CELEBRATING WORLD AIDS DAY - DECEMBER 1

MOURNING DEATH BY AZT AND CELEBRATING GALLO's PROOF THAT HIV DOES NOT CAUSE AIDS

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Is it possible to kill by medicine? Yes, if it is toxic. Yes, if it is not possible to distinguish the side effects caused by its toxicity from the condition it is supposed to treat. Yes, if you choose to remain ignorant. Yes, if you don't understand the two main paradoxes in Acquired Immune Deficiency Syndrome - AIDS. If you put all of that together you get Another Idiot Dying Soon - AIDS.

Look at the label of AZT. It carries the symbol of death. The chemical is so toxic that you have to wear protective clothing! It is toxic by inhalation and if you got exposed to it, you need to seek medical advice and be treated for its toxicity. This chemical targets organs, blood and your bone marrow.

The AZT label declares that prolonged use of this chemical can cause symptoms such as GRANULOCYTOPENIA AND SEVERE ANEMIA PARTICULARLY IN PATIENTS WITH ADVANCED HIV DISEASE and HAS BEEN ASSOCIATED WITH SYMPTOMATIC MYOPATHY SIMILAR TO THAT PRODUCED BY HUMAN IMMUNODEFICIENCY VIRUS and is POTENTIALLY FATAL.

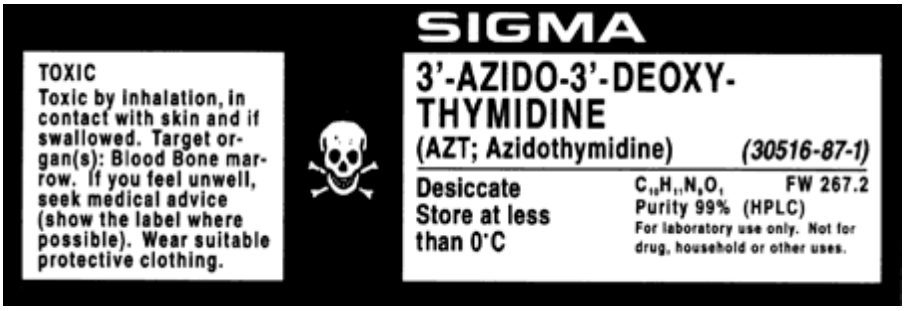
So, here we have a very toxic chemical, that is toxic by inhalation and can produce similar disease conditions as seen in AIDS patients and can suppress or destroy the immune system and is potentially fatal, being to AIDS patients as medicine. Is that something to celebrate?

LOOK AT THE LABEL YOURSELF
ARE YOU NOT STARING AT DEATH?

AZT

(RETROVIR or ZIDOVUDINE)

"It was often difficult to distinguish adverse events possibly associated with zidovudine [AZT] administration from the underlying signs of HIV disease" - Physician's Desk Reference, 1994



THIS IS AN ACTUAL COPY OF AN AZT LABEL
This label has appeared on bottles containing as little as 25 milligrams, a small fraction (1/20-1/50) of a patients daily prescribed dose.

Is the conventional view and treatment of AIDS the answer or part of the PROBLEM?

"**WARNING:** RETROVIR (ZIDOVUDINE) [=AZT] MAY BE ASSOCIATED WITH HEMATOLOGIC TOXICITY INCLUDING GRANULOCYTOPENIA AND SEVERE ANEMIA PARTICULARLY IN PATIENTS WITH ADVANCED HIV DISEASE (SEE WARNINGS).
PROLONGED USE OF RETROVIR [=AZT] HAS BEEN ASSOCIATED WITH SYMPTOMATIC MYOPATHY SIMILAR TO THAT PRODUCED BY HUMAN IMMUNODEFICIENCY VIRUS. RARE OCCURRENCES OF LACTIC ACIDOSIS IN THE ABSENCE OF HYPOXEMIA, AND SEVERE HEPATOMEGALY WITH STEATOSIS HAVE BEEN REPORTED WITH THE USE OF ANTIRETROVIRAL NUCLEOSIDE ANALOGUES, INCLUDING RETROVIR AND ZALCITABINE, AND ARE POTENTIALLY FATAL (SEE WARNINGS)."

- from Glaxo Welcome AZT product information
(Ref:Health Education AIDS Liaison, Toronto)

AZT was developed back in 1964 for chemotherapy in cancer patients, at a time when it was thought that cancer was caused by a retrovirus, but was shelved because it failed in animal experiments. It was designed to destroy proliferating cells. Normally cancer chemotherapy drugs are used for limited periods. The rationale for cancer chemotherapy is to kill cancer cells during mitosis with cytotoxic chemicals like AZT. Such chemicals cannot distinguish cancer cells from normal cells and they do not selectively kill cancer cells. The price for chemotherapy is the death of normal cells as well.

AZT toxicity causes a number of disease conditions associated with cell membrane disturbances and destruction of mDNA. Based on these findings, it is clear that it generates free radicals, the superoxide that reacts with nitric oxide to produce another highly reactive radical called the peroxynitrite radical that can impair cell wall integrity, producing lesions and cancers. Its oxidative stress in the mitochondria causes the metallothionein (MT) protein system to lose its sequestered minerals. That impairs the function of the MT protein system and it cannot function to bind with hydroxyl radicals produced by the free radical action of superoxide on hydrogen peroxide generated in the

mitochondria through it metabolic activities. If these are not removed by transporting them across membranes for excretion, the excess hydroxyl radicals begin to damage the hydrogen bonds in the mDNA. The excess superoxide can also impair the function of the cytochrome enzymes leading to drastic reduction in the production of ATP and symptoms of tiredness and chronic fatigue begin to appear. As more minerals are lost when the permeability of membranes is altered by oxidative damage, the loss of minerals such as zinc and copper that serve as catalyst in antioxidant enzyme function, such as SOD and catalase, are depleted thereby reducing their free radical scavenging activity which aggravates the AZT free radical toxicity.

