

## **Therapeutic Recommendations for HIV Positive and AIDS Patients.**

(Therapeutic recommendations from the studies of Dr. Heinrich Kremer (Barcelona) author of : The Silent Revolution in Cancer- and AIDS- medicine. [www.Xlibris.com](http://www.Xlibris.com) , Prof. Alfred Hässig (Bern), and Dr. Eleni Papadopulos (Perth), Dr. Stefan Lanka (Stuttgart), Ralf Meyer (Pirmasens), Etienne de Harven (France), MD Roberto Giraldo (Brazil) and Gerry B. Mullis (USA) available under: <<http://www.ummafrapp.de/>> and <<http://www.virusmyth.com/>> and the studies of L.A. Herzenberg, J.D. Peterson and S.C. De Rosa, W. Droege, J.K. Shabert, G. Ohlenschlaeger, C. Richter, V.Hack, H. Rode, E.A. Newsholme, C De Simone, S.J. Ferrando, C. de Back, M. Clerici, G.M. Shearer, M.C. Dalakas, G.Tomelleri, E. Benbrik, G.A. Cannon, B.D. Cheson, and L. Chaitow under: [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov).

The diverse diseases which define the AIDS syndrome: fungal infections of lungs, the mucous membranes, the brain and inner organs, degenerative transformations of the endothelial cells of the blood-vascular system and lymphatic pathways (Kaposi's sarcoma) as well as the severe course of endemic diseases such as TB, Leishmania TB, Candidiasis, Cryptococcosis, Toxoplasmosis, Mycobacterium avium, Herpes simplex, Leishmania and Salmonella septicaemia are the consequences of a persistent inflammatory reaction which leads in time to a continuous switch in the profile of the messenger substances in the T-4 helper cells. In addition to persistent injuries, open wounds and drinking contaminated water, the central cause of continuous inflammatory reactions is a continuous damage to the intestinal mucosa by activated immune cells. (leaky gut) that are triggered by hyperacidity, hyperglycemia, mucous obstruction through milk products, histamine inducing and histamine-containing foods, allergic reactions to glutens, and the transformation of the bacteria in the gut flora by antibiotics and environmental toxins. Consequentially nutrition components that come into contact with immune cells in the intestinal mucosa and are then considered by them to be foreign pathogens (antigens) so that they form antibodies to eliminate them. If this state continues for a period of time, then Th17 cells are produced in high levels, damaging the intestinal and blood-brain barriers, thereby allowing the spread of fungal infestations (Candida Albicans, Toxoplasmosis and PCP) and inducing autoimmune reactions with the formation of antibodies against the cell walls and cytoskeleton, some of which are termed as HIV-antibodies. Blockages to the mitochondrial membrane and their ion channels by antibiotics, heavy metals and other environmental toxins compromise at the same time, energy production in cells (ATPase) and leads to exhaustion of the body's own antioxidants (glutathione molecules) affecting as a result the production of B cells in bone marrow as well as the activities of circulating T-4 cells. All this leads to a reduction in the production of NO gas in immune cells and other cells. If this happens over a longer period of time, then T4 helper cells are produced pre-dominantly with a Th2 cytokine profile, which on contact with B cells instigate defence against bacteria and toxins via antibodies but still only to a minor degree as T4 helper cells with a Th1 cytokine profile that activate killer cells to attack cells carrying fungi, viruses and mycobacteria and to trigger macrophages to break down immune complexes of antigens and antibodies. If this Th1-Th2 switch lasts even longer, then NO gas production grinds to a halt leading to degenerative processes (KS), to an amplified reverse transcription and through an increase in cell death to an increased release of those cell-skeleton and mitochondrial proteins that have been named as HIV particles. The increased amounts of antibodies against the body's own cell envelope and cell skeleton proteins and against a multitude of diverse antigens then lead, after reaching a certain, once defined level, to the 'laboratory result' of HIV positive in the so-called "HIV-antibody tests".

**A permanent Th1–Th2 cytokine switch of T4 helper cells results from:**

- frequent repeated antigen contact from frequently repeated injuries, operations, chronic infections (e.g. hepatitis B), contaminated drinking water and repeated accession of foreign proteins in the bloodstream (amongst other things through coagulation proteins in blood preparations and sperm via anal intercourse).
- Malnutrition, (protein deficiencies, hyperacidity, hyperglycemia, mucous obstruction via milk products and allergic reactions to foodstuff and gluten-containing cereals, that induce the release of histamine, and the intake of antibiotics, food preservatives and food additives that alter the balance between 'good' and 'bad' bacteria in the intestines, trigger the attack of immune cells on the tissue of intestinal walls leading to little leaks in the gut. This leaky gut allows nutritional components and toxins filtering through to the intestinal mucosa where they meet up with high concentrations of lymphocytes present there that then induce the production of antibodies against them causing lingering inflammatory reactions with an ongoing Th1-Th2 switch.
- contact with heavy metals (mercury, aluminium, lead, arsenic etc.) in the environment, in contaminated water, in foodstuffs, in dental fillings and vaccine carrying substances, with toxins in foodstuffs (preservatives, fungicides, herbicides and insecticides), azo pigments and toxic textile auxiliary substances. They all lead, firstly, to the activation of cell-mediated defences with excessive release of NO gas and subsequently to an inhibition of type-1 cytokines (IL-2, IL-12, IFN $\gamma$ ) to prevent the destruction of tissues. A long-term change of the redox milieu in the cells results from an increased consumption of thiols and a sustained type-2 cytokine (IL-4, IL-6 and IL-10) counterregulation with an increased production of Th2 helper cells, which stimulate B cells to an increase in antibody production. This eventually leads to autoimmune reactions in which antibodies are formed against the body's own cells (amongst others T4 helper cells and intestinal mucosa cells) which dock onto them and with them establish immune complexes. These conditions lead to an inflammatory activation of macrophages which then are unable to adequately break down the immune complexes (consisting of autoantibodies and the body's own cell proteins) and via mediators trigger the continuation of autoimmune reactions.
- Antibiotics acting intracellularly (chloramphenicol, tetracycline, macrolides, quinolone, lactams etc.) block proteins formed on the cell walls by ribosomes and coded in the cell core, and enzyme activating amino acids for the synthesis of peptides, imported to the mitochondrial membranes and there translated into energy production (ATP) which also are responsible for the reducing of toxic oxygen radicals. Sulfonamides with trimethoprim (Bactrim), insecticides (e.g. lindane for treatment of crab lice), chemotherapeutics and nucleoside analogs (like AZT, Nevirapine etc) block the formation and release of folic acid and purines necessary for the development of DNA in mitochondria and the formation of iron and copper containing enzymes which are needed for the respiratory cycle of mitochondria. They seal the mitochondrial membrane and thus block the production of energy taking place there and the degradation of oxygen radicals which play a central role in detoxification. In addition they block the enzyme dihydrofolate reductase required in the liver

with tetrahydrofolate for the production of glutathione and for the generation of tetrahydrobiopterin (TH IV) needed for the generation of NO gas with which killer cells attack cells bearing fungi, viruses and mycobacteria.

- the absorption of nitrites via inhalation (poppers), contaminated water and foodstuffs (mainly in developing countries). Nitrites inhibit the synthesis of type-1 cytokines and the maturation of T4 helper cells. Just like Azathioprine, antibiotics, chemotherapeutics and fungicides they lead to a long-term Th1–Th2 switch and thus, eventually to swellings and degenerative transformations in the endothelial cells of blood vessels of the lymphatic pathways (Kaposi's sarcoma) and other tissues.
- a prolonged depletion in glutathione molecules, as can happen with an impairment of glutathione production in the liver through chronic hepatitis, heavy alcohol consumption, prolonged intake of heavily oxidative substances and antibiotics and through a deficit of sulphur-containing cross-linked proteins (cysteines) in nutrition. Prolonged deficiency of glutathione weakens the transport and gradual reduction of oxygen into the cells, with the effect that mitochondrial energy production in the cells is disturbed and killer cells destroy themselves with NO gas when they attack cells containing fungi, viruses and mycobacteria. An ongoing deficit of glutathione favours the spreading of fungi (e.g. candida albicans), in the intestines and mucous membranes, which then release toxic degradation products, which impair the production of glutathione in the liver and these products can also only be broken down by glutathione and glucuronic acid. A prolonged deficit in glutathione in antigen-presenting cells eventually leads to a Th-2 predominance.

### **The Consequences of Antiretroviral and Antibiotic Treatment.**

The so-called HIV retroviruses, which today are made responsible for 29 AIDS defining diseases, have yet to be isolated as transmittable, propagable viruses, photographed and biochemically characterized according to Koch's postulates. In AIDS only known viruses, bacteria and fungi as well as autoantibodies and immune complexes are transmitted via blood and semen. This can lead to an ongoing Th1 – Th2 switch in immune deficient recipients.

For Gallo and Montagnier's postulation of 'HIV retroviruses' in 1984, lymph cells were cultivated with leukemic, white blood cells, embryonic cells, which exhibited a heavily increased activity in reverse transcription that was further activated by doses of hydrocortisone. The increase in the incidence of reverse transcription in these cell cultures was then interpreted as proof of the existence of a new, infectious, transmittable virus. The later developed HIV tests correspondingly identify an increased titer of antibodies against leukemic cells, which appear in various immune reactions, as HIV positive.

Nucleoside analog substances (Acyclovir, Nevirapine, DDI etc.), even after a short time of administration, have a sustained effect on the maturation of all immune cells in the bone marrow: the B-cells, the T-cells that are later developed in the thymus, the antigen-presenting dendritic cells and the macrophages. The damage to the new growth of B-lymph cells means that their activities and numbers are severely compromised and

defence by antibodies against bacteria is weakened so that they can disperse in cells without hindrance. When T-4 helper cells then circulate they find only reduced amounts of B-cells in the lymphatic tissues that they can activate. As T-4 helper cells with a Th-2 cytokine profile they then circulate in the plasma and lymphatic tissues for 24 hours without a function. This results in a higher measurable number of T-4 helper cells in the plasma.

Nucleoside analogue substances, reverse transcriptase inhibitors and fusion inhibitors severely reduce the levels of thiol and thereby further aggravate the already present glutathione deficits in HIV-test positives persons. Glutathione deficiency in antigen-presenting cells leads to the formation of T-4 helper cells principally with a Th-2 cytokine profile, which trigger an increased production of antibodies and only a small number of the Th-1 cells that activate defence against fungi, viruses and mycobacteria via macrophages. Protease inhibitors impair the development of proteins for nucleotides needed for the structuring of new cells in all organs. Treatment results in diabetes, the shift of fatty acids from the extremities, retinitis, formation of kidney stones and to liver failure.

Chemoantibiotics (Bactrim, Septrin, TMP/SMX etc.) that block the formation of folic acid, purines and DHFR enzymes, damage glutathione production in the liver, NO production and oxygen transport in the cells, in the process continuously blocking the whole cell-mediated defence resulting, via a permanent Th1–Th2 switch, in ongoing functional immune deficiency. By blocking cell respiration they promote fungal infestations (PCP, *Candida albicans* etc.) in the mucosa, intestines (chronic diarrhea) and skin. Long-term dispensing of chemoantibiotics also leads to an inhibition of tetrahydrofolate necessary for uracil production and thus results in an inhibition of the T-cell growth factor, interleukin-2. By inhibiting the biologically active folic acid, chemoantibiotics also impair the transformation of the RNA base, uracil, to the DNA base thymine and thus hinder DNA repair via reverse transcription. Additionally, by altering the genetic structure in bacteria, which exchange plasmids with each other, they increasingly cause antibiotic resistance.

Nucleoside analog substances (like AZT, DDI, DDC etc.) reduce by blocking the development of DNA for a limited time bacterial infections, fungal infestations and the production of the non-characteristic particles with mediators (RNA) that are termed HIV particles, as well as immune complexes of antibodies and the body's own cell proteins. This process further promotes autoimmune reactions. However, nucleoside analogs are only 1% phosphorylated and practically not integrated at all in the nucleus where they are supposed to inhibit the 'HI' viruses as DNA terminators. Nucleoside analogs and protease inhibitors, furthermore, cause disturbances to the biosynthesis of proteins and enzyme proteins and by impairing the production of nucleic acids lead to damage both in the nuclear and mitochondrial DNA. Sooner or later this leads to severe damage to the brain, muscle cells (heart attacks and paralyses) and in the internal organs as well as to the formation of cancer cells.

Under the above-mentioned conditions the cells increasingly switch to an oxygen-free fermentation metabolism, burdening the organism with lactic acid or causing wasting, in which the cells draw essential substances, as an alternative, directly from muscle proteins. With continuing damage to mitochondria through the blockage of their membranes, glutathione deficiency and DNA damage the symbiosis between mitochondria and the nucleus breaks down (Warburg Phenomenon) with the consequence that nuclear sections

with agents that had been previously successfully isolated, are activated and the survival of nuclear DNA is increasingly assured by reverse transcription (termed as Immune Reconstitution Inflammatory Syndrome). In the process the numbers of measurable RNA in the plasma increases (increase in the so-called HI viral load).

The consumption of RNA markedly increases for repairing the increasingly recurring DNA damage caused by combination therapy (HAART), so that the numbers of cell particles decline. This is measured by means of the polymer chain reaction test (PCR) as "HIV viral load". Through disruption to the synthesis of nucleic acid the coding patterns of nuclear and mitochondrial DNA are altered by ART therapy and the DNA repair, via reverse transcription, is further impaired. Depletion of the repair enzymes eventually leads to the products of reverse transcription no longer being able to be adopted by DNA (renewed rise in the 'viral load' and irrevocable resistance to combination therapy).

### **Elements of a Compensatory Therapy Supporting the Immune System:**

- Refraining from acidic or acidogenic foodstuffs, which damage gut flora often triggering allergic reactions, namely refined sugar, saturated fats, milk and milk products, preservatives, yeast, histamine-containing foodstuffs like mayonnaise, chocolate, tomatoes, cheese, nuts and sardines and gluten-containing cereals, all of which increase the permeability of the intestinal mucosa for toxic degradation products and nutrition components. They can be substituted by a diet of eggs, double cream, whey, potatoes, rice and noodles, gluten-free cereals (rice, maize, buckwheat, amaranth and quinoa), unrefined cane sugar, honey as well as fish, pork, fats with unsaturated fatty acids, cooked vegetables and hard raw vegetables. Which antibodies are being produced against which foodstuffs in the intestines can be established by means of an antibody food intolerance test. This allows the provision of an individual dietary plan in which allergy causing foods can be avoided and gradually daily nutrition can again be ingested
- Probiotic substances, namely EM (effective microorganisms with strains of bacteria for the large intestine and plant compounds such as basil, ginger, fennel, olive leaves, oregano, sage and grapefruit extract (ProEM san by Tisso) and bacterial cultures for the small intestine (bifidobacteria and lactobacteria as well as fructose oligosaccharides, rice starch and diverse trace elements) can with time regenerate gut flora and support the intestinal mucosa during the healing process. In addition, fungal infestations in the intestines (*Candida Albicans*) and other pathogens can be treated by papaya leaf tea (1 cup twice a day), a precondition being the refraining of using refined sugar, which can be replaced by unrefined cane sugar or natural sweeteners like honey or maple sugar.
- Curcumin, extracted from the spice plant *Curcuma longa* (turmeric), inhibits in the ultraviolet range of light those signals responsible for the progression of inflammations and degenerative developments (cancer). In Curcumin containing preparations (4-8 capsules daily), the curcumin is supplemented with peperino, quercetin, molybdenum, grape seed extract and the medicinal mushroom *Agaricus blazei murill*, which boosts its effect. Curcumin cannot be taken in conjunction with high doses of vitamin C, E and beta carotene, especially in cases of glutathione deficiency, as it changes into a substance that has a prooxidative effect and it can no longer deploy its anti-infectious effects and thus aggravates a glutathione or thiol deficiency.

- Polyphenols from green tea, ginger, vine leaves, diverse cabbage types, ginkgo biloba, quercetin, wheatgrass and other plants, bind toxic oxygen degradation products, have an inflammation inhibiting effect, support the programmed death of degenerating cells, have a supportive effect on cells and the mitochondrial membrane and thus provoke a transposition of blocked immune reactions (Th1-Th2 switch).
- The negatively charged basic tissues can be protected by polyanions (heparin and heparinoids) in agar agar, guar, shark cartilage or green lipped mussel preparations. As a natural protease inhibitors they can slow down progressive inflammatory reactions that lead to autoimmune reactions, increased cell death and increased reverse transcription. By supporting cell-mediated defense systems they can restart flexible immune responses.
- Taking vitamin D3 (5-10 drops = 2,000-5,000 IUs daily) and vitamin B12 (1,000 micrograms daily) at mealtimes can promote the production of T4 cells with a Th-1 cytokine profile, thus slowing down continuous autoimmune reactions. Taking colostrum (first milk of cows) 3-6 capsules daily, which contain important trace elements, messenger substances and growth factors can support flexible defence capacities.
- Glutathione production can be boosted by the supply of sulphur-containing protein mixtures (N-acetyl cysteine, 3-8 gms daily) and folic acid (3-20mg daily). Glutathione production and NO synthesis in the liver, which are decisive for the regulation of the T-4 immune response and for the regression of tumours, can be supported by doses of glutamine (40 gms daily) and L-arginine (20-30 gms daily). L-carnitine is necessary for the incorporation of long-chain fatty acids (triglycerides) into the mitochondria. A deficiency of L-carnitine impedes the energy-releasing process of energy production in mitochondria. By the administration of 6 grams of L-carnitine daily for 14 days, this deficiency can be resolved. After specific laboratory analyses these substances can be administered in higher doses orally or by means of infusions.
- Overcoming deficiencies through various trace elements, amino acids, vitamins, vital mushrooms and plant compounds (co-enzyme Q10, L-glutathione, folic acid, lecithin, lutein, manganese, orotic acid, pangamic acid, selenium, magnesium, humic acid, chromium, zinc, L-arginine, L-cysteine, L-glutamine, L-glycine, L-histidine, L-isoleucine, L-lysine, L-tyrosine, grape seed extract, lingzhi, Agaricus, wild yam roots and vitamins B1, B2, B3, B5, B6 B12, C, D, and E, which act to impede cancer and have anti-inflammatory, anti-allergic, anti-bacterial, anti-viral and detoxifying effects and support defence, circulation and metabolism (in the brain). They also can support mitochondrial activities, the formation of their membranes and the repair of mitochondrial DNA damage and thus cellular metabolism and activities in all organs.
- The impact of mercury, aluminium, lead, arsenic and other heavy metals through amalgam dental fillings, vaccine substrates, contaminated water and foodstuffs that trigger autoimmune reactions can be reduced by the intake of Chlorella algae, Ramson extract and other plant substances, as well as coriander tincture, alpha lipoic acid, N-acetyl cysteine, selenium, zinc and chelating substances (DMSA, EDTA and DMPS) that can be administered by infusions after laboratory analysis.

