

## Study Group AIDS therapy

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To those concerned,  
their doctors and carers.  
To the media

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### ref: **Gut flora, intestinal mucosa, antibiotics and AIDS**

New studies on the effects of today's antibiotics on the intestinal mucosa - with a surface area of the size of a football pitch and where more than 70% of all immune cells are to be found - have shown that they lead to:

- Lasting changes to the composition of gut flora, a reduction in benign bacterial strains such as Lactobacillae and Bifidobacteriae, which defend foreign bacteria strains and produce compounds for accessing nutritional components,
- a decrease in the diversity of bacterial strains thus compromising the flexible reaction to infections and the rapid return to a steady state. [\(A1\)](#)
- Transformations to the genetic structure of individual bacterial strains, (antibiotic resistance), the exchange of resistant genes between bacterial strains and as a result the suppression of benign intestinal bacteria by resistant bacteria, [\(A2\)](#)
- Increased colonization of fungi (*Candida albicans*) in the gut which in the process form roots, change their metabolism and secrete toxins [\(A3\)](#)
- Reduced production of bacterial substances against foreign bacteria and fungi and reduced production of toxins with which bacteria in the gut mucosa activate immune cells against viruses, bacteria and parasites. Decrease in the production of the body's own defense substances against foreign bacteria and in the process a reduction in defense against infections in the intestines, the mouth, the rectum and the sexual organs [\(A4\)](#),
- Decrease in production of energy in bacteria and in immune cells via the colonization of receptors on the cell surface, blockage to the membranes of their mitochondria and to protein synthesis in mitochondria [\(A5\)](#),
- Reduced production of bacterial substances for the building of the epithelium and the protective film on it and as a result injuries, haemorrhaging and an increased permeability of the epithelium leading to increased contact of immune cells to nutrient particles in the gut mucosa. This causes an ongoing inflammation of the gut mucosa which in time overtaxes the local immune regulation and immune tolerance. Together with the dissemination of intestinal bacteria to other organs this finally leads to inflammatory reactions in the whole organism. (A process that can additionally be triggered by cereals

containing gluten and foodstuffs with acid-producing or histamine-containing substances) [\(A6\)](#),

- Destruction of bacterial strains in the small intestine which trigger the formation of Th17 cells and as a result changes to the balance between Th17 cells and regulating T cells (Treg) which govern the immune tolerance in the intestines, the reactions to inflammations in the gastrointestinal tract and the production of autoreactive antibodies. This after some time leads to a general reduction in T4 helper cells, to chronic intestinal inflammations and to an advanced systematic inflammatory reaction in the whole body. In the process the defence against bacteria, fungi and parasites in the brain, lungs and other organs shuts down. (Certain classes of antibiotics destroy more bacteria in the smaller intestine than others thereby causing a higher decline in Th17 helper cells.) [\(A7\)](#)

Recent studies describe AIDS as being characterized by:

- Lasting changes in the gut flora with the decrease of benign bacteria (such as Bifidobactrie and Lactobacillae), which play a central role for the defense capacities in the gut and the protection of the intestinal mucosa and its immune functions,
- A chronic inflammation of the gut and an increased permeability of the gut mucosa, which allows the spread of gut bacteria from the gastrointestinal tract to other organs where they induce by their breakdown products ongoing inflammation which lead to an overexertion of antigen presenting dendrits and finally to their blocking [\(A8\)](#),
- A progressional reduction in Th17 cells in favour of regulating T cells (Treg) (in the acute phase the so-called HIV infection) and as a result the reduction of all CD-4 T-cells in the intestinal zone and later in the whole body and thus an increase in autoreactive, polyclonal antibodies against cytoskeletal proteins and proteins of the cell wall and of bacteria [\(A9\)](#).

Representatives of the HIV-AIDS model trace back the reduction in Th17 cells to direct damage of all T cells by the so-called HI retrovirus and in the quasi analogous model with rhesus monkeys to the SIV lentivirus, that can be activated by the administration of autoreactive antibodies or alcohol, leading to illnesses in test animals [\(A10\)](#).

As there have been no presentations, to date, of how exactly the postulated infectious HI retroviruses attack and destroy T cells. Neither the viral load nor the T4 cell-counts are reliable measured values regarding the course of the disease in test positives. As HIV to this day has not been proven as a retrovirus using the criteria defined by Luc Montagnier et al. it has to be seen as a laboratory phenomenon from which a variety of measured values have been derived [\(A11\)](#).

Antibiotic specialists like Geoffrey Canon and Jeffrey A. Fisher and MDs such as Robert Root-Bernstein and Heinrich Kremer have since the 1980ies suggested the connection between extensive administration of antibiotics on selected patient groups (male homosexuals, intravenous drug users, promiscuous swingers) and AIDS and correspondingly advocated a limited, targeted administration of antibiotics for these patient groups together with immune system supportive, pro-biotic therapy for the recovery of the immune system after administration of antibiotics [\(A12\)](#). As diverse studies have shown the immune cells can be activated by the administration of probiotics and immunomodulative substances and excessive immune reactions corrected so that defence capacities against bacterial, viral or parasitic infections can be re-established [\(A13\)](#).

