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THE WHITE HOUSE

WASHINGTON

August 25, 1993

Thomas A. Cosgrove
3535 Quail Road
Pinion Hills, California 92372

Dear Mr. Cosgrove:

My apologies for the slow response. I'm delighted to learn of your congregation's plans for an HIV education network.

I have asked the National AIDS Clearinghouse to send you a current packet of information. Your local health department should also have pertinent materials.

Best wishes.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

NOV 15 1993

5 November 1993

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Ms. Gebbie:

I wrote to you on 7 July regarding AIDS information. You responded on 25 August 1993.

Your letter indicated you asked the National AIDS Clearinghouse to send me a current packet of information. I have not heard from them. Please re-request the information for me, or let me know their address.

Sincerely,

Thomas A. Cosgrove

P.O.B. 721101
Pinon Hills, CA
92372

(619) 868 4461

cc Duane Siebert
D.S. Cosgrove

BERNARD N. MERRILL, ATTORNEY AT LAW

ROGER GRAY, OF COUNSEL

August 25, 1993

Christine Gebbie
AIDS Policy Coordinator
Executive Office of the President
750 17th Street N.W., Suite 1020
Washington, DC 20500

RE: Misc.

Dear Chris:

I am enclosing an article you may have missed in today's NY Times. Perhaps you have already sent a note to:

Ellie Noel,
Country Music AIDS Awareness Campaign
(I'm working on the address)
Nashville, Tennessee

John Carlin, Executive Director
Red Hot Organization
73 Spring Street, No. 602
New York, New York 10012

I spoke with John Carlin in New York today and I think a short note to him would be very well received. His organization has given away over $10 million in the U.S. alone and they also give overseas. They have given deeply to AmFAR, GMHCC, Act Up, the TAG team, the Peer Review Committee and others. They have a new public relations person, David Kerby, who use to work for AmFAR and John suggested that I talk with him tomorrow. Carlin was very surprised, happily I might add, to get a call and I think that he could be a great ally in the rock and rhythm and blues crowds when you need to mobilize their support. He could be highlighted as a successful buyers-market funding source for the private sector.

It seems to me that the President could use as much support form the Country and Western crowd as he can get and he could solidify his rock vote.

From the article, it sounds like there are a number of private sector corporations we could look to for innovative entrance to these populations.

1020 SW TAYLOR, SUITE 330 PORTLAND, OREGON 97205 TELEPHONE (503) 222-9830 FAX (503) 274-8575

On another front, I assume that you have sent a note to David Satcher, new CDC director, and set up a meeting with him. It was interesting to read the AP wire and learn that in his initial statement he named AIDS as one of his top priorities.

This area is presenting some fruitful possibilities. Speilberg's people called to say that they think they can get Jack Valente to buy on to a public service announcement on AIDS prevention to be shown before every movie in America. Hows that for public awareness. And many people go to a movie on a date before going home for romance. I do.

I think that you should give some consideration to having the President speak to the Postmaster General with the goal of having an AIDS stamp issued on December 1st. It would have to be something positive, such as "Living with HIV" and it could be issued from the post office and cancelled from Hope, Arkansas. We might even send a thank you from the President to all of the AIDS provider organizations, if not before, then on that day with that stamp.

On the work front, I just want to say that Art Lawrence is a gem. He has really gone to bat for me with the personnel people and is a refreshing delight on the phone.

I am trying to fly east on September 2 and see you on September 3, if you are in the office. Please don't think me overly zealous but I could work (at no cost to the government) over the labor day week end. Don't worry. I'm not a workaholic; I took the month of May off and spent it in Italy and my batteries are charged.

7256

THE WHITE HOUSE

WASHINGTON

August 25, 1993

Mr. Troy Ledbetter
10818 Ridge Spring Drive
Dallas, Texas 75218

Deat Mr. Ledbetter:

Your request for HIV/AIDS information and materials has been forwarded to the National AIDS Information Clearinghouse, which will send you a catalog describing the posters and brochures that they have available in bulk and individually. For your further information, the number for the Clearinghouse is 1-800-458-5231. In addition, I suggest you contact the office listed below for any State specific materials which may be available:

Texas Department of Health
1100 West 49th Street
Austin, Texas 78756
(512) 458-7375

As we continue our fight against this disease, it is vital that unbiased, accurate information is disseminated to as many people as possible. I applaud your efforts to educate our young people.

Best wishes in your efforts.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

August 25, 1993

Mr. Troy Ledbetter
10818 Ridge Spring Drive
Dallas, Texas 75218

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Best wishes in your efforts.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Prepared by: APO: GWirth: gw: 8/20/93: 690-5471: b:\ledbet.ter

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Thanks for writing
asking Natl
clearinghouse to send
info

July 13, 1993

Public Health Service National AIDS Program
ATTN: AIDS Coordinator
Hubert H. Humphrey Building
Room 738-G
200 Independence Avenue SW
Washington, DC 20201

Dear Sirs:

I am writing to you for information on AIDS Awareness or any other type of information you could send to me. The information that you send to me will be used in an information file that we as students at TWU in Denton, Texas are compiling in a Health Promotion for Children Class and will be able to use when we become teachers. Any information you could send me would be greatly appreciated.

Thank you,

Troy Ledbetter
10818 Ridge Spring Dr.
Dallas, Texas 75218

THE WHITE HOUSE

WASHINGTON

August 25, 1993

Mr. Arthur Y. Webb
Chief Executive Officer
Village Nursing Home, Inc.
607 Hudson Street
New York, New York 10014

Dear Mr. Webb:

Thank you for your congratulations on my appointment as National AIDS Policy Coordinator. I appreciate you sending me information on the Village Nursing Home.

I would very much like to visit your programs and will look for the opportunity to do so when I am in New York City. I look forward to seeing you.

Best wishes to you in your efforts.

Sincerely,

Kristine Gebbie

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

August 25, 1993

Arthur Y. Webb
Chief Executive Officer
Village Nursing Home, Inc.
607 Hudson Street
New York, New York 10014

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Best wishes to you in your efforts.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

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OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

August 24, 1993

Mr. Arthur Y. Webb
Chief Executive Officer
Village Nursing Home, Inc.
607 Hudson Street
New York, New York 10014

Dear Mr. Webb:

Thank you for your congratulations on my appointment as National AIDS Policy Coordinator. I appreciate you sending me information on the Village Nursing Home.

I would very much like to visit your programs and will look for the opportunity to do so when I am in New York City. I look forward to seeing you.

Best wishes to you in your efforts.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

July 15, 1993

Ms. Kristine Gebbie
Federal AIDS Coordinator
The White House
Washington, DC 20500

Dear Ms. Gebbie,

On behalf of all of us at Village Nursing Home I wish to congratulate you on your recent appointment to the post of Federal AIDS coordinator, and wish you the best as you begin to address one of the most critical health concerns in the nation. The announcement of your appointment and the prominence that the Clinton Administration has given the AIDS crisis is quite encouraging.

The Village Nursing Home, a non-profit organization, has been at the forefront in the care of people with AIDS in New York City for over six years. Village Nursing Home began, in 1987, to develop a three-phase continuum of care for men and women with AIDS. In 1989 the first phase, the AIDS Day Treatment Program, opened in the Chelsea section of Manhattan. The program currently serves over 100 people and is celebrating its fifth anniversary. This program is the only one of its kind in Manhattan and has served as a model for similar facilities throughout the country.

Phase II: Village Certified Home Health Agency is the only AIDS-specific Certified Home Health Agency in Manhattan and currently serves 250 men and women in their Manhattan homes. Rivington House, the third phase of the continuum, will be a 241 bed health care facility solely for people with AIDS. The Home is currently renovating a former public school on the Lower East Side of Manhattan for this state of the art facility which will be operational in October 1994.

This brief background cannot begin to tell of the unique and compassionate care Village Nursing Home is providing for people with AIDS, and although demands on your time are great, I would like to invite you to visit our Programs and experience our work first hand. I can be reached at 212/924-1120 extension 420.

Sincerely,

Arthur Y. Webb
Chief Executive Officer

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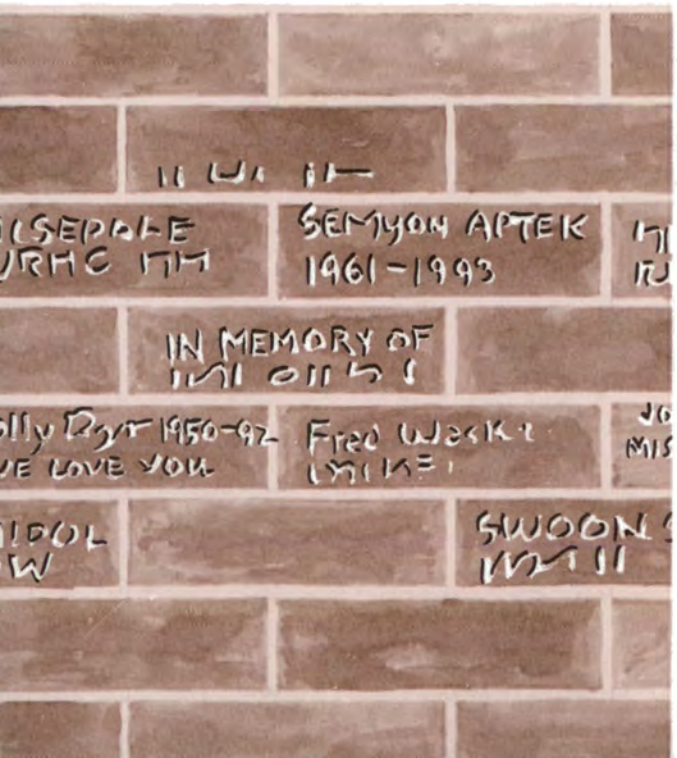
Village Nursing Home AIDS Program

III Rivington House Health Care Facility

Rivington House Health Care Facility:

The Memorial Program



Rivington House Health Care Facility

Rivington House will be the only free-standing facility dedicated to the care of men and women with AIDS in New York City.

This beautiful building will incorporate high tech clinical treatment with a warm and caring environment where clients will feel completely at home as well as tenderly cared for.

Several areas within the facility have been set aside as places of remembrance, and we invite you to consider this opportunity to commemorate a loved one or friend or simply add a message or name for any reason.

The memorial opportunities are:

- The Memorial Garden
- The Interfaith Chapel
- Chapel Chair with Kneeler
- Engraved Brick or Plaque
- Inscription in the Book of Remembrance

Yes, I would like the opportunity to contribute to the Memorial Program at Rivington House:

I wish to purchase the following remembrance:

Memorial Garden	$150,000	_____
Interfaith Chapel	100,000	_____
Chapel Chair	1,000	_____
Engraved Brick	200	_____
Book of Remembrance	100	_____

Where I can be reached by telephone:

Day ( ) _____
Eve ( ) _____

I enclose my check for: $ _____
I would like to charge this donation:
Visa ( ) American Express ( )
Master Card ( )
Card No. _____
Expiration Date: _____

Signature: _____

Rivington House is an AIDS program of the Village Nursing Home.

My name: _____

My address: _____

I want my memorial tribute or message to read (maximum of 36 characters, including spaces and punctuation). Please print.

_____

Please return this form and address all inquiries to:

Village Nursing Home
Development Office
607 Hudson Street
New York, New York 10014

Tel: (212) 924-1770
Fax: (212) 924-7396

A Special Message

Although it's natural to put off the task of writing a will, if you die without one your heirs will be left to handle burdensome legal tasks, and may not distribute your property as you would have intended.

If you are making or revising your will, please consider including Rivington House as one of the beneficiaries. It's easy to do and will help ensure the continuation of quality health care offered by the facility.

To find out how to include Rivington House in your will, call or write Village Nursing Home, Development Office, at the address and phone at left.

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Village Nursing Home

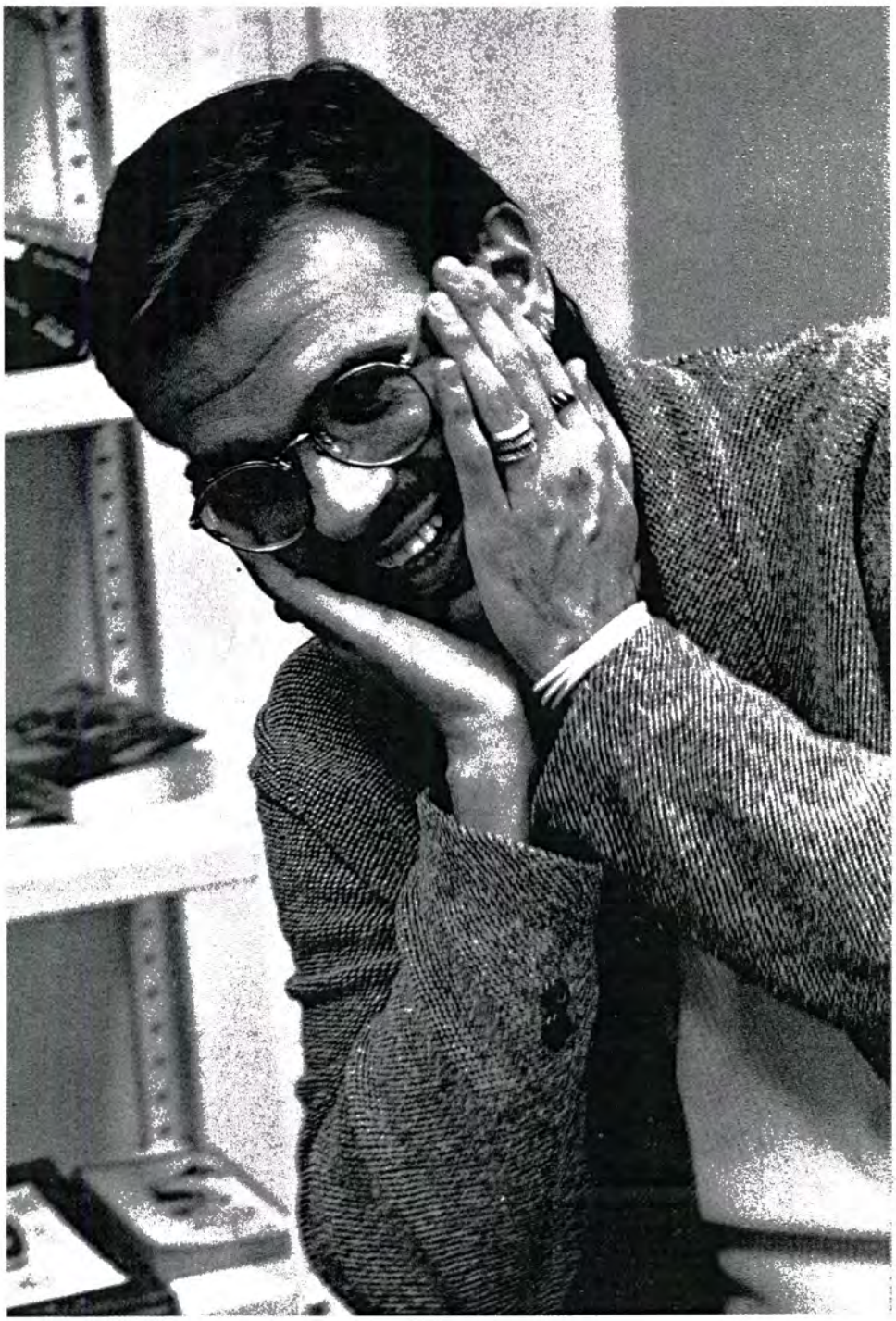
Village Nursing Home
AIDS Program

I The Day Treatment Center

12 pgs

Village Nursing Home AIDS Program

The Day Treatment Center



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Village Nursing Home
AIDS Program
II The Home Care Program

2pgs

Village Nursing Home AIDS Program

II The Home Care Program

Rivington House Health Care Facility

607 Hudson Street, New York, New York 10014 212/255-3003

NAMED GIFT OPPORTUNITIES *

Building	$2,000,000
Recreation/Sculpture Gardens (2)	500,000
Lobby	150,000
Memorial Garden	150,000
Interfaith Chapel	100,000
First Floor Library/Classroom	75,000
Recreational & Gymnastic Center	75,000
First Floor Conference Room	50,000
Inservice Nursing Dept.	50,000
Physical Therapy	50,000
Occupational Therapy	50,000
Medical Suite	50,000
Gift Shop	25,000
Dental Room	25,000
Staff Cafeteria/Pantry	25,000
Kitchen	25,000
Laboratory and X-Ray Room	25,000
Large Lounge/Day Rooms (4)	25,000
Pharmacy	25,000
Nurses Stations (9)	20,000
Personal Care Room	20,000
Elevators (4)	15,000
Single Patient Rooms (27)	15,000
Small Dining/Day Rooms (9)	15,000
Medical Record Room	10,000
Semi-Private Patient Rooms (107)	10,000
Patient beds (241)	1,000

OTHER GIFT OPPORTUNITIES

The Memorial Program:

A donation of $1,000 will commemorate a loved one or friend on a special Chapel chair.

A donation of $200 will engrave a brick or plaque within the facility to honor a loved one or friend.

A donation of $100 will inscribe a friend or loved one's name in the Book of Remembrance in the Chapel.

* In addition, $1 million for programmatic short fall is needed.

THE WHITE HOUSE

WASHINGTON

August 25, 1993

Dr. Martin J. Murphy, Jr.
President and
Chief Executive Officer
Hipple Cancer Research Center
4100 South Kettering Blvd.
Dayton, Ohio 45439-2092

Dear Dr. Murphy:

Thank you for your congratulations on my appointment as National AIDS Policy Coordinator. I am pleased to learn of your work.

I would very much like to visit the Cancer Center, and will watch for an opportunity to do so, when I am in Ohio. I look forward to seeing you.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

August 25, 1993

Dr. Martin J. Murphy, Jr.
President and
Chief Executive Officer
Hipple Cancer Research Center
4100 South Kettering Blvd.
Dayton, Ohio 45439-2092

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National AIDS Policy Coordinator

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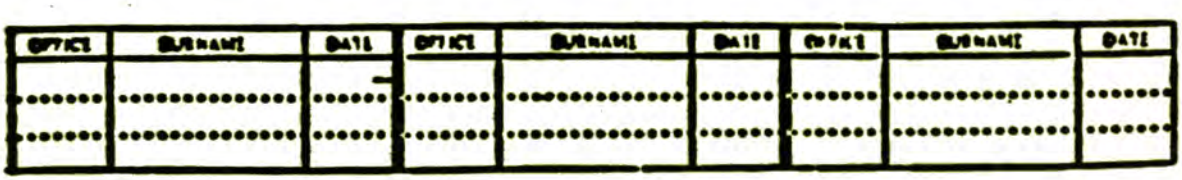

Thanks you for
your letter. So
pleased to learn of
your work.
See ing to visit

HIPPLE
IS HOPE

July 21, 1993

Ms. Kristine Gebbie
AIDS Policy Coordinator
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Ms. Gebbie:

Please accept my sincerest congratulations on your appointment as the AIDS Policy Coordinator. This a singular honor and opportunity for you, and I am sure you and your team will provide a fresh perspective to the many challenges you will face. Let me also add that I recognize the magnitude of your responsibilities and wish you every success.

I hope you take interest in learning that the Hipple Cancer Research Center has recently announced the discovery and localization of the cancer-fighting gene to human chromosome 8. I enclose newspaper articles from the Associated Press and other publications which describe its significance in combatting cancer and its implications for chronically infected AIDS patients who may develop AIDS Dementia Complex.

The National Cancer Institute has funded Dr. Gupta's peer-reviewed interferon research for 13 consecutive years. This fundamental and promising genetic discovery is yet another example of the *value* of the research supported and produced by the National Institutes of Health. This network of research among the 13 institutes demonstrates once again the NIH is vital to the present and future health of our nation. It's greatest strength is the synergy it derives from the sum of all its parts, as Dr. Samuel Broder, Director of the NCI, has testified.

Whenever your travels bring you to Ohio, I hope you will accept our invitation to visit the Cancer Center. It would be a privilege to introduce you to Hipple's scientists and our innovative research programs.

HIPPLE CANCER
RESEARCH CENTER
4100 SOUTH KETTERING BLVD.
DAYTON, OH 45439 2092 USA
513 293 8508 FAX: 513 293-7652

Again, please accept my best wishes as you assume you new post. If we can ever be of any assistance to you in your efforts, please do not hesitate to call upon me.

With personal regards, I remain

Yours sincerely,

Dr. Martin J. Murphy, Jr.
President and
Chief Executive Officer

MJM/jjl

Enclosures

The Dayton Daily News
June 29, 1993

HIPPLE IS HOPE

Hipple Lab staff says gene is key to cancer fight

MICHAEL HEINZ/DAYTON DAILY NEWS
Dr. Sohan Gupta, team leader

By Julia Helgason
DAYTON DAILY NEWS

A human gene with significant implications for treating cancer and AIDS-related dementia has been identified and mapped by a team of scientists led by Dr. Sohan Gupta of the Hipple Cancer Research Center.

The achievement was kept under wraps until details could be published in a scientific journal.

Now the story can be told. The article, by Gupta and five other scientists, was published in the July issue of *Genomics*, a journal on gene research.

If the gene's action can be specifically aimed at cancer cells in the body, it may be effective in treating several types of cancer that have proved resistant to radiation treatment and chemotherapy.

Gupta and his colleagues first isolated the "IDO gene" more than three years ago. More recently they mapped it on chromosome 8, one of the body's 22 pairs of chromosomes.

The work required coordinating the efforts of scientists at the Eleanor Roosevelt Institute in Denver and Indiana University at Bloomington.

Hipple president Dr. Martin Murphy announced the breakthrough Monday.

The IDO gene may be pivotal in the treatment of a variety of cancers, Murphy said, and may be equally important in the treatment of AIDS-related dementia.

Gupta said the team isolated the gene while investigating the action of interferon-gamma.

Interferons are the body's first line of defense against invading viruses. They are not normally present in the body, but are produced by cells in response to a virus or other pathogen. Pathogen is a medical term for "germ."

Interferon-gamma activates the IDO gene to produce an enzyme that researchers believe will work against cancer. Murphy said the IDO enzyme works by starving tu-

SEE GENE/**8A**

☐ Gene

CONTINUED FROM/**1A**

mor cells of tryptophan, an amino acid.

Without tryptophan, cells can't make protein. And without protein, cells can't divide and spread.

In theory, cancers could be controlled by selectively turning up production of the IDO enzyme in cancer cells.

Gupta stumbled on the AIDS connection quite by accident, Murphy said.

The IDO enzyme would have to be turned down or off to treat AIDS-related dementia.

AIDS-related dementia starts with loss of motor control and progresses to the loss of intellectual faculties. Scientists believe virtually all people with AIDS will develop dementia if they don't die from infection or other complications first.

Because people with AIDS are constantly bombarded with infections, they have high levels of interferon-gamma in their blood streams. The interferon-gamma triggers the production of the IDO enzyme, which accelerates the breakdown of tryptophan. As tryptophan breaks down, it produces quinolinic acid, which is highly toxic to nerve cells.

Murphy said people with AIDS dementia have two conditions believed to be the result of too much IDO enzyme: high concentrations of quinolinic acid in their cerebral spinal fluid and reduced levels of serotonin, a chemical needed for normal brain function.

By selectively turning down the production of IDO enzyme or its activity in the nerve cells of people with AIDS, dementia may be controlled — at least in theory.

As AIDS patients live longer on AZT and its derivatives, the incidence of AIDS-related dementia is expected to rise, Murphy said.

Finding a way to reverse it would not only save health care dollars but would help preserve the dignity of AIDS sufferers.

The next steps, Murphy said, are to figure out how to manipulate the gene to turn the IDO enzyme on or up to treat cancer, and down or off to treat dementia, and to learn how to aim the enzyme at specific cells.

Murphy speculated that kind of progress would likely take two to three years.

Gupta, 53, is a native of India. He earned a doctorate in biochemistry in 1967 from the All-India Institute of Medical Sciences in New Delhi.

He began interferon research at Yale University. Gupta came to Dayton in 1986 from Memorial Sloan-Kettering Cancer Center in New York City where he headed its interferon research laboratory.

Gupta is Hipple's senior scientist, overseeing the center's scientific committees, collaborating with Murphy on scientific publications and grant applications, and representing Hipple in scientific matters in Murphy's absence.

The other scientists involved in the research were Hipple researcher Barbara L. Barr; Dean J. Burkin and Carol Jones of the Eleanor Roosevelt Institute in Denver; and K. Sean Kimbro and Milton W. Taylor of Indiana University, Bloomington.

HIPPLE CANCER RESEARCH CENTER
4100 SOUTH KETTERING BLVD.
DAYTON, OH 45439-2092 USA
513 293-8508 FAX: 513 293-7652

The Columbus Dispatch
June 29, 1993

HIPPLE
IS HOPE

Scientists hope to copy gene that fights cancer

DAYTON (AP) — Researchers said yesterday they have discovered a gene that helps fight certain cancers and might help control neurological complications of AIDS patients.

The announcement was made during a news conference at the Hipple Cancer Research Center.

"It starves cancer cells," Hipple Director Martin Murphy said of the gene. "We're hopefully going to be able to engineer this on behalf of cancer patients."

The discovery will help scientists better understand the action of interferons, the body's first line of defense against viruses and cancer, officials said. They said the gene produces an enzyme called indoleamine 2,3 dioxygenase — or IDO — which starves cancer cells of essential growth molecules.

Dr. Sandra Wolman, professor of pathology at Wayne State University in Detroit, said discovery of the gene could be a significant development but that she couldn't say for certain until reviewing the research.

She said a gene that regulates interferon could have a great impact on leukemic growth.

The researchers were led by Sohan Gupta at Hipple. Gupta was joined by Dean Burkin and Carol Jones of the Eleanor Roosevelt Institute in Denver and K. Sean Kimbro and Milton Taylor of Indiana University.

The research was published in the July issue of *Genomics*.

Murphy said interferon-gamma is a molecule that helps make up the body's immune system and is part of its defense perimeter against disease. Interferon-gamma is regulated by the IDO gene.

"What we didn't know is the mechanism by which this defense molecule was actually able to keep that perimeter impenetrable," Murphy said.

He said the researchers not only discovered the gene but isolated it.

"We not only know it's on chromosome 8, we know its exact address," Murphy said. "We can now begin to deploy it."

He said researchers hope to begin testing the gene on cancer patients in three years.

Hipple officials said the gene will help also in studying and perhaps controlling the neurological complications and dementia that occur in AIDS patients.

HIPPLE CANCER
RESEARCH CENTER
4100 SOUTH KETTERING BLVD.
DAYTON, OH 45439-2092 USA
513 293-8508 FAX: 513 293-7652

HIPPLE
IS HOPE

Gene a key to fighting cancers

The Cincinnati Enquirer


Gupta

Researchers at the Hipple Cancer Research Center in Dayton, Ohio, said Monday they've isolated the gene that makes the cancer-fighting "IDO" enzyme.

Understanding how the body produces the enzyme, called indoleamine 2,3 dioxygenase, may lead to better treatments for lung, pancreatic, ovarian and other cancers, said Sohan Gupta of the Hipple Center, a non-profit research organization. The research will be published in the July issue of *Genomics*, a national research journal.

▶ Story, **B1**

The Cincinnati Enquirer
June 29, 1993

Study links cancer, enzyme production

Dayton researchers find gene that makes key protein

BY TIM BONFIELD
The Cincinnati Enquirer

DAYTON, Ohio — People with cancer don't have enough of it. People with AIDS might have too much. It's called the "IDO enzyme," and researchers in Dayton said Monday they've finally isolated the gene that makes it.

The cancer-fighting enzyme, called indoleamine 2,3 dioxygenase, is a key part of the body's natural defense system. Understanding how the body produces the enzyme might lead to better treatments for lung, pancreatic, ovarian and other "solid tumor" cancers, said Sohan Gupta of the Hipple Cancer Research Center, a nonprofit research organization founded in 1977.

How the IDO enzyme works

▶ A virus or cancer invades the body, triggering production of interferon.

▶ Interferon, the body's first line of defense, "turns on" a gene that produces the IDO enzyme.

▶ The enzyme then "starves" cancer cells by breaking down an amino acid needed to survive.

▶ While this process might help fight "solid tumor" cancers, it can be harmful to AIDS patients because excess IDO enzyme can lead to dementia, researchers say.

This latest breakthrough in the fast-paced world of genetics research will be published in the July issue of *Genomics*, a national research journal. Gupta's research is so new that experts at the cancer programs at University Hospital and Jewish Hospital said they were not familiar with it.

Rather than trying to figure out why one-third of all Americans eventually develop cancer, Gupta has spent 13 years studying why the other two-thirds manage to avoid the disease.

His research team has focused on interferons, naturally occurring proteins that serve as the body's first line of defense against invading viruses, cancer cells and other pathogens.

PLEASE SEE THE OTHER SIDE

HIPPLE CANCER
RESEARCH CENTER
4100 SOUTH KETTERING BLVD.
DAYTON, OH 45439-2092 USA
513 293-8508 FAX: 513 293-7652

Interferon-gamma, one of three types of interferon, attacks cancer cells by "turning on" the gene that makes the IDO enzyme, Gupta said. The enzyme then "starves" cancer cells by breaking down an amino acid the cells need to survive.

Some researchers think cancer occurs when this process does not function properly. Knowing exactly which gene produces the enzyme makes it easier for geneticists to develop a treatment, Gupta said.

Interferons were discovered in the late 1970s but didn't live up to their hype as a magic cancer cure. Since then, however, interferons have been used in new treatments for hepatitis B, hepatitis C, hairy cell leukemia and Kaposi's sarcoma. About 165 clinical trials involving interferons have begun nationwide, according to the National Cancer Institute.

For AIDS patients, however, the IDO enzyme appears to have a harmful effect.

Normally, the body produces large amounts of interferon to fight viral infections. Once their job is done, the interferon

(Please see ENZYME, Page B4)

Enzyme: Harms AIDS patients

CONTINUED FROM PAGE B1

returns to normal levels. But in AIDS patients, the levels remain high.

Excess production of the IDO enzyme blocks formation of serotonin, a substance nerve cells need to function. It also creates toxic quinolinic acid. The result: dementia.

Of the 279,854 people nationwide diagnosed with AIDS, 7% to 10% per year develop AIDS dementia complex, according to National Institutes of Health. That rate is expected to grow as more people live longer with the disease.

There's no cure or vaccine for AIDS. At least 1 million people have the virus but haven't developed the disease, and thousands more are infected every year.

"The costs of institutionalizing these patients will be staggering," said Martin Murphy, president and chief executive officer of the Hipple center.

"We must not just learn to turn on (the IDO enzyme process). We must learn to regulate it," Murphy said.

Hipple researchers have begun testing the enzyme against different kinds of cancer cells, as well as ways to block enzyme production. If the lab tests are successful, clinical trials in humans would be three to five years away.

Reprint from *Genomics*, July 1993, Vol. 16

Localization of the Human Indoleamine 2,3-Dioxygenase (IDO) Gene to the Pericentromeric Region of Human Chromosome 8

Dean J. Burkin[1], K. Sean Kimbro[2], Barbara L. Barr[3], Carol Jones [1], Milton W. Taylor[2], and Sohan L. Gupta[3]

[1] Eleanor Roosevelt Institute for Cancer Research and Department of Biochemistry Biophysics and Genetics, UCHSC, Denver, CO 80206; [2]Department of Biology, Indiana University, Bloomington, IN 47405; [3]Hipple Cancer Research Center, 4100 S. Kettering Blvd., Dayton, OH 45439

Please address correspondence to:

Sohan L. Gupta
Hipple Cancer Research Center
4100 S. Kettering Blvd.
Dayton, OH 45439-2092
Tel: 513-293-8508
Fax: 513-293-7652

The indoleamine 2,3-dioxygenase (IDO) is the first enzyme in the catabolic pathway for tryptophan. This extra-hepatic enzyme differs from the hepatic enzyme, tryptophan 2,3-dioxygenase (TDO), in molecular as well as enzymatic characteristics, although both enzymes catalyze the same reaction: cleavage of tryptophan into N-formylkynurenine. The induction of IDO by IFN-γ plays a role in the antigrowth effect of IFN-γ in cell cultures and in the inhibition of intracellular pathogens, e.g., *Toxoplasma gondii* and *Chlamydia psittaci* (ref. 10 for a review). Tryptophan is also the precursor for the synthesis of serotonin, and reduced levels of tryptophan and serotonin found in AIDS patients have been correlated with the presence of IFN-γ and consequent elevation of the IDO activity (1, 5, 9). The IDO enzyme has been purified and characterized (10); and its cDNA and genomic DNA clones have been isolated and analyzed (2,3). Here we report studies on the chromosomal localization of the human IDO gene.

A series of human-Chinese hamster cell hybrids (4, 6, 8) were analyzed for the presence of human IDO gene by polymerase chain reaction (PCR) and by Southern blot analysis. Oligonucleotide primers (based on IDO cDNA sequence, ref. 2) used for PCR yielded a product of the expected size (569 bp) with human DNA but not with hamster cell DNA, indicating their specificity. Similar PCR analyses were carried out with DNA from a battery of hybrid cells, and the appearance of the 569 bp PCR product was then correlated with the presence of specific human chromosomes. The results indicated a 100% concordance between the presence of human chromosome number 8 and the appearance of the 569 bp PCR product (data not shown). A hybrid cell 706-CL17 which only contained human chromosome 8 was positive for the PCR product, whereas hybrids that contained numerous human chromosomes but not chromosome 8 were negative.

DNA from several hybrid cells was also analyzed by Southern blotting and compared with DNA from human cells and Chinese hamster cells. Chromosome panel blots containing genomic DNA from human-hamster hybrid cells digested with *Hin*d III, were also obtained from Bios Laboratories (New Haven, CT), and probed with IDO cDNA probe. The results indicated

again a complete correlation between the presence of human chromosome 8 and the appearance of restriction fragments which hybridized with the IDO cDNA and gave a pattern similar to that obtained with human DNA (data not shown).

DNA from hybrid cells containing fragments of human chromosome 8 was used to determine the regional localization of the IDO gene on chromosome 8 (Fig. 1). The hybrids R30-5B and R30-2A contain 8p11→qter and 8q13→qter, respectively. Hybrid 229-3A contains the 8pter→q11 (ref.6). The hybrid R30-2A was negative for the IDO gene, whereas R30-5B and 229-3A were positive as analyzed by PCR and verified by Southern blotting. Only the region close to the centromere is shared by R30-5B and 229-3A hybrids (6). The results indicate that the IDO gene is located on chromosome 8p11→q11.

The IDO enzyme catalyzes the first, and apparently the rate limiting, step in the degradation of tryptophan, an essential amino acid. Its induction by IFN-γ is implicated in the suppression of cell growth and various intracellular pathogens (reviewed in ref. 10), and in neurological complications in AIDS patients (1,5,9). Elevated levels of IDO and quinolinic acid (a neurotoxic product of tryptophan catabolism) were also found in spinal cord and cerebrospinal fluid subsequent to infection with poliovirus (7). Thus, the level of this enzyme and its regulation has physiological and pathological significance. The identification of the chromosomal location of the IDO gene should serve to identify whether mutations in this locus may be related to potential inherited disorders.

Acknowledgements

This work was supported in part by U.S. Public Health Service research grants CA-29991 (to S.L.G.), CA 53783 (to MWT), and HD 17449 (to C.J.) from the National Institutes of Health. Support from the Linda Gross Memorial Fund is greatly appreciated. We thank Glen McConville, K. Vincent Konan and Osman Ozes for technical assistance.

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LEGENDS

Figure 1.

Regional localization of the human IDO gene on human chromosome 8. The portions of the human chromosome 8 in the hybrids used have been described (6) and are indicated by solid lines. Chromosome 8 specific markers are indicated at the bottom. Human glutathione reductase (GSR) and *mos* are located at 8p21.1 and 8q11-q12, respectively (6).

THE WHITE HOUSE

WASHINGTON

August 25, 1993

Mr. Christopher Krejci
728 W. Dorset
Palatine, Illinois 60067-6728

Dear Mr. Krejci:

Thank you for taking the time to write. I am flattered you ask, but am sorry to say I have no autographed pictures.

The entire organization for the new AIDS Policy Office is currently being developed. It is my hope to craft a scientifically sound and responsible program of public health efforts, medical care, and education which can limit further spread of the human immunodeficiency virus.

As I begin my new responsibilities, I will be looking for ways to include all perspectives on this epidemic in our policy deliberations. All Americans need to be part of the process.

Thanks again for writing.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

August 28, 1993

Mr. Christopher Krejci
728 W. Dorset
Palatine, Illinois 60067-6728

Dear Mr. Krejci:

Thank you for taking the time to write. I am flattered you ask, but am sorry to say I have no autographed pictures.

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Thanks again for writing.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Prepared by: APO: TFox: 8/23/93:202-690-5560:b:\foxltrs.gbe\krejci.gbe

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

8/2/93

728 W. Dorset
Palatine, ILL
60067-6728

Aides Policy Coordinator Kristine Gebbie
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear Coordinator Gebbie:

I have a few questions to ask of you, if you have the time to respond I would be most grateful.

The first thing I would like to ask is could you please send me a biography on yourself?

What do you do exactly as White House Aides Policy Coordinator?

What do you plan to do about this awful disease that is spreading across the World?

How many people do you have working with you?

What is it like to work with President Bill Clinton and Vice-President Gore?

The last thing I would like to ask is could you please send me an autographed picture of yourself?

I thank you for your time and help.

Sincerely,

Christopher Krejci

THE WHITE HOUSE

WASHINGTON

August 25, 1993

Curtis J. McCall Jr., B.S., D.C., Ph.D., D.D.
Chiropractic Physician
McCall Chiropractic Clinic
811 Grace Avenue
Panama City, Florida 32401

Dear Dr. McCall:

Thank you for taking the time to write to share your concerns.

I have read Dr. Strecker's allegations, and considered them, as have many others. I disagree with his viewpoint, given the full range of information available on the virus, however.

I encourage you to work with a medical facility or university in your area to evaluate any technology you are aware of that would benefit persons infected with HIV.

Best wishes in your efforts.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

August 25, 1993

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McCall Chiropractic Clinic
811 Grace Avenue
Panama City, Florida 32401

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Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Prepared by: APO: TFox: 8/24/93:202-690-5560:b:\foxlts.gbe\mccall.gbe

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

HOURS
MONDAY, WEDNESDAY, & FRIDAY
9:00 A.M. TO 12:00 NOON
1:00 P.M. TO 6:00 P.M.
7:00 P.M. TO 9:00 P.M.
SATURDAY
9:00 A.M. TO 12:00 NOON
MEDICAID FREE CLINIC
TUESDAY AND THURSDAY
9:00 A.M. TO 12:00 NOON
1:00 P.M. TO 6:00 P.M.

PHONE 769-1708
JIXNUE LI M.D.
ADVISORY BOARD
CHINA ACADEMY OF
ORTHOPEDICS AND
TRAUMATOLOGY,
CHINA ACADEMY
OF TRADITIONAL
CHINESE MEDICINE,
BEJING, CHINA

McCall Chiropractic Clinic

811 Grace Avenue
Panama City, Florida 32401

July 10, 1993

Miss. Christene Gibby
AIDS COORDINATOR
THE WHITE HOUSE
WASHINGTON D.C.

SUBJECE: FEDERALLY SUPRESSED RIFE CANCER CURE AS ALTERNATIVE AIDS--CANCER THERAPEUTIC.

Dear Miss. Gibby:

Leading AIDS researcher Dr. Robert B. Stricker in his AIDS Memorandum as a medical researcher along with others has come to the conclusion that AIDS is a species threatening disease by the year 2,000. This is because the AIDS virus is a retrovirus having a replication factor with the human DNA-RNA of 6561 trillion variations making the production of a vaccine or drug for the disease impossible. As a result in 1989 an immergency closed door meeting was held in Los Angeles with the scientist and engineers coming to the conclusion that the only viable answer to the AIDS PANDEMIC was Rife's Technology that should be deployed in the drugless healding arts. This technology is described in Federal Classified Document Report No- Dev. 1042 dated 12-1-1953 located at the Armed Forces Medical Library Washington D.C. entitled "History Of The Development Of A Successful Treatment For Cancer- And Other Viruses, Bacteria, and Fungi". This document has been classified with the cancer cure technology being supressed by the AMA-Cancer research Cartel on the Federal Level. You will note that the document describes the procedure of isolation of the BX Bacillus Virus of Cancer following the procedures layed down in Koch's Postulates of Bacteriology. This basic fact of Microbacteriology was ignored by Dr. Bruce A. Chabner, M.D. Director Division of Cancer Treatment Department of Helath and Human Services as a reply to my letter of March 12, 1993 to President Clinton, along with a copy of the Classified Document. Dr. Chabner's letter is a basic disclaimer and denial of scientific facts inorder to protect vested interest as he is head of the Division of Cancer Treatment. Such an attitude without taking time to visit the Armed Forces Medical Library Washington D.C. to view the censored pages of the classified document should be considered a deriliction of duty as a individual who holds a high position in the Government.

With the foregoing in mind along with the severity of the AIDS PANDEMIC with Medicine unable to effectively develope a vaccine or drug to cure the disease it become an absolute imperative that Alternative AIDS--CANCER Therapeutics be developed and deployed as discussed in the Classified Federal Document on CANCER. To do to the contrary because of vested interest of the AMA-CANCER RESEARCH CARTEL who developed the AIDS Virus at Ft. Deterick as coming out of Leukemic and Biological Weapons development would be just as criminal as a denial of the technology and therapy to a dying humanity. The seriousness of the AIDS Pandemic cannot be ignored or underestimated or covered up as at this time the evidence indicates a direct culpibility of our government in its spread and production in contaminated Small Pox Vaccine, Hepetitis B. Vaccine, WHO Vaccinations Programs, Contaminated Coagulain, and Fetal calf serum. French research has shown that HIV_3 virus can live outside of the human body from 10-14 days opening the door to transmission by blood sucking insects as an infection possibility in the human body. Other deadly pathogens developed at Ft. Deterick are HTLV-1, HTLV-2, HEILV-IV, ELVA, SV-40,FeLv, BSV spread around the world in vaccination programs by unscrupulous scientist using humanity as experimental animals. Truly the death Bells as the Biological Armiggdeon through Medical Science stupidity in the production of such diabolical contagons without the technology to eredicate or cure the diesease. The height of arrogance and disregard for the laws of Creation.

The Angels weep at such a sight as the deplorable conditions of Medical Science being modivated as lust and greed after the dollar experimenting upon humanity that threatens its extension. Thus humanity's two million year evolution upon this Planet is subject to come to its conclusion at the end of this century.

I trust that you can bare the truth of this letter as the loyal oppoistion of the Chiropractic Profession having suffered the AMA's intention to destroy the Chiropractic Profession which resulted in the AMA being found guilty of Conspiracy and violation of the Sherman Anti Trust Act. With the foregoing in mind perhapse you as The President's AIDS Coordinator begain to fraime a government Policy on Rife's Supressed Cancer Cure use within the Chiropractic Profession as a Research Technology application in AIDS--Cancer Disease as a TENS Unit grandfathered within the provisions of The Federal Food Drug and Cosmetic Act Section Chapter 21 USC Section 510 (b) (k) U.S.C. Through such a policy and assistance the mounting pressure of the AIDS Pandemic within the Health Care Delivery system can be eleviated due to medicines inability to deal effectively with the AIDS Pandemic. As such also demands immediate action through appointments of Chiropractic Physicians to your team of advisors having Presedential appointment status with authority to help frame government policy use in the deployment of Rife's Technology within the Chiropractic Profession. As such individuals who are suffering with AIDS--CANCER diesease will be afforded a health care infrastructure and alternative therapeutic research procedure.

I look forward to hearing from you. With all best wishes I am

Sincerely, yours

Curtis J. McCall Jr.

Curtis J. McCall, Jr. B.S.,D.C.,Ph.D.,D.D.
Chiropractic Physician

THE WHITE HOUSE

WASHINGTON

August 25, 1993

Alexander Dneprovsky, M.D.
c/o Vitaly Klyarfield, President
V & I Agency
606 Brighton Beach Avenue, 2nd floor
New York, New York 10301

Dear Dr. Dneprovsky:

Thank you for writing.

Two agencies within the Department of Health and Human Services, Public Health Service, would be helpful in your pursuit of the research and licensing of your treatment for HIV. You may want to contact these agencies at the following addresses.

Executive Secretariat
National Institutes of Health
Building 1, B-156
9000 Rockville Pike
Bethesda, Maryland 20892
ATTN: Sue Seigal

and

Mr. Dennis Meyers
Food and Drug Administration
Executive Secretariat (HF-40)
Parklawn Building, Room 16-70
5600 Fishers Lane
Rockville, Maryland 20857

Best wishes in your efforts.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

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Parklawn Building, Room 16-70
5600 Fishers Lane
Rockville, Maryland 20857

Best wishes in your efforts.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Prepared by: APO: KMGebbie: gw: 8/20/93: 632-1090: b:\dneprov.sky

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

August 23, 1993

Alexander Dneprovsky, M.D.
c/o Vitaly Klyarfield, President
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Rockville, Maryland 20857

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Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

August 23, 1993

~~Dr.~~ Alexander Dneprovsky, M.D.
c/o Vitaly Klyarfield, President
V & I Agency
606 Brighton Beach Avenue, 2nd floor
New York, ~~NY~~ New York zip (can we look up?)

Dear Dr. Dneprovsky:

Thank you for writing to the U.S. Department of Health and Human Services, Public Health Service

To pursue research and licensing of your treatment for HIV, you should contact the National Institutes of Health and the Food and Drug Administration at the following addresses.

Executive Secretary ~~Building~~ Attention: Ms. Sue Seigal
National Institutes of Health
Building 1, B-156
9000 Rockville Pike
Bethesda, Maryland 20892

and

Mr. Dennis Reagen
Food and Drug Administration
Executive Secretariat (HF-40)
Parklawn Building, Room 16-70
5600 Fishers Lane
Rockville, Maryland 20857

are we not giving Dennis Reagen's name?

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Best wishes to you in your efforts.

Since he is "new" to the US shall, we tell him these agencies are part of USDHHS/PHS?

Thank you for writing.

To pursue research on E for HIV
beyond of your treatment you
should contact

NIH
FDA.

sincerely

President's Advisor
in Fight Against AIDS
Ms. Christine Gabby

Dear Ms. Advisor:

My name is Alexander Dneprovsky. I am a Medical Doctor with thirty-seven years of experience in Moscow, Russia. I immigrated to the USA at June 18, 1992.

During the past two years I was a participant in the clinical research of methods for AIDS treatment. After several clinical experiments, we achieved positive results in treatment of three hopelessly sick patients. My colleague and co-author of this particular research died unexpectedly in January of 1992. Thus, I am the only person having the information about this method of treatment.

If you wish, I would be willing to give the information about this research to medical researchers in order to verify it, and provided that I would have my priority in all the questions connected with realization of my possible discovery. I would be very happy if you could render your assistance and as a result we could possibly save lives of millions people with AIDS who doomed to death.

During the last 2 month I keep receiving telephone calls from Moscow containing offers to give the method to them. But I realize that after getting to Russia the method would be never discovered by world's society. For this reason I am willing to hand it only to representative of US Government. Unfortunately, I have no resources to support licensing and researches. Therefore I appeal to you.

I hope you would show an interest in my offer and I look forward to hear from you soon. Should you have any questions or any response whatsoever please contact my representative, the ***V & I Agency*** at the following address or on the phone:

Vitaly Klyarfield, President
V & I Agency
606 Brighton Beach Ave. 2 fl.
(718)7437057 FAX (718)7437047

Thank you.

Sincerely yours,

Alexander Dneprovsky

Alexander Dneprovsky, M.D.

THE WHITE HOUSE

WASHINGTON

August 25, 1993

Mr. Fred Grandinetti
96 Edenfield Avenue
Watertown, Massachusetts 02172

Dear Mr. Grandinetti:

The balance of protecting the public's health while allowing personal choice of therapies can be a difficult one to achieve.

The recent creation of an office at the National Institutes of Health to study alternative practices is an example of increasing awareness of the wide range of services and products found useful by individuals. Many people continue efforts to keep our thinking open to new ideas.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

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National AIDS Policy Coordinator

Prepared by: APO: KMGebbie: gw: 8/20/93: 632-1090: b:\grandine.tti

FILE COPY

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Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Dear ____

~~Thanks for your~~

The balance of protecting the public's health while allowing personal choice of therapies can be a difficult one to ~~do~~ achieve.

The recent creation of an Office at the Nat'l Inst of Health to study alternative practices is an example of increasing awareness of the wide range of services & products found useful by individuals. Many people continue ~~to create~~ efforts to keep our ~~collective~~ minds open to new ideas.

Sincerely

Ms. Christine Geddie
AIDS Research
White House
Washington DC 20500

Dear Ms. Geddie:

After doing alot of reading and listening, I demand to know why, if we live in a FREE? COUNTRY..why the FDA will not allow alternative drugs and treatments to be wide-spread. If someone is DYING they should be able to choose the treatment they want and the sources for the treatment should be available..not going underground.

Millions of dollars have been spent on cancer treatments yet nothing effective has actually been found, yet, modern medicine refuses to cooperate or even look into doctors who use, and get success, with alternate treatments. Why are they at war with each other..shouldn't they be working together??? It must be true what some alternate treatment doctors state that established doctors don't want to find that magic bullet for cancer and AIDS, because too much $$$$$$ can be made. Yes, this sounds terrible, but it's probably too true!

Who the hell are the FDA to tell me what kind of treatments I have to take because the ones I want won't be allowed. If a person fully understands the risks of the alternate treatment they're taking and do not hold their regular doctor responsible, they should do what they want to do! Now, I'm going to have you put your money where your mouth is. You state you want treatment for AIDS; enclosed are two treatments, both banned by the FDA; look into them, do research (but not for years on end..please) on their success rate..if they're FRAUD expose them, but more importantly, if they have had results, for god's sake, EXPOSE THEM!!!!!!!!!

I'm sorry to sound angry, but damm it, prove me wrong, show me that established doctors want effective treatments and won't be so close-minded!

How many more people will pass on until doctors of all kinds..work together!!!!??????

Sincerely,
Fred Grandinetti

Fred Grandinetti
96 Edenfield Avenue
Watertown MA 02172

It Is Understood That . . .

- CanCell is not approved by the FDA or AMA.
- It is provided under common law principle. The use or acceptance of CanCell is evidence of your acceptance of the common law and/or the U.S. Constitutional law.
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- The decision to take CanCell is solely yours.

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- Our ability to provide CanCell is limited; therefore, do not request CanCell unless you intend to use it. There are many others to whom it may be a matter of life or death.
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These formulas last approximately 52 days if taken as directed. Send in your reorder form no earlier than 30 days and no later than 40 days from the day you begin. Only reorder if the symptoms are still present, except with the AIDS virus. Research indicates that the AIDS virus is eliminated in 28 days.

For More Information

- **Audio Tapes** are available from Nutrition Hotline, P.O. Box 840, Milford, MI 48381-0840. $10.00 each.
  CanCell: What it is, What it does
  CanCell: Dietary Recommendations
  CanCell Update, 1992 Global Science Congress
- **Video Tapes** are also available from Nutrition Hotline, P.O. Box 840, Milford, MI 48381-0840. $25.00 each.
  CanCell Update, 1992 Global Science Congress
  Documentary Testimonial, At Whose Expense

- **Doctor's Information** can be requested on the physician's letterhead. This is a package containing more technical information about CanCell.
- **Questions and Correspondence** should be directed to Vibrational Research Foundation, P.O. Box 265, Milford, MI 48381-0265.
- **Requests for CanCell** should be directed to The Volunteer Request Line, 11:00 a.m. to 3:00 p.m. (Eastern time), Monday through Friday at (313) 684-5529. No calls are accepted Saturday, Sunday, or holidays. The phone line is very busy; you must be persistent and use your redial.
- **Terminal patients** only may request CanCell in writing but the following requirements must be met.
  1. The terminal patient must have read the information on the use of CanCell and must state in their letter that they are informed and wish to use CanCell. They must also include their name, address, phone number, age, date of original diagnosis, treatments used, and current medications in use.
  2. The above letter must be accompanied by a letter of prognosis from the doctor. A prognosis states the condition of the patient and his/her life expectancy. This letter must be on the doctor's letterhead and signed by the doctor. We cannot accept a diagnosis or medical records. Send these mail requests to P.O. Box 265, Milford, MI 48381.
- **CanCell is in extremely limited supply** but **may** be available for the following conditions by special request: ALS (Lou Gehrig's disease), Multiple Sclerosis, Muscular Distrophy, Parkinson's, Alzheimer's, Scleroderma, **extreme** cases of emphysema and diabetes, and certain **very rare** maladies. These requests must be made by phone.

Contact: Edward J. Sopack
517-546-2414

IMPORTANT INFORMATION ABOUT CANCELL™

Fax No. (313) 684-2613

What Is CanCell?

CanCell is an assembly of synthetic chemicals. There is nothing natural in the product. These chemicals are created for their electrical properties. CanCell reacts with the body electrically, therefore it is nontoxic and it has no side effects.

CanCell lowers the voltage of the cell structure of the body by about 20%. That is significant for the following reason: all cancer is a mutation of anaerobic cells, or cells which do not use oxygen to create energy.

Because these anaerobic cells are weak cells, they lyse or convert directly to waste material when voltage is lowered. This is also true of the protein coating on the HIV and other viruses.

The cancer cells are not killed and they do not die. They simply digest. The waste material from this digestion has the appearance of raw egg whites. The body eliminates this waste material any way it can. It can appear in the urine, the stool, or as vaginal discharge. It may be thrown up or coughed up and it may be eliminated in perspiration. Any, all, or none of these may happen. The cancer cells are replaced with normal oxygen-using cells and the cancer cells no longer exist.

May 19, 1992

Please Read These Directions Immediately!

Storage of CanCell

- Keep in drawer or closet.
- Do not allow the bottles to touch each other. If you must transport them out of the house, place each bottle in a separate sock.
- Do not place these bottles near any electrical appliance, outlet, microwave, television, radio, refrigerator, electric blanket, or digital clock.
- Do not expose to x-rays in an airport.

Use of CanCell C and G

Use Formulas C and G Internally

Take every 12 hours as follows: wait at least 20 minutes after eating or drinking before you take these formulas. Shake each bottle before using. In any order, put ½ (0.5) cc under your tongue and wait five minutes before you swallow. Then do the same with the other formula. Wait at least 20 minutes before eating or drinking again. Never take these formulas rectally.

Also Use Formula C Externally

Use every 12 hours as follows: shake Formula C and use for patches. Every 12 hours apply ½ (0.5) cc to a small, flat cotton cosmetic pad. Tape pad below the crease on the inside of the elbow with waterproof tape. Cover it completely so that it will not dry out. You **do not** need to use DMSO.

Warnings

- If you are on diabetes medication you must monitor your blood sugar carefully. Late-onset diabetes leaves the body at the same time that cancer does.

What You Can Expect While Taking CanCell

There are no side effects to taking CanCell, however, your body will be eliminating toxic waste material from the cancer and other waste breakdown products. This discharge can cause flu-like symptoms, loss of energy, and weakness. These symptoms are part of the healing process and are temporary. The elimination of this waste material is a very important part of the CanCell program.

To Improve Elimination

- **Vegetarian Diet.** Eat raw fruits and vegetables, preferably organic. Juicing is recommended, especially when the cancer involves any of the digestive organs. Do not eat meat, sugar, dairy products, alcohol, and caffeine. Sugar can stop the effects of CanCell. Note: If you are using CanCell for MS, request additional dietary suggestions.
- **Distilled Water.** Drink 64-128 ounces (8-16 glasses) each day. Distilled water (not reverse-osmosis water) is the only water that is negatively charged. This negative charge will attract waste material and help carry it out of the body.
- **Bromelain** (an enzyme from pineapple). This should be used by everyone who uses CanCell. Take at least 1,000 mg. of bromelain before or with each meal. Use a total of at least 3,000 mg. per day.
- **Glutathione** (an amino acid to support cleansing of the liver). Only to be used by those who have liver cancer, AIDS, or herpes viruses. Take at least 1,000 mg. of glutathione before or with each meal.
- **BHT** (Butalated Hydroxy Toluline). Only to be used if you have AIDS or herpes. Take 2,000 mg. of BHT on an empty stomach before retiring each night.
- **Willard's Water** (a lignite-activated water which assists in the assimilation of nutrients and in the discharge of waste material from the lymphatic system). Add 2 ounces to each gallon of distilled water.
- **Bowel Movement.** It is extremely important to keep your bowels moving. To keep toxic waste from building up in your system, do any or all of these: 1. Use plenty of raw fruit and raw fruit juices (they stimulate the bowels); 2. Use a good herbal laxative, if necessary; 3. Enemas and/or colonic baths are recommended, if needed.
- **The above items** can be found at your local health food store. For your convenience, bromelain, glutathione, BHT, and Willard's Water are also available from Nutrition Hotline. However, CanCell is to be used immediately. Do not wait until you get bromelain, glutathione, or BHT.

CanCell Cannot Be Used With . . .

- Mint. This includes toothpaste, tea, mouthwash. (You can use baking soda and salt for toothpaste or Tom's Fennel Toothpaste from the health food store.)
- Any other cancer or AIDS therapy. This includes chemotherapy, radiation, hormone therapy, AZT, DDI, acupuncture, Rife, or other vibrational therapies, radionics, ozone or other oxygen therapies, etc.
- Nicotine in the blood from any source.
- Any vitamin, mineral, or herbal supplement. CanCell lowers the voltage of the cells while vitamins, herbs, minerals, and homeopathic remedies raise the energy of the cells. They will conflict.
- Electric blankets. Do not sleep under an electric blanket.

DAVID W GANONG DMD
617-829-9066 (MASS.)

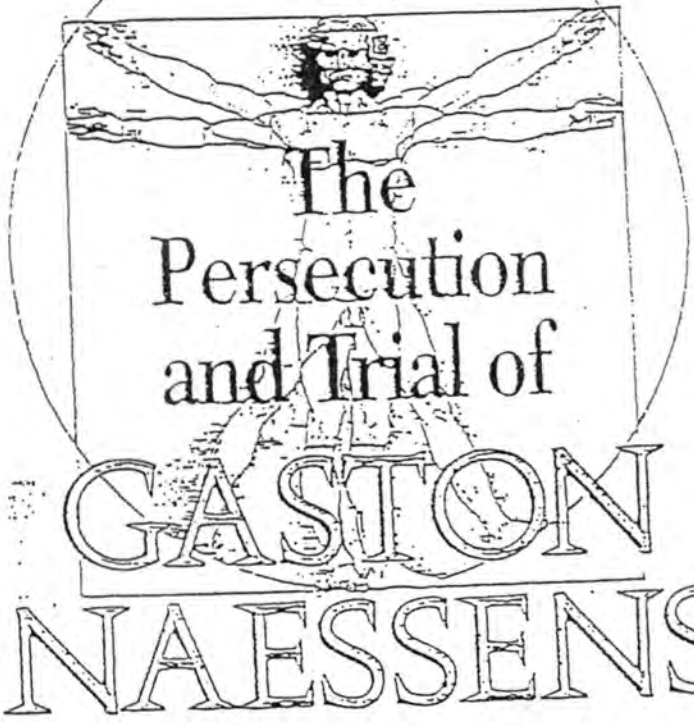
"...a story of LIFE and HEALING versus FEAR and DEATH..."

—Friend's Review

404-250-9171

Christopher Bird

Co-Author of the International Bestselling
The Secret Life of Plants and *Secrets of the Soil*



The Persecution and Trial of GASTON NAESSENS

The True Story of the Efforts to Suppress an Alternative Treatment for Cancer, AIDS, and Other Immunologically Based Diseases

The discoveries of Gaston Naessens include:

- A MICROSCOPE that permits practitioners to view living matter at degrees of resolution far greater than state-of-the-art microscopes currently available.
- THE SOMATID, an ultramicroscopic subcellular living and reproducing entity, which many scientists believe is the precursor of DNA.
- THE SOMATID CYCLE — visible in the blood of every human — which when properly interpreted, can pre-diagnose degenerative diseases by up to eighteen months.
- 714-X, a compound that has restored the perfect health of 750 out of 1,000 cancer victims and that has had equally dramatic effects with AIDS patients.

Available at your local bookstore. To order directly send $ 12.95 plus $ 1.50 postage and handling to H.J. Kramer, Inc., 1474 W. Avenue 43, Los Angeles, CA 90065. California residents add sales tax. For free catalog, send your name and address.

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Therapeutic Action

It is known that the tumor cells produce a substance which paralyses the immune system. 714X neutralizes the substance, therefore enabling the immune system to destroy malignant cells.

Animal Studies

714X has been used on dogs with osteosarcomas and mammary gland malignant tumors. The results of these experiments have shown:

- Regression or stabilization of tumor mass
- Weight gain or stabilization
- Pain level eliminated or diminished
- Prolongation of life span

Human Clinical Results

This medication has been used with positive results on various manifestations of cancer on human beings such as melanomas, carcinomas, adenocarcinomas, lymphomas, osteosarcomas, etcetra. Here are a few cases:

MC

58 year old businessman from Ste-Therese, Canada.
Diagnosis in 1981: *Malignant polyp of the colon.*
Treatment: *Exclusively 4 series of 21 injections of 714X. No surgery.*
Results: *After 8 years he is symptom free.*

PD

66 year old hospital worker from Montreal, Canada.
Diagnosis in 1983: *Glandular epithelioma of the endometrium with metastatic ovarian tumor and neoplasia peritoneal spoliation.*
Treatment: *Total hysterectomy and 12 series of 714X.*
Result: *After 7 years, she is in excellent clinical condition.*

Y.P.L.

58 years old businessman from Miami, USA.
Diagnosis in 1980: *Epidermoid epithelioma (grade 11) left vocal cord.*
Treatment: *Radiation 1400 rads and 4 series of 714X.*
Result: *After 10 years, he is symptom free.*

L.N.

40 year old marketing manager from Toronto, Canada.
Diagnosis in 1987: *Breast cancer - widespread multifocal intraductal and infiltrating duct carcinoma with dense microcalcification and involvement of cavity wall biopsies.*
Treatment: *Exclusively 3 series of 714X. No surgery.*
Result: *She is symptom free and living a normal life.*

September 4th, 1993

Kristine M. Gebbie, RN, MN
National AIDS Policy

Dear Ms. Gebbie:

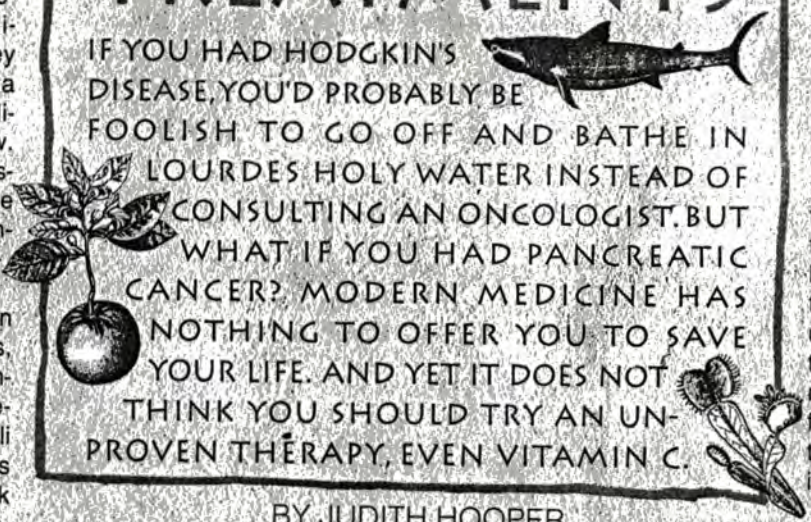
Since my last letter to your office, my mother was found to have a cancerous tumor. Again, I enclose the information on Can-Cel. It makes a bold statement on AIDS. If it is fact, expose it. I don't believe the established medicial society is open to "new ideas", I'm seeing this first hand with my mother.....god help us.....they MUST!!!!

Sincerely,

Fred Grandinetti

Fred Grandinetti
96 Edenfield Avenue
Watertown MA 02172

UNCONVENTIONAL CANCER TREATMENTS



BY JUDITH HOOPER

The American Cancer Society doesn't want you to read this story—especially if you're a cancer patient. Because you're assumed to be gullible, desperate, and possibly reckless, you might run off and try an "unproven treatment," which tends to mean any remedy originating outside the cancer establishment's aegis. For years, the Society has maintained a quack list—discreetly called the List of Unproven Therapies—for the purpose of warning you away from snake-oil salesmen and their elixirs. "These purveyors of unproven methods often convert a hopeful clinical situation into one of hopelessness and despair by delaying adequate therapy or avoiding qualified consultations that could be of benefit," the ACS explains in a booklet for cancer patients.

The National Cancer Institute (NCI) along with its public-relations arm, the American Cancer Society, is fond of making natural remedies sound ludicrous, as if they were vestiges of a prescientific, medieval world-view. But before you discount milk thistle or shiitake mushrooms as medicines, consider that two common anticancer drugs, vincristine and vinblastine, were developed when Eli Lilly researchers started testing folk medicines and discovered that the Madagascar periwinkle killed cancer cells. Today, leading cancer centers are widely enthusiastic about taxol, a product of the Pacific yew tree.

The language of its List of Unproven Therapies conveys the distinct impression that the Cancer Society has carefully tested each treatment before writing it off as worthless. But is that the case? Ralph W. Moss, author of *The Cancer Industry*, points to 28 out of 63 unproven treatments on which "no investigation at all was carried out by the ACS or any other agency before the method was condemned." In seven cases, an investigation apparently yielded *positive* results.

Even mainstream researchers now admit that the War on Cancer, declared by President Nixon in 1971, has been lost—or at least mired—in the trenches. In terms of actually curing cancer, chemotherapy seems to have reached a dead end. Interferon, the great hope of the 1980s, did not pan out. Today there are bold new immunotherapies in the works, the results of which may be revealed in the next decade or two. But that may be small comfort to people whose life expectancy is measured in months.

The following are some alternative treatments that show promise. While no one could reasonably claim that any of them is a cure, we have tried to select remedies with low toxicity and minimal side effects. In some cases, clinical statistics are slim or lacking, given that it's difficult to perform proper controlled experiments in an alternative-clinic setting, where patients suffer from many different types of cancer and may be treated with as many as 30 different substances simultaneously. (On the other hand, bear in mind that mainstream cancer doctors often administer toxic chemotherapy in cases where the statistics show absolutely no benefit.) It's possible that some of the therapies listed below will turn out to be worthless upon further investigation; others may turn out to be far more effective than anyone realized. In the meantime, whether you're dealing with the mainstream or alternative medicine, it's always a good idea to thoroughly investigate any treatment before embarking on it.

CARNIVORA. It sounds like something dreamt up in a grade-D science-fiction movie. While watching the Venus flytrap plants in his wife's window boxes digest protein tissues such as flies, insects, and small worms, German physician Helmut Keller got his brainstorm. Impressed with the plant's voracity, he decided to test its pressed juices in animal and in vitro studies. "Carnivora proved to be extremely nontoxic and nonmutagenic," Keller asserts, and its effects included cytostasis (the destruction of cancer cells), immune enhancement, mitotic (cancer-cell division) inhibition, virucidal (virus-killing) effects, and pain relief. Then along came hu-

man patients.

Since 1981, Carnivora, an extract of the meat-eating Venus flytrap plant (*Dionaea muscipula*), has been used on over 2,000 patients, allegedly including former president Ronald Reagan. In Keller's native Germany, it's reportedly showing promise in the treatment of cancer, AIDS, and other immune-compromised conditions. In an initial clinical study of 210 dying patients with a variety of cancers, all of whom had undergone unsuccessful chemotherapy or radiation, 40 percent were stabilized by Carnivora treatment and 16 percent went into remission. Carnivora is administered by intramuscular injection or in the form of drops for oral and inhalation use. Dosage and timing is prescribed on the basis of an extensive immune profile.

Access: Carnivora-Forschungs-Gmbh, Postfach 8, Lobensteiner Strasse 3, D-8646 Nordhalben, Germany; phone: 011-49-9267-1662.

HYDRAZINE SULFATE. Developed in 1968 by Dr. Joseph Gold of the Syracuse Cancer Research Institute in Syracuse, New York, hydrazine sulfate is a prominent example of a new breed of anticancer agents: It works not by killing cancer cells with poison, but by interrupting the insidious process whereby a cancer nourishes itself at the expense of the host body. To grow, malignant tumors use glucose as their fuel, but they metabolize it incompletely and dump the waste product, lactic acid, into the bloodstream. The body requires ever increasing energy to reconvert the lactic acid into glucose, and the result is cachexia, the severe emaciation that is the hallmark of cancer. Hydrazine sulfate, a cheap and widely available industrial chemical, reportedly stops this vicious cycle by blocking a key liver enzyme needed to convert lactic acid into glucose. By depriving cancer cells of their food, hydrazine sulfate has the happy "side effect" of killing them.

The relationship between hydrazine sulfate and the cancer establishment has been a tempestuous one, oscillating from wild enthusiasm to outright condemnation. Early clinical studies yielded mixed results. Studies at Harbor-UCLA Medical Center in Torrance, California, however, showed promise, and ongoing studies with patients with less advanced disease may tell us more about hydrazine sulfate's virtues.

Access: Contact Dr. Joseph Gold, Syracuse Cancer Research Institute, Syracuse, New York 13202.

714-X is the brainchild of Gaston Naessens, a controversial French-born biologist with hard-to-verify credentials who now resides in Quebec. In 1989, he and his cancer therapy became a cause célèbre in Sherbrooke, Quebec, 30 miles from the Vermont border, when he was tried on five counts—the most serious being "contributing to the death of a patient." The jury found him not guilty.

The reasoning behind 714-X is a bit convoluted. Some years ago, Naessens, a reclusive genius type, invented a new microscope with extraordinary magnification and resolution powers. Peering into a newly revealed microworld, he discerned in human blood, tiny, primitive life forms he baptized *somatids* (or "tiny bodies"). Cultured in vitro, they were found to be virtually indestructible, though not in themselves sinister. Everybody has somatids, but when an organism is subjected to some form of trauma (radiation, chemical pollution) that weakens the immune system, the somatids go into a wild, uncontrolled growth cycle, according to Naessens, ultimately leading to cancer, AIDS, or other degenerative diseases. 714-X, which basically consists of nitrogen married to camphor, is supposed to shore up the immune system and restore the somatids to a normal balance.

> "The Cancer Society is fond of making natural remedies sound ludicrous, as if they were vestiges of a prescientific, medieval world-view."

This unorthodox treatment is not for the faint of heart, as it requires daily self-injections of the inguinal (groin) lymph nodes for a period of several months. As is often the case with alternative treatments, statistics are hard to pin down, but Naessensophiles claim that 714-X has saved hundreds of cancer patients and several dozen AIDS victims.

Access: Gaston Naessens, C.O.S.E., 5270 Fontaine, Rock Forest, Quebec, Canada J1N 3B6; (819) 564-7883.

MELATONIN. This little-understood hormone is produced by the brain's pineal gland. (Students of mysticism may note that this light-sensitive gland is the site of the vestigial "third eye." Perhaps ancient yogi adepts knew what they were doing when they concentrated their inward gaze here.) Besides regulating the brain's circadian "clock," reproductive cycles, and other neuroendocrine functions, melatonin apparently boosts immunity—and steadily declines with age. While longevity researchers are probing melatonin's tantalizing antiaging and life-extending properties, other scientists concentrate on its anticancer potential.

David Blask, M.D., Ph.D., of the University of Arizona College of Medicine, was impressed by the hormone's ability to inhibit several types of human tumors cultivated in lab dishes. Administered to several hundred rats with breast cancer, melatonin shrank their tumors substantially in half of the cases. In Holland, Dr. Michael Cohen has recently substituted melatonin for estrogen in his radical new birth-control pill, B-Oval. And guess what? In tests on rats, B-Oval appeared to prevent breast cancer, presumably by suppressing estrogen. John M. Fontenont and Stephen A. Levine of the Allergy Research Group of San Leandro, California, observe that melatonin deficiency may be a "critical starting point" for a host of degenerative processes leading to cellular abnormality and cancer, and that melatonin's low toxicity makes it worth investigating.

Access: Pineal-gland supplements, marketed as Stress Guard, are available from Allergy Research Group, 400 Preda Street, San Leandro, California 94577; (800) 782-4274.

SHARK OIL and SHARK CARTILAGE. Ever wonder why sharks rarely get cancer? Well, the family of Jaws has at least two things going for it: shark-liver oil and shark cartilage.

Shark-liver oil is one of the best natural sources of alkoxyglycerols, natural alcohols that promote a generalized antibody response and shrink tumors. In a Dutch study, cervical-cancer patients pretreated with shark-liver oil before receiving radiation treatment had far better survival rates than patients who did not receive this treatment. In many cases, the tumors shrank significantly before radiation began, thereby rendering radiation more effective.

And here's another cancer-prevention delicacy: shark-fin soup (or, if you prefer, shark-cartilage capsules). The cartilage in shark fin has the virtue of inhibiting angiogenesis, the development of tiny blood vessels, or capillaries, that lay the foundations for tumor growth and metastasis. According to studies at several Boston hospitals associated with Harvard Medical School, tumors require angiogenesis to grow beyond about two millimeters, and without new capillary networks in place, metastasis probably cannot occur. Shark cartilage, a thousand times richer in angi-

ogenesis inhibitors than cartilage from calves, has been found to slow the growth of tumors in animals and humans. In Japan, shark-fin soup has long been considered a life-extension tonic. Now some alternative physicians are incorporating cartilage capsules into cancer patients' programs.

Access: Deep-sea shark-liver oil (squalene) capsules, called Mayumi, are distributed by Japan Health Products, Pacoima, California 91331. Shark-cartilage capsules, called Cartilade, are available from Allergy Research Group, 400 Preda Street, San Leandro, California 94577; (800) 782-4274; or from Emerson Ecologics, 14 Newtown Road, Acton, Massachusetts 01720; (800) 654-4432.

ESSIAC. Among purported cancer cures, Essiac has a certain irresistible mystique, in part because of its origins in an old Canadian Indian recipe. In 1922, a Canadian nurse by the name of Rene Caisse took notice when a hospital patient suffering from breast cancer was healed by an Ontario Indian. Caisse tracked down the formula for the herbal tea, made a few adjustments, renamed it Essiac (Caisse spelled backwards), and used it to treat cancer patients up until her death in 1978. Legend has it that thousands were healed, including many who had been written off as terminal.

What is in Essiac? Basically, the recipe calls for burdock, slippery elm, sorrel, and turkey (Indian) rhubarb. In 1966, Hungarian researchers discovered "considerable antitumor activity" in burdock, which also appears in the controversial south-of-the-border Hoxsey herbal formula. Japanese researchers found that burdock contained a substance that reduced cell mutation. Turkey rhubarb, another herb in the formula, demonstrated antitumor activity in animal tests. Resperin Corporation purchased the rights to Essiac from Caisse and reported that the results of nationwide testing with 350 physicians turned up "extremely encouraging evidence" of tumor regression. Connoisseurs say that the Essiac formula must be exactly right to work and warn the buyer to beware of imitators.

Access: Canadian physicians can go through legal channels to obtain Essiac. By contacting the Health Protection Branch, Food and Drug, in Ottawa, Ontario, Canada, they can make arrangements to buy the product from the Resperin Corporation. Otherwise, Essiac can be ordered from St. Jude International Clinic, Jimmy Keller, Administrator, 911 Television Street, Tijuana, Mexico; phone: 011-5266-84733.

MISTLETOE (Helixor, Iscador). It was sacred to the ancient Druids, and for years, the European mistletoe (*Viscum album*) has been a mainstay of the Lukas Klinik, in Arlesheim, Switzerland. Injected subcutaneously (and occasionally taken orally), mistletoe reportedly boosts the immune system and transforms cancer cells into normal cells. (Don't try this with American mistletoe; it doesn't have the same properties!)

Publishing in respected medical journals, several teams of German researchers report that a *Viscum album* preparation called Helixor significantly prolonged the survival of patients with advanced metastatic colorectal cancer and other patients with secondary liver metastases—two categories of cancer that are notoriously resistant to treatment. (Among the liver metastases group, median one-year survival for Helixor-treated patients was 40.3 percent compared with 6.6 percent for the untreated controls.) According to a variety of published in vitro, animal, and human studies, mistletoe's intriguing potpourri of lectins, polysaccharides, and polypeptides kills cancer cells *indirectly* by stimulating a nonspecific immune reaction within the host organism. Unlike traditional chemotherapy, the substance kills cancer cells without damaging healthy ones, according to the researchers. Maybe the Druids knew what they were doing.

> "And here's another cancer-prevention delicacy: shark-fin soup—considered a life-extension tonic in Japan. Or if you prefer, try shark-cartilage capsules."

Be advised that Iscador still appears on the Society's black list. The ACS does concede, however, that several animal and in vitro studies of Iscador have revealed cytotoxic (cancer-cell-killing) and immune-enhancing effects.

Access: Contact Helixor Heilmittel GmbH & Company, Hofgut Fischermühle, 7463 Rosenfeld 1 Germany; phone: 011-49-07428-2910

GERMANIUM. is actually a rare chemical element, atomic number 32, atomic weight 72.6, discovered by German chemist Clemens Winkler in 1886. In the 1940s, a Japanese chemist tested many germanium compounds for biological activity and came up with Ge-132, or bis-carboxyethyl germanium sesquioxide, a stable, water-soluble, nontoxic form of organic germanium.

Germanium is said to perform many homeostatic (normalizing) functions in the body. Many alternative physicians prescribe it for cancer patients because of its apparent ability to normalize the immune system. Tests on immune-suppressed animals (and uncontrolled studies with human beings) suggest that germanium may increase the levels of gamma-interferon (an immune-system hormone), activate macrophage and natural killer cells, stimulate B-cell activity, and enhance resistance to viruses. Cautionary note: There have been a few reports linking long-term germanium use to kidney damage.

Access: Contact Allergy Research Group, 400 Preda Street, San Leandro, California 94577; (800) 782-4274.

PROTEOLYTIC ENZYMES. Proteolytic, or protein-dissolving, enzymes are manufactured by the pancreas for the purpose of breaking down animal proteins in the diet. Studies suggest that by breaking down the walls of malignant cells, the enzymes render them vulnerable to the body's immune defenses. In any case, proteolytic enzymes are used lavishly by all the so-called metabolic cancer therapies—such as the programs of Dr. Max Gerson and Dr. William Kelley—as a nontoxic chemotherapy, abetted by a good diet, massive doses of vitamins, and regular "detoxification."

In the form of a product called Wobe Mugos, proteolytic enzymes are a principal treatment at the Janker Klinik in Bonn, Germany, which has achieved an impressive cure rate by combining aggressive, short-term chemotherapy and radiation with natural or experimental treatment. Administered orally or as an enema, Wobe Mugos is usually used in conjunction with massive doses of an emulsified form of vitamin A, another anticancer agent.

Access: Pancreatic enzymes, as well as plant enzymes, are available from vitamin and supplement companies.

VITAMIN C. For years, the cancer establishment has turned a deaf ear to Nobel laureate Dr. Linus Pauling when he tried to tell them that ascorbic acid does more than prevent sniffles. At a recent conference, however, NCI epidemiologist Dr. Gladys Block noted that of a total of 47 studies, 34 showed that vitamin C had a preventive effect on cancers of the lung, larynx, oral cavity, esophagus, stomach, colon, rectum, pancreas, bladder, brain, endometrium, and breast. Its side effects are minimal.

In early clinical trials in Scotland, be-

CONTINUED ON PAGE 89

INTERVIEW

CONTINUED FROM PAGE 78

sin. If something should happen to him—and it's always possible; as we know, presidents get shot—then the question of who would take over and what would happen to current policies becomes very fuzzy. There's Rutskoi. Then some of the ex-coup plotters might come out of the woodwork. I think Gorbachev would make another stab for it. There'd certainly be a scramble for power, and you could get a fascist government.

But it wouldn't be the same threat the Soviet Union was. It would take them five years to rebuild the force, and they'd face enormous resistance from the other republics, who would be fighting to maintain their independence. The Baltics, the central Asian republics, the Ukraine, maybe Belarus—they'd all be much concerned about any such development and would cooperate with us and Western Europe.

Omni: Russian defense minister Pavel Grachev made the alarming suggestion that the army should protect Russians living outside Russia. How probable is armed conflict between Russia and those of its neighbors where ethnic Russians are a minority?

Colby: You already have armed conflict in Moldava with the Trans-Dniestrian secessionists. Threat of it exists in the Baltics, where Balts consider as interlopers Russians who've been there for 40 or 50 years. In Kazakhstan, you have a Russian minority of some 30 to 40 percent. Russia and the Ukraine argue about the Black Sea Fleet and the Crimea. It will require considerable diplomacy to get through. The important point is that, like Sri Lanka or Northern Ireland or Haiti, these are local tragedies. A Sarajevo is not going to start World War III.

Omni: Yeltsin's presence at the Munich summit a year ago underscored the fact that Russia's main foreign-policy objective now is to join the West. Is that the place for a reborn Russia?

Colby: They *have* to join the West. They need what the West has to offer in technical assistance and investment. They have a whole reeducation job to do. A friend told me that in conversation with an Eastern European factory manager he mentioned the "cost of capital," and the guy didn't understand what he was talking about. For him, capital didn't have a cost; it was just there.

I have a not entirely facetious model for the Soviet Union. It's called Italy. Italy still has a huge state industrial sector that is corrupt, inefficient, and a terrible burden on the economy. But un-

TREATMENT

CONTINUED FROM PAGE 61

gun in 1971, advanced cancer patients who received vitamin C (usually ten grams, or 10,000 milligrams) had an average survival time over four times that of the controls; some no longer showed any signs of malignant disease. The vitamin appears to boost various protective mechanisms in the body and to prevent the formation of free radicals, the sinister chemical byproducts of oxidation processes that have been linked to aging and cancer.

The Pauling Institute advises those who take large doses of vitamin C (10,000 milligrams or more) to begin with one or two grams—1,000 to 2,000 milligrams—and increase the dosage gradually, by increments of one or two grams per day.

Access: For more information about research, contact the Linus Pauling Institute of Science and Medicine, 440 Page Mill Road, Palo Alto, California 94306; (415) 327-4064.

MEDICINAL MUSHROOMS. Ganoderma (*ling zhi* in Chinese medicine; *reishi* in Japanese) or shiitake (*Lentinus edodes*) may be powerful weapons against cancer and AIDS.

These fungi contain giant sugar molecules called polysaccharides that play a key role in certain immune functions. Ganoderma, widely considered an anticancer and longevity tonic in the Orient, is often included in Chinese herbal combinations along with other immune-enhancing herbs such as astragalus, lugustrum, condonopsis, and ginseng. Shiitake is even more intriguing. One of its active ingredients, lentinan, has recently become the focus of a flurry of studies published in Japanese medical journals. Fed to mice with cancer, shiitake extracts reportedly shrank tumors by as much as 80 percent, apparently by modulating such immune-system components as macrophages, cytotoxic T cells, and natural killer cells. In both animal and human studies, shiitake or its various components exhibited a strong antitumor effect against a wide variety of tumors. With its T-lymphocyte-enhancing abilities, shiitake/lentinan is showing promise as an AIDS treatment as well.

Access: Reishitaki capsules, containing lentinan and other shiitake polysaccharides, are available from Metagenics, San Clemente, California 92672.

For more information on nontoxic cancer therapies, see *Options: The Alternative Cancer Therapy Book* by Richard Walters (Avery Publishing Group, 1993). ∞

It Is Understood That . . .

- CanCell is not approved by the FDA or AMA.
- It is provided under common law principle. The use or acceptance of CanCell is evidence of your acceptance of the common law and/or the U.S. Constitutional law.
- CanCell was requested by you, and no claims are made for CanCell.
- The decision to take CanCell is solely yours.

Please Note

- The request for CanCell must be made verbally by the person who intends to use it.
- Our ability to provide CanCell is limited; therefore, do not request CanCell unless you intend to use it. There are many others to whom it may be a matter of life or death.
- CanCell is a rare material and should never be misused or wasted. By requesting it, it is assumed that you agree to follow the program as directed.

When To Reorder

These formulas last approximately 52 days if taken as directed. Send in your reorder form no earlier than 30 days and no later than 40 days from the day you begin. Only reorder if the symptoms are still present, except with the AIDS virus. Research indicates that the AIDS virus is eliminated in 28 days.

For More Information

- **Audio Tapes** are available from Nutrition Hotline, P.O. Box 840, Milford, MI 48381-0840. $10.00 each.
  CanCell: What it is, What it does
  CanCell: Dietary Recommendations
  CanCell Update, 1992 Global Science Congress
- **Video Tapes** are also available from Nutrition Hotline, P.O. Box 840, Milford, MI 48381-0840. $25.00 each.
  CanCell Update, 1992 Global Science Congress
  Documentary Testimonial, At Whose Expense

- **Doctor's Information** can be requested on the physician's letterhead. This is a package containing more technical information about CanCell.
- **Questions and Correspondence** should be directed to Vibrational Research Foundation, P.O. Box 265, Milford, MI 48381-0265.
- **Requests for CanCell** should be directed to The Volunteer Request Line, 11:00 a.m. to 3:00 p.m. (Eastern time), Monday through Friday at (313) 684-5529. No calls are accepted Saturday, Sunday, or holidays. The phone line is very busy; you must be persistent and use your redial.
- **Terminal patients** only may request CanCell in writing but the following requirements must be met.
  1. The terminal patient must have read the information on the use of CanCell and must state in their letter that they are informed and wish to use CanCell. They must also include their name, address, phone number, age, date of original diagnosis, treatments used, and current medications in use.
  2. The above letter must be accompanied by a letter of prognosis from the doctor. A prognosis states the condition of the patient and his/her life expectancy. This letter must be on the doctor's letterhead and signed by the doctor. We cannot accept a diagnosis or medical records. Send these mail requests to P.O. Box 265, Milford, MI 48381.
- **CanCell is in extremely limited supply** but **may** be available for the following conditions by special request: ALS (Lou Gehrig's disease), Multiple Sclerosis, Muscular Distrophy, Parkinson's, Alzheimer's, Scleroderma, **extreme** cases of emphysema and diabetes, and certain **very rare** maladies. These requests must be made by phone.

IMPORTANT INFORMATION ABOUT CANCELL™

Fax No. (313) 684-2613

What Is CanCell?

CanCell is an assembly of synthetic chemicals. There is nothing natural in the product. These chemicals are created for their electrical properties. CanCell reacts with the body electrically, therefore it is nontoxic and it has no side effects.

CanCell lowers the voltage of the cell structure of the body by about 20%. That is significant for the following reason: all cancer is a mutation of anaerobic cells, or cells which do not use oxygen to create energy.

Because these anaerobic cells are weak cells, they lyse or convert directly to waste material when voltage is lowered. This is also true of the protein coating on the HIV and other viruses.

The cancer cells are not killed and they do not die. They simply digest. The waste material from this digestion has the appearance of raw egg whites. The body eliminates this waste material any way it can. It can appear in the urine, the stool, or as vaginal discharge. It may be thrown up or coughed up and it may be eliminated in perspiration. Any, all, or none of these may happen. The cancer cells are replaced with normal oxygen-using cells and the cancer cells no longer exist.

May 19, 1992

Please Read These Directions Immediately!

Storage of CanCell

- Keep in drawer or closet.
- Do not allow the bottles to touch each other. If you must transport them out of the house, place each bottle in a separate sock.
- Do not place these bottles near any electrical appliance, outlet, microwave, television, radio, refrigerator, electric blanket, or digital clock.
- Do not expose to x-rays in an airport.

Use of CanCell C and G

Use Formulas C and G Internally

Take every 12 hours as follows: wait at least 20 minutes after eating or drinking before you take these formulas. Shake each bottle before using. In any order, put ½ (0.5) cc under your tongue and wait five minutes before you swallow. Then do the same with the other formula. Wait at least 20 minutes before eating or drinking again. Never take these formulas rectally.

Also Use Formula C Externally

Use every 12 hours as follows: shake Formula C and use for patches. Every 12 hours apply ½ (0.5) cc to a small, flat cotton cosmetic pad. Tape pad below the crease on the inside of the elbow with waterproof tape. Cover it completely so that it will not dry out. You **do not** need to use DMSO.

Warnings

- If you are on diabetes medication you must monitor your blood sugar carefully. Late-onset diabetes leaves the body at the same time that cancer does.

What You Can Expect While Taking CanCell

There are no side effects to taking CanCell, however, your body will be eliminating toxic waste material from the cancer and other waste breakdown products. This discharge can cause flu-like symptoms, loss of energy, and weakness. These symptoms are part of the healing process and are temporary. The elimination of this waste material is a very important part of the CanCell program.

To Improve Elimination

- **Vegetarian Diet.** Eat raw fruits and vegetables, preferably organic. Juicing is recommended, especially when the cancer involves any of the digestive organs. Do not eat meat, sugar, dairy products, alcohol, and caffeine. Sugar can stop the effects of CanCell. Note: If you are using CanCell for MS, request additional dietary suggestions.
- **Distilled Water.** Drink 64-128 ounces (8-16 glasses) each day. Distilled water (not reverse-osmosis water) is the only water that is negatively charged. This negative charge will attract waste material and help carry it out of the body.
- **Bromelain** (an enzyme from pineapple). This should be used by everyone who uses CanCell. Take at least 1,000 mg. of bromelain before or with each meal. Use a total of at least 3,000 mg. per day.
- **Glutathione** (an amino acid to support cleansing of the liver). Only to be used by those who have liver cancer, AIDS, or herpes viruses. Take at least 1,000 mg. of glutathione before or with each meal.
- **BHT** (Butalated Hydroxy Toluline). Only to be used if you have AIDS or herpes. Take 2,000 mg. of BHT on an empty stomach before retiring each night.
- **Willard's Water** (a lignite-activated water which assists in the assimilation of nutrients and in the discharge of waste material from the lymphatic system). Add 2 ounces to each gallon of distilled water.
- **Bowel Movement.** It is extremely important to keep your bowels moving. To keep toxic waste from building up in your system, do any or all of these: 1. Use plenty of raw fruit and raw fruit juices (they stimulate the bowels); 2. Use a good herbal laxative, if necessary; 3. Enemas and/or colonic baths are recommended, if needed.
- **The above items** can be found at your local health food store. For your convenience, bromelain, glutathione, BHT, and Willard's Water are also available from Nutrition Hotline. However, CanCell is to be used immediately. Do not wait until you get bromelain, glutathione, or BHT.

CanCell Cannot Be Used With . . .

- Mint. This includes toothpaste, tea, mouthwash. (You can use baking soda and salt for toothpaste or Tom's Fennel Toothpaste from the health food store.)
- Any other cancer or AIDS therapy. This includes chemotherapy, radiation, hormone therapy, AZT, DDI, acupuncture, Rife, or other vibrational therapies, radionics, ozone or other oxygen therapies, etc.
- Nicotine in the blood from any source.
- Any vitamin, mineral, or herbal supplement. CanCell lowers the voltage of the cells while vitamins, herbs, minerals, and homeopathic remedies raise the energy of the cells. They will conflict.
- Electric blankets. Do not sleep under an electric blanket.

THE WHITE HOUSE

WASHINGTON

August 25, 1993

Ms. Melodie Chrislock
24424 San Juan Road
Carmel, California 93923

Dear Ms. Chrislock:

Thank you for taking the time to write to share your concerns.

I have read Dr. Strecker's allegations, and considered them, as have many others. I disagree with his viewpoint, given the full range of information available on the virus, however.

While I support widespread testing as part of our effort, I do not think a mandatory testing program is appropriate. We must, however, continue consideration of any appropriate actions.

I appreciate your interest.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

August 25, 1993

Greg Moody
Rt. 1 Box 365
Big Sandy, TX 75755

Dear Mr. Moody:

The office is so new we do not have a formal packet of information.

As National AIDS Policy Coordinator I am responsible for working across all Executive Branch agencies to develop and deliver effective HIV/AIDS related programs.

This great challenge will also require nationwide efforts to improve our response in all sectors.

Thank you for your interest.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

August 25, 1993

Mr. Guenther Rischowsky
55 Julie Crescent South
Central Islip, New York 11722-4907

Dear Mr. Rischowsky:

Thank you for taking the time to write. I am flattered you ask, but am sorry to say I have no autographed pictures.

Sincerely,

Kristine Gebbie

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

August 25, 1993

Marsha H. Harris
4206 Whippoorwill Drive
Greensboro, NC 27407

Dear Ms. Harris:

Thank you for writing. I am asking the Centers for Disease Control and Prevention to send you a copy of their recent materials on condom use and effectiveness. I'm sorry you've felt frustrated in trying to locate this information.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

August 25, 1993

Ven. Pannasami, Thero
Suvannabhumi Sayadaw
Overseas Burmese Communities
G.P.O. Box 2124
Kathmandu, Nepal

Dear Ven. Pannasami, Thero:

Thank you for writing about your discovery.

I am forwarding a copy of your recent letter to the National Institutes of Health, National Institutes of Allergy and Infectious Diseases, so that the response to your earlier letter and this one will be coordinated. In the United States, any new treatments must be approved by the Food and Drug Administration, following appropriate clinical trials. You may wish to write to them at the following address:

Mr. Dennis Meyers
Food and Drug Administration
Executive Secretariat (HF-40)
Parklawn Building, Room 16-70
5600 Fishers Lane
Rockville, Maryland 20857

Good luck with your treatment.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

August 25, 1993

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Good luck with your treatment.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Prepared by: APO: ALitwinowicz: gw: 8/23/93: 690-5560: b:\venpanna.823

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

Ven. Pannasami, Thero (Burma),
Ayubhedic Physician
Suvannabhumi Sayada
Overseas Burmese Communities
G. P. O. Box 2124, Kathmandu, **Nepal**

Buddha Dhamma. Sangha.
AIDS FREE AND CHARITABLE HOSPITAL
(Ayubheda Treatment)
Overseas Burmese Communities
G. P. O. Box 2124, Kathmandu, Nepal

Our Ref.No.37/93(Ayubhedic Medicine):AIDS Test Dated: 28th June,1993

To
Mrs. Crish Gebi,Nurse, Director of AIDS Disease,
C/o Mrs.Henary Clinton,Wife of President(Chief of US Health Project),
W h i t e H o u s e,
I600,Pennsylvania Avenue,
Washington D.C. 20500,
U. S. A.

Under the direct control of:Mr.Bill Clinton
President(USA).

Subject:-"AIDS/HIV positive treatment medicine founded"
And
"The newly founded medicine test"
And also
"AIDS Free And Charitable Hospitals Project"
(One state in one hospital)

Dear sir,

With reference to the above mentioned subjects and further to my letter No. 2I/93(Ayubheda:AIDS)/U.S.States Dt.2Ist May,I993,addressed to Mrs.Henary Clinton wife of President, I am extremely glad to hear a "good news"for the appointemt of "Mrs.Crish Gebi,Nurse,Director of AIDS Disease(US)"by "President Mr.Bill Clinton"from "V.O.A.(Burmese Language)"on 26th June,I993 at 5:30 P.M.(Nepal Time, for more effective operation research in "AIDS Disease".Welcome to this case. VOA added:"Mr.Bush Administration neglected to AIDS affairs"."Mr.Clinton Administration makes known to all as "Health Care" in"AIDS Disease"by the appointment of "Director on AIDS Disease"to "Mrs.Crish Gebi,Nurse".This is a good news to all "American AIDS Patients"(3I2,0I2 Nos)as recorded by me.

According to the "9th Conference on AIDS",held in Berlin(Germany)on 8th June, I993,they are "I4 M"as estimated by Dr.Michel Merson,Director on AIDS,WHO at this conference. AZT Drug,the main anti-AIDS drug,had no measurable benefit for sufferers".Please read AFP news as a reference.

On the 27th March,I993,I have just founded "Ayubhedic Medicine":"AIDS/HIV positive treatment medicine".I had tested "it"according to our "Burmese Ayubhedic Method"or"East Style Test".I found that it was "I00% Successful"or"complete satisfactory".Why? My newly founded and invented "Tybosi and Amala"medicines, which are "AIDS positive treatment medicine",can successfully change from an AIDS patient's HIV positive blood(+4)to negative blood for a course of"under treatment"by me to a period of (62)days only.This is first test in"Ayubheda".

On the Ist May,I993,I have contact to "American Medical Association(AMA), 5I5 North State Street,Chicago,IIIinois 606I0,USA"with my letter No.7/93(Ayubheda:AIDS) Dt.I-5-I993 for a "Medicine Test" at "AMA"together with some medicines.

For this case,Dr.John J.Henning,Ph.D.explained to me;"We can be of no help to you"."AMA does not conduct or fund "AIDS"research".Please read it.

But he passed a news to me for a "Medicine Test"at "National Institutes of Allergy and Infectious Disease,9000 Rockville Pike,Bethesda,Maryland 20892,USA, for funded by...To this place,I wrote a letter No.3I/93(Ayubheda)AIDS Test,Dated 9th June,I993. Up to date,there is "No Reply"to me from there.

For my "Tybosi & Amala"Medicine,The one and only AIDS positive treatment new medicine,please help me to my "Medicine Test"in USA urgently.My objective is of two:-(i)My personal ability of skill in Ayubhedic Physician and (ii)My invented tybosi medicine power to all "medical scientists"from USA in AIDS case.

When "Conquered over AIDS virus",I open AIDS Hospitals,in USA to support "Clinton Administration"from people.

Yours cordially,

Ven. Paññasāmi, Thero.

Encl:(1) set of papers.

Ven. Pannasami, Thero (Burma),

Buddha Dhamma. Sangha.

AIDS FREE AND [illegible] HOSPITAL

(Ayubheda Treatment)

-- Overseas Burmese Communities

G. P. O. Box 2124, Kathmandu, Nepal

"" AIDS:VD:HIV Positive Treatment Medicine Founded ""

By

"Burmese Ayubhedic Physican"

Profile:

(I) Founder :Ven'ble Pannasami,Thero(Burma),Founded date:27th March,1993,
(2) Date of birth :I6th Oct.,I946,
(3) Place of birth :Taungzun Village,Bilin Township,Mon State,Burma(Myanmar),
(4) Education :B.Econ.,D.E.P.(Post Graduate Level),Ayubhedic Physican,
(5) Professional(Past):Retired Official,Burma Airways Corp.(BAC),Rangoon,Burma,
(6) " (Present):A Buddhist Monk,Theravada Buddhist School(Burma),
(7) " (Future):Ayubhedic Specialist(DS/HIV-VD)to eliminate AIDS Disease,
(8) Permanent address:9-Pagodas Monastery(Mountain Area),Taungzun P.O.,Bilin Township,Mon State,Lower Burma,
(9) Camp :Shanti Vihara,Gusinga Place(Kupondo Area),Lalitpur,Nepal, This is a remote area in"Kathmandu Valley"(Nepal),
(IO)Mailing address :G.P.O.Box 2I24,Kathmandu,Nepal, Tel:Nil ,Fax: Nil ,
(II)Touring to aboard:Thailand,Malaysia,Singapore,Australia,Sri Lanka,India,Nepal. Now he camps in Nepal for (IO)years since I983 up to date.

AIDS History:

In Africa,Big Monkey,known as"Champacy",had started to afflicate with this "AIDS Disease(Acquired Immune Defiency Syndrom).From this"Big Monkey",it goes to spread to our "human beings",as announced by U Pe Than,Announcer,Burmese Section,BBC,Bush House,Strand,P.O,Box 76,London WC2B-4PH,United Kingdon on April,I2 I993 in Burmese Language.

Present AIDS/HIV Positive Disease Affairs:

By the mid of I992,more than 50I,36I cases of AIDS had been reported to"WHO" from I68 countries around the world,Among these cases,277,0I2 were from American region,I5I,455 in Africa region and I2I6 in South East Aisa and II4 HIV positive in Nepal.(Dr.Jeevan Bhattarai tells me:"Out of 7P,000 Blood Tests,the estimated 5,000 are with HIV positive in Nepal in I993.)

As of July,I992 WHO estimate worldwide accumulative total of HIV infected persons has reached I0-I2 million adults and one million children.It projected that by the year 2000 a total of 30-40 million men,women and children.

In Atlanta,USA,April 30,the number of American with AIDS increased at a surprising rate during the first three months of this year(I993),when more than 35,000 new cases were reported.Federal Health Official said Thurday.Most of new cases stemmed from a new definition the deadly disease,but even not attributed to broader definiation increased by 2I% double rate for period of last year.

According to AFP,Berlin,Germany,the 9th World Conference On AIDS began here. WHO estimate I4 M people with AIDS Disease,as reported by Mr.Michael Merson, Director,WHO,on AIDS.It was held on 8th June,I993,sponsored by AZT Drug Firm.

In addition,it said,the number of people with full-blown AIDS had risen by 20% to 2.5 million.WHO projects that between I992 and 2000,the annual number of new AIDS cases will at least "triple",to reach I.5 million",he said.

In the case of Thailand,there were over 50,000 HIV infected people in early I990,he said.By late I992,there were an estimated 450,000,almost I0 times more."

In Burma,there are now "more than I00,000 people"infected with HIV positive as estimated by WHO,out of 42 million people.Said Leah Makabenta on I8th May,I993.

Burmese Ayubhedic Physican founded AIDS medicine:Tybosi and Amala:

U Pe Than(BBC-London)said:"The drug AZT and DDI(German Drugs)are now unable to cure to AIDS Disease as reported by "Doctors"."Be controlled Sex with prostitutes without cover(FL)."Likewise U Ne Win(BBC-London)said:"Don't try Sex without cover(FL)"on Ist June,I993".

Ven'ble U Pannasami,Thero(Burma)had arrived at"India and Nepal"from"Australia" to"Homage to Lord Buddha's Holy Places"as a "Pilgrim"on May,I6,I983.Sayadaw(High Priest)is a noted "Ayubhedic Physican",operated in"Ayubhedic Medicine Research". everywhere during his"Dhammaduta Tours" in "Tranquil Insight Meditation" teachir

In"Buddhist Texts Books',Mr.Jivaka,a noted physican(Rajagaha City,India), gave "medical treatments"to"Lord Gotama Buddha"and"All Buddhist Monks"as"Free and Charity"with roots,seeds,herbs,leaves,flowers and other items from "trees and plants".Mr.Jivaka said to his teacher:"No trees and plants are medicine within (I) Yojana(13 miles)".

A Hermit,predecessor of Ven'ble Bakula,Thero,Foremost in Painless,had cured "head-aches"from all monks with "herbs and flowers"from Himaliyan Range.He also constructed and offered "Hospital"during his perfectional period.When he was in the life of Ven.Bakula,Thero,in the presence of Lord Gotama Buddha,he was holder of the"Foremost in Painless(Diseaseless)".What is benefit of"Hospital Donation"?"

On the 27th March,1992,Sayadaw(High Priest)has seen a "Tybosi Palm Tree"with ripe fruits,eaten by crows,in"Kathmandu Valley".This is a trace,founded to"AIDS: VD:HIV Positive Treatment Medicine"for all "AIDS Patients around the world.He plucks some"tybosi riped seeds"and tests them according to his learned "Ayubhedic Method" with afew patients.Later on he knows:"This is the"Powerful AIDS Medicine"after operating for a course of treatment to them."For his "Ayubhedic Treatment",Sayadaw (High Priest)applys and uses only two kinds of natural seeds:-(i)"Tybosi Palm Tree Seeds",grown in Nepal,and (ii)"Amala Tree Seeds",grown in Nepal,too,and nothing else.It is a simple method to a cure for "AIDS/HIV Positive Disease".

For "Urine-Running-Smooth",without any difficulty of blockage and delay problem Sayadaw(High Priest)prepares "Onion Syrup"in which"Onion Pieces"+"Sugar"+"Cold Water"puts together in a plastic cup.After (30)minutes procession,it is ready to drink.It is more better to drink it at 5P.M.for "Urine Running Smooth"regularly.

One more information:"Taungthan-seeds" in place of "Tybosi-seeds":

In Burma,there are(3)kinds of "Palm Trees":-(i)Big Palm Tree,known as"Pepin", used "its leaf"as paper for writing in 1700 A.D.,(ii)Medium Palm Tree,known as "Thanpin",used "Body"and"Sugar"as [illegible] items"and(iii)"Small Palm Tree,known as"Taung-Thanpin"(Mountain Palm Tree),grown in Kyaikto,Bilin,Thaton regions in Mon State,Lower Burma,It is similar to"Tybosi Palm Tree"from "Nepal"except"many thrones" and "afew thrones"at the handle of leaves."Tybosi-leaf-handle is with "afew thrones" whereas "TaungThan-leaf-handle"is with "many thrones".But"tybosi-seeds"and"taung [illegible] -seeds"are in same category.This "Taung-Than-seeds"can apply and use in place of "Tybosi-seeds"for the "AIDS/HIV Positive Treatment"after testing in its"Medical power".Villagers use "Taungthan-leaves"as their house-roof.Taungthan are a lot.

Method of preparations of medicine(Ayubhedic Method)for AIDS Disease:

Sayadaw(High Priest)prepares "AIDS Positive Treatment Medicine"in two ways:- (i)"Tybosi Powder" or (ii)Tybosi Syrup-"Tybosi-seeds(Cover part)(30 Nos)+Tybosi-Sterns(One inch size)(Peeler Cut)(20Nos)+Cold Water(1-Litre)."It is very powerful medicine for "AIDS Virus Positive Treatment".It is "First Class"medicine.Tybosi Powder is "Second Class",less power than Tybosi Syrup.Keep this "Tybosi Syrup Bottle" in a shady place for (7)days and in the sun for (4)days to process "mighty power". (iii)"Amala-seeds"(Burmese name:Jibyus)(Salted Ones)(3 Nos)which give"supporting"to "tybosi syrup"to take out "Virus"from "Patient's Body"in"Urine" or"Stool".But "Virus" go out from "Urine"in the major path.It needs smooth at any time.

"Onion Syrup"="Onion pieces"(from 2 Nos) + Sugar(3 Sponful)+"Cold Water(I Litre). Drink it at 5 P.M.for "Urine-Running-Smooth"and then drink it after urine takescout.

Directions for use of "medicine" and other items:

Time : Drinking "tybosi syrup"or"having"tybosi powder"together with"amala seeds", it is more better to select "6;30 P.M."(Not later than 7.P.M.)in every night for the whole of "under treatment".Read four types of courses at"Operation Research":"Medicine and Virus Affairs" chapter.Tybosi syrup is more powerful than tybosi powder.Generally,Sayadaw(High Priest)uses "tybosi syrup"in the "tybosi season"(Jan.,Feb.,March and April=4 months).Out of tybosi season,he uses "tybosi powder"only.

Dose : One volume of "tybosi syrup" mixed or added three volumes of"Cold Water"in a "tea-cup"in full level.It is for a "Dose"of medicine to a whole of night. Don't drink other "medicine(s)".Drink it at 6:30 P.M.every night.If desired, the "patient"can drink"Onion Syrup"after "Urine"taking out."No Problem". One tea-sponful (small size)of "tybosi powder"together with three"amala seeds (dry salted pieces)are taken with a cup of "Cold Water"in the same time.

Urine : After drinking"tybosi syrup"and"amala seeds(pieces)"AIDS Medicine,HIV virus move into the"Urine-Tube"from all parts of patient's body by the "mighty power"medicine.When he/she takes out "Urine + Virus",there are uncountable numbers of virus,going out from the urine-tube of patient's body wonderfully.Sayadaw(High Priest)instructs to all patients to take out "Urine + Virus"in every (10)minutes regularly.Don't store it in the urine-tube in full level.Why? Virus bite,hide and enter somewhere in body "kidney"e.t.c.AIDS Virus go out from body in"still alives"(Not dead).Note it carefully.

Stool : When patient takes out"stool",these virus also go out automatically.

Foods : During the period of "under treatment",all patients are greatly required to avoid eaten some foods:-(i)Bitter Taste Foods(Burmese name:Tamaywet), (ii)Bitter Taste Fruits(Burmese name:Kyathimkhasi=Pickle)and(iii)Glucose-D e.t.c.If eaten,Virus stop going out from the patient's body.Thus select foods during the period of"under treatment".When the "course"is over,he can eat them as he likes.

Tests : Firstly,patient operates"Blood Test","Urine Test"and"Stool Test"before going to"under treatment".Secondly,he operates"Blood Test"e.t.c.after a course of "treatment"Compare them.Check the"Blood"from"HIV Positive"to "HIV Negative" This is the main case in this "AIDS Treatment".

Virus : AIDS/HIV virus are very clever,hard to destroy and look like"Louse"in the "head-hair",if grown fully big in the external after going out from the patient's body at his dress.By the power of "tybosi and amala"medicines, these virus go out from patient's body in "still alives"(Not Dead)in Urine. Use the"Urine-Pot"in black colour.Drop urine in it and check"virus"in the urine-pot with "touch-light"in a darkness place.He can see virus in urine, floating or moving here and there as if "so tiny small white objects"with his naket eyes if the patient's age is over 45-50 years.Drop this"Urine + Virus" in a hole from a safety place and cover earth to this hole,when one day treatment is completed.

Operation Research:Medicine and Virus Affairs:

(1)On or about (10)days of treatment,the AIDS patients,who are with HIV virus positive (+1),can be changed from HIV positive blood into negative blood by the power of"tybosi medicine"This is first type of course:10 days and HIV positive(+1).

(2)On or about (20)days of treatment,the AIDS patients,who are with HIV virus positive(+2),can be changed from HIV positive blood into negative blood by the power of"tybosi medicine"This is second type of course:20 days and HIV positive(+2)

(3)On or about (30)days of treatment,the AIDS patients,who are with HIV virus positive(+3),can be changed from HIV positive blood into negative blood by the power of"tybosi medicine"This is third type of course:30 days and HIV positive(+3).

(4)On or about (40)days of treatment,the AIDS patients,who are with HIV virus positive(+4),can be changed from HIV positive blood into negative blood by the power of"tybosi medicine"This is fourth type of course:40 days and HIV positive(+4)

Remarks:In a treatment to full-blown AIDS patient,a course of under treatment has risen (62)days as recorded by Sayadaw(High Priest),Ayubhedic Specialist(AIDS) on June 12,1993.

Milestone for guarntee:

This is our "Burmese Ayubhedic Milestone",given fully guarntee from"HIV positive blood"to"negative blood"on or about"one course"or"two course"to all patients if they obey some instructions in "forbitten foods"and"fruits"during the time of "under treatment"."Tybosi medicine",unlike AZT Drug for temporary cure to AIDS Disease,is one and only "AIDS Medicine"for absolute cure in this world up to date.

Miscellaneous:

In Nepal,tybosi palm trees are Not commercial trees.Thus it is afew numbers only growing here and there without a care by people in general.They don't know Tybosi Seeds are "AIDS Medicine".Now Sayadaw(High Priest)has about (12)tybosi palm trees which are quite enough for "about (200)nos of patients"for a year.It is not enough to all AIDS patients(Now they are 14 million as estimated by WHO at "9th Conference on AIDS",Berlin,Germany on 8th June,1993).

Thus Sayadaw(High Priest)has ordered to plant "New Tybosi Trees"(5000 Nos)in Kathmandu Valley,Nepal.But it is unable to bear "Tybosi Fruits"on or about (15)yrs from date of plantation.Why? it grows slowly according to nature of all"palm trees"

Notes: Out side "Kathmandu Valley(Nepal)it can,no doubt,grow a lot.We must try to trace to new tybosi trees for medicine to accept "more patients"for treatment.

Certificate of harmless to users:

This is to certify that "Tybosi and Amala"medicines are absolutely harmless to all users,approved complete service by Sayadaw(High Priest),Founder of it.

Test "Ayubhedic Method"to"Tybosi Medicine":

Sayadaw(High Priest)tests his invented tybosi medicine with some AIDS patient gaining a good result as "100% Successful".Why? It can successfully change from HIV positive blood to negative blood for a course of treatment only.

Test"West Style"to"Tybosi Medicine",too:

Sayadaw(High Priest)has sent some medicines,both "Tybosi and Amala",to (i) World Health Organization(WHO),Regional Office for South East Asia,World Health House,Indraprastha Estate,Ring Road,New Delhi-II0002,India,(ii)British Medical Association,BMA House,Tavistock Square,London WCIH-9JP,United Kingdom and (iii)National Institutes of Allergy and Infectious Disease,9000 Rockville Pike, Bethesda,Maryland 20892,U.S.A. for "Medicine Test"at there.

Distributions of Tybosi Seeds to all countries:

According to"The 1993 Programme",Sayadaw(High Priest)is now distributing the "Tybosi Palm Tree Seed "to all countries where Tybosi Trees can grow well.Why? Only Tybosi Medicine can successfully cure to this deadly AIDS Disease up to date. (Climate: Maxium:30 C.Degree, Minimum:0 C.Degree, Rainfall:I -II inches.

For all "Health Ministries",it is entitled to(400)seeds.For all NGO,it is entitled to (20)seeds.For all individuals/persons,it is entitled to (10)seeds. These seeds are to plant in this "Rainy Season",starting June-Oct,1993,as from.

Registrations acceptances:

(1) For the [illegible] of treatment in this "Ayubhedic Method", to cure AIDS patients from all parts of world,kindly contact to Sayadaw(High Priest)for their "Registrations"of names, ages, sex, be together with "Blood Test" documents as soon as possible.We will treat (100)free of patients.

(2)For and on behalf of "Them"of "Non-Profit and Charitable Hospitals/ Clinics"from all parts of our world,please make known "Registrations"with the Sayadaw(High Priest),given more chance to Thailand,U.S.A. and France,Three AIDS countries in AIDS disease.

Invite all types of"Good Suggestions"from all:

Ven.Pannasami,Thero(Burma),Ayubhedic Specialist(AIDS-VS),Founder of AIDS Tybosi Medicine,has a programme to share not only"Method of tybosi medicine" but also "Detailed Ayubhedic Treatments"to all Physicians,Doctors,Nurses around the world to eliminate "AIDS Disease" early.

This is why he invites all kinds of "Good Suggestions"from all classes of persons,rich and poor,dignity and ordinary,especially from Doctors,Scientists and Researchers.

May all AIDS/HIV Patients be happy.
With Top High Regards,
In Amity(Metta),
Cordially yours,

Ven. Pannasami, Thero. 12/6/93
(Ven. Pannasami,Thero)
Founder

Dated:I2th June,I993

Ven. Pannasami, Thero (Burma),
Ayubhedic Physician
Suvannabhumi Sayadaw

American Medical Association
Physicians dedicated to the health of America

Department of HIV
515 North State Street
Chicago, Illinois 60610
312 464-5460
312 464-5841 Fax

May 13, 1993

Ven Pannasami Thero
Suvannabhumi Sayadaw
Overseas Burmese Communities
GPO Box 2124, Kathmandu, NEPAL

Dear Ven Pannasami Thero:

Your letter of May 1, 1993, provides information on your Burmese Ayubheda treatment for HIV/AIDS. Your letter states that you have already sent similar information to the British Medical Association and the World Health Organization. You would like the American Medical Association to test your treatment.

In the United States of America research for a cure to HIV/AIDS is conducted by many scientists but especially those working for, or funded by, National Institutes of Allergy and Infectious Disease, 9000 Rockville Pike, Bethesda, Maryland 20892, United States of America.

The American Medical Association does not conduct or fund AIDS research. We can be of no help to you.

Cordially,

John J. Henning

John J. Henning, PhD

AIDS - a threat to development

By Savita Acharya

AIDS an acronym for 'Acquired Immune Defiency Syndrom' was first reported in the United States. But retrospective studies indicate that the first US case may have occurred as early as 1978. At present, the global effect of AIDS is rampant.

Epidemiological study throughout the world have shown that the modes of transmission of HIV infection are limited to sexual intercourse with HIV infected people, exposure to HIV infected blood and blood products and transmission from an infected women to her feutus or infant.

The first AIDS case in Nepal was diagnosed in 1988 and to date 114 HIV infection including 14 AIDS cases have been officially reported. This figure indicates that the pandemic of AIDS in Nepal is still in its early stage as compared to neighbouring countries. However, there is a danger that it may spread in epidemic scale in future if proper measures are not taken in time.

By the mid of 1992, more than 501361 cases of AIDS had been reported to WHO from 168 countries around the world. Among these cases 277012 were in American region, 151455 in African region and 1216 in south east Asia. Asia appears to be least HIV affected continent. As of July, 1992 WHO estimates that worldwide accumulative total of HIV infected persons has reached between 10-12 million adults and one million children. It is projected that by the year 2000 a total of 30-40 million men, women and children will be infected by HIV of which 90 percent victims of the virus will be from the developing countries. The projection is a real threat to the third world countries where Asia and Pacific countries form 60 percent of the world population.

Although, the problem of HIV/AIDS is a health issue it produces various socio-economic repercussions. As HIV is mainly transmitted through sexual intercourse, AIDS disproportionately affects prime aged individuals who are most productive members of the society. In the developing world the clinical burden of HIV related disease would overwhelm the health and social services. This will pose a major challenge in a developing country like Nepal where basic health services are inadequate and media has failed to reach the diverse audience.

The major impact of AIDS case in a family member is to result in overstretching the economic burden on families. Since a large number of people visit foreign countries for various purposes, the possibility of their visiting brothels is high. Another possibility of the disease is from the Nepalese woman coming back from Indian brothel with HIV positive. As such the whole of the society will have to suffer because a great share of medical services will be spent on controlling the AIDS.

In view of anticipated scenario, the major challenge today is to mount an appropriate response and accelerate AIDS prevention activities. As the clinical solution of this disease has not been discovered, the viable alternative should be geared up to prevent it. Education and information may be effective means of controlling the disease. Regarding the sensitivity of issue which is directly related with sexual behaviour, entire population should be educated about the possible risk involved with the disease. Particular attention should be given to adolescents entering the age of the sexual exploration.

AIDS prevention and control is a vigorous task which can only be accomplished through multisectoral cooperation. Government in its part should develop political commitment and should accord the AIDS prevention and control programme a top priority.

The national response to the pandemis must embrace all parts and sectors of the society. It should not be considered only the programme of Health Ministry. A successful AIDS control programme requires action, and resource support from Ministry of Home, Finance, Education, Information, Communication, Labour, Industry, Agriculture, Social Welfare, National Planning Commission, NGOs and Private Sector. So all major sector of the government, NGOs and Private sector must commit themselves to collaborate in effort to fight against AIDS a challange to the society.

(Mrs. Acharya is Training Coordinator at National Prevention & Control Project)

The Kathmandu Post Dt: April 15, 1993

Gloomy start to AIDS forum

Berlin, June 8 (AFP):

The ninth world conference on AIDS began here Monday under a cloud of gloom, with experts seeing a bushfire-like spread to the epidemic without any hope of an early medical breakthrough.

In a new psychological blow to the millions suffering from acquired immune deficiency syndrome (AIDS) and the virus that causes it, the World Health Organization declared that a Kenyan drug fervently held by some to have wonder properties was in effect worthless.

Treatment with Kemron, a low-dose form of human interferon alpha, "does not produce any detectable benefits," it said, announcing the results of a study conducted in Uganda.

AIDS activists said that some black Americans suffering from AIDS or the precursor virus HIV had considered Kemron to be a fantastic hope ignored by a medical establishment dominated by White males.

"This is going to be a blow for some," a worker with the radical group ACT UP said.

The WHO also issued new figures estimating that in the past year, the number of people with HIV had risen by a million to 14 million, and there had been "explosive" growth in south and southeast Asia.

Five out of every 11 new cases are women, and there is growing evidence of the virus being unwittingly handed on to babies and infants through breast milk, the WHO said.

In addition, it said, the number of people with full-blown AIDS had risen by 20 per cent, to 2.5 million.

"The curve is set to go much higher," WHO's director of the global programme on AIDS, Michael Merson, said.

"WHO projects that between 1992 and the year 2000, the annual number of new AIDS cases will at least triple," to reach 1.5 million, he said.

In the case of Thailand, there were over 50,000 HIV-infected people in early 1990, he said. By late 1992, there were an estimated 450,000, almost 10 times more.

He called for extra spending of between 1.5 billion and 2.9 billion dollars a year on AIDS awareness campaigns in sub-Saharan Africa, Latin America and Asia.

This could save those regions from around nine million new infections by the end of the decade, as well as 90 billion dollars in medical and economic costs, he said.

But the World Bank and some AIDS workers reacted guardedly to the request.

The World Bank's Dean Jamison said that the WHO had supplied "reasonable cost estimates" and agreed it was more cost-effective to focus more at this stage on preventing AIDS rather than on trying to intervene after the infection has taken place.

But he played down hopes of the Bank contributing substantially to the appeal.

"We do not conclude that the sheer magnitude of the epidemic, in terms of people infected or dying, now gives AIDS a claim on the health dollar that is noticeably greater than a million other diseases in the developing world," Jamison said.

Haydee Pellegrini, a spokeswoman for the Global Network of People Living with HIV/AIDS, said that the world was still learning how to combat the spread of AIDS at ground level.

"Of course we need money, a lot of money --but we first need to know how to use the money."

President Richard von Weizsaecker of Germany, whose country is hosting the five-day conference; issued an emotional plea for tolerance for those with HIV or AIDS.

"This illness is often linked to immorality or even interpreted as an allegedly just punishment," he said to strong applause from an audience of more than 12,000.

"That is a terrible and inhumane exclusion of sick people under the guise of supposed morality."

The WHO's announcement that Kemron had no benefit came shortly after an Anglo-French study concluded that the main anti-AIDS drug, AZT, also had no measurable benefit for sufferers.

surprising rate during the first three months of the year, when more than 35,000 new cases were reported, Federal Health officials said Thursday.

Most of the new cases stemmed from a new definition of the deadly disease, but even cases not attributed to the broader definition increased by 21 per cent, double the rate for the period last year.

TRN. 156 May 93 P.8

AIDS cases surge in US

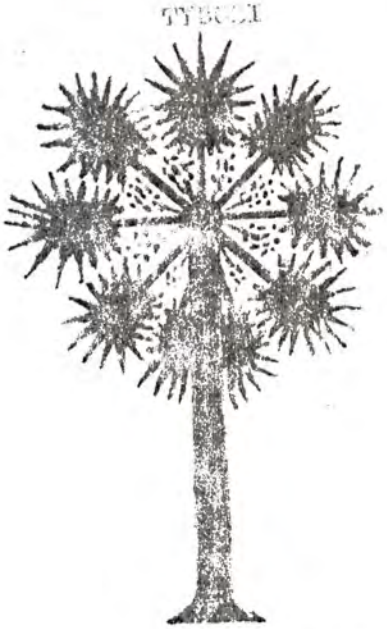
Atlanta, April 30 (AP):

The number of Americans with AIDS increased at a surprising rate during the first three months of the year, when more than 35,000 new cases were reported, Federal Health officials said Thursday.

Most of the new cases stemmed from a new definition of the deadly disease, but even cases not attributed to the broader definition increased by 21 per cent, double the rate for the period last year.

TRN. 156 May 93 P.8

TYBCCI



Nepal Palm Tree

आयुर्वेदोऽमृतानाम्

कविराज मधु सूदन लोहनी

Kaviraj Madhu sudan Lohani

(आयुर्वेद तथा सामान्य चिकित्सा विशारद)
श्री ५ को सरकारको चिकित्सक

आवास:- बालाजु द्वार
बालाजु, काठमाडौं ।
मिति:- 18-6-1993

To Whom it may concern,

This is to certify that Tybosi medicine and Amala medicine are harmless to all users (recipients) after tested.

Yours faithfully,
18-6-1993
KAVI RAJ
HMG NEPAL

To

Ven. Pannasami, Thero (Burma),
Ayubhedic Physician
Suvannabhumi Sayadaw
Overseas Burmese Communities
G.P.O. Box 2124, Kathmandu, Nepal

THE WHITE HOUSE

WASHINGTON

Sent out to congressman Visclosky

August 26, 1993

Mr. John S. Roberts
P.O. Box H
Hobart, Indiana 46342

Dear Mr. Roberts:

I was recently contacted by Representative Peter J. Visclosky who forwarded your packet of information regarding a possible treatment for those infected with HIV.

As the AIDS Policy Coordinator, I will advocate public health policy that has a sound scientific basis. You can be assured that I will support the use of any treatment that has been shown to be safe and effective in finding a cure for this disease.

Best of luck with your efforts.

Sincerely,

Kristine Gebbie

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

CC: Representative Peter J. Visclosky

PETER J. VISCLOSKY
1ST DISTRICT, INDIANA

COMMITTEE ON APPROPRIATIONS
CONGRESSIONAL STEEL CAUCUS
EXECUTIVE COMMITTEE CHAIRMAN
NORTHEAST-MIDWEST
CONGRESSIONAL COALITION
MIDWEST VICE-CHAIR
WHIP-AT-LARGE

Congress of the United States
House of Representatives
Washington, DC 20515-1401

2464 RAYBURN BUILDING
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GARY, IN 46408
TTY-TDD SERVICE AVAILABLE
(219) 884-1177

PORTAGE CITY HALL
6070 CENTRAL AVENUE
PORTAGE, IN 46368
(219) 763-2904

July 23, 1993

Ms. Kristine Gebbie
Director of AIDS Policy
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Ms. Gebbie:

I write on behalf of Mr. John Roberts, a resident of Indiana's First Congressional District.

Mr. Roberts has asked that I forward to you the enclosed packet of information regarding a possible treatment for those infected with the AIDS virus.

Thank you in advance for your serious consideration of this matter. Do not hesitate to let me know if you have any questions or need additional information.

Sincerely,

Peter J. Visclosky
Member of Congress

PJV/sjg
Enclosure

JUNE 26, 1993

THE HONORABLE PETER J. VISCLOSKY
PUBLIC FORUM
PORTAGE PUBLIC LIBRARY
PORTAGE, INDIANA

DEAR CONGRESSMAN VISCLOSKY,

IT IS A PLEASURE TO MEET YOU IN PERSON.

WOULD YOU PLEASE OBTAIN FROM DR. BERNADINE HEALY, DIRECTOR, NATIONAL INSTITUTES OF HEALTH, THE ANSWER TO THIS QUESTION -

IS THE HIV VIRUS DESTROYED IN THE TEST TUBE BY ACETALDEHYDE?

IF THE ANSWER IS "YES", I THINK THAT THE LANG STUDY (COPY ATTACHED) SHOULD BE GIVEN CLOSE SCRUTINY.

IT IS MY FIRM CONVICTION THAT TWO BASIC FACTORS WERE NOT TAKEN INTO CONSIDERATION DURING THE COURSE OF THIS STUDY -

1. THE AMOUNT OF ALCOHOL THAT THE FRENCH DITIOCARB PATIENTS WERE DRINKING ON A DAILY BASIS.

   AND

2. THE CONSEQUENT AMOUNT OF UNMETABOLIZED ACETALDEHYDE THAT WAS BEING GENERATED WITHIN THEIR BODIES.

IT IS MY HYPOTHESIS THAT IT WAS THIS UNMETABOLIZED ACETALDEHYDE THAT WAS DESTROYING THE HIV VIRUS ITSELF - THUS CAUSING THE FRENCH DITIOCARB PATIENTS TO SHOW IMPROVEMENT IN THEIR CONDITIONS.

IF THE AUTHORS OF THIS STUDY (LANG, TREPO, KIRSTETTER ET AL) DO CONFIRM MY ASSUMPTION THAT THE FRENCH DITIOCARB PATIENTS WERE INDEED DRINKING ALCOHOL - NAMELY, WINE (SEE ATTACHMENTS) - ON A DAILY BASIS, I THINK THAT GOVERNMENTAL AUTHORITIES AND AGENCIES SHOULD ALERT THE PUBLIC THAT A VIABLE TECHNIQUE IS EXTANT WHEREBY IMMEDIATE THERAPY CAN BE RENDERED TO VICTIMS OF HIV AND AIDS - I SHALL SIMPLY CALL IT THE "DISULFIRAM/ALCOHOL PROCEDURE". THOSE KNOWING HOW TO ADMINISTER IT ARE PHYSICIANS SPECIALIZING IN THE "ANTABUSE" TREATMENT FOR ALCOHOLISM.

CONGRESSMAN VISCLOSKY, THANK YOU AND DR. HEALY FOR GIVING THIS MATTER YOUR TIME AND CONSIDERATION.

YOURS TRULY,

John S. Roberts

JOHN S. ROBERTS
POST OFFICE BOX H
HOBART, INDIANA 46342

COPIES WITH ATTACHMENTS TO:

DR. BERNADINE HEALY, DIRECTOR, NATIONAL INSTITUTES OF HEALTH
PROFESSOR RUSSELL F. MANKES, DEPARTMENT OF PHARMACOLOGY & TOXICOLOGY, THE ALBANY MEDICAL COLLEGE
INDIANA UNIVERSITY SCHOOL OF MEDICINE, NORTHWEST CAMPUS, GARY, INDIANA

possibility that naloxone may have had a positive inotropic effect as well.

Even in animal models, the mechanism of action of naloxone in reversing the haemodynamic changes of shock remains controversial. Holaday and Faden[2] suggested that central endorphin receptor blockade increases adrenal catecholamine release, basing this on the observation that naloxone was associated with a rise in serum adrenaline levels. However, Lechner et al[10] suggested that naloxone potentiated the effects of circulating catecholamines on the myocardium resulting in improved contractility. Evidence for this suggestion was derived from an adrenalectomised dog with haemorrhagic shock in which serum catecholamines were kept constant. Recently Gurll et al[11] demonstrated improved left ventricular contractility after intravenous naloxone in a primate septic shock model despite observed three to five fold rises in plasma beta-endorphin and beta-lipotropin concentrations. Sagy et al[12] have shown a positive inotropic effect on isolated rat myocardium with D-naloxone—a non-opioid-blocking isomer. This effect was not prevented by pretreatment with propranolol, phentalomine, or morphine suggesting a primary cardiac site of activity unrelated to adrenergic or opioid receptors.

Because of the small population we studied, and the limited duration of naloxone infusion, we are not able to comment on its longer-term effects on haemodynamics or ultimate survival. Nevertheless, five patients from the naloxone group were discharged from hospital compared with only one in the placebo group, so we have no reason to suspect any lasting adverse effects of the infusion.

More extensive trials will be required to assess whether naloxone is a useful addition to current vasopressor/inotrope therapy and whether there is a positive effect on longer-term outcome. In addition, the unexpected finding of positive haemodynamic effects occurring only more than 4 h after the initial bolus of naloxone is not consistent with many of the currently proposed pharmacological actions of naloxone. Our results may stimulate new interest in this controversy.

We thank the nursing staff of the medical and surgical intensive care units at the Health Sciences Centre for their help in carrying out this trial. The study drug was provided by Du Pont Canada, Inc.

Correspondence should be addressed to D. E. R., Medical Intensive Care Unit, Health Sciences Centre, 820 Sherbrook Street, Winnipeg, Manitoba, R3A 1R9, Canada.

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RANDOMISED, DOUBLE-BLIND, PLACEBO-CONTROLLED TRIAL OF DITIOCARB SODIUM ('IMUTHIOL') IN HUMAN IMMUNODEFICIENCY VIRUS INFECTION

JEAN-MARIE LANG[1] JEAN-LOUIS TOURAINE[2]
CHRISTIAN TREPO[3] PATRICK CHOUTET[4]
MYRIAM KIRSTETTER[5] ANNIE FALKENRODT[1]
LAURENCE HERVIOU[4] JEAN-MICHEL LIVROZET[2]
GENEVIÈVE RETORNAZ[3] FRANÇOISE TOURAINE[2]
GÉRARD RENOUX[4] MICHELINE RENOUX[4]
MIRCEA MUSSET[6] JEAN CARAUX[6]
AND THE AIDS-IMUTHIOL FRENCH STUDY GROUP*

Hôpital Hautepierre, Strasbourg;[1] Hôpital Edouard Herriot, Lyon;[2] Hôtel Dieu, Lyon;[3] Hôpital Bretonneau, Tours;[4] Hôpital Saint Vincent de Paul, Paris;[5] Department of Immunology, Institut Mérieux, Lyon,[6] France

Summary 83 patients with human immunodeficiency virus (HIV) infection (CDC groups II, III, or IV-A) were randomised in a crossover trial of sodium-diethyldithiocarbamate (ditiocarb sodium, 'Imuthiol') (10 mg/kg body weight given orally once a week) against placebo. Each arm of the trial lasted 16 weeks. The disease did not progress to CDC-defined acquired immunodeficiency syndrome in the ditiocarb group but did so in 4 patients in the placebo group (3 between week 0 and 16, 1 between week 17 and 32). Ditiocarb was also associated to a significantly greater extent than placebo with relief of constitutional symptoms, improvement in clinical status (including shrinkage of enlarged spleen and lymph nodes), and improvement in immune function (as measured by CD4+ cell count and skin test reactivity). When placebo was replaced by ditiocarb, similar improvements were observed, whereas symptoms slowly reappeared and CD4+ cell levels progressively declined when ditiocarb treatment was replaced by placebo.

Introduction

SODIUM diethyldithiocarbamate (INN-ditiocarb sodium, 'Imuthiol') has potent immunorestorative, notably thymomimetic, properties.[1,2] Ditiocarb, which is not mitogenic per se, induces the differentiation of T-cell precursors into mature and competent effectors, even in the absence of functional thymic epithelium.[1] It has been effective against the murine AIDS model (LP-BM5) of retroviral infection.[3,4] It prevented disease and prolonged survival as long as treatment was maintained. The precise means by which ditiocarb exerts its effects has not been elucidated. However, it is well known that ditiocarb can influence several intracellular reactions. As a chelator of heavy metals ditiocarb is a potential antiviral agent,[5,6] inhibiting a number of Cu-dependent enzymes;[7,8] this property might affect the metal-dependent Tat gene product of HIV.[9] By scavenging free-oxygen radicals, and by interfering with the metabolism of glutathione, it exerts anti-oxidant cytoprotective effects.[10,11]

A previous clinical trial of ditiocarb in cancer patients in relapse[14] has shown that ditiocarb can induce dose-

*The following persons are members of the AIDS-Imuthiol French Study Group: Macha Bachelet, Andre Burkel, Claude Charbonnier, Herve Caspard, Michel Defayolle, Marie-Christine Delsaux, Jean-Marie Dupuy, Sonia Escaich, Alain Goudeau, Jean Paul Heyraud, Daniel Pialot, Corinne Platel, Marie-Paule Richard, Louise Telvi.

dependent restoration of delayed-type hypersensitivity. Since ditiocarb inhibited HIV infection in vitro,[15] a pilot group of HIV-infected patients was given ditiocarb, with restoration of delayed-type hypersensitivity and a rise in CD4+ cell counts.[16,17] A second pilot study comparing intravenously administered ditiocarb against no treatment showed that it produced improvement in symptoms of AIDS-related complex (ARC) and hampered progression to AIDS.[18]

On the basis of these findings, we conducted a randomised, double-blind, placebo-controlled trial to evaluate the clinical and immunological impact of ditiocarb in patients infected with HIV, before the occurrence of AIDS. We report here clinical and immunological data supporting the efficacy of ditiocarb in this group of HIV-infected patients.

Patients and Methods

Patients

All patients admitted to the study had serum antibodies to HIV by the Western blot technique. Patients were eligible if they belonged to groups II, III, or IV-A of the CDC classification[19] and had a CD4 positive helper-inducer lymphocyte count of less than 600/μl. Patients were excluded if they had already presented with a single episode of any of the disorders included in the case definition of AIDS—opportunistic infections, neuropathy, or neoplasia, or if they were pregnant or lactating. Participants were recruited from five medical centres. The study was approved by the ethics committee at each participating centre, and patients gave their informed consent.

Study Design, Drug Regimens, and Monitoring of Patients

Patients were randomly assigned to treatment with either ditiocarb or placebo. Ditiocarb was given orally once a week in a dose of 10 mg/kg body weight (enterocoated capsules, 125 mg ditiocarb per capsule). After 16 weeks patients were crossed over to the alternative treatment for another 16 weeks. The crossover design was chosen for ethical reasons, to give every patient a chance to benefit from a possible favourable clinical effect of ditiocarb. Furthermore, at the end of the 8 months' double-blind follow up, all patients were offered the opportunity to receive ditiocarb in an open manner.

Every 8 weeks patients were examined and the following laboratory investigations were performed: blood counts, T-lymphocyte phenotyping by indirect immunofluorescence or flow cytometry with monoclonal antibodies and Ficoll-Hypaque-separated peripheral blood mononuclear cells, quantitative immunoglobulin determination, and serological tests for hepatitis B, cytomegalovirus, and Epstein-Barr virus. Every 16 weeks, delayed type hypersensitivity reactions were evaluated by means of a 'Multitest' apparatus (Institut Mérieux, Lyon) with seven antigens—tetanus toxoid, diphtheria toxoid, *Streptococcus* group C, tuberculin, candida, *Trychophyton mentagrophytes*, *Proteus mirabilis*—and a glycerin control. Lymphadenopathy was scored as follows: lymph node size < 1 cm, score 2; 1–2 cm, score 4; > 2 cm, score 8; the overall score was the mean score of left and right axillary and cervical nodes. Peripheral blood lymphocytes and serum samples from some patients were frozen and examined later for HIV load in culture (reverse transcriptase assay) or presence of viral antigen p24 (Abbot diagnostics).

Criteria for Clinical Response

Clinical evaluation was based on (i) progression to AIDS, (ii) clinical status (number and severity of symptoms in group IV-A patients), and (iii) influence on lymphadenopathy and splenomegaly. Serious events were not taken into account when they occurred less than 4 weeks after onset of treatment. All clinical data were carefully cross-checked by a panel of investigators to classify patient's clinical status according to the CDC classification.[19]

TABLE I—DEMOGRAPHIC, CLINICAL, AND BIOLOGICAL FEATURES OF PATIENTS AT ENTRY

—	Ditiocarb (n = 42)	Placebo (n = 41)
Mean age (yr)	32·6 (SD 7·0)	32·7 (SD 7·5)
Number of females	6	5
Risk groups		
Number homosexuals	30	32
Number i/v drug abusers	3	4
Number others	9	5
CDC group		
Number in group II	5	6
Number in group III	26	29
Number in group IV-A	11	6
Mean weight (kg)	65·6	62·8
Number with splenomegaly	7	8
Mean CD4+ count (/μl)	405 (SD 111)	389 (SD 131)
Mean IgG (g/l)	21·8	21·2
Mean IgA (g/l)	2·56	2·79
Proportion anergic	6/35	6/39

Data Handling and Statistical Analysis

The comparison of ditiocarb *vs* placebo was based on data from the first 16 weeks; data obtained after crossover were used only to assess the effect of ditiocarb interruption in the first group, or the effect of replacing placebo by ditiocarb in the second. Data were analysed with the Statistical Analysis System (SAS) version 6·02—procedure FREQ for comparison of qualitative data (χ^2 test, Fisher's exact test) and TTEST (Student's *t* test) for comparison of quantitative data. Fisher's exact test was used when theoretical frequencies were smaller than 5.

Results

Subject Groups

94 patients were considered for the study but 11 were excluded for the following reasons: CD4+ cell counts > 600/μl at entry (7), refusal to participate (2), serum antibodies to HIV not confirmed by Western blot (1), and detection of a Kaposi sarcoma at start of treatment (1). Thus 83 were randomised in the study between December, 1985, and June, 1986. The treatment and placebo groups were similar in all respects (table I). During the first 4 months, 2 patients died: 1 died 10 days after enrolment from narcotic drug overdosage, and the other after progression to AIDS. During these 16 weeks 6 patients withdrew for the following reasons: lost to follow up (4), intolerance (1), patient's choice (1). Thus 77 patients were evaluable after 4 months, and 75 entered the second phase. During the second 4 months, 1 patient died after AIDS developed, and 14 patients withdrew: lost to follow up or poor compliance (10), intolerance (1), patient's choice (3). Thus, 61 patients were evaluable after 8 months. No patient received zidovudine during the trial since it was not readily available in France then.

Clinical Effects

No patients in the ditiocarb group went on to have AIDS while 3 in the placebo group did so during the first 16 weeks of treatment (table II). After 8 weeks 1 patient in the placebo group had *Pneumocystis carinii* pneumonia (PCP), bronchial candidosis, and HIV-associated neuropathy, and died 20 weeks later. Kaposi's sarcoma developed in another patient in the 8th week. Another patient died with *Mycobacterium avium-intracellulare* infection and cerebral candidosis in the 3rd month.

A definite improvement in clinical status of ditiocarb recipients was noted after 16 weeks when compared with

TABLE II—CLINICAL OUTCOME OF HIV INFECTION IN FIRST ARM OF TRIAL

—	Active	Placebo	p†
Progression to AIDS	0/38	3/39 (PCP, *Mycobact avium*, and Kaposi sarcoma)	..
Disappearance of constitutional symptoms* (IV-A patients)	8/11	0/5	<0·001
Lymphadenopathy score	−0·43‡ (SD 1·94)	+0·43‡ (SD 1·26)	<0·05
Disappearance of splenomegaly	4/7	0/8§	<0·05

*Persistent diarrhoea, weight loss, persistent fever.
†Fisher's exact test.
‡Change from baseline.
§No spleen became impalpable; two additional spleen enlargements were noted.

placebo. Constitutional symptoms disappeared in 8 out of 11 group IV-A patients who received ditiocarb, but did not improve in any of the 6 group IV-A placebo-treated patients ($p < 0.001$). When change in clinical status was scored as improved, stable, or worse by the physicians after 16 weeks, 42% of ditiocarb recipients had improved compared with only 5% in the placebo group ($p < 0.01$). The clinical status of most placebo recipients (87%) remained unchanged during the 16 weeks. All the 9 patients in the ditiocarb group with a history of weight loss at entry regained normal weight after 16 weeks' treatment. The spleen became impalpable in 4 of the 7 ditiocarb recipients, but in none of 8 placebo recipients, with splenomegaly at entry. Spleen enlargements were detected in 2 other placebo-treated patients at week 16 ($p < 0.05$). Lymphadenopathy diminished significantly in the ditiocarb group compared with the placebo group ($p < 0.05$). This diminution was not associated with clinical deterioration as seen at some late stages of HIV infection.

Immunological Effects

After 16 weeks ditiocarb patients had higher CD4+ cells cell count than did as the placebo group ($p < 0.05$) although absolute values were scattered (table III). 13 out of 36 (36%) evaluable ditiocarb recipients (see accompanying figure) and 5 out of 38 (13%) placebo recipients ($p < 0.05$) showed a striking and sustained increase of more than 200 CD4+ cells, which suggests some patients were more responsive to ditiocarb than others.

3 patients out of 29 evaluable subjects (10%) remained anergic to 7 recall antigens (Multitest apparatus) in the ditiocarb group, compared with 9 out of 32 (28%) in the placebo group ($p < 0.10$).

Virological Effects

Peripheral blood lymphocytes from 10 patients (5 ditiocarb, 5 placebo) chosen at random from one centre were sampled at weeks 0, 8, 16, 24, and 32, and frozen. These samples were later thawed and reverse transcriptase activity was assayed in culture supernatants up to 28 days of culture. No significant change in HIV transcription rate was observed during ditiocarb administration, as evaluable by the day of peak reverse transcriptase activity in lymphocyte cultures. Similarly HIV p24 antigenaemia was not affected.

TABLE III—CD4 CELL COUNT DURING THE FIRST ARM OF TRIAL

—	Active		Placebo		
	Patients tested	Median (mean, SD) count	Patients tested	Median (mean, SD) count	p*
Baseline	42	415 (405, 111)	41	380 (389, 132)	NS
Week 8	36	479 (517, 172)	39	420 (461, 226)	NS
Week 16	36	522 (542, 215)	38	420 (447, 181)	<0·05

*Student's *t* test.

TABLE IV—SIDE-EFFECTS

Adverse reaction	Percentage of patients with adverse reactions	
	Active (n = 83)	Placebo (n = 79)
Unpleasant taste	41 (32)	4 (3)
Abdominal discomfort	33 (26)	8 (6)
Nausea	19 (15)	3 (2)
Sensation of malaise	10 (8)	1 (1)
Anorexia	9 (7)	1 (1)
Excitement	6 (5)	3 (2)
Somnolence	5 (4)	1 (1)
Vomiting	2 (2)	1 (1)
Rash	0 (0)	0 (0)

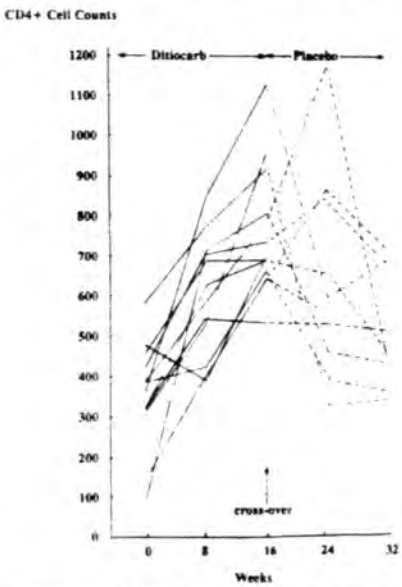
Number of patients in parentheses. No patient in either group had >25% drop in haemoglobulin concentrations, red or white cell count, or platelet count.

Effects of Replacing Placebo by Ditiocarb

When ditiocarb was given to patients previously treated by placebo, no patient progressed to AIDS. Clinical status improved in 26% of patients (9/35), whereas only 5% (2/39) improved while the group was on placebo. The number of constitutional symptoms diminished in 47% (16/34) of the patients now given ditiocarb. In 5 patients the absolute increase in CD4+ rose to beyond 200/μl.

Effects of Interrupting Ditiocarb Therapy

Clinical benefits obtained with ditiocarb were progressively lost when the drug was replaced by placebo: 1 patient progressed to AIDS (extrapulmonary *M tuberculosis*) 3 months after the crossover. Although the



CD4+ cell counts in 13 patients responsive to ditiocarb, and effect of withdrawal of the drug.

Solid line: effect during ditiocarb therapy. Broken line: effect when ditiocarb replaced by placebo.

clinical status of 42% of the patients from this group had improved during ditiocarb administration, it deteriorated between week 16 and 32 in 36% of the group. Some constitutional symptoms reappeared. Although splenomegaly had disappeared in 4 out of 7 patients during ditiocarb therapy, the organ remained enlarged in the other 3 while they were on placebo, and splenomegaly developed in 2 additional patients.

CD4+ cell count had increased significantly during the first 16 weeks, but they declined from a mean of 554 CD4+ cells/μl (week 16) to 449 CD4+ cells/μl (week 32) in the 25 evaluable patients who had crossed over to placebo ($p < 0.05$). No patient who switched to placebo had an absolute increase in CD4+ cell counts of more than 200/μl. In those patients whose CD4+ count rose, nearly baseline values were attained (see accompanying figure).

Side Effects and Adverse Reactions

Ditiocarb did not induce more major adverse clinical or biological reactions than placebo (table IV), although it was associated more frequently with minor side-effects—unpleasant taste, abdominal discomfort, nausea, or malaise. Some patients reported fatigue and inability to concentrate on the day following ditiocarb ingestion. Ditiocarb had no adverse effect on blood counts. 2 patients had platelet counts of under 150 000/μl throughout the study. Platelet counts were not adversly affected by either ditiocarb or placebo.

Discussion

Oral administration of ditiocarb ('Imuthiol') to HIV-infected patients for 16 weeks produced more clinical and immunological benefits than did placebo. Ditiocarb forestalled progression of disease for at least the duration of therapy, this effect and the absence of deaths in the group being striking differences between the two treatment groups. Two other controlled studies, independent from the present one, have already observed the same trend towards impaired progression with ditiocarb: a randomised controlled study in Houston[18] showed that AIDS developed in 5/16 untreated ARC patients, compared with 1/16 on ditiocarb. Similar findings have now been obtained in a matched-pairs, placebo-controlled study in Hamburg[20]—the disease progressed to AIDS in 6 of 28 placebo-treated patients but in none of 28 on ditiocarb. Our ditiocarb-treated patients improved in at least two measures of immune function—CD4+ cell count and skin-test reactivity—which may have contributed to the clinical benefits. The changes in immune function can be attributed to ditiocarb since they persisted for the duration of treatment but were progressively lost when ditiocarb was discontinued.

The use of a T-cell recruiting agent to treat HIV-infected subjects carried a theoretical risk of stimulating an increase in the number of those very cells that harbour the retrovirus and thus producing clinical deterioration. This risk explains the cautiousness in our preliminary studies.[21,22] The present findings, and those accompanying long-term administration of ditiocarb[21,22] (3 years), clearly show that the CD4+ cell-defect is not aggravated. In fact, the reverse occurred, with ditiocarb producing an increase in CD4+ cells and improvement in constitutional symptoms of AIDS-related complex. Furthermore, preliminary data in a small number of patients indicate that ditiocarb does not enhance HIV replication in vitro or in vivo.

One possible means by which ditiocarb interferes with HIV infection is by producing the same "immunoanaleptic" effects as those produced in immunodeficient nude mice.[1] Although ditiocarb is not mitogenic per se, it can aid T-cell maturation and differentiation by increasing the number of T-cell precursors responsive to T-cell differentiation signals. A second possible means would be via its pharmacological properties. As a chelator of divalent cations,[5] ditiocarb inhibits several Cu or Zn dependent enzymes.[7,8] It might act in this way on enymatic pathways that are required for HIV infection, such as those that involve the metal-linked Tat gene product of HIV.[9] A third possibility is by its ability to influence intracellular scavenging of cell-toxic free-oxygen radicals.[10-13] Ditiocarb can produce glutathione-SH peroxidase-like activity and, since it is itself a substrate for oxidation by H_2O_2, it may exert some of its anti-oxidant protection by directly detoxifying peroxides. Its oxygen-radical scavenging activities might account for the anti-inflammatory effects, such as shrinkage of spleen or lymph node enlargements. The therapeutic effects of ditiocarb on HIV infection probably involve several of the above mechanisms. However, more knowledge is needed on the intracellular mechanisms of HIV cytopathic infection and the precise cascade of events leading to immunodeficiency before the mechanism of action of ditiocarb can be fully assessed.

An important question is whether ditiocarb therapy can be tolerated and can be prolonged for extended periods of time. Ditiocarb can be given orally and is well tolerated except for minor adverse reactions. Unlike antiretroviral agents, it does not impair haemopoiesis. It has now been given for up to 3 years to HIV patients and up to 5 years to cancer patients without untoward effects.[21,22]

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CORRELATION OF PLASMA INTERLEUKIN 1 LEVELS WITH DISEASE ACTIVITY IN RHEUMATOID ARTHRITIS

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Summary The mean plasma level of interleukin 1 beta (IL-1 beta), measured by immunoassay, was significantly higher in 51 patients with rheumatoid arthritis (RA) than in 21 healthy controls of similar age. Further, in the RA group, plasma IL-1 beta correlated positively with Ritchie joint index, pain score, and erythrocyte sedimentation rate and correlated negatively with haemoglobin concentration. In individual patients with active disease who had serial measurements, plasma IL-1 beta also correlated with clinical disease activity. These results support the idea that IL-1 beta has a central role in the pathogenesis of RA.

Introduction

IL-1 molecules are polypeptides with many biological activities related to host defence and tissue remodelling,[1] and interest has arisen in the pathogenic potential of IL-1 in inflammatory and immune diseases.[2] Two forms of human IL-1 (alpha and beta) are encoded by separate genes with inducible expression in macrophages, lymphocytes, endothelial cells, and other cell types. The initial product of each is a propeptide of 31 kD from which mature peptide of 17 kD is processed.[3-5] IL-1 alpha and beta have only 26% aminoacid homology but compete equally for receptors on target cells[6] and have similar biological activities.[5] In resting blood monocytes IL-1 mRNA is undetectable but after cellular activation it accumulates rapidly and IL-1 beta is usually the predominant form.[3,5]

Many activities of IL-1 are relevant to rheumatoid arthritis (RA).[7] IL-1 increases the release from synovial cells of vasoactive agents and mediators of tissue damage (eg, prostaglandins, proteinolytic enzymes, and reactive oxygen molecules)[1,5] and is a powerful stimulus of bone[5,8] and cartilage[1,5,9] resorption. It also induces the acute-phase response[10] and fever[1,5,11] and may potentiate chronic inflammation by induction of lymphocyte growth factors such as interleukin 2 and its receptor.[12]

Much evidence[13] has implicated IL-1 in the pathogenesis of RA: high levels are found in synovial exudates;[14-16] RA synovial cells spontaneously produce biologically active IL-1 in vitro;[17] in-situ hybridisation of mRNA shows that IL-1 gene expression is activated in vivo in RA synovial cells;[18] and in laboratory animals a single intra-articular injection of IL-1 produced synovial fluid leucocytosis and increased proteoglycan breakdown.[18]

Despite the weight of circumstantial evidence for IL-1 as a pathogenic mediator in RA, it has not previously been possible to correlate IL-1 levels in vivo with clinical disease activity in patients because IL-1 measurement in blood and other biological fluids has been complicated by interfering factors.[14,15] By means of a sensitive immunoassay combined with a single plasma extraction procedure we have now been able to measure circulating levels of immunoreactive IL-1 beta in patients with RA.

INTERLEUKIN 1 BETA IN EXTRACTED PLASMA

—	Plasma IL-1 beta (pg/ml)	
	Control	RA
n	21	51
Range	20–78	20–230
Median	50	90
Mean	44·7	98·2*
SEM	4·4	7·0

*Controls vs RA: t = 4·28, p = < 0·0001.

Methods

Patients with definite or classical rheumatoid arthritis[19] attending a rheumatology outpatient department or admitted to a rheumatology ward were graded for disease activity by Ritchie joint index,[20] duration of early morning stiffness, and visual analogue pain score. At the same time, blood was taken for haemoglobin concentration, white cell count, platelet count, erythrocyte sedimentation rate (ESR), and rheumatoid factor titre as part of the normal management. Blood samples for plasma preparation were taken into EDTA (5×10^{-3} mol/l) tubes (Labco) containing aprotinin (bovine lung 15–30 U/ml; Sigma) at 0·67 U/ml. Plasma was separated from cells and platelets immediately by centrifugation at 400 g and then at 10 000 g and stored in 500 µl samples at −20°C until tested for IL-1 beta content. All patients received non-steroidal anti-inflammatory drugs (NSAID), and some received second-line antirheumatic drugs, including intra-articular steroids.

IL-1 beta Measurement

Before IL-1 measurement, samples were treated according to the method of Cannon et al.[21] Plasma samples were thawed and extracted twice with chloroform (BDH, Paisley) by addition of 2 volumes of chloroform to 1 of plasma, mixing for 5 minutes, and then centrifugation at 10 000 g and removal of the aqueous phase for IL-1 beta testing in an enzyme-linked immunoabsorbent assay (IL-1 beta ELISA; Cistron Biotechnology Laboratory Impex). In our laboratory,[22] this assay is sensitive to 20 pg/ml IL-1 beta, and has parallel dilution characteristics, less than 12% interassay variation, and detection recovery of added IL-1 beta in RA plasma of 82% after extraction (n = 10, mean 82·2 SEM 2·7%; difference from recovery in extracted normal plasma not significant). There is no cross-reactivity with IL-1 alpha. The ELISA test is

J. M. LANG AND OTHERS: REFERENCES—continued

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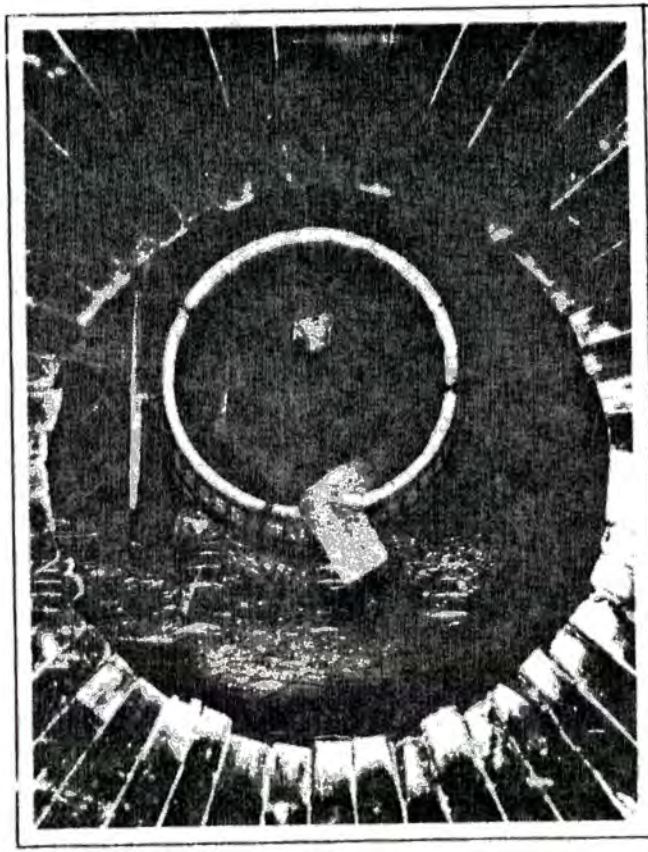
wine. Mailmen, salesmen, truck drivers, and other itinerant workers typically spend a large portion of their day drinking in cafés and restaurants as they make their daily rounds.

The use of alcohol to complement food has been developed to a fine art by the French. Indeed, the words connoisseur, savoir faire, and savoir-vivre, all connoting an appreciation for good living, are closely connected with the art of matching food and wine most harmoniously. To do this properly, one must follow a prescribed ritual, which dictates the appropriate alcoholic beverage to accompany each part of the meal. To open the meal and stimulate the appetite, one first takes an apéritif such as vermouth, Pernod, or anise. During the meal one chooses a red, white, or rosé dinner wine to complement the main course. Another wine may be called for when the cheese arrives, and champagne or sparkling burgundy may be ordered as a dessert wine. Following the meal, a "digestif" of liqueur or brandy is usually taken to facilitate digestion.

A repair shop at the French wine market is available to take care of damaged barrels. Here, expert cask makers still employ the old methods taught at a coopers' school within the Halle aux Vins.

Although the term "alcoholic Republic" was first used to describe American drinking patterns following the American Revolutionary War, the term applies equally well to contemporary France. Of all the nations of the world, France has undisputed leadership in practically all things alcoholic. Not only do the French drink more per capita, they also lead the world in the production of alcohol and alcoholics.

Since the Middle Ages wine has been the national beverage and one of the major agricultural products of France. Although a significant proportion of France's fine bordeaux, burgundies, and champagnes are exported to all parts of the world, the less expensive wines are consumed domestically. In fact, there is hardly a province in France without its local brandy or wine. In Normandy, hard cider and Calvados, a brandy distilled from cider, are the traditional beverages. In Bordeaux, cognac and armagnac are distilled from the local



An Italian barrel maker works on a large wine cask, climbing inside to smooth the wooden staves. Constructed just outside Rome, the casks will later be filled with wine from the famed town of Frascati.

APPENDIX 1

Average Yearly Consumption of Wine, Beer, and Spirits Per Person in 62 Countries

AREA	COUNTRY	INTER-NATIONAL RANK	LITERS OF ABSOLUTE ALCOHOL			TOTAL
			WINE	BEER	SPIRITS	
EUROPE	France	1	11.6	2.9	2.3	16.8
	Italy	2	11.1	.6	1.9	13.6
	Austria	3	4.1	6.0	2.3	12.4
	Portugal	4	9.9	.8	1.0	11.7
	Luxembourg	5	5.0	3.7	2.8	11.5
	Spain	6	7.1	1.4	2.9	11.4
	West Germany	7	2.3	5.8	2.9	11.0
	Switzerland	8	5.0	3.8	2.1	10.8
	Hungary	10	4.4	2.0	3.1	9.5
	Belgium	11	1.9	5.8	1.6	9.3
	Czechoslovakia	12	1.1	4.5	2.4	8.6
	Denmark	15	.9	5.3	1.5	7.7
	Yugoslavia	16	3.2	1.7	2.8	7.7
	Great Britain	18	.5	5.3	1.1	6.9
	East Germany	20	.7	3.2	2.9	6.8
	Netherlands	21	.8	3.3	2.3	6.4
	Soviet Union	23	2.0	.9	3.4	6.3
	Bulgaria	24	2.4	1.9	1.8	6.1
	Poland	25	.8	1.3	3.9	6.0
	Ireland	26	.5	3.8	1.7	6.0
	Sweden	27	1.0	2.1	2.7	5.8
	Greece	29	4.8	.5	.1	5.4
	Finland	30	.6	2.2	2.3	5.1
	Norway	34	.4	1.8	1.6	3.8
	Roumania	35	2.6		1.2	3.8
	Iceland	39	.2	.2	2.4	2.8
UNITED STATES & OTHER ENGLISH-SPEAKING COUNTRIES	Australia	13	1.1	6.3	1.1	8.5
	New Zealand	14	.9	6.1	1.2	8.2
	Canada	17	.9	4.1	2.6	7.6
	United States	19	.8	3.0	3.0	6.8
ASIA	Japan	28	2.8	1.6	1.1	5.5
	South Korea	32		.7	3.5	4.2
	Cyprus	33	1.2	.9	1.8	3.9
	Hong Kong	46		.6	1.2	1.8
LATIN AMERICA	Argentina	9	9.5	.7		10.2
	Chile	22	5.3	1.1		6.4
	Uruguay	31	3.1	1.5		4.6
	Surinam	36		1.1	2.5	3.6
	Panama	38		1.3	1.6	2.9
	Peru	40	.2	1.0	1.4	2.6
	Mexico	41		1.4	1.1	2.5
	Cuba	42	.2	1.0	1.3	2.5
	Bolivia	43		.4	1.7	2.1
	Venezuela	44		2.1		2.1
	Brazil	52	.1	.5	.2	.7
	Paraguay	54	.2	.3		.5

Average Yearly Consumption of Wine, Beer, and Spirits Per Person in 62 Countries

AREA	COUNTRY	INTER-NATIONAL RANK	LITERS OF ABSOLUTE ALCOHOL			T
			WINE	BEER	SPIRITS	
AFRICA	South Africa	37	1.2	.7	1.0	
	Cameroon	48		.9		
	Namibia	49		.9		
	Congo	50		.7		
	Kenya	56		.4		
	Senegal	57	.1	.2		
	Gambia	60	.1	1		
MIDDLE EAST & MOSLEM COUNTRIES	Bahrain	45	.1	.7	1.3	
	Israel	47	.5	.5	.7	
	Tunisia	51	.4	.3		
	Turkey	53	.1		.4	
	Lebanon	55	.4			
	Algeria	58	.1	.2		
	Morocco	59	.2	.1		
	Egypt	61			.1	
	Syria	62			.1	

SOURCE: 1972 survey by the Finnish Foundation of Alcohol Studies and World Health Organization.

To your health!
Salud!
Prosit!
A vôtre santé!
Kan pei!
Skål!
Terveydeksi!
Stin ygia sou!
Slainthe is saol agat!
L'chaim!
Alla tua salute!
Kwa afya yako!
Op je gezonheid!
Na zdrowie!
Za vashe z-dorovye!
Viva!
Ziveli!
Iechyd da i chivri!
I sveikata!
Egeszsegedre!

The drinking of "health" is one of the oldest and most universal drinking customs, as reflected in the many languages in which this toast appears

A PROPOSAL FOR A PROCEDURE WHICH MIGHT PROVE TO BE EFFECTIVE IN DESTROYING THE HIV VIRUS.

BY

JOHN S. ROBERTS

JUNE 6, 1993
(D-DAY)

TO WHOM IT MAY CONCERN -

YOU HAVE RESPONDED TO THIS ADVERTISEMENT:

- AIDS -
DO YOU KNOW SOMEONE WHO HAS
TESTED HIV-POSITIVE? THE DRUG,
DISULFIRAM AND THE CHEMICAL,
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John S. Roberts

CONSIDERING THE MULTITUDINOUS ARRAY OF SUBSTANCES THAT ARE FOUND IN THE CHEMICAL REALM, WHAT IS THE ONE AND ONLY DRUG THAT A PERSON COULD TAKE WHICH MIGHT INADVERTENTLY INCREASE THE LEVEL OF UNMETABOLIZED ACETALDEHYDE IN THAT PERSON'S BLOOD?

- DISULFIRAM (ANTABUSE) OR ITS METABOLITE DITIOCARB (DTC) -

I WANT TO EXAMINE IN GREATER DETAIL THESE THREE STUDIES -

JEAN-MARIE LANG, CHRISTIAN TREPO, MYRIAM KIRSTETTER, ET AL: 'RANDOMISED, DOUBLE-BLIND, PLACEBO-CONTROLLED TRIAL OF DITIOCARB SODIUM ('IMUTHIOL') IN HUMAN IMMUNODEFICIENCY VIRUS INFECTION', "THE LANCET", SEPTEMBER 24, 1988, PAGES 702 - 706.

EMIL C. REISINGER, PETER KERN, MARTIN ERNST, ET AL: 'INHIBITION OF HIV PROGRESSION BY DITHIOCARB', "THE LANCET", MARCH 24, 1990, PAGES 680 - 682.

EVAN M. HERSH, M.D.; GARY BREWTON, M.D.; DONALD ABRAMS, M.D.; JOHN BARTLETT, M.D. ET AL: 'DITIOCARB SODIUM (DIETHYLDITHIOCARBAMATE) THERAPY IN PATIENTS WITH SYMPTOMATIC HIV INFECTION AND AIDS', "JAMA - THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION", MARCH 27, 1991, PAGES 1538 - 1544.

HEREINAFTER, I WILL REFER TO THESE STUDIES AS SIMPLY "LANG", "REISINGER" AND "HERSH".

IN ALL THREE OF THESE STUDIES THERE WAS A VARIABLE THAT WAS NOT TAKEN INTO ACCOUNT AND THEREFORE NOT MEASURED -

- THE LEVEL OF UNMETABOLIZED ACETALDEHYDE IN THE BLOOD OF THOSE PATIENTS TO WHOM DITIOCARB HAD BEEN GIVEN -

FIRST, I WANT TO CLARIFY THE TERMS "METABOLIZED" AND "UNMETABOLIZED" AS I THINK OF THEM.

TO ME, "METABOLIZED" SIMPLY MEANS:

- TO BE CHANGED INTO SOMETHING DIFFERENT -

WHEREAS "UNMETABOLIZED" SIMPLY MEANS:

- TO REMAIN THE SAME -

YOU WILL SEE HOW I ARRIVED AT THESE FIGURES LATER, BUT FOR NOW -

WHEN THE HIGHLY TOXIC, POISONOUS SUBSTANCE KNOWN AS ACETALDEHYDE IS PROCESSED BY THE LIVER, 98.43% OF IT IS METABOLIZED (OR CHANGED) INTO HARMLESS ACETIC ACID WITHIN 18.6 MINUTES.

WHAT IF 98.43% OF IT COULD NOT BE CHANGED WITHIN 18.6 MINUTES? LET'S SAY, FOR SOME REASON, THE LIVER NOW TOOK 2 HOURS TO DO WHAT IT NORMALLY ACCOMPLISHED IN 18.6 MINUTES.

ISN'T IT TRUE THEN THAT FOR MORE THAN AN ADDITIONAL 1½ HOURS POISONOUS, UNMETABOLIZED (UNCHANGED) ACETALDEHYDE WOULD BE FLOWING THROUGHOUT THE BODY?

THIS THEN IS HOW I WILL BE THINKING OF THE TERMS "METABOLIZED" AND "UNMETABOLIZED"THROUGHOUT THE REST OF THIS FILE.

THE FIRST FEW PAGES OF THIS FILE ARE PRIMARILY A COMPARISON AND CONTRAST OF THE THREE AFOREMENTIONED STUDIES.

THE STUDIES TOOK PLACE IN FRANCE, GERMANY AND THE UNITED STATES.

THE FRENCH STUDY (LANG) TOOK PLACE FROM DECEMBER, 1985 TO JUNE, 1986. THE GERMAN STUDY (REISINGER) TOOK PLACE AT SOME TIME BETWEEN MAY, 1986 AND NOVEMBER, 1987. THE UNITED STATES STUDY (HERSH) TOOK PLACE AT SOME TIME BETWEEN JANUARY, 1987 AND APRIL, 1989.

NUMBER OF PATIENTS - LANG (83), REISINGER (60) AND HERSH (389).

CONDITION OF THE PATIENTS - IN THE LANG AND REISINGER STUDIES THE PATIENTS WERE AT THE SAME STAGE OF THE INFECTION; THEY HAD NOT YET DEVELOPED AIDS SYMPTOMS. IN THE HERSH STUDY THE AIDS SYMPTOMS <u>HAD</u> TO BE MORE IN EVIDENCE:

LANG (P. 703) - "ALL PATIENTS ADMITTED TO THE STUDY HAD SERUM ANTIBODIES TO HIV BY THE WESTERN BLOT TECHNIQUE. PATIENTS WERE ELIGIBLE IF THEY BELONGED TO GROUPS II, III, OR IV-A OF THE CDC CLASSIFICATION AND HAD A CD4 POSITIVE HELPER-INDUCER LYMPHOCYTE COUNT OF LESS THAN 600/ul."

REISINGER (P.680) - "INCLUSION CRITERIA WERE MALE SEX, 18-55 YEARS, SERUM ANTIBODIES AGAINST HIV-1, WALTER REED STAGE 2-4, NORMAL BLOOD COUNTS, AND NORMAL SERUM CREATININE AND LIVER ENZYME LEVELS."

HERSH (P. 1539) - "PATIENTS WERE REQUIRED TO HAVE THREE OR MORE OF THE FOLLOWING: LYMPHADENOPATHY, FEVER, NIGHT SWEATS, WEIGHT LOSS, DIARRHEA, FATIGUE, THRUSH, HAIRY LEUKOPLAKIA ....."

LENGTH OF THE STUDIES - LANG (32 WEEKS), REISINGER (24 WEEKS) AND HERSH (24 WEEKS).

IN ALL THREE OF THE STUDIES ½ OF THE PATIENTS WERE GIVEN DITIOCARB AND ½ WERE GIVEN PLACEBO. THE PATIENTS WHO WERE GIVEN DITIOCARB WERE GIVEN IT <u>ONCE A WEEK</u> IN THE FOLLOWING AMOUNTS AND MANNER:

LANG: 10mg/kg BODY WEIGHT - ORALLY
REISINGER: 5mg/kg BODY WEIGHT - INTRAVENOUSLY OR
10mg/kg BODY WEIGHT - ORALLY
HERSH: 400mg/m2 OF BODY SURFACE AREA - ORALLY

NO, I DO NOT KNOW HOW TO CORRELATE THESE MEASUREMENTS - mg/kg BODY WEIGHT VERSUS mg/m2 OF BODY SURFACE AREA, BUT BEAR WITH ME.

ZIDOVUDINE USE:

LANG (P.703) - "NO PATIENT RECEIVED ZIDOVUDINE DURING THE TRIAL SINCE IT WAS NOT READILY AVAILABLE IN FRANCE THEN."
REISINGER - ZIDOVUDINE IS NOT MENTIONED. I ASSUME THAT IT WAS NOT AVAILABLE IN GERMANY EITHER.
HERSH - (P. 1540) - YES/NO - DITIOCARB (35/18), Placebo (37/19)

SIDE EFFECTS AND ADVERSE REACTIONS TO DITIOCARB - REISINGER (P.679) STATES:

"A DOSE RESPONSE STUDY IN PATIENTS WITH AIDS-RELATED COMPLEX (ARC) OR AIDS SHOWED THAT DOSES UP TO 400mg/m2 ADMINISTERED ONCE WEEKLY WERE NOT TOXIC WHEREAS 800 mg/m2 EITHER ONCE OR TWICE A WEEK HAD SIDE-EFFECTS."

I HAVE BEEN TRYING TO OBTAIN A COPY OF THE ARTICLE THAT ARRIVED AT THESE CONCLUSIONS BUT HAVE THUS FAR BEEN UNSUCCESSFUL. IT IS -

REISINGER E., KERN P., DIETRICH M. 'CLINICAL TRIALS WITH DIETHYLDITHIOCARBAMATE IN HIV-INFECTIONS'. "MITT ÖSTERR GES TROPENMED PARASITOL" 1988; 10:287-92.

<u>SIDE EFFECTS AND ADVERSE REACTIONS TO DITIOCARB</u>:

LANG - I'LL TALK ABOUT THIS LATER.

REISINGER (P.681) -"NAUSEA AND FATIGUE WERE INFREQUENT IN BOTH DTC GROUPS." (P.682) - "NO SEVERE SIDE-EFFECTS WERE OBSERVED."

HERSH (P.1538) - "THE ADMINISTRATION OF DITIOCARB DID NOT INDUCE ANY MAJOR ADVERSE CLINICAL OR BIOLOGICAL REACTIONS." (P. 1542) - "THERE WERE ACTUALLY FEWER ADVERSE REACTIONS ATTRIBUTED TO DITIOCARB THAN TO PLACEBO."

CONSEQUENTLY, I AM GOING TO MAKE THE ASSUMPTION THAT THE AMOUNT OF DITIOCARB ADMINISTERED PER PATIENT IN THE REISINGER STUDY WAS JUST ABOUT EQUAL TO THAT OF THE HERSH STUDY BECAUSE NO SIGNIFICANT SIDE EFFECTS WERE NOTED IN EITHER STUDY.

THE DRINKING OF ALCOHOL

LANG - I'LL TALK ABOUT THIS LATER.

REISINGER (P.681) - "BECAUSE OF THE DISULFIRAM-LIKE EFFECT OF DTC, INTOLERANCE TO ALCOHOL (PALPITATION, RASH, DIZZINESS, NAUSEA, HEADACHE) WAS SEEN IN 4 PATIENTS (15%) WHO REPORTED ALCOHOL CONSUMPTION WITHIN 2 DAYS OF DTC ADMINISTRATION. HOWEVER, 11% OF PLACEBO-TREATED PATIENTS REPORTED SIMILARLY....."

HERSH (P.1539) - "BECAUSE DITIOCARB IS A DITHIOCARBAMATE AND HAS DISULFIRAM (ANTABUSE)-LIKE EFFECTS, PATIENTS WERE ADVISED NOT TO CONSUME ALCOHOL FROM 12 HOURS BEFORE TO 48 HOURS AFTER TREATMENT."

CONSEQUENTLY, I ASSUME THAT THE DRINKING OF ALCOHOL WAS NOT A FACTOR IN EITHER THE REISINGER OR HERSH STUDIES, BECAUSE IF IT HAD BEEN, ALOT MORE SIDE-EFFECTS AND ADVERSE REACTIONS WOULD HAVE BEEN REPORTED IN BOTH OF THEM.

CONCLUSIONS OF THE REISINGER AND HERSH STUDIES -

REISINGER (P.682): "INTRAVENOUS DTC WAS SUPERIOR TO ORAL DTC AND TO PLACEBO IN HIV-1 INFECTION."

" "ORALLY DTC TENDED TO DECREASE HIV-RELATED DISEASES, BUT THE DIFFERENCE FROM THE ORAL PLACEBO GROUP WAS NOT SIGNIFICANT."

" "INTRAVENOUS ADMINISTRATION OF DTC IS MORE EFFECTIVE THAN ORAL ADMINISTRATION IN DELAYING THE PROGRESSION OF HIV-INFECTION IN THE EARLY SYMPTOMATIC STAGES."

(P.679): "55 PATIENTS WERE EVALUABLE AT THE END OF THE STUDY: NO PATIENT WHO HAD RECEIVED DTC BUT 6 PLACEBO PATIENTS HAD AIDS, A SIGNIFICANT DIFFERENCE. SIGNIFICANTLY DELAYED DISEASE PROGRESSION WAS OBSERVED IN THE INTRAVENOUS DTC GROUP COMPARED WITH ITS MATCHING PLACEBO. THE BENEFIT IN THE ORAL DTC GROUP WAS NOT STATISTICALLY SIGNIFICANT. DURING AN 18-MONTH FOLLOW-UP 3 DEATHS OCCURRED IN THE ORIGINAL PLACEBO GROUPS, WHEREAS NO PATIENT WHO HAD INITIALLY RECEIVED DTC DIED. A SIGNIFICANT DELAY IN PROGRESSION TO AIDS WAS OBSERVED IN THE DTC GROUPS."

HERSH (P.1538): "TEN NEW ACQUIRED IMMUNODEFICIENCY SYNDROM (AIDS)-DEFINING OPPORTUNISTIC INFECTIONS OCCURRED IN THE TREATED PATIENTS AND 21 IN THE CONTROLS. REDUCTION OF NEW OPPORTUNISTIC INFECTIONS IN THE DITIOCARB GROUP WAS SIGNIFICANT IN ALL PATIENTS (RELATIVE RISK [RR], 0.44) AND IN PATIENTS WITH AIDS (CDC GROUPS lV-C1 AND lV-D) (RR, 0.12)."

(P.1542): "THE STATISTICALLY SIGNIFICANT BENEFIT OF DITIOCARB WAS SEEN IN ALL PATIENTS, AND SEPARATELY IN THE SUBGROUPS OF AIDS PATIENTS."

(P.1539): "PATIENTS FROM EIGHT MEDICAL CENTERS....."

(P.1541): "FINALLY, THE REDUCTION IN OIs IN THE DITIOCARB GROUP WAS SEEN IN ALL STUDY CENTERS."

(P.1538): "WE CONCLUDE THAT, IN THIS STUDY, DITIOCARB WAS SAFE AND REDUCED THE INCIDENCE OF OPPORTUNISTIC INFECTIONS IN PATIENTS WITH SYMPTOMATIC HIV INFECTION."

EXPLANATION - VARIOUS EXPLANATIONS ARE ADVANCED, BUT NEITHER REISINGER OR HERSH HAVE YET FOUND OUT THE DEFINITIVE REASON FOR DITIOCARB'S EFFECTIVENESS. AS HERSH STATES (P.1543):

"THE PRECISE CASCADE OF EVENTS BY WHICH DITIOCARB EXERTS ITS ACTIVITY IS NOT FULLY ELUCIDATED."

I THINK ANOTHER FACTOR HAS TO BE CONSIDERED - THE AMOUNT OF UNMETABOLIZED ACETALDEHYDE THAT WAS FLOWING IN THE BLOOD OF THOSE PATIENTS TO WHOM DITIOCARB HAD BEEN GIVEN. THE AMOUNT MUST HAVE BEEN VERY SMALL, ELSEWISE THE PATIENTS WOULD HAVE BEEN DISPLAYING ALOT MORE ADVERSE REACTIONS.

YOU MIGHT ASK - IF THE DRINKING OF ALCOHOL WAS NOT A SIGNIFICANT FACTOR IN THE REISINGER OR HERSH STUDIES, HOW COULD ACETALDEHYDE HAVE GOTTEN INTO THE BLOOD OF THOSE PATIENTS TO WHOM DITIOCARB HAD BEEN GIVEN?

LET ME DIGRESS FOR A MOMENT -

WHAT DOES DITIOCARB (DISULFIRAM, ANTABUSE, DTC) DO WHEN IT ENTERS THE BODY OF A PERSON?

- IT "PLUGS UP" THE LIVER AS FAR AS THE METABOLIZATION OF ACETALDEHYDE IS CONCERNED -

IF YOU TAKE DITIOCARB TODAY YOU WON'T GET RID OF IT BY TOMORROW. IT WILL STAY WITH YOU FOR DAYS.

REISINGER (P.679):

"DESPITE THE SHORT SERUM HALF-LIFE OF DTC SOME EFFECTS OF THIS DRUG LAST UP TO 7 DAYS, INDICATING RAPID INTRACELLULAR PENETRATION."

ENCYCLOPEDIA AMERICANA, 1991 EDITION, VOLUME 1, PAGE 518:

> "IN GENERAL, DISULFIRAM MAKES ALCOHOL SYMBOLICALLY UNAVAILABLE TO THE ALCOHOLIC AND THEREBY REDUCES THE DESIRE TO DRINK. ITS SLOW RATE OF METABOLISM IN THE BODY GIVES THE INDIVIDUAL PAUSE BEFORE IMPULSIVE RELAPSE."

REMEMBER - IN ALL THREE OF THESE STUDIES THE PATIENTS WERE GIVEN DITIOCARB ONCE A WEEK.

IN OTHER WORDS, THERE WASN'T A TIME DURING THE ENTIRE COURSE OF ALL THREE STUDIES THAT DITIOCARB WAS NOT PRESENT IN THE LIVERS OF THE DITIOCARB PATIENTS.

ACETALDEHYDE IS A HIGHLY TOXIC POISON. NORMALLY, HOW IS IT METABOLIZED BY THE LIVER?

THE "JOURNAL OF APPLIED TOXICOLOGY", OCTOBER, 1991 ISSUE STATES (P.374) THAT THE HALF-LIFE OF ACETALDEHYDE IN THE BLOOD OF RATS IS 3.1 MINUTES. I SHALL ASSUME THAT THIS RATE COULD BE APPLIED TO HUMAN BEINGS. MAYBE IT'S MORE, MAYBE IT'S LESS.

THIS FIGURES OUT THUSLY - 98.43% OF THE ACETALDEHYDE THAT IS IN THE BODY OF A HUMAN BEING WILL BE METABOLIZED IN 18.6 MINUTES BY THE LIVER IF IT IS FUNCTIONING NORMALLY (SEE CHART, PAGE 13). IN OTHER WORDS, JUST ABOUT ALL OF A HIGHLY TOXIC POISON WILL BE RENDERED HARMLESS BY THE LIVER IN LESS THAN 20 MINUTES.

IF THE LIVER IS "PLUGGED UP" IN ANY DEGREE WHATSOEVER WITH DITIOCARB THE ACETALDEHYDE CANNOT BE PROPERLY METABOLIZED. IF IT IS "PLUGGED UP" JUST A LITTLE BIT - SAY WITH THE RESIDUE THAT REMAINS 7 DAYS AFTER INITIAL ADMINISTRATION - PERHAPS THE ACETALDEHYDE WILL REMAIN TOXIC FOR ONLY A FEW EXTRA MINUTES. HOWEVER, WHAT IT IT IS NEWLY "PLUGGED UP" WITH THE ONCE A WEEK SERVING? COULD THE ACETALDEHYDE REMAIN POISONOUS FOR MAYBE AN HOUR OR LONGER? SINCE SIDE-EFFECTS AND ADVERSE REACTIONS WERE NOT A FACTOR IN EITHER THE REISINGER OR HERSH STUDIES, THE AMOUNT OF ACETALDEHYDE MUST HAVE BEEN VERY SMALL INDEED.

INDEED, HOW MIGHT IT HAVE GOTTEN INTO THE PATIENTS' SYSTEMS IF THE DRINKING OF ALCOHOL WAS NOT A FACTOR?

THE SAME ISSUE OF THE "JOURNAL OF APPLIED TOXICOLOGY" STATES (P.374):

> "ACETALDEHYDE HAS BEEN IDENTIFIED IN OAK LEAVES, TOBACCO, APPLES, BROCCOLI, COFFEE, GRAPES, GRAPEFRUIT, ORANGES, LEMONS, ONIONS, PEACHES, PEARS, PINEAPPLES, RASPBERRIES, STRAWBERRIES AND MANY SPICES. EUROPEAN BEERS HAVE BEEN FOUND TO CONTAIN AS MUCH AS 13.5mgl-1. THE ACCEPTABLE DAILY INTAKE RECOMMENDED BY FAO/WHO IS 0.0-2.5mg kg-1 BODY WEIGHT."
>
> "ANOTHER SIGNIFICANT CONTRIBUTION IS MADE BY COFFEE ROASTING AND MOTOR VEHICLE EXHAUSTS."
>
> "AMBIENT AIR LEVELS OF ACETALDEHYDE RANGE FROM NON-DETECTABLE TO 123 ug m-3 IN MAJOR U.S. CITIES."

ENCYCLOPEDIA AMERICANA, 1991 EDITION, VOLUME 1, PAGE 518:

> "UNFORTUNATELY, HOWEVER, THE DISULFIRAM/ALCOHOL REACTION CAN BE SET OFF BY ALCOHOL USED IN FOOD PREPARATIONS OR BY INHALED FUMES (AS FROM AFTER-SHAVE LOTION)."

IN OTHER WORDS, A PATIENT WHO HAD DITIOCARB IN HIS LIVER COULD GET UP IN THE MORNING, HAVE A GLASS OF ORANGE JUICE, HAVE A CUP OR TWO OF COFFEE, SMOKE A CIGARETTE, SHAVE AND APPLY AFTER-SHAVE TO HIS FACE AND AUTOMATICALLY THE LEVEL OF UNMETABOLIZED ACETALDEHYDE IN HIS BLOOD WOULD HAVE BEEN INCREASED.

THROUGHOUT THE DAY IF HE ATE SOME FRUIT OR SIMPLY SMELLED AUTO EXHAUST FUMES HIS LEVEL OF UNMETABOLIZED ACETALDEHYDE WOULD BE INCREASED.

IF THE PATIENT TOOK HIS DITIOCARB CAPSULE ON SUNDAY EVENING AND SIX DAYS LATER ATE AN APPLE ON SATURDAY AFTERNOON, THERE WOULD STILL BE ENOUGH OF A DITIOCARB RESIDUE IN THAT PATIENT'S LIVER TO PREVENT NORMAL METABOLIZATION OF ACETALDEHYDE; 98.43% OF IT WOULD NOT BE METABOLIZED IN 18.6 MINUTES; PERHAPS 19.6 MINUTES WOULD BE REQUIRED TO DO THE JOB; THIS MEANS THAT ON THIS PARTICULAR SATURDAY AFTERNOON A TOXIC POISON WOULD BE FLOWING FREE THROUGH THE BLOOD OF THIS PATIENT FOR AN EXTRA MINUTE.

IN OTHER WORDS, THROUGHOUT THE ENTIRE COURSE OF THE WEEK VARYING AMOUNTS OF UNMETABOLIZED ACETALDEHYDE COULD BE IN THE BLOOD OF THOSE PATIENTS WHO TOOK DITIOCARB IF THOSE PATIENTS WERE INDEED EXPOSED TO THE FACTORS WHICH ARE LISTED ON PAGE 374 OF THE "JOURNAL OF APPLIED TOXICOLOGY" AND ON PAGE 518, VOLUME 1 OF THE ENCYCLOPEDIA AMERICANA.

GRANTED, IT MIGHT BE A MINUTE AMOUNT, NOT ENOUGH TO MAKE THE PATIENT NAUSEOUS, BUT THE FACT IS INDISPUTABLE - ACETALDEHYDE, IN ANY AMOUNT, CANNOT BE PROPERLY METABOLIZED BY THE LIVER IN A NORMAL MANNER IF DITIOCARB IS PRESENT IN ANY AMOUNT.

I THINK IT WAS THIS UNMETABOLIZED ACETALDEHYDE THAT WAS AT WORK IN THE REISINGER AND HERSH STUDIES: IT IS MY HYPOTHESIS THAT THE HIV VIRUS ITSELF WAS BEING DESTROYED BY THIS HIGHLY TOXIC POISON.

THE SAME CAN BE SAID FOR THE LANG STUDY; HOWEVER, I THINK THAT THE QUANTITY OF UNMETABOLIZED ACETALDEHYDE BEING GENERATED IN THESE FRENCH PATIENTS WAS GREATER AND THEREFORE MORE EFFECTIVE. HOW COULD THIS HAVE COME ABOUT?

BUT FIRST -

IN THE REISINGER STUDY 15 PATIENTS RECEIVED 5mg OF DITIOCARB (DTC) INTRAVENOUSLY ONCE A WEEK AND 15 PATIENTS RECEIVED 10mg OF DITIOCARB (DTC) ORALLY ONCE A WEEK. IN THE LANG STUDY ALL 83 PATIENTS RECEIVED 10mg OF DITIOCARB(DTC) ORALLY ONCE A WEEK.

NOW WE HAVE SOMETHING TO COMPARE.

WHAT DOES REISINGER HAVE TO SAY ABOUT THOSE PATIENTS WHO RECEIVED 10mg OF DITIOCARB (DTC) ONCE A WEEK? (P.682)

> "ORALLY DTC TENDED TO DECREASE HIV-RELATED DISEASES, BUT THE DIFFERENCE FROM THE ORAL PLACEBO GROUP WAS NOT SIGNIFICANT."

NOW, LET US LOOK AT SOME OF THE OBSERVATIONS WHICH LANG MAKES ABOUT HIS PATIENTS; REMEMBER, THEY TOO RECEIVED 10mg OF DITIOCARB (DTC) ORALLY ONCE A WEEK:

(P.702) - "THE DISEASE DID NOT PROGRESS TO CDC-DEFINED ACQUIRED IMMUNODEFICIENCY SYNDROME IN THE DITIOCARB GROUP BUT DID SO IN 4 PATIENTS IN THE PLACEBO GROUP (3 BETWEEN WEEK 0 AND 16, 1 BETWEEN WEEK 17 AND 32). DITIOCARB WAS ALSO ASSOCIATED TO A SIGNIFICANTLY GREATER EXTENT THAN PLACEBO WITH RELIEF OF CONSTITUTIONAL SYMPTOMS, IMPROVEMENT IN CLINICAL STATUS (INCLUDING SHRINKAGE OF ENLARGED SPLEEN AND LYMPH NODES), AND IMPROVEMENT IN IMMUNE FUNCTION (AS MEASURED BY CD4+ CELL COUNT AND SKIN TEST REACTIVITY). WHEN PLACEBO WAS REPLACED BY DITIOCARB, SIMILAR IMPROVEMENTS WERE OBSERVED, WHEREAS SYMPTOMS SLOWLY REAPPEARED AND CD4+ CELL LEVELS PROGRESSIVELY DECLINED WHEN DITIOCARB TREATMENT WAS REPLACED BY PLACEBO."

(P.704) - "ALL THE 9 PATIENTS IN THE DITIOCARB GROUP WITH A HISTORY OF WEIGHT LOSS AT ENTRY REGAINED NORMAL WEIGHT AFTER 16 WEEKS' TREATMENT. THE SPLEEN BECAME IMPALPABLE IN 4 OF THE 7 DITIOCARB RECIPIENTS, BUT IN NONE OF 8 PLACEBO RECEPIENTS, WITH SPLENOMEGALY AT ENTRY."

(P.704) - "WHEN CHANGE IN CLINICAL STATUS WAS SCORED AS IMPROVED, STABLE, OR WORSE BY THE PHYSICIANS AFTER 16 WEEKS, 42% OF DITIOCARB RECIPIENTS HAD IMPROVED COMPARED WITH ONLY 5% IN THE PLACEBO GROUP ($p < 0.01$)."

(P.704) - LANG TABLE II (SEE MY PAGE 13) HIGHLIGHTS THE "DISAPPEARANCE OF CONSTITUTIONAL SYMPTOMS" AND THEY ARE "PERSISTENT DIARRHOEA, WEIGHT LOSS, PERSISTENT FEVER". ALSO NOTE "DISAPPEARANCE OF SPLENOMEGALY".

AND TO TOP IF OFF, THE LANG STUDY SHOWED AN INCREASE IN THE CD4-POSITIVE LYMPHOCYTES (T-HELPER CELLS) - SEE LANG TABLE III (MY PAGE 13) AND STATES (P.705):

"THE PRESENT FINDINGS, AND THOSE ACCOMPANYING LONG-TERM ADMINISTRATION OF DITIOCARB (3 YEARS), CLEARLY SHOW THAT THE CD4+ CELL-DEFECT IS NOT AGGRAVATED. IN FACT, THE REVERSE OCCURRED, WITH DITIOCARB PRODUCING AN INCREASE IN CD4+ CELLS AND IMPROVEMENT IN CONSTITUTIONAL SYMPTOMS OF AIDS-RELATED COMPLEX. FURTHERMORE, PRELIMINARY DATA IN A SMALL NUMBER OF PATIENTS INDICATE THAT DITIOCARB DOES NOT ENHANCE HIV REPLICATION IN VITRO OR IN VIVO."

WHEREAS WITH REISINGER (P.681) THESE CELLS "..... DECREASED IN PERIPHERAL BLOOD IN ALL TREATMENT GROUPS DURING THE STUDY."

SEE ALSO REISINGER TABLE II (MY PAGE 13).

WHAT IN THE WORLD COULD HAVE ACCOUNTED FOR THIS DRAMATIC DIFFERENCE IN RESULTS?

IN BOTH THE REISINGER AND HERSH STUDIES THE SUBJECT OF ALCOHOL IS MENTIONED ALMOST AS AN ASIDE.

IN THE LANG STUDY IT IS NOT MENTIONED AT ALL.

LATE FRIDAY AFTERNOON, MAY 14, THIS THOUGHT OCCURRED TO ME WHILE I WAS REVIEWING THE LANG STUDY:

- MOST FRENCHMEN DRINK WINE WITH THEIR MEALS. -

DOMINIQUE NORBROOK, <u>PASSPORT TO FRANCE</u>, PAGE 20:

"ALTHOUGH MEALS IN FRENCH RESTAURANTS MAY NEED A LOT OF ELABORATE PREPARATION, EVERYDAY COOKING AT HOME IS QUICK, SIMPLE AND TASTY. A MEAL MAY CONSIST OF SEVERAL COURSES, EATEN WITH SLICES OF FRESH, CRUSTY BREAD AND ACCOMPANIED BY WINE."

SUNDAY AFTERNOON, MAY 16, AS I COMPARED AND CONTRASTED THESE THREE STUDIES FOR THE UMPTEENTH TIME IT DAWNED UPON ME - IT DAWNED UPON ME WITH CRYSTAL CLARITY -

IF YOU TAKE A MINUTE AND STEP BACK AND LOOK AT IT FROM A CERTAIN PERSPECTIVE YOU CAN SEE WHAT THE LANG STUDY COULD BE INTERPRETED AS REPRESENTING (ASSUMING, OF COURSE, THAT THE FRENCH DITIOCARB PATIENTS WERE DRINKING WINE WITH THEIR MEALS) -

- THE LANG STUDY REPRESENTS THE SUCCESS OF THE "DISULFIRAM/ALCOHOL PROCEDURE".

1. P.702 - "THE DISEASE DID NOT PROGRESS....."
2. P.704 - "ALL THE 9 PATIENTS IN THE DITIOCARB GROUP....."
3. P.704 - "WHEN CHANGE IN CLINICAL STATUS WAS SCORED....."
4. P.704 - LANG TABLE II
5. P.705 - ".....WITH DITIOCARB PRODUCING AN INCREASE IN CD4+ CELLS....."

WINE DRINKING WITH MEALS IS SO MUCH A PART OF THEIR CULTURE THAT I THINK THE FRENCH RESEARCHERS SIMPLY OVERLOOKED ALCOHOL AS A FACTOR AND DID NOT REALIZE THAT AN EXCESS AMOUNT OF UNMETABOLIZED ACETALDEHYDE WAS BEING GENERATED WHENEVER THE DITIOCARB PATIENTS DRANK WINE WITH THEIR MEALS.

OTHER THAN INTERVIEWING THE PATIENTS THEMSELVES, WHAT CLUES DO WE HAVE THAT THIS MIGHT HAVE BEEN THE CASE?

<u>SIDE EFFECTS AND ADVERSE REACTIONS TO DITIOCARB</u>

SIDE EFFECTS AND ADVERSE REACTIONS WERE NOT FACTORS IN THE REISINGER AND HERSH STUDIES. I STILL CONCLUDED, HOWEVER, THAT THERE MUST HAVE BEEN A SMALL OR MINUTE AMOUNT OF UNMETABOLIZED ACETALDEHYDE AT WORK DESTROYING THE HIV VIRUS ITSELF.

LANG STATES (P.705):

> "DITIOCARB DID NOT INDUCE MORE MAJOR ADVERSE CLINICAL OR BIOLOGICAL REACTIONS THAN PLACEBO (TABLE IV), ALTHOUGH IT WAS ASSOCIATED MORE FREQUENTLY WITH MINOR SIDE-EFFECTS --- UNPLEASANT TASTE, ABDOMINAL DISCOMFORT, NAUSEA, OR MALAISE."

NOW LET'S LOOK AT LANG TABLE IV (SEE MY PAGE 13).

THERE IS ONE SIDE-EFFECT THAT I WANT TO FOCUS UPON - "NAUSEA". YOU WILL NOTE THAT 19% OF THE DITIOCARB PATIENTS SUFFERED NAUSEA WHEREAS THE REISINGER STUDY NOTED (P.681) THAT:

> "NAUSEA AND FATIGUE WERE INFREQUENT IN BOTH DTC GROUPS."

REMEMBER - THE REISINGER "ORAL" GROUP GOT THE SAME DOSAGE AS DID ALL OF THE LANG "ORAL" GROUP - 10mg/kg PER PATIENT.

IF YOU LOOK BACK IN THIS FILE TO THE FEBRUARY 18 LETTER THAT I WROTE TO DR. BADER YOU WILL SEE A PAGE WHERE I LISTED THREE DIFFERENT DESCRIPTIONS WHICH I TOOK FROM THREE DIFFERENT ENCYCLOPEDIAS TO DESCRIBE THE "DISULFIRAM/ALCOHOL PROCEDURE".

IN ALL THREE DESCRIPTIONS IS FOUND THE WORD - "NAUSEA".

IT IS ON THIS BASIS AND LOOKING AT THE OTHER SIDE-EFFECTS LISTED IN LANG TABLE IV THAT I CONCLUDE THAT THE FRENCH DITIOCARB PATIENTS WERE EXPERIENCING "DISULFIRAM/ALCOHOL" REACTIONS.

LET'S SAY I AM CORRECT. LET'S SAY THAT THE "DISULFIRAM/ALCOHOL PROCEDURE" IS THE KEY TO THE ATTACK ON THE HIV VIRUS. HOW THEN SHOULD THE PROCEDURE BE IMPLEMENTED?

ON PAGE 22 OF HIS BOOK 100 QUESTIONS AND ANSWERS ABOUT AIDS - A GUIDE FOR YOUNG PEOPLE, MICHAEL THOMAS FORD STATES:

> "TO MAKE THINGS WORSE, THE AIDS VIRUS MAY ENTER A CELL AND BECOME DORMANT, WAITING INSIDE THE CELL TO BE USED AT A LATER TIME. IT CAN STAY THERE AS LONG AS SIX MONTHS WITHOUT THE BODY RECOGNIZING ITS PRESENCE. HIV IS ALSO ABLE TO MUTATE, OR CHANGE ITS FORM, VERY EASILY. THIS MAKES IT VERY DIFFICULT FOR THE IMMUNE SYSTEM TO DESIGN AN EFFECTIVE PLAN OF ATTACK. THE IMMUNE SYSTEM FORMS DEFENSES BASED ON THE INVADING SUBSTANCE'S STRUCTURE. WHEN THAT STRUCTURE CHANGES, WHATEVER DEFENSES HAVE BEEN DESIGNED BECOME USELESS. WHEN HIV MUTATES, THE LYMPHOCYTES THAT HAVE BEEN PROGRAMMED TO ATTACK AND KILL IT NO LONGER RECOGNIZE IT, AND THE AIDS VIRUS CAN MOVE FREELY THROUGHOUT THE BODY UNTIL NEW DEFENSES ARE CREATED."

AND ON PAGE 28 HE STATES:

> "SOME PEOPLE DEVELOP AN ACUTE FLULIKE SYNDROME SIMILAR TO MONONUCLEOSIS, WITHIN TWO TO THREE WEEKS OF BECOMING INFECTED WITH HIV. THIS IS THEN FOLLOWED BY A LONG PERIOD DURING WHICH THE PERSON IS ASYMPTOMATIC, OR HAS NO SYMPTOMS AT ALL. THIS PERIOD CAN LAST FOR MANY YEARS. THIS IS DANGEROUS BECAUSE DURING THIS TIME AN INFECTED PERSON MAY UNKNOWINGLY PASS THE VIRUS ON TO OTHER PEOPLE. DURING THIS ASYMPTOMATIC PERIOD, THE VIRUS WILL CONTINUE TO MULTIPLY. FINALLY, MAYBE AS LONG AS EIGHT TO TEN YEARS AFTER THE INITIAL INFECTION, THE PERSON WILL ONCE AGAIN DEVELOP SYMPTOMS OF HIV INFECTION."

OF COURSE, TO KNOW ALL OF THIS IS VERY, VERY DISTRESSING AND DISCONCERTING.

HOWEVER, WITH THE "DISULFIRAM/ALCOHOL PROCEDURE" PERHAPS ENOUGH OF THE HIV VIRUSES THEMSELVES CAN BE DESTROYED PERIODICALLY BY ACETALDEHYDE SO THAT THE CD-4 POSITIVE LYMPOCYTES (T-HELPER CELLS) COUNT CAN BE INCREASED THUS VOIDING THE CHANCE FOR O.I.s (OPPORTUNISTIC INFECTIONS) TO DEVELOP IN THE BODY.

I DON'T KNOW IF THE HIV VIRUS CAN EVER BE TOTALLY "FLUSHED OUT" OF THE BODY, BUT, FOR STARTERS, THIS IS THE BEST WAY TO GO ABOUT IT THAT I CAN THINK OF -

ADMINISTER THE "DISULFIRAM/ALCOHOL PROCEDURE" ONCE EVERY TWO WEEKS FOR A YEAR - 26 SESSIONS ALL TOLD.

THE ADMINISTRATION WILL REQUIRE THE EXPERT SKILL OF A PHYSICIAN WHO IS WELL EXPERIENCED IN EMPLOYING THE "ANTABUSE" TECHNIQUE OF AVOIDANCE THERAPY TO CONTROL ALCOHOLISM.

THIS IS A VERY PERILOUS PROCEDURE. AS THE ENCYCLOPEDIA AMERICANA, VOLUME 1, PAGE 518, 1991 EDITION STATES:

> "BECAUSE OF THE DANGER OF DEATH FROM HEART FAILURE OR RESPIRATORY FAILURE DURING AN ALCOHOL-DISULFIRAM REACTION, THE DRUG SHOULD BE ADMINISTERED ONLY UNDER CAREFULLY CONTROLLED CONDITIONS."

ALSO IN ATTENDANCE SHOULD BE A PHYSICIAN WHO IS A SPECIALIST IN AIDS. HIS JUDGEMENT OF THE PATIENT'S CONDITION WILL BE SOUGHT AND RELIED UPON TO DETERMINE "HOW MUCH" OF THE PROCEDURE SHOULD BE EXPERIENCED AT A TIME.

IN ADDITION, IT MIGHT BE ADVISABLE TO GIVE THE PATIENT ZINC SUPPLEMENTS FOR AS THE ENCYCLOPAEDIA BRITANNICA, MACROPAEDIA, VOLUME 1, PAGE 438, 1974 EDITION STATES:

> "AS ABSORBED ALCOHOL IS PASSED THROUGH THE LIVER BY THE CIRCULATING BLOOD, IT IS ACTED UPON BY ADH(ALCOHOL DEHYDROGENASE), A ZINC-CONTAINING ENZYME FOUND CHIEFLY IN THE LIVER CELLS."

WITH THE DANGER OF DEATH ALWAYS AT HAND, THE APPLICATION OF THE PROCEDURE COULD NEVER BE "ROBUST".

I WOULD RANK IT IN TERMS OF "FROM VERY, VERY CONSERVATIVE TO CONSERVATIVE".

IN MY FEBRUARY 18 LETTER TO DR. BADER I USED THIS QUOTE FROM THE ACADEMIC AMERICAN ENCYCLOPEDIA:

> ".....A PATIENT MUST BE WARNED BEFORE USE OF THE POSSIBLE REACTIONS FROM THE MIXTURE OF THE DRUG AND EVEN VERY SMALL AMOUNTS OF ALCOHOL. REACTIONS INCLUDE HEADACHE, THROBBING IN THE NECK, NAUSEA AND VOMITING, SWEATING, THIRST, AND BLURRED VISION. THEY VARY IN INTENSITY, GENERALLY IN PROPORTION TO THE AMOUNTS OF DRUG AND ALCOHOL INGESTED, AND LAST FROM 30 MINUTES TO SEVERAL HOURS."

"VERY, VERY CONSERVATIVE" I WOULD CALL 30 MINUTES AND "CONSERVATIVE" I WOULD CALL 4 HOURS.

I THINK THAT PATIENTS WITH "FULL BLOWN" AIDS MIGHT CHANCE 30 MINUTES OF TREATMENT, AND PATIENTS WHO HAD RECENTLY BEEN EXPOSED TO AIDS AND HAD JUST BEEN DIAGNOSED AS BEING HIV-POSITIVE MIGHT CHANCE 4 HOURS.

WHEN I WAS 18 I GOT VERY, VERY DRUNK AND WAS SEVERELY HUNG-OVER THE NEXT DAY. IN MY EARLY TWENTIES I GOT VERY, VERY DRUNK THREE OR FOUR TIMES AND WAS SEVERELY HUNG-OVER THE NEXT DAY.

FROM ABOUT 7A.M. UNTIL ABOUT 7P.M. I FELT NAUSEOUS, VOMITED AND HAD A SPLITTING HEADACHE. AT TIMES DURING THIS APPROXIMATE 12 HOUR PERIOD I WAS FEELING SO MISERABLE THAT I WISHED THAT I WERE INDEED DEAD.

APPLICATION OF AND REACTION TO THIS SORT OF ACETALDEHYDE CONCENTRATION I WOULD CATEGORIZE AS BEING "ROBUST".

AFTER A YEAR'S TREATMENT OF THIS NATURE ($\frac{1}{2}$ TO 4 HOURS) THE SPECIALIST IN AIDS MIGHT BE ABLE TO DETERMINE WHETHER THE TREATMENT COULD BE SPACED OUT TO ONCE A MONTH. THEN, IF HE SEES FURTHER IMPROVEMENT, MAYBE A $\frac{1}{2}$ YEAR OF YEARLY "BOOSTER" OF THE "DISULFIRAM/ALCOHOL PROCEDURE" MIGHT BE ALL THAT WOULD BE NEEDED TO KEEP THE HIV VIRUSES FROM INORDINATELY MULTIPLYING.

WHO KNOWS, MAYBE ALL OF THEM COULD EVENTUALLY BE CLEANSED OUT OF THE BODY.

I WANT TO CONCLUDE BY REITERATING A STATEMENT WHICH I INITIALLY MADE IN MY JANUARY 19 LETTER TO CONGRESSMAN VISCLOSKY:

THE HUMAN BODY CAN BE POISONED WITH A HIGHLY TOXIC SUBSTANCE AND STILL SURVIVE

AND THE NAME OF THAT SUBSTANCE IS ACETALDEHYDE.

IN TERMS OF METABOLISM, ACETALDEHYDE IS REALLY QUITE A UNIQUE SUBSTANCE AS FAR AS THE BODY IS CONCERNED, IS IT NOT?

THE CLOSEST "CHEMICAL COUSIN" TO ACETALDEHYDE IS THE GAS, FORMALDEHYDE. FORMALIN, A 37% SOLUTION OF GASEOUS FORMALDEHYDE, IS AN IMPORTANT INGREDIENT OF EMBALMING FLUID. WHAT MIGHT HAPPEN IF A LITTLE BIT OF FORMALIN WERE INJECTED INTO A PERSON? WOULD DEATH OR BLINDNESS BE THE RESULT?

ACETALDEHYDE IS ALSO CLOSELY RELATED TO THE GAS THAT IS USED IN COMBINATION WITH OXYGEN TO PRODUCE THE HOTTEST FLAME KNOWN TO MAN, THE FLAME THAT CUTS THROUGH STEEL - ACETYLENE ("ACETALDEHYDE IS MADE COMMERCIALLY BY THE ADDITION OF WATER TO ACETYLENE IN THE PRESENCE OF SULFURIC ACID AND MERCURIC SULFATE." - THE NEW COLUMBIA ENCYCLOPEDIA, 1975 EDITION, P.11).

SYMBOLICALLY, PERHAPS ACETALDEHYDE WILL PROVE TO BE THE "INNER FLAME" BY WHICH THE HIV VIRUS CAN BE VANQUISHED FROM THE BODY.

I HOPE SO.

John S. Robert

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TABLE II—CLINICAL OUTCOME OF HIV INFECTION IN FIRST ARM OF TRIAL

—	Active	Placebo	p†
Progression to AIDS	0/38	3/39 (PCP, *Mycobact avium*, and Kaposi sarcoma)	..
Disappearance of constitutional symptoms* (IV-A patients)	8/11	0/5	<0·001
Lymphadenopathy score	−0·43‡ (SD 1·94)	+0·43‡ (SD 1·26)	<0·05
Disappearance of splenomegaly	4/7	0/8§	<0·05

*Persistent diarrhoea, weight loss, persistent fever.
†Fisher's exact test.
‡Change from baseline.
§No spleen became impalpable; two additional spleen enlargements were noted.

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TABLE III—CD4 CELL COUNT DURING THE FIRST ARM OF TRIAL

—	Active		Placebo		
	Patients tested	Median (mean, SD) count	Patients tested	Median (mean, SD) count	p*
Baseline	42	415 (405, 111)	41	380 (389, 132)	NS
Week 8	36	479 (517, 172)	39	420 (461, 226)	NS
Week 16	36	522 (542, 215)	38	420 (447, 181)	<0·05

*Student's *t* test.

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TABLE IV—SIDE-EFFECTS

Adverse reaction	Percentage of patients with adverse reactions	
	Active (n = 83)	Placebo (n = 79)
Unpleasant taste	41 (32)	4 (3)
Abdominal discomfort	33 (26)	8 (6)
Nausea	19 (15)	3 (2)
Sensation of malaise	10 (8)	1 (1)
Anorexia	9 (7)	1 (1)
Excitement	6 (5)	3 (2)
Somnolence	5 (4)	1 (1)
Vomiting	2 (2)	1 (1)
Rash	0 (0)	0 (0)

Number of patients in parentheses. No patient in either group had >25% drop in haemoglobulin concentrations, red or white cell count, or platelet count.

REISINGER

TABLE II—T-HELPER CELL COUNTS PER µl BLOOD IN PATIENTS WITH INITIAL COUNT BELOW 814/µl

Route	Time (mo)	Placebo	DTC
Oral	0	467 (193)	493 (204)
	6	442 (327)	428 (167)
	% loss	5·9 (53·5)	5·4 (37·7)
Intravenous	0	422 (283)	388 (225)
	6	250 (263)	352 (345)
	% loss	51·4 (35·6)	20·8 (30·4)

HALF-LIFE OF ACETALDEHYDE

10
3.1 min → 5
3.1 min → 2.5
3.1 min → 1.25
3.1 min → .625
(6) 3.1 min → .313
3.1 min → .157
3.1 min → .079
3.1 min → .040
3.1 min → .020
3.1 min → .010
3.1 min → .005
3.1 min → .0025
3.1 min → .0013

6 × 3.1 = 18.6 MINUTES

98.43
1.57
100.00

98.43% METABOLIZED AT THIS POINT

P.S. TO CONGRESSMAN VISCLOSKY:
COULD CLINICAL TRIALS OF THE "DISULFIRAM/ALCOHOL PROCEDURE" BEGIN IMMEDIATELY AT ONE OF OUR LOCAL HOSPITALS IN LAKE OR PORTER COUNTY. I DO NOT THINK THAT ALOT OF FUNDING WOULD BE REQUIRED. ALL THAT IS NEEDED IS A HOSPITAL ROOM, THE SERVICES OF A PHYSICIAN SPECIALIZING IN THE "ANTABUSE" TREATMENT FOR ALCOHOLISM, THE SERVICES OF A PHYSICIAN SPECIALIZING IN THE TREATMENT OF AIDS AND THE EXPERTISE OF A LABORATORY TECHNICIAN.

RESPECTFULLY,

J.S.K.

COPIES TO:

CONGRESSMAN PETER J. VISCLOSKY
PROFESSOR RUSSELL F. MANKES, DEPARTMENT OF PHARMACOLOGY & TOXICOLOGY, THE ALBANY MEDICAL COLLEGE
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"U.S.A. TODAY"
"THE LANCET"
"JAMA - THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION"
"JOURNAL OF APPLIED TOXICOLOGY"
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WILLIAM A. HASELTINE, CHIEF, LABORATORY OF BIOCHEMICAL PHARMACOLOGY, DANA-FARBER CANCER INSTITUTE, BOSTON; PROFESSOR, DEPARTMENT OF PATHOLOGY, HARVARD MEDICAL SCHOOL

MAY 3, 1993

DR. OMAR BAGASRA
JEFFERSON ALUMNI HALL
ROOM 328A
THOMAS JEFFERSON UNIVERSITY
1020 LOCUST STREET
PHILADELPHIA, PENNSYLVANIA 19107

DEAR DR. BAGASRA,

I HAVE NOT YET RECEIVED FROM YOU A REPLY TO MY LETTER OF APRIL 9. JUST IN CASE YOU DID NOT RECEIVE IT, I AM SUBMITTING IT TO YOU AGAIN.

DR. BAGASRA, BEFORE THIS MONTH IS OVER, COULD YOU POSSIBLY ANSWER THIS QUESTION FOR ME -

IS THE HIV VIRUS DESTROYED IN VITRO BY THE ADDITION OF ACETALDEHYDE?

BY THE FIRST OF JUNE, AT THE LATEST, I WANT TO "GO PUBLIC" WITH THIS FILE BY MAKING ITS AVAILABILITY KNOWN THROUGH MEDIA ADVERTISEMENTS.

IN LIGHT OF PROFESSOR MANKES' APRIL 16 LETTER, ATTACHED, I HAVE DONE SOME MORE RESEARCH AND WILL HAVE A FEW MORE PAGES TO ADD TO THIS FILE.

DR. BAGASRA, I REALLY WOULD APPRECIATE HEARING FROM YOU, AND I WANT TO THANK YOU FOR GIVING THIS MATTER YOUR TIME AND CONSIDERATION.

YOURS TRULY,

John S. Roberts

JOHN S. ROBERTS
POST OFFICE BOX H
HOBART, INDIANA 46342
219-763-1933

COPIES TO: CONGRESSMAN PETER J. VISCLOSKY (WASHINGTON AND GARY OFFICES)
PROFESSOR RUSSELL F. MANKES, THE ALBANY MEDICAL COLLEGE

P.S. ON JUNE 1 I CALLED DR. BAGASRA AND WAS TOLD THAT HE HAD JUST LEFT THE COUNTRY TO ATTEND A TWO WEEK CONFERENCE IN PARIS. WHEN I OBTAIN AN ANSWER FROM HIM I WILL BE MORE THAN HAPPY TO INCLUDE IT IN THIS FILE.

J.S.R.

The Albany Medical College
Albany, New York 12208

DEPARTMENT OF PHARMACOLOGY & TOXICOLOGY
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Mr. John S. Roberts
POB H
Hobart , IN 46342

16 April, 1993

Dear Mr. Roberts,

I received a package of correspondence from and to you relative to acetaldehyde and HIV today. I am really not sure why it was sent to me as I am not an AIDS researcher, my area of expertise lies in Toxicology, specifically alcohol. From your correspondence it appears that you have developed the hypothesis that acetaldehyde may be a useful adjunct to therapy for HIV infected individuals. It appears that this hypothesis has generally been dismissed by the NIH, specifically by Dr. John Bader.

From my perspective I would like to add a degree of caution to your continued efforts. Acetaldehyde, a highly toxic intermediate of alcohol metabolism, could in fact cause damage to viruses, However, the danger lies in the specificity of the toxicity. The therapeutic drugs which are being developed (such as AZT, DDC, etc.) rely on the principal of selective (or specific) toxicity, they cause death or damage to the infectious agent or diseased cell at doses which do not significantly affect normal function. A chemical that kills the patient while it kills the virus or cancer is not a useful drug. In the case of acetaldehyde, as you so rightly pointed out, it is toxic (and severely so) to a wide variety of human organ systems at exceedingly low dose levels. We believe it may also target the T-cells of the immune system and produce a lessening of their function, something which would be very dangerous in an HIV infected human. I do not dismiss your hypothesis, only add a note of caution to your quest.

It is important to remember that the more we learn about the basic biology of a disease process, the more likely we are to find a cure. I would urge you to continue your efforts, particularly with members of congress, to increase funding for medical research generally since, as amply illustrated by your letters, we cannot determine from where the next advance will come (perhaps the cure for AIDS will be found by research on the genetics of the fruit fly!!).

If I may be of any assistance to you please do not hesitate to write.

Sincerely,

Russell F. Mankes, Ph.D.
Associate Professor

APRIL 9, 1993

DR. OMAR BAGASRA
JEFFERSON ALUMNI HALL
ROOM 328A
THOMAS JEFFERSON UNIVERSITY
1020 LOCUST STREET
PHILADELPHIA, PENNSYLVANIA 19107

DEAR DR. BAGASRA,

I RECENTLY READ ABOUT YOUR RESEARCH IN THE MARCH 22, 1993 ISSUE OF "USA TODAY".

WOULD YOU PLEASE GIVE SOME CONSIDERATION TO THE ATTACHED FILE.

WOULD YOU THINK OF DOING YOUR EXPERIMENT AGAIN, BUT THIS TIME ADD ONE ADDITIONAL INGREDIENT TO THE TEST TUBE - A DROP OR TWO OF ACETALDEHYDE.

SINCE ACETALDEHYDE IS A HIGHLY TOXIC POISON, IS THERE THE REMOTEST POSSIBILITY IN THE WORLD THAT IT COULD DESTROY THE HIV VIRUS?

I THINK THAT THE EFFECTS OF THE "DISULFIRAM/ALCOHOL PROCEDURE" COULD LAST AS LONG AS 12 HOURS.

IN NORMAL CONDITIONS (WITHOUT DISULFIRAM IN THE BODY) I BELIEVE THAT ACETALDEHYDE IS METABOLIZED IN JUST A FEW MINUTES BY THE LIVER.

WHAT EFFECT WOULD "UNMETABOLIZED" ACETALDEHYDE HAVE UPON THE HIV VIRUS?

IN OTHER WORDS, AFTER 12 HOURS WOULD THE HIV VIRUS STILL BE ALIVE IN THF TEST TUBE AFTER A DROP OR TWO OF ACETALDEHYDE HAD BEEN ADDED TO IT?

YOURS TRULY,

John S. Roberts

JOHN S. ROBERTS
POST OFFICE BOX H
HOBART, INDIANA 46342
219-763-1933

COPIES TO: CONGRESSMAN PETER J. VISCLOSKY, BERNADINE HEALY, M.D.; WYNDHAM H. WILSON, M.D., Ph.D.; JOHN P. BADER, Ph.D; JACK WHITESCARVER, Ph.D; DR. LUC MONTAGNIER, RANDY SHILTS, JIM GORDON, PETER S. ARNO, Ph.D; DONALD M. GALLANT, M.D.; EVAN M. HERSH, M.D.; DR. MARTIN S. HIRSCH AND YUNG-KANG CHOW, "USA TODAY"

British Academy of Film and Television Awards, seen as early pointers to the Oscars, presented Sunday. Robert Downey Jr. won the best actor award for his role in *Chaplin*, and the Alexander Korda Award for Best British Film went to *The Crying Game*. All three winners are nominated for Oscars to be awarded March 29.

MS DRUG APPROVED: **The first drug designed** to combat the crippling effects of multiple sclerosis was endorsed Friday by an advisory committee of the Food and Drug Administration. The panel heard evidence that MS patients treated with beta interferon suffer fewer and less severe attacks of the crippling disease that afflicts about 350,000 Americans.

AIDS AND ALCOHOL: **A few drinks of alcohol** may raise a healthy person's chances of becoming infected with the AIDS virus or speed up the disease in those already infected, a new study says. Researchers at Thomas Jefferson University in Philadelphia put the AIDS virus in a test tube along with white blood cells of 60 healthy people who had had several drinks over a weekend. They found that HIV, the virus that causes AIDS, quickly replicated. "Even casual consumption of alcohol stimulates replication of the AIDS virus in cell cultures," said Omar Bagasra, author of the study in the *Journal of Infectious Diseases*.

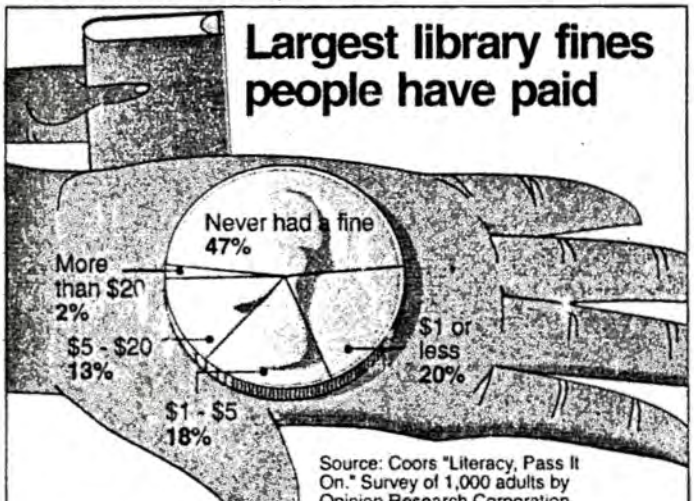
MOO HOO HOO: **Former University of Maine** student Andrea Pizzo, 23, is suing the school for not protecting her from a cow with a "dangerous disposition." Pizzo says officials in the school's livestock management department should have known that the Jersey heifer that attacked her in the spring of 1991 had a personality problem. The lawsuit seeks unspecified damages for knee and wrist injuries Pizzo claims she suffered when the 400-pound bovine head-butted her into the wall of its pen. Charles Wallace, Pizzo's instructor, says he has worked around cattle for more than a decade and was surprised by the lawsuit: "Cows are usually pretty docile. But that is the chance you take working around large animals."

By Arlene Vigoda

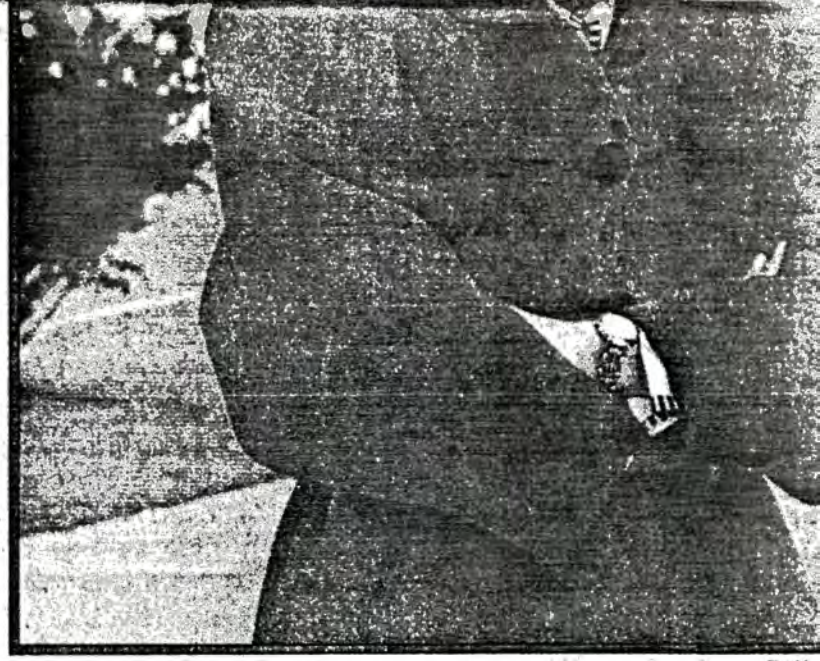
Inside LIFE

USA SNAPSHOTS®

A look at statistics that shape our lives



By Elys A. McLean, USA TODAY



By H.

NO PUSHOVER: NBC correspondent Andrea Mitchell doesn't mind ruffling p 'My value to NBC is my ability to reach judgments about what decisions Clinto

COVER STORY

Clinton cadre has Andrea to answer to

For NBC journalist Mitchell, 'The whole point is to provoke a response.'

By Peter Johnson
USA TODAY

WASHINGTON — NBC's Andrea Mitchell is tenacious. Like a pit bull. With a bone.

That's why during a recent trip by President Clinton to Franklin Roosevelt's home in Hyde Park, N.Y., Mitchell — after a sound bite — had Air National Guardsmen chasing her across the tarmac wielding their M-16s, handcuffs ready, as fellow White House reporters, sequestered in a bus, shouted "Go Andrea!"

Secret Service agents, who know Mitchell, got the soldiers to back off. The kicker: Mitchell got the one sound bite that colleagues needed: Clinton explaining an earlier remark about the possibility of a new tax.

"It was wonderful," says ABC's Brit Hume, savoring the image of Mitchell — assigned to the press pool that day — getting sprayed with jet wash from Air Force One and nearly getting arrested. "You don't want to be the one denying her entry unless you're heavily armed."

Is she the new Sam Donaldson of la Casa Blanca?

"I WOULDN'T HANG THAT MONIKER ON HER!" booms The Voice, ABC's Donaldson, who competed with

Please see COVER STORY next page ▶

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COLLIER'S ENCYCLOPEDIA, 1956 EDITION

POINTE-AUX-TREMBLES [pwæ̃'t o trō'bl], a town on Montreal Island, Quebec, Canada, situated on the St. Lawrence River about 10 mi. north of downtown Montreal and adjoining the industrial town of Montreal East. It is on Provincial Highway 2, and the Canadian Pacific Railway serves the town. It was founded as a parish in 1674 and as a town in 1912. Pop. 1951, 8,241. D. F. P.

POINTE-CLAIRE [pwæ̃'t klɛ'r], a town on Montreal Island, Quebec, Canada, situated on the north shore of Lake Saint Louis, about 15 mi. southwest of downtown Montreal. It is on Provincial Highway 2 and is served by the Canadian National and Canadian Pacific railways. Founded as a parish in 1717, the community was incorporated as a village in 1854 and as a town in 1911. It is a residential and resort suburb of Montreal. Pop. 1951, 8,753. D. F. P.

POINTER. *See* Dog.

POISON ASH. *See* Poison Ivy.

POISON GAS. *See* Warfare (*Chemical Warfare*).

POISONING, TREATMENT OF. *See* First Aid.

POISON IVY, the name commonly given to a group of poisonous plants, considered by most botanists to be sumacs, *Rhus.* Other botanists have placed the group in a separate genus, *Toxicodendron.*

The common poison ivy, *R. radicans,* most widely distributed of the species, grows from Nova Scotia to British Columbia, south to Mexico, Florida, and Bermuda. Nevada is the only state from which it has not been reported. In many parts of its range, it is a low straggling shrub, but it frequently develops into a stout, woody vine climbing high trees. Similar is the southern poison oak, *R. toxicodendron,* a low shrub found in dry woodlands from New Jersey to Georgia and Texas. The western poison oak, *R. diversiloba,* is found from Washington south throughout California to Mexico. It is an erect, sometimes climbing shrub 4 to 8 ft. high. In California, poison oak is more widely diffused than any other shrub. These three plants have leaves divided into three ovate leaflets, the margins variously toothed and lobed, but sometimes having little or no lobation. The flowers are inconspicuous greenish-white, appearing in clusters, and the small greyish-white waxy fruits, resembling those of the bayberry, *Myrica pensylvanica,* contain a small, bony stone. These three species, all known popularly as poison ivy, poison oak, and poison sumac, may eventually come to be considered as one variable species. The true poison sumac, *R. vernix,* also called poison elder, poison ash, and poison dogwood, is a large shrub growing sometimes as high as 25 ft. It has ash-like leaves of 7 to 13 entire leaflets, greenish flowers, and whitish fruit in long pendent clusters. It grows in swamps from Quebec and Minnesota, south to Florida and Texas. Poisoning is caused by a nonvolatile oil present in the sap.

Aside from the hazardous method of digging, plants may be eradicated by ammonium sulfamate, or 2, 4-D, (2, 4-dichlorophenoxyacetic acid) applied to the foliage according to directions. Also, 10 lb. of dry borax per square rod applied to the soil will kill poison ivy and numerous other plants. *See also* Ivy Poisoning. G. Gr.

POISON OAK. *See* Poison Ivy.

POISONS, chemical agents which, when present in sufficient amounts, may injure or kill a living organism. They may be swallowed, inhaled, or absorbed or injected through the skin.

Classification. One method by which poisons may be classified is according to their chemical and physical types, e.g., acids, alkaloids, industrial solvents, inorganic chemicals, organic chemicals, poisonous gases, and poisonous foods. Another classification of poisons would be according to their physiological action. Some chemicals are local poisons: these are (1) the corrosive poisons, which destroy tissue by direct contact, e.g., the mineral acids, caustic alkalies, and phenol; and (2) the irritant compounds of arsenic, lead, mercury, zinc, and so on. Other chemicals are systemic poisons; these are absorbed into the blood stream, whence they are carried to, and act upon, the heart, kidneys, nervous system, and other vital organs. This type includes cyanide, hypnotics, opium derivatives, and strychnine.

Common Types of Poison. Some poisonous chemicals frequently found about the home, and therefore suspect if illness occurs, include the following:

Cleaners: ammonia, lye (sodium hydroxide), phenol (carbolic acid), phosphates, washing soda (sodium carbonate).

Insecticides: compounds containing arsenic, thallium, fluorine, lead, copper, and phosphorus: D.D.T., pyrethrum, orthodichlorobenzene.

Laxatives: calomel, phenolphthalein.

Liniments and Ointments: camphor, chloroform, oil of wintergreen.

Moth Repellents: camphor, naphthalene, paradichlorobenzene, arsenicals.

Soothing Sirups and Sedatives: opium derivatives, chloroform, bromides, acetanilite, barbiturates (Veronal).

Reports made by the city of New York give an interesting appraisal of the frequency of certain types of poisonings. In 1941 there were 500 suicidal and 676 accidental poisonings. Of the 500 suicides, the poisons employed were as follows: illuminating gas (carbon monoxide), 387; barbiturates, 33; phenol, 20; cyanide, 15; sodium fluoride, 10; and arsenicals, 7. Of the 676 accidental poisonings, the poisons used were as follows: alcohol, 424; anesthetics, 147; barbiturates, 17; narcotics, 16; wood alcohol, 7; arsenic or other heavy metals, 8.

Industrial solvents and hazardous chemicals deserve special mention. Besides the acute poisoning which may result from swallowing them, there is a hazard from continued exposure to vapors or liquid sprays. Such exposure results in chronic poisoning if the chemical accumulates in the body faster than it can be eliminated. Lead poisoning is an example. The following expression first observed by Fritz Haber in connection with war gas effects can be generally applied:

$$\text{Extent of poisoning} = \text{exposure time} \times \text{concentration of the poison}$$

Thus, approximately the same body damage is caused by exposure to 50 parts per million (p.p.m.) for two hours as by 100 p.p.m. for one hour. Hydrogen cyanide gas is an exception to this rule.

Other poisons not previously mentioned include: acetaldehyde; acetanilide; acetone; acetylene and acetylene compounds; acids (glacial acetic, boric, hydrochloric, hydrofluoric, nitric, oxalic, phosphoric, sulphuric); alkaloids (aconite, apomorphine, atropine, caffeine, cocaine, codeine, digitalis, ergot, heroin, morphine, nicotine, strychnine); amyl acetate; aniline; antimony compounds; arnica; arsine; barium compounds; belladonna; benzene; benzine; bismuth compounds; bromine; cadmium compounds; calcium oxide; cantharides; carbon dioxide; carbon disulphide; carbon tetrachloride; chloral hydrate; chlorine; chloropicrin; croton oil; curare; di-

ENCYCLOPAEDIA BRITANNICA, MACROPAEDIA, 1974 EDITION, VOLUME 1, PAGE 438 CALLS ACETALDEHYDE "A HIGHLY TOXIC SUBSTANCE".

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
National Cancer Institute
Bethesda, Maryland 20892

Building 31, Room 3A44
(301) 496-6404

March 24, 1993

Mr. John S. Roberts
P.O. Box H
Hobart, IN 46342

Dear Mr. Roberts:

Your letter to Dr. Bernadine Healy was referred to my office for reply. We, like you, are dedicated to finding a cure for HIV. However, acetaldehyde is a normal metabolite of the human body and will have no effect on HIV infection.

Dr. John Bader, Chief, Antiviral Evaluation Branch, has also reviewed your idea and has sent you a letter. I appreciate your interest.

Sincerely,

Wyndham H. Wilson, M.D., Ph.D.
Special Assistant to the Director
Division of Cancer Treatment

FEBRUARY 26, 1993

DR. BERNADINE HEALY
DIRECTOR
NATIONAL INSTITUTES OF HEALTH
BUILDING 1, ROOM 126
9000 ROCKVILLE PIKE
BETHESDA, MARