, the extract of which is given by injection. The injection is a non-specific stimulant of the immune system and it increases the number of active lymphocytes. It's given daily by subcutaneous injection.

MITOCHRONDRIA: A collection of tiny organs inside every living cell which are responsible for the burning of fuel for the production of the cell's energy supply.

MUCOUS MEMBRANES: These are the pink, moist membranes lining the mouth, nose, palate, vagina and rectum. They

are richly supplied with blood and they have many mucous-secreting glands. This is why they are always moist and slippery. They can be easily traumatised by physical friction and, because of their close proximity to blood vessels, the AIDS virus finds easy entry through the mucous membranes into the host. There's also a fine mucous membrane lining the urinary tube inside the penis and this is thought to be the mode of infection from female to male.

NATURAL KILLER CELLS: These are special lymphocytes which attach themselves to cancer cells and kill them.

NEOPLASM: Another word for cancer. It means "new growth".

NEUROTROPHIC: A virus which attacks the nervous system such as the polio or rabies viruses. The Human Immuno Deficiency virus also attacks the nervous system including the brain, the spinal cord and the nerves to the arms and legs.

NUCLEIC ACID: A component of the genes of the cell nucleus. Nucleic Acids contain a special series of chemicals combined with a ribose sugar. Several nucleic acids join together to form a gene and many genes together combine to form a chromosome.

NUCLEUS: This is a specialized compartment in all living cells which contains the central control mechanism of the cell including its ability to divide. The nucleus contains the chromosome chains which carry the genes of inheritance.

NUTRITIONAL SUPPLEMENTS: Additives to the daily diet including vitamins and minerals in tablet, capsule, powder, liquid or injectible form.

ONCOGENE: A primitive gene within most cells. It is a cancer-causing gene. Oncogenes are normally "switched off" and don't function. However, in some way, the AIDS virus influences the oncogene and "switches it on" to produce the Kaposi's Sarcoma and Lymphoma of AIDS.

OPPORTUNISTIC INFECTION: An infection by a normally harmless organism which takes advantage of the body's weakened immune defence mechanism. While not serious to anyone in a normal state of health, an opportunistic infection can be fatal to anyone debilitated by AIDS. Opportunistic infections can include Pneumocystis pneumonia, Herpes, Salmonella etc.

ORAL HAIRY LEUKOPLAKIA: See Hairy Leukoplakia.

ORAL MEDICATION: Medication taken by mouth.

ORAL THRUSH: Thrush lining the tongue, gums, palate or throat.

ORO-PHARYNGEAL INFECTION: Severe infection of the mouth and throat which prevents eating. In such cases, feeding must be by intravenous injection.

ORTHOMOLECULAR MEDICINE: The term first coined by Dr. Linus Pauling in 1968, this means the provision of the optimal concentrations of substances normally present in the human body for the optimum functioning of both the body and mind. The substances referred to are those normally present in our diet and include amino acids, trace elements, vitamins, minerals and essential fatty acids. They also include oxygen and water.

PANCREATIC ENZYMES: Special enzymes produced by the pancreas, they're essential for protein, fat and carbohydrate digestion. Pancreatic enzymes are often used in cases of malabsorption, gastrointestinal infection and food allergy.

PANGAMIC ACID (DIMETHYL GLYCINE): An antioxidant and non-specific immune stimulator, it's of particular use in some cases of chronic fatigue and chemical sensitivity.

PANTHOTHENIC ACID (Vitamin B-5): Important for immune function, particularly under stress, it helps the adrenal gland to produce cortisone.

PATHOGENIC ORGANISMS: Disease-causing germs.

PAULING: Dr. Linus Pauling, double Nobel Prize Laureate, whose name is synonymous with Vitamin C therapy world-wide and has discovered its effectiveness in the management of cancer. He is the founder of "Orthomolecular Medicine" in 1968 and is the director of the Linus Pauling Institute for Science and Medicine in Palo Alto, California.. A complete discussion of his original work appears in Science, April 19, 1968, Vol. 160, pp 265-271.

PERIPHERAL NERVOUS SYSTEM: Those nerves which come from the spinal cord and extend to the arms, legs and trunk.

PERSISTENT GENERALIZED LYMPHADENOPATHY (PGL): This is a lymphadenopathy which exists for greater than three months and occurs in AIDS-infected patients who have not yet developed full-blown AIDS. It occurs in the AIDS Related Complex and the Lymphadenopathy Syndrome.

PLASMA CELLS: Specialised lymphocytes which produce the antibodies and secrete them into the blood. Plasma cells are controlled by the Helper and Suppressor Cells.

PLATELET ADHESIVENESS: This is the stickiness of the blood platelets in cancer and possibly AIDS. Its significance is that it's an index of the effect of therapy. Vitamin E and aspirin reduce platelet stickiness.

PNEUMOCYSTIS CARINII PNEUMONIA (PCP): Pneumonia caused in AIDS victims by a normally harmless germ. It can be rapidly fatal. Symptoms are fever, coughing and shortness of breath.

POSITIVE IMAGERY: The technique of, while doing meditation, concentrating on the positive outcome of an event. For example, imagining your immune system consists of blood cells like white knights sitting on healthy stallions which are trampling over slugs on the ground which represent the AIDS virus.

PROSTAGLANDINS: Extremely potent chemicals present in the body from the breakdown of essential fatty acids in the diet. They can be either beneficial or harmful depending on the type of fatty acid they come from. Prostaglandins can either promote immunity and inflammation or inhibit these actions. The removal of animal fats from the diet reduces the potential for the production of harmful prostaglandins.