Sexually transmitted diseases (hepatitis A and B, chlamydia, syphilis, gonorrhoea, herpes genitalis, granuloma, urethritis, trachomatis, bacterial vaginosis etc.) which according to the existing epidemiological data are considered as generators for the seroconversion in the HIV antibody tests

and the so called HIV-infection have been treated since many years with all kinds of antibiotics (A14) today, despite continuous appeals by the WHO for limited use of antibiotics, an increasing number of the causing pathogens (e.g. Neisseria gonorrhoeae and Bacterium Syphilis) are resistant to various classes of antibiotics making successful treatment of these diseases increasingly difficult (A15). Also pathogens of endemic diseases in developing countries such as tuberculosis, candidiasis, cryptococcosis, toxoplasmosis, mycobacterium avium, herpes simplex, leishmania or salmonella septicaemia, all of which are treated with antibiotics are increasingly resistant to specific antibiotics, making treatment of these diseases that are AIDS-defining after a positive result in HIV-tests (A16), extremely difficult (A17).

The supporters of the HIV/AIDS model do not wish to accept that a progressive transformation of the gut flora and damage of the gut mucosa from repeated administration of antibiotics could be responsible for the reduction of Th17 cells and as a result in all CD-4 T-cells and thus for chronic systematic inflammation in the intestines and later throughout the whole body.

Although anti-retroviral therapy (ART), as a bacteriostatic, cytotoxic therapy decreased the incidence of sexually transmitted diseases (STD) also at re-infection or latency of antibiotic resistant strains and extended the life expectancy of those treated compared to the earlier monotherapy with nucleoside analog drugs such as AZT, with ART the appearance of classic AIDS-defining diseases (Kaposi's sarcoma, non-Hodgkin lymphoma, pneumocystis jirovecii pneumonia, tuberculosis and cryptococcal meningitis) could not be avoided in any case making necessary the additional administration of antibiotics parallel to ART (A18).

Nucleoside analog drugs in ART and antibiotics, administered additionally both damage the gut flora and the gut mucosa and destroy the intestinal bacteria that induce the formation of Th17 cells, which are inevitable for the regulation of the CD-4 T-cells.

As it has been demonstrated in recent studies ART can only enhance the CD-4 T-cell counts in patients without severe damage to the intestinal mucosa that show CD-4-T-cell counts above 200/uL at the beginning of the treatment (80% of patients in Denmark), whereas in Immunological Non-Responders INR (20% of all patients in Denmark) even at a total elimination of HIV it cannot enhance the number of measured CD-4-T-cells above 200/uL and diminish the spread of intestinal bacteria into the organism, which via their breakdown products induce ongoing inflammation and activation of antigen-presenting Dendrites leading finally to their blockage.

Supporters of the HIV/AIDS model admit now that by means of ART the extent to which the number of Th17 cells and other T cells can be maintained or increased is dependent on the existing damage to the gut flora, the gut mucosa and the spreading of intestinal bacteria throughout the organism. Accordingly they are now studying whether with the administration of pro-biotics (together with ART or alone) the gut flora can be influenced in such a way as to reduce the permeability of the gut mucosa and the spreading of intestinal bacteria to improve the defense capacities against bacteria and viruses, and whether by administration of the messenger substance Interleukin-2 or by GcMAF respectively MAF 314 the blocking of macrophages can be stopped and the formation of new CD-4 T-cells can be induced, which as memory Helper T-cells are able to recognize antigens, what most of circulating T-cells under the ART-treatment are not able to do (A19).

The fact, that immune deficiencies underlying disruptions can only be subdued and not treated causally by means of ART does not induce the supporters to fundamentally re-think AIDS and AIDS therapy. That life expectancy for those treated by ART, even in western countries, is still considerably shorter as for the general population they trace back to 'non-AIDS-specific' diseases (liver and kidney failures, cardiovascular diseases, nerve diseases and certain forms of cancer) which they consider to be premature aging processes and not the compulsive results of continuous

damage to mitochondria by ART ([A20](#)).

Based on today's knowledge on the effects of antibiotics on the gut flora and the intestinal mucosa and their effect on CD-4 T cells, the expansion of AIDS-defining diseases (at the beginning of the 80s only pneumocystis carinii and Kaposi's sarcoma and later many other endemic infectious diseases including TB) has to be traced back (in addition to malnutrition, drug consumption, contaminated drinking water and environmental toxins ([A21](#)), to repeated administration of antibiotics ([A22](#)) and failure to provide therapy for the re-establishment of gut flora and the gut mucosa after its administration and not to the postulated HI retrovirus "newly discovered in 1984".