- The electron transport of the respiratory chain of mitochondria can be improved with the co-enzyme Q10 (100 – 200 mg daily). The mitochondrial activities, the development of membranes and the repair of damage to mitochondrial DNA can be supported by folic acid (5 – 20 mg daily), alpha lipoic acid (300 – 600 mg daily), through vitamin B1 (150 – 300 mg daily), B6 and B12 and doses of selenium (200-400 mcg), zinc (10 mg daily), magnesium, manganese and the medicinal mushroom Lingzhi, as well as through chromium (100 – 300 micrograms daily) and uridine (the latter in molasses, 2 dessert spoons daily) and soy lecithin (1-2 dessert spoons daily) and methionine (500-1000 mg daily).
- Multiple unsaturated omega-3 and omega 6 (from argan oil, krill oil, coco oil, L-carnitine and silicon dioxide or hemp oil, linseed oil, safflower oil and cumin oil (5-6 dessertspoon per day) can improve oxygen absorption in cells, the cell envelope and improve their permeability. Micro-algae (e.g. chlorella algae) 3-4g per day, hemp oil, oenothera oil and fish oil (3 dessertspoons daily) can, as prostaglandin modulators, stimulate cellular immunity. In severe cases, opportunistic infections can be treated by selective cyclooxygenase-2 inhibitors and gamma globulin.
- Mitochondria regulate cell metabolism and cell transformation and re-transformation. Enzymes in the mitochondria are governed by ions that in turn are controlled by over 300 mineral salts that are present in organisms. A sufficient supply is possible with base mineral salt mixtures. Thanks to capsules resistant to gastric juices they can directly reach the small intestine. (High doses of base compounds are not indicated in cases of tumor formation).
- Candida albicans can be successfully treated with gastric juice resistant capsules with caprylic acid, with biotin (vitamin H), with Aloe vera and with probiotic substances Effective microorganisms, Kanne Brottrunk – a fermented grain drink- and dextrorotatory lactic acids, with bifidus and acidophilus bacteria. The bases of such treatment is a diet poor in sugar, refined carbohydrates and fat but rich in fiber, bases and roughage, with high value carbohydrates (potatoes, whole grain bread and pasta), vegetables and fruit (plant antioxidants) and cold pressed oils, algae, soya beans and fish but without: iron-rich red meat, smoked meat or fish, fresh egg-white, white wheat, refined sugar, alcohol, fermented or malted products, canned citrus drinks, dried fruits or nuts, pasteurized milk, buttermilk and sour cream and products derived or containing yeast or fungi. The acid-base balance can be restored by mixtures of bases. The prerequisite for this is doing without refined sugar and instead using whole cane sugar or other natural sweeteners like honey or maple syrup.
- Fungal infestations and internal infections, skin and mouth infections can be treated by grapefruit extracts (drops) or by emulsions obtained from them. These are effective against a diversity of fungi, viruses and gram-positive and gram-negative bacteria. Hand creams with sulphur, tea tree oil or acidophilus are also effective for the skin, as is an infusion of papaya leaves, for the stomach (1 cup 3 times daily).
- The balance between cell-mediated immunity and antibody immunity (Th1 and Th2 cytokine profile) is controlled by the hormonal stress axis between the hypothalamus, the pituitary and the adrenal glands. The stress hormone, cortisol,

produced in the adrenal glands activates the antibody response, its hormonal counterpart, DHEA, stored throughout the organism, the cell-mediated response. A continuous shift of the stress axis towards cortisol can be corrected by doses of DHEA-S. Continuous use of preparations, sprays and skin creams with cortisone and the use of steroid hormones (e.g. for improved muscle formation), correspondingly leads to a reduction in lymphocytes and their functions and thus to the onset of viral and fungal infections and to Kaposi's sarcoma.

- Stress can be relieved through autogenic training, stretching, Alexander technique, and massage and through natural sleeping potions, through refraining from drugs (coffee, sugar, alcohol, nicotine, cannabis, amphetamines, ecstasy, cocaine and heroin) that lead to an increased release of stress hormones. The amino acid, tryptophan, which is converted to serotonin, helps against depression.
- Repeated inflammation reactions that can be transmitted via infections (hepatitis, venereal diseases etc.) but also via liquids can in part be avoided by careful treatment of wounds and the use of condoms during anal intercourse. By refraining from nitrite inhalation (poppers) lymph node swellings, which promote degenerative transformations in tissues (KS) and fungal infestations, can be avoided.
- By avoiding high doses of coagulation proteins in blood preparations.

...cellular endosymbiosis and a flexible immune response can be restored in HIV test positive persons and AIDS patients. If, temporarily, antibiotics are administered then this basis therapy must be continued.

The success of this immune system supporting therapy, which has to be adapted to individual disease patterns, can be established by measuring trace elements, stress hormone profiles, T4:T8 cell ratios, macrophage activation (neopterin test), the serum ferritin levels, the glutathione levels in plasma and in T4 helper cells.

More information on specific testing, mixed infusions and preparations and on education for therapists are available at:

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