PROTEIN COAT: This is the covering of protein of the AIDS virus. It carries the material by which the virus is recognized by your immune system. The protein coat stimulates the immune system to produce antibodies against it because of its foreign nature. However, the AIDS antibodies to the protein coat are insufficient to destroy the AIDS virus.

PROVIRION: This term refers to a virus which has integrated itself into the genes of the host cell. In this situation, it's undetectable until the host cell is stimulated or stressed in such a way as to promote virus replication and consequent release.

PURPLE CONE FLOWER: See Echinacea.

REFRACTIVE ANAEMIA: An anaemia which hasn't responded to usual treatment.

REPLICATE: To reproduce hundreds of viruses from a single unit.

RETRO-VIRUS: A family of viruses.

REVERSE TRANSCRIPTASE: The special enzyme in the AIDS virus which allows it to produce DNA from its own RNA. This DNA produced by the RNA of the virus can enter the nucleus of the T-cell. Once inside the nucleus, it plays havoc with the functions of the Helper Cell, and directs it to malfunction.

RNA: A special nucleic acid which forms the core of the AIDS virus. The RNA contains the virus's genes. The AIDS virus is known as an RNA virus and other RNA viruses are the flu viruses. The RNA is the material of the virus which enters the host's cell and nucleus and, from there, controls the host cell.

SALMONELLA: A bacterial infection of the intestines causing severe gastroenteritis with dehydration and mineral loss from the large bowel. Salmonella can even cause typhoid and dysentery.

SCHLENZ BATH: A special Scandinavian hot water bath, is an effective way of inducing a controlled fever.

SCURVY: The disease resulting from Vitamin C deficiency. Symptoms include fatigue, lethargy, muscle aches and pains, easy bruising, bleeding from the gums and eventually death if the condition isn't corrected.

SELENIUM: A trace metal essential for life and found in garlic, it's very important for the immune system and for detoxifying enzymes. Selenium is low in cancer patients and immunologically-compromised patients such as those with AIDS.

SHIGELLA: A bacterial infection of the intestines causing severe gastroenteritis.

SIGMOIDOSCOPY: A bowel examination using a lighted, telescopic instrument to detect ulcers in the bowel.

SOD (SUPEROXIDE DISMUTASE): A special enzyme which destroys the super oxide free radical -- one of the most prevalent and harmful of the free radicals. Super Oxide Dismutase is dependent on manganese, zinc and copper for its full activity, and these cannot be adequately supplied in the diet.

SODIUM ASCORBATE: The sodium form of Ascorbic Acid - or Vitamin C. It's usually the easiest tolerated preparation. Sodium Ascorbate is the best and also most palatable form of Vitamin C. It's slightly salty to the taste and the amount of sodium present in it is negligible. Sodium Ascorbate is the form which is administered by intravenous injection. Other forms of Vitamin C include Calcium Ascorbate and Magnesium Ascorbate etc. However, these have an

unusual taste and are usually avoided by most people. While Ascorbic Acid is the simplest form, it can be irritating to the stomach and, contact with the teeth for more than a few seconds, can cause the tooth enamel to dissolve.

SPLEEN: This is an organ situated in the upper, left-hand region of the abdomen just under the diaphragm. It's responsible for some immune functions and the destruction of old, or damaged, blood cells.

STAPHYLOCOCCUS: A bacteria which can cause severe infection of the skin, lungs and blood. Severe infections can cause death.

STICKY PLATELETS: Small blood cells responsible for blood clotting. When sticky, platelets can cause excessive thrombosis and even death.

STLV (SIMIAN T-LYMPHOTROPIC VIRUS): The AIDS-like virus infecting the African Green Monkey. The virus doesn't cause disease in the monkey. It's thought to have changed, or mutated, into the Human Aids Virus.

STONE: The late Dr. Irwin Stone, Ph.D, whose book "Vitamin C - The Healing Factor" detailed the world literature on Vitamin C in animal and human diseases. Of course, a special tribute should be paid to Erwin Stone whose book "Vitamin C -- The Healing Factor" was the turning point in my medical career.

SUBCUTANEOUS INJECTION: An injection just beneath the surface of the skin, compared with an IV injection which is into the vein and therefore goes directly into the bloodstream.

SUPPRESSOR CELLS: Specialized T-lymphocytes (white blood cells) responsible for suppressing the over-production of antibodies during an infection. These Suppressor Cells are infected with the AIDS virus and are consequently killed by it. As a result, antibody production can become excessive and uncontrolled. The other cells infected by the AIDS virus are the Helper Cells. The Helper Cells tend to be destroyed more rapidly than the Suppressor Cells.

SURAMIN: An experimental drug which, like many, have not only failed in treating AIDS successfully, but has caused serious, toxic effects.

SYNCYTIUM: The gluey material produced by the immune cells infected with the AIDS virus, this gluey material coats and therefore suffocates the cells of the immune system. It may be one mechanism by which the immune system is conquered.

T-HELPER CELL: See Helper Cell.

T-LYMPHOCYTE: See Lymphocyte.

THYMOSIN: A hormone from the thymus gland with part of it having a similar make-up to the AIDS virus.

THYMUS GLAND: The Thymus Gland is situated behind the breast bone, just below the neck. It's responsible for secreting a hormone called Thymosin. However, it's main activity is in converting ordinary lymphocytes in the blood to specialized T-cells. These specialized T-cells include the Helper, Suppressor, Killer and Memory cells of the immune system. Thymus supplements are used in AIDS patients in an attempt to support immune functioning.

TINEA: A fungal infection of the skin usually occurring between the toes. It's difficult to eradicate in the presence of AIDS and Candida.