As the so-called HIV-particles, measured by means of the PCR-method as "viral load" are nothing but non characterized parts containing messenger substance (RNA), which are released in higher rates at ongoing inflammation for the repair of DNA-start sequences, and the so called HIV-antibodies, which from an arbitrarily set value on, (set in steps in the late 1980ies) lead to the labor result "HIV-positive" are nothing but polyclonal reacting antibodies to selected proteins of the cell-membrane and the cellskeleton and to many kinds of bacterial parts, which occur in higher rates in ongoing inflammations inducing autoimmune reactions and as the number of CD-4-T-cells measured in the plasma decreases in persons in which due to antibiotics induces damage to the gut flora and the gut mucosa, the formation of CD-4-T-cells is blocked, AIDS must be termed as an Antibiotics induced Immune Deficiency Syndrome.

The postulating of a new, immune weakening retrovirus (HIV) transmitted by infection and the construction and introduction of tests that identified an increased titer of autoreactive, polyclonal antibodies against proteins from the cytoskeleton and cell envelope of human cells and bacteria as "HIV positive", served from 1984 onwards above all to deny the shocking ensuing effects of antibiotics and the emerging antibiotics resistance and to hide both of it from the general public. Male homosexuals as alleged spreaders of this new virus should in regard of a new lethal, easy transmittable venereal disease practice less risky sexual behaviors. A strategy at which by emphasizing the transmission of HIV, the role of easy transmittable diseases (Hepatitis A and B, Syphilis and Gonorrhoea) as promoter of the sero-conversion to HIV-positive was continuously faded out, with the result that the emergence of these sexually transmittable diseases in risk-groups could not be diminished, which causes day by day the administration of antibiotics to members of these risk groups. The severe course of certain endemic diseases such as TB, Candidiasis, Cryptococcosis, Toxo-plasmosis, Mycobacterium avium, Herpes simplex, Leishmania and Salmonella septicaemia, was not traced back to the fact, that the causing bacterial strains had become resistant to various classes of antibiotics, but to the alleged HIV-retrovirus acting in the background of these infections.

According to the accepted paradigm, where infections were only to be treated by the administration of the right antibiotic against the hostile pathogen, many doctors sought a new super antibiotic after the onset of the AIDS crisis which they believed to have found in the form of AZT (and other nucleoside analogs) which were reduced in their doses and supplemented from 1996 by protease inhibitors which could slow down inflammatory reactions by interfering with cell division (also of bacteria). What they cannot understand believing in the HIV-AIDS-model is, that through uncontrolled administration of antibiotics, often without precise analysis of the pathogens in labs and through the non-application of pro-biotic, immune-supporting therapy after antibiotic administration every day new HIV-positives and AIDS patients are created thus releasing an epidemic of the so-called HIV retrovirus throughout all corners of the world and that the extensive administration of antibiotics to AIDS-patients and people with a positive HIV-test induces day by day new immune deficiencies and opportunistic infections.

Whether it is possible by means of an early administration of ART to prevent the transmission of resistant antibiotic resistant strains from positive tested persons to their test negative partners and thereby prevent a following seroconversion to “HIV-positive” in them, is not clear, as studies, which should have approved this, were terminated before the planned period due to “the positive, encouraging results”. As such kind of bacteria can only be suppressed by means of ART but not be totally eliminated, we do not know, if they cannot lead to infections in persons temporarily under stress or immune suppression. Various studies on “discordant couples” have shown that the partner tested negatively catches up sexually transmittable diseases often from a third party infected, what after a while leads to their seroconversion in the HIV-antibody test. Specialists for ART now want to allow unprotected sex to steady couples, in which the positive tested partner shows a “viral load” of 0. To what extent the transmission of resistant strains can be prevented in couples, in which both partners take ART is not known, as in such cases the “viral load” of each is measured and accordingly the treatment with ART and additional antibiotics is adopted.

How far it is possible to successfully treat damage caused by antibiotic administration to the gut flora and gut mucosa and to other organs by means of probiotic administration, amino acids, trace elements and vegetable matter (A23) will be decisive for finding out whether AIDS-defining diseases can be successfully treated in the coming years. Provision of sufficient and healthy nutrition, clean water and a pro-biotic, immune system supporting therapy will represent a central challenge for medical institutions all over the world in the coming years.

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PS: That the complications and side effects associated with ART could be reduced by administration of immune system supportive substances was already confirmed in 2002 by a clinical study (A24). Although pharmaceutical companies like Roche and Squibb, thereupon published extensive brochures on supplementary treatment to ART with amino acids, trace elements and vitamins, they had only a little influence on actual treatment of those affected. As health insurance companies do not reimburse patients for such substances - they have to pay for them out of their own pockets, they are not prescribed by doctors – in sharp contrast to ART therapy which including laboratory costs more than 20,000 Euros per patient per year. It will be interesting to see whether this will be the case in the future after the latest insights from AIDS research. Doctors and institutions, who prescribe ART and antibiotics get approx. one third of its retail prices back from the health insurances.

Attachments:

AIDS and the Mitochondria:

[http://ummafrapp.de/skandal/felix/mitochond/AIDS\\_and\\_the\\_mitochondria.pdf](http://ummafrapp.de/skandal/felix/mitochond/AIDS_and_the_mitochondria.pdf)

Therapy recommendations