So, AZT intake can cause a host of free radical induced problems, just like AIDS as it is also caused or triggered by oxidative stress. Quite obviously, AZT is not the wonderful life-saving or life-prolonging drug it was made out to be. Certainly, how does a very toxic drug be expected to prolong life or improve the quality of life? What the label actually means is that if you give it to health people, they are likely to get AIDS and die.

After AZT had been licensed for human use, several independent studies reported that the drug is about 20 to 1000 times more toxic to human cells in culture than the manufacturer had claimed, i.e. that the half inhibitory doses (ID 50) ranged between 1 and 50 μM (Table 1). In accordance with these results, life threatening toxicity including anemia, leukopenia, nausea, muscle atrophy, dementia, hepatitis and mortality, has been documented in humans treated with 20 to 60 μM AZT (Mir & Costello, 1988; Duesberg, 1992; Freiman *et al.*, 1993; Tokars *et al.*, 1993; Bacellar *et al.*, 1994; Goodert *et al.*, 1994; Seligmann *et al.*, 1994).

An article in the New England Journal of Medicine describes the muscle wasting caused by AZT and compared it to muscle wasting, called "myopathy", presumed to be caused by HIV. Their comments in the abstract are shocking: "We conclude that long-term therapy with Zidovudine can cause a toxic mitochondrial myopathy, which... is indistinguishable from the myopathy associated with primary HIV infection..."

One study that documented the effects of AZT on people's immune systems was published in the Annals of Hematology. In that study AZT was given to 14 health care workers who were exposed to HIV contaminated blood through needle sticks and similar accidents. Half of the 14 workers had to quit the drug because of severe toxic side effects, and the study was stopped early before more damage was done. Neutropenia developed in 36% (4 of 11) of the people who completed at least 4 weeks of AZT treatment. Three of the originally 14 people could not even make it to four weeks due to "severe subjective symptoms". One worker had to be stopped prematurely because his neutropenia was so severe that he developed an upper respiratory tract infection. That means, the free radical damage of the drug and other similar drugs, suppresses the immune system sufficiently to open the body for opportunistic infections.

AZT is a poison that is cytotoxic. Originally developed for chemotherapy, it was never approved for use in humans because of its toxicity. It kills healthy cells by terminating the DNA synthesis in cells. Its mDNA depletion activity explains muscular fatigue and muscular atrophy later in long term use. AZT is confirmed to be carcinogenic in mice. In humans, AZT increases the risk of lymphomas by 50 times. AZT decreases white blood cells by killing young CD4 lymphocytes. It causes anemia, vomiting, lactic acidosis, fatigue, muscle wasting and lymphocytopenia and it stimulates leukemia – all the classic symptoms of AIDS!

The damage caused by AZT on the mitochondria and in mDNA depletion is due to its ability to generate superoxide free radicals. Clearly, AZT has free radical generating toxicity that destroys T4 cells and interferes with metabolism in the mitochondria by depleting antioxidants and antioxidant enzymes involved in energy generation in mitochondria. The immune system weakens while mitochondrial destruction causes chronic fatigue and when these two symptoms coincide, the body becomes very susceptible to opportunistic infections which become difficult to treat with other immunosuppressive or immunotoxic medications.

So, the FIRST PARADOX IN AIDS is…

> On one hand their HIV-causes-AIDS hypothesis tells people that after HIV infects cells in the immune system, it replicates in them and leads to the ultimate devastation of the immune system, while on the other hand the prescription is primarily large doses of immunotoxic and immunosuppresive "medicine" that causes the very same conditions and is potentially fatal!

NOW LETS MOVE ON TO THE NEXT PARADOX IN AIDS

The gallo-HIV theory which started of by saying that they discovered a virus that is "the probable cause of AIDS" went on to affirm that a pathogenic virus attacks the T4 cells of the immune system and destroys it and the body is then open to opportunistic infections and AIDS patients die from such ravaging of the virus.

Interestingly Gallo went on to procure a patent showing that he cultures the virus in T-cell lines that do not die from becoming infected by the virus which is in fact a mass production of HIV in immortal T-cell lines.

On one hand these people say that HIV attacks these cells and the cells of our immune system and in one paper declare that it is the probable cause of AIDS but another

document proves that they actually "grow" the virus in the very same cells. How is this possible?

"If HIV is claimed to cause AIDS by killing T-cells, how is it possible for the mass production of HIV to continue indefinitely in immortal T-cell lines as shown in the patent of 1984 as a source of HIV proteins for "AIDS tests" by Gallo/NIH, Weiss/Burroughs Wellcome (UK), and Montagnier/Pasteur?"

So, the SECOND PARADOX IN AIDS is…

> If the gallo-HIV actually attacks these infected cell lines, how come they are still producing HIV 21 years later! The proponents of the gallo-HIV theory have proven exactly the opposite - that HIV does not kill T-cells and cannot be the cause of AIDS.
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> **PERHAPS THAT CALLS FOR CELEBRATION**