TOXINS: Poisonous substances which are produced by bacteria and fungi when they cause an infection. Toxins may also be produced by the body's white cells if they are infected with the AIDS virus. In this way, the body's own cells are doing it harm.

TOXOPLASMOSIS: An opportunistic infection, this is a small germ with a tail which can easily infect the eye and brain of an AIDS patient.

TRANSCRIPTASE: See Reverse Transcriptase.

VASOSPASM: A spasm, or constriction, of a vein or artery due to an irritant.

VIRAL REPLICATION: See Replicate.

VIRICIDAL: Anti-viral substances -- substances which kill viruses.

VIRION: Another name for the virus particle, it consists of a genetic core and a protein coat or coats.

VISCUM ALBUM: See Mistletoe.

VITAMIN B-COMPLEX: A number of vitamins which are important for an extremely wide range of metabolic reactions in the body including those of the nervous and the immune systems. Good natural sources are desiccated liver and fresh wheat germ. Supplements should contain 50 to 100 mg of each member of the group. Between 50 and 500 mg should be consumed in three divided doses daily. An optimum level would be 250 mg. per day. Low allergy tablets containing 50 to 100 mg of each of the B-group vitamins daily are extremely beneficial.

VITAMIN C: The most important vitamin in treating AIDS, it both inhibits viral growth and in high doses kills viruses, simultaneously stimulating many aspects of immune function. A deficiency of Vitamin C not only causes the deadly disease scurvy but also provides a chronic feeling of illness and predisposes people to allergies, degenerative diseases, infections and even cancer. Rich natural sources include citrus fruits, green vegetables, tomatoes, berries, parsley and particularly freshly sprouted grains and seeds. Its significance in the AIDS story is that the deaths of thousands of British sailors in the 1600s and 1700s could have been prevented by the British Admiralty acting on the advice of James Lind, the discoverer of the cure -- the provision of an ounce of lemon juice daily to each sailor. According to British Admiralty chiefs, this doubled the effectiveness of the fighting force when this therapy was eventually introduced. Are the governments of the world going to allow millions to die of AIDS before realizing the significance of Ascorbic Acid? Bulk Vitamin C should be purchased by the AIDS victim as it's extremely cheap - in fact, it's probably the most effective therapeutic substance known to man. It's also one of the cheapest. This is probably the only answer for the African countries to save themselves from mass genocide by the AIDS virus.

VITAMIN E: Also known as Tocopherol, Vitamin E is both an immune stimulant and a free radical detoxifier. A rich natural source is cold pressed wheat germ oil, cabbage, spinach, fresh asparagus and whole-grain organic rice.

VITRO: See In Vitro.

WHITE BLOOD CELLS: Blood consists of liquid plasma and cells. Two kinds of cell exist -- red cells and white cells. The red cells carry oxygen to the tissues. The white cells form the basis of the immune system in the blood and contain several specialized cells responsible for the recognition, destruction and removal of invading bacteria and viruses.

ZINC: Required by the skin, hormone glands, brain, pancreas and lymph glands for proper functioning. Low zinc levels are associated with a high incidence of severe infections. Rich natural sources of zinc include red meats, fish, pumpkin seeds, sunflower seeds and oysters. Care is advised with oysters because they may contain heavy metals. For example, mercury and cadmium. Select oysters from pollution-free beds and never after heavy rain in areas where there are unsewered waterways running in the region of the oyster beds.

CHAPTER 11

References and recommended reading

" Ideas, like children, always have fathers."

- Laszlo Moholy -Nagy.

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AFTERWORD

The authors are confident these therapies will work. They are tried and proven in Dr. Brighthope's Clinic in Melbourne, Australia. Every indication is that they will be equally successful in long term mass trials.

Clearly, the chances of success are enhanced for those individuals in the early stages of AIDS. Those who wait until they are virtually at death's door have a much tougher fight to regain a decent standard of health and quality of life.

So, if you are ill, seek the services of a physician competent in Orthomolecular and Nutritional Medicine. Any application of the advice herein is at the reader's discretion and sole risk. Readers are urged to consult the references given in the bibliography to enable them to decide for themselves the adequacy of the information and advice given herein.

The authors and publisher, while totally caring in the preparation of this material, take no responsibility for any adverse effects. We confidentially state that all the indications are that these therapies will work for nearly everyone.

However, there are always a few exceptions to the rules of probability. Staying with the regime is vital for success. So is following the dosage rates and their frequency which are clearly given. This data has been determined from experience by Dr. Brighthope' and his colleagues at their Melbourne clinic over the past three years.

The therapy is free of toxic drugs and the side effects are known to be minor and short-lived. However, commonsense is called for and it's strongly advised that if you experience any difficulty at all, then you should promptly consult a physician -- particularly one practising Orthomolecular and Nutritional Medicine.

We wish you good fortune and a speedy return to a quality of life you desire. In stating that, we must stress that the therapies here, effective as they are, are not a cure for AIDS. But they have achieved remarkable success in the remission of AIDS.

The Brighthope regime is also directed at the many people who feel

themselves "at risk". Following the regime in this book will boost your immune system immensely. But the caution as above applies. In the unlikely event of you suffering any side effects, seek medical advice, particularly from a doctor oriented towards Orthomolecular and Nutritional Medicine.



DR. IAN BRIGHTHOPE

Dr. Ian Brighthope graduated in Agricultural Science in 1965 and was subsequently involved in the design and implementation of field trials in animal nutrition, and teaching. He is a Foundation Member of Agricultural Technologists of Australasia.

In 1969, he entered medical school at the University of New South Wales and, following three pre-clinical years, completed his clinical studies at Monash University in Victoria. After completing his residency and year of general practice, he travelled widely throughout Europe and North America trying to fill in the gaps in his medical training, which included a six month sea appointment as ship surgeon. His interest in

the implications of human nutrition in health and disease developed at this time, probably as a natural consequence of his prior involvement in the Agricultural and Veterinary fields. It was in the area of animal nutrition that Dr. Brighthope became aware of the importance of optimum nutrition and the use of supplementation in animal production and the treatment of animal disease. Neglect of these areas of human care prompted him to adopt the nutritional approach in his medical practice. Also, the addition of agricultural and food-processing chemicals to the food chain concerned him and resulted in his investigating their effects on the human nervous and immune systems.

He now specialises in Nutritional and Orthomolecular medicine, with particular interests in heart disease, psychiatric disorders, arthritis, asthma, food and chemical intolerances, autoimmune diseases and cancer. The anti-oxidant nutrition clinic under his management is the only one of its kind in Australia. It is at present successfully managing patients with AIDS, a part of the ongoing research program.

Dr. Brighthope is the President of the Australian College of Nutritional Medicine, an organisation of doctors concerned with the dissemination of unbiased information on nutrition to the medical profession. He was one of the founding Directors of the Orthomolecular Medical Association of Australia in 1980 and has been the Secretary of that organisation since its inception. He is the editor of their official publication, and has published many articles on the use of nutrition in such diverse conditions as diabetes, dementia, rheumatoid arthritis, autoimmune diseases and AIDS.

He is a Fellow of International College of Applied Nutrition, a Fellow of the (New York) Academy of Orthomolecular Psychiatry, and lectures also for the International Academy of Nutrition. He also has a busy lecturing schedule to health care professionals within Australia and New Zealand.

He pioneered the first post-graduate medical course in nutrition in Australia and is one of the principal lecturers. In addition, Dr. Brighthope also consults for the manufacturing industry in nutrition and micro-nutrient supplementation, and is performing on-going original research programs in his practice. The approach to the treatment of food and chemical intolerance in his busy centre is unique. Dr. Brighthope is the Director of Nutritional Medicine for the Jenny Craig Weight Loss organisation internationally, and he supervises and consults for various Health Resorts, Preventative Medicine programs and sporting concerns.

APPENDIX: Patient Histories

The Brighthope Clinic has treated 20 patients with fully developed AIDS, of whom one (who did not fully follow the treatment program) has died, and 100 patients testing AIDS antibody positive, none of whom has developed AIDS. Here is a sampling of their experiences.

PHYSICAL STRESS AND FOOD ALLERGIES

"I was in reasonably good health. In fact, I felt extremely fit and jogged four to five miles every night whenever I could. So, I was dismayed when I got the verdict—HIV antibody positive. That was two-and-a-half-years ago," recalls Rodney Walker, 40, a fashion designer.

"The next blow came six months ago when I noticed that there were some glands in my neck and armpits which became enlarged and tender. I was then diagnosed as having PGL—Persistent Generalized Lymphadenopathy.

"At the same time, I began getting headaches and oral thrush. I tried holding back the fear. I'm not going to let this thing paralyze me with indecision. I'm going to fight back, I kept telling myself. I must remain positive. Act positive. Think positive, I kept repeating to myself, 'This is not a one-way ticket to cemetery hill!' I had recently successfully licked a bout of hepatitis. I was determined not to let my health slide any further.

"I was now entering a testing time. The size and tenderness of my glands would fluctuate depending on my levels of stress. Some swollen glands in my groin appeared. It occurred to me that on extremely long runs these glands would become tender and by the end of the run they would swell and become enlarged.

"It became clear that my jogging might be contributing to my physical stress and the draining away of energies. I knew I needed some help in boosting my body's natural defences.

"Allergy tests performed by Dr. Brighthope showed that I had some very severe allergies and sensitivities or intolerances to cow's milk, cheese, butter, pork, pineapple, almonds, sugar, chocolate, potatoes, tomatoes, car-exhaust fumes, yeast and Candida.

"It became increasingly apparent to me that exposure to any of

these foods, or substances, caused me to feel unwell, with enlargement of the upper glands in my neck. So I concluded that not only was my excessive jogging and physical activity producing stress on my immune system, but also that some foods in my diet were causing stress reactions in my glands.

“By stopping these foods, the fluctuation in my glands greatly subsided, as did my headaches. On a totally yeast-free diet, the thrush in my mouth also resolved itself. The occasional tenderness under my right rib cage cleared up. I presume that healing had eventually started to occur in my liver, previously weakened by the hepatitis.

“Confirmation of this suspicion came on exposure to cow’s milk and several other foods—after not having them for weeks at a time. Sudden and severe migraine-type headaches with enlargement of all my glands resulted. I believe the allergists call this the ‘unmasking of an allergy’ followed by an acute phase reaction to re-exposure to the offending food.

“From time to time my glands would react for unknown reasons, until I considered increasing my intake of nutrient supplements. In particular, I found Echinacea to be very effective in controlling the neck and groin glands. My headaches totally disappeared and I have never felt fitter in my life.

“I maintain my exercise at a low level and know that if I exceed this level, my health will start acting up. This ability to read my body has given me tremendous confidence in knowing that I can survive with this positive attitude, diet and some lifestyle changes. Even more than that, I believe that, long-term, I can possibly conquer the AIDS virus. Just to gild the lily, my T-Helper Cells have remained normal.”

KAPOSI’S DISAPPEARS

“While I am too apprehensive to agree to blood tests, I know I am infected with the AIDS virus because I have Kaposi’s Sarcoma in the mouth, limbs and on the forehead,” says Geoffrey Fox, 43, a schoolteacher.

“I had been reasonably well until mid-1987, when my health started a general deterioration. I felt run down, lethargic and tired all the time. I then developed a persistent cough and some shortness of breath.”

Shortly afterwards, he began coughing up small quantities of blood. “My general condition continued to deteriorate and the number of

Kaposi's lesions started to increase dramatically on my legs and arms and large areas of my mouth turned cancerous," he recalls.

"I must have contracted the AIDS virus some years ago, during a very active and promiscuous period of my life. I am not exactly certain of what my Helper Cell numbers are and of what my immune system is actually doing. I am afraid that if I knew, I would give up the ghost, so to speak."

The appearance of the Kaposi's was the catalyst for him to seek medical help. "The X-ray proved to be totally clear. However, I was told that this did not rule out the possibility of some Kaposi's lesions in the lungs which had burst and hemorrhaged.

"This prompted me to start a nutritional program of high doses of vitamins A, C, E and B complex, minerals, Evening Primrose Oil and Kyolic Garlic. I also received massive doses of intravenous Vitamin C on a daily basis. After a week, I could feel my health starting to improve. I felt better, less lethargic, and could work longer hours.

"I am a full-time schoolteacher and I found that I could continue to function again late into the night. My cough disappeared after 10 days and so did the blood I was coughing up. However, I found that I was getting more Kaposi's lesions. Two very large lesions, one or two centimeters in diameter, appeared on both sides of my forehead."

It was then that he decided to try an experiment. "I had heard that, in the United States, a patient had used a concentrated Vitamin C paste over a Kaposi's Sarcoma on his leg and the sarcoma had disappeared.

"The hard, purple-colored lesions on my forehead stood out like stoplights. I thought I had little to lose and a lot to gain by running a similar test on myself. I made up a thick paste containing sodium ascorbate and aqueous cream, one part of each in the mixture.

"I applied this nightly to my forehead and, to my great surprise, the lesions began to fade. Not only did they start to fade, but also the hardness disappeared and my skin returned to almost its natural color and texture.

"There only remains in the skin a faint tinge of yellowish discoloration, which reminds one of the after-effects of severe bruising. What a positive change, I thought! What a way to discover the powerful healing effects of Vitamin C—or as some cynics may say, the power of the mind."

All he knows is that it works. "I'm alive. I'm well," he says. "My appetite is good. My weight is constant. I can work. I can socialize. I can live! I believe that I have the virus under control."

THE POWER OF THE MIND

"It's not generally known that Vitamin C is effective against viral hepatitis in the early stages of the disease and it appears that it has benefits also for chronic liver abnormalities. When one sees results like I got, it's extremely encouraging to go on with a nutritional and lifestyle program," says Harry Barker, 31, a pharmacist, who was stunned by an AIDS-antibody positive test in mid-1986.

"My first reaction was—why me? I had been involved in a basically monogamous relationship for many years. I knew that an attack of hepatitis A and B five or six years previously had taken its toll on my health. It had taken me a long time to recover, but I felt basically fit when I decided to have the AIDS antibody test because of all the media publicity.

"I suppose it was a precaution more than anything else. So I was absolutely dismayed when my medico handed me the laboratory report. 'Oh, God, there must be a mistake, some foul-up with the samples,' I said, looking at the doctor. But he shook his head and said that it had been carefully cross-checked. There was not a scintilla of doubt.

"I suppose the reason the positive verdict cut the ground out from under me was because I felt so fit. I was looking after my diet. I was having regular exercise. What more could I do to ensure that my health remained normal?"

His next step was to have a barrage of investigative tests done, including his blood, immune system, allergies and liver. Nothing turned up positive except for some abnormal liver function tests, including a raised AST and a raised Gamma GT—enzymes released into the blood by a damaged liver.

"My globulin proteins were found to be raised, indicating some sort of immune disorder. I understood the nutritional program outlined in this book and was told that the intravenous Vitamin C had helped other patients with liver disease to recover.

"I was quite skeptical at the time. but, to my amazement, I found that my liver tests improved and eventually became normal.

"That's where I really found the value of Vitamin C for chronic liver abnormalities. The improvement was nothing less than fantastic,

when supplemented by a medically-planned nutritional and lifestyle program.

“Positive thinking and visual imagery are the roads I am now taking to improve not only my health but my whole well-being and interaction with the world and the people in it. To me, the threat of death has been a very real experience.”

DRUG TAKING AND VITAMIN DEFICIENCY

When Lee Jones, 29, a television writer, was diagnosed AIDS antibody positive, he immediately thought of “the very active gay sex life I had been living in San Francisco.”

That had been for two years, until his return to Australia 12 months ago. “But my problems have probably been with me for much longer than that because I also had a drug problem. I could have picked up the AIDS virus either sexually or through shared needles. But I continued on alcohol, tobacco and speed,” he explained.

“I had always felt that I had a need for something extra. This ‘something extra’ I couldn’t really define. I knew that without my drugs, I didn’t feel quite the same. On returning to Australia, I knew I had to do something to help myself.

“My parents stuck by me and financed a sojourn in a health resort. There, I felt different. I felt I was making progress in bailing myself out. Yet I knew I had a long way to go. For example, I was the only person in the resort who smoked. I couldn’t stop, no matter how hard I tried.

“I felt that my problems were so deep-seated that the drugs were only a symptom. The manager of the resort suggested that I would benefit from some nutritional therapies.”

That’s how Lee came to the Brighthope Biocenter. He told me it was his experience that many people with a drug habit were basically suffering from a biochemical imbalance which interfered with their normal metabolic functioning—including the functioning of the brain and central nervous system.

He told me that certain psychological factors played a role, but that many of them were secondary to these biochemical disturbances. Commonly in these disturbances, he had found that people who had an addiction to drugs had probably had maladaptive reactions to foods as children or teenagers.

These maladaptive reactions, in turn, resulted in either hyperactivity

or depressive syndromes in early childhood which, if not corrected, would contribute to drug-taking behaviour later in life.

Lee as placed on Vitamin C and Vitamin B3, 4 grams of each a day, plus zinc and Vitamin B complex. By stopping sugar, tea, coffee and dairy foods, his desire for them subsided. "The reward for persevering with the treatment was that I managed to quit smoking. Within a few weeks, I felt a sense of well-being that I had never experienced before.

"Surprise of surprises though—not only did I feel and look better, but the doctor looking after me at the infectious diseases hospital told me that my T-Cell count had risen significantly since it was done 12 months previously. I reckon that says it all."

TOXIC MEDICATIONS CAN BE VERY HARMFUL

"I had the test done out of my own self-interest, since I was homosexual and therefore in the 'at risk' group," is how George Hood, 36, an antique furniture dealer, explains how he became concerned at the gradual onset over 12 months of severe rashes, thrush in the mouth, peri-anal herpes and lymphadenopathy.

"I was diagnosed as Category B AIDS and placed on AZT. But, I had heard that the mind can influence the immune system and so I decided to consult a psychiatrist for hypnosis.

"Although this helped me to a degree, my Helper Cells dropped dramatically from 90 to 25 while I was on AZT. Simultaneously, I developed a bout of pneumonia, although it was not the dreaded *Pneumocystis*. I lost weight, going from my normal 75 kilograms to 60 kg.

"It was then that I decided to stop the AZT and look after my diet. I went on the nutritional supplementation program outlined in this book, including large doses of intravenous ascorbate and large doses of Vitamin B intramuscularly. My overall health improved. I gained weight from 60 to 70 kg and my Helper Cells rose again to 100. This turnaround happened within three months."

George summarises: "I am glad that I took Dr. Brighthope's advice regarding toxic drug therapies. If the drug is helping—fine. But, if it's making me sick, then it should be stopped immediately.

"I have known many people who have taken AZT to have their cell counts increased only at the expense of their general health. There has to be something better."

THE BOWEL AS A BAROMETER OF HEALTH

"The condom broke that night. I guess my emotions got the better of me. Well, you wake up and start to worry a bit the morning after. And, you start wondering if your number is going to come up. Like most gays, I've had friends die and there are always missing faces at the gay venue I favor," says Joseph Gold, 38, a financial consultant, who was diagnosed as being antibody positive in June, 1986.

"Even though you try to wipe out your anxiety with a flip comment like saying the good die young, but can't stop your mind racing when you look at yourself in the mirror first thing in the morning and start wondering how many mornings you've got left. No one wants you when you get sick. You've got to keep working to pay bills and the straights treat you like you belong in a leper colony."

"I was particularly concerned because my health had been affected for four years, dating back to January, 1983, when my glands in the armpits became very enlarged. My doctor thought I was suffering from CMV—Cytomegalovirus.

"This actually proved positive on blood testing at that time. My glands were up and down intermittently over the four years since then, and the glands in my neck were particularly uncomfortable.

"I was also worried about the glands under my jaw being sore and swollen. This was accompanied by an increasing amount of pain in the abdomen as a result of diverticulitis, which had been diagnosed by a barium enema.

"My bowels intermittently played up. They became extremely loose and windy, with cramping colic pains. This was occurring almost daily with increasing severity and frequency."

By June 1987, Joseph's Helper Cell numbers had dropped to below 300 and he was becoming very concerned. He was unable to smell and he had a persistent sore on the inside of his left nostril. This would flare up each time his glands enlarged and the bowel symptoms occurred.

"I was also under quite a degree of stress because of some legal proceedings involving myself and a professional man, who had been negligent in his duties. This made life hell and almost unbearable.

"By the middle of 1987, I was desperate for help. Because there was nothing in Sydney, I decided to visit Dr. Brighthope in Melbourne. I was placed on his program and was given the intravenous Vitamin C daily for three weeks in his clinic.

“He also placed me on a high dose of zinc. That is, 60 milligrams of elemental zinc per day for the sore in my nose and my inability to smell. He prescribed large quantities of pancreatic enzymes to help with my bowel problems. Slippery Elm was the answer to help calm the irritable bowel and diverticulitis. This was in the form of capsules and tea.

“During the three weeks of intensive treatment in Melbourne, most of the symptoms disappeared and my sense of smell returned. It was found that I was also allergic to a number of foods including yeast, cow’s milk, sugar and cigarette smoke. Although I wasn’t a smoker, I knew that cigarettes upset my immune system.”

Joseph summarises: “I feel that the treatment actually increased my resistance to some of my allergies because I now know that I can tolerate small quantities of dairy foods, if I go beyond my tolerance limit, my bowel certainly suffers.

“The most beautiful thing from all of this is the realisation that I am alive and am a symptom-free human being whose Helper Cell count went from below 300 to 515 in the short time I was being treated.”

DEPRESSION HELPED WITH TRYPTOPHAN

“During the three years I have been antibody positive I have suffered increasing fatigue and insomnia. I have always been unable to relax and this has reached a crisis stage of nerves since being diagnosed antibody positive,” is how Howard Brady, 27, a student nurse, focused on his main concerns.

“Over the past few months I had been feeling increasingly sad and hopeless with what I would guess is a form of mental depression.

“This was brought on, I think, by my mother passing away with lung cancer. I have been consuming increasing quantities of alcohol and smoking to the point where it makes me feel ill.

“These dark periods had been getting worse over the past few months to the point where I began wondering if life is worthwhile. I have had syphilis, many urinary infections and herpes. I guess I could say my immune system was totally shot to pieces.”

Howard says that while he knows he doesn’t yet have full-blown AIDS, he is paralyzed by the fear of heading towards it, “like a sailboat being blown onto a rocky coast,” as he puts it.

“Over the last few weeks I have been changing my diet and lifestyle. I have been taking most of the supplements on Dr.

Brighthope's program and have felt, at times, this cloud of depression totally lifting.

"My insomnia has improved with the use of an amino acid called Tryptophan. In fact, I'm certain it's helping to increase my brighter day-time periods. But, I also know that I won't fully recover without a change in my attitude and perhaps even the avoidance of work-stress with very sick and dying patients. Deep down, I know this is going to be an inevitable part of my future."

ONE NEEDS SUPPORT AND ENCOURAGEMENT

"As a female, I was shocked and devastated to find that I was antibody positive in November, 1984. I mean in those ignorant days there was a widespread belief that only gays got AIDS. This was in the early days before all the media hype. I liked the guy and took a chance. We were both lonely. It was nothing more than a one-night stand. I later found out from a girlfriend that he was bisexual," recounts Barbara Goodyear, 36, a teacher.

"I rapidly developed the AIDS Related Complex with weight loss, severe night sweats, diarrhoea, enlargement of my glands and severe intestinal cramps and pain. I discovered that my T Cells had fallen below 300. Depression crept in and it deepened when I had to stop work.

"It took me a month on the intravenous Vitamin C program, and a lot of encouragement from the doctors and nurses, before I started to feel the benefits. After four weeks, my health rapidly improved despite an occasional setback.

"At the end of the first three weeks of treatment, I was troubled by a severe urinary tract infection. Antibiotics rapidly knocked it on the head and it didn't return. My night sweats and mild chest infections soon disappeared when I commenced the program and boosted it with extra licorice extract.

"I am now gaining weight and am feeling the best I have for years. I am teaching again, enjoying life and not going to bed worrying about tomorrow."

EARLY ASCORBATE REDUCES AIDS VIRULENCE

The experience of James Duncan, a 29-year-old writer, is a good example of the Brighthope Clinic's strong belief that the virulence of

the AIDS virus can be influenced by the host at the time of first infection.

James' experience was that Vitamin C was possibly the major external influence in enabling him to mount a stronger defence and so prevent the virus manipulating the Helper-Cells to become "malignant" or "self-destructive."

"I was travelling in Venezuela for a travel company, filming and scripting a documentary in 1983, when I was severely injured in a motor vehicle accident," James recounts.

"Suffering a head injury, a fractured leg and major lacerations with much blood loss, I was taken to hospital and operated on. Having been a natural health devotee for some time, I insisted that my usual oral dose of Vitamin C be supplemented during, and after, surgery with intravenous Vitamin C."

He received 45 grams of I.V. Vitamin C per day. During the operation, it was found that he required a transfusion of three to four pints of blood.

"My recovery was rapid and uneventful. However, I decided to have an antibody test for AIDS when I returned to Australia. To my shock and amazement—it was positive. The transfusion in South America must have been with contaminated blood."

For the past five years, James Duncan has been in perfect health, is extremely fit and has not even suffered the mildest symptoms of a cold or unwellness.

"There's no doubt in my mind that my remarkable state of health is because of my diet, positive thinking and the daily use of vitamin supplements, especially 10 to 12 grams of Vitamin C."

Conclusion: Always take ascorbate and maintain high doses of it if you are at risk of being infected with the virus. James Duncan clearly illustrates the point that a healthy body doesn't provide fertile soil for disease germination.

HERBAL REMEDIES STRENGTHEN THE LUNGS

Chronic bronchitis had been the diagnosis for Damien Matthews, a 39-year-old pensioner, who had been unwell for the two years since his diagnosis of being AIDS antibody positive.

"I suffered from a lot of coughing and wheezing and was basically diagnosed as a patient suffering from chronic bronchitis. I had been a

smoker but stopped. The production of mucus in my nose, sinuses and lungs continued.

“Antibiotics and cough mixtures were absolutely useless in stopping the continual drip of mucus behind my nose and mouth, which trickled into my throat, continually annoying me.

“A change in diet did help slightly for a while but then the mucus came back with a vengeance when I returned to the city from a trip in the country.”

His experience was that car fumes and air pollution, in particular on bad days, made the mucus worse. According to all of the tests and X-rays, there was no *Pneumocystis* in his lungs. Vitamins and minerals were tried but his lungs only slightly improved.

With such patients, it's extremely valuable to consider herbal medicines, which have proved very effective for hundreds of years in the treatment of symptoms of disease.

Although, as herbalists, we believe that plants contain substances which are very effective in the treatment and cure of many diseases, we can only claim that they have benefits in the relief of signs and symptoms of disease.

Whether that is so or not, Damien showed almost instant improvement to a compound containing several herbs known to be important in helping chronic bronchitis and asthma. However, it took about a week for all of his symptoms to totally subside.

Herbs which are known to be effective in opening up the airways, stopping the production of mucus, and relaxing the nervous system and musculature in the chest are licorice, ginger, *grindelia*, *lobelia*, *senega* and *euphorbia*.

Damien now uses the herbs only when he feels it's necessary to prevent the symptoms coming on. In fact, at the first sign of a cough or little bit of extra mucus, a couple of doses of the compound is all that's necessary for the symptoms to settle down.

By maintaining his health with herbal extracts, he finds that not only are his symptoms alleviated but his general health and well-being are greatly improved.

The Brighthope Clinic believes that, by maintaining the use of these herbs, the lungs, airways and nervous system are strengthened, thereby lessening the risk of invasion by germs. Passageway linings of the lungs are far less likely to become infected with *Pneumocystis*, or any

other severe pneumonia-causing germ, than are lungs chronically weak and full of mucus.

Conclusion: Patients such as Damien Matthews also find that socially they can function much better by breathing normally than having a chronic cough, which persistently annoys friends and fellow workers. Another bonus is that the lobelia in the mixture also improves the quality of one's sleep and reduces anxiety.

THE RIGHT REMEDY FOR THE RIGHT PATIENT

An increasing number of wart-like protrusions on both eyelids was the embarrassing predicament of Lincoln Mitchell, a 26-year-old airline employee.

Having been diagnosed antibody positive in December, 1985, he was now trying to cope with spreading lymphadenopathy. Enlargement of his neck glands was pronounced.

When seen at the Brighthope Clinic, his first priority was to combat the wart-like protrusions on his eyelids which had prompted his taking unpaid leave. "My appearance, run-down state of health and fear of the future had made my work situation impossible," he said in near despair when he was first seen.

He was placed on a nutrition program and given Vitamin C and other supplements. This quickly helped his general health and his overall well-being, but there was no improvement to his enlarged glands or the warts on his eyelids.

Because he was assessed as being an ethereal and spiritual type of personality, who possibly would react adversely to any harsh medical treatment, it was decided to place him on some homeopathic remedies.

The first was Thuja. Within days, the warts on his eyelids simply started to melt away. We then placed him on another homeopathic remedy called Apis. Although this took longer to act, there was a distinct reduction in the size of his enlarged glands.

Conclusion: Lincoln Mitchell's case is one of many in the experience of the Brighthope Clinic where homeopathic remedies can be of great help in strengthening the patient's constitution and, at the same time, enhance self-healing powers.

In fact, for the patient who is generally feeling weak and lethargic, homeopathic remedies can be of great benefit. Also, many skin complaints associated with AIDS can be helped and even healed using homeopathic preparations.

These skin problems include eczema-like lesions, psoriasis and itchy forms of dermatitis. Not only can someone like Lincoln improve his appearance by using homeopathy and herbs, but many others can benefit from these natural medicines as well.

A note of caution is necessary. Despite their extremely weak potencies, homeopathic medicines can cause severe reactions and they must therefore be selected very, very carefully. This is why a patient must seek out an experienced and qualified homeopathic physician for the proper management of these conditions.

TINEA—A HYPERSENSITIVITY REACTION TO CANDIDA OR YEASTS

Shortly after being diagnosed AIDS antibody positive in 1985, Geoff Pane, a 35-year-old unemployed arts/math university student, was dismayed when his T Cells rapidly fell from 700 to 95.

“Severe tinea of my left foot had been making life miserable for the past three years and was getting worse,” he explained at the Brighthope Clinic.

He was delighted at the immediate response the tinea showed when he was placed on an anti-Candida diet restricting sugar, white flour, yeast and yeast-containing foods. Within a month, it had improved to the point where it was no longer a problem.

In the overall management of his AIDS condition, the significance of the tinea was that it represented a hypersensitivity reaction to Candida or thrush elsewhere in the body.

Accordingly, Geoff was next placed on the liquid garlic extract called Kyolic from Japan. This was taken orally. He was also given Ti tree oil to apply to his foot. With the treatment, the symptoms of tinea further improved and eventually disappeared.

Conclusion: It’s important to remember that tinea is a fungal infection which may be aggravated by yeast in the diet or Candida in the bowel or other parts of the body. The severity of the tinea acts as a barometer, indicating either dietary control of yeast and sugar or the control of Candida itself.

SUPPLEMENTS—SPECIFIC AND CAREFUL SELECTION

The next patient, John Stephens, 41, a youth worker and counselor, was diagnosed as HIV positive in 1984 and subsequently developed AIDS Category B—that is, the Lymphadenopathy Syndrome. He also

suffered from CMV—or cytomegalovirus—viral meningitis, shingles and severe recurring oral and anal herpes. Being extremely run down and lethargic, he was unable to partake of any sports. Previously, he had been a runner and the diagnosis had knocked him about terribly.

Despite the fact that some yoga and meditation over the past 12 months had helped his general health, he still felt extremely lethargic and could only work two to three hours a day.

After being placed on a diet and nutrient supplements including high-dose Vitamins A, C, E, and B complex, Evening Primrose Oil, garlic and Echinacea, his general health improved.

The shingles rapidly began to disappear. However, he still had this problem of lethargy.

He was given a substance called Coumarin, which has been evaluated in the treatment of cancer and melanoma. Coumarin is very effective in some disorders of the lymphatic system, including elephantiasis. It is a bioflavonoid which helps prevent the breakdown of Vitamin C in the body. It also stimulates the white blood cells and macrophages to dissolve abnormal proteins and clear them from diseased organs and tissues.

Shortly after commencing the Coumarin, John's levels of energy increased quite dramatically. He can now complete a full day's work of counselling and not feel tired. He has returned to working full-time and is enjoying his jogging again.

Conclusion: This case illustrates the importance of carefully selecting nutritional supplements in specific instances. Here, John's problems had been recurrent viral infections.

Coumarin acts as a Vitamin C stabilizer and protector and therefore improves the action of Vitamin C in the body. This case also illustrates the importance of individuality when selecting nutrients and other healing programs.

The effectiveness of yoga and meditation also greatly improved after his mental lethargy and physical tiredness were alleviated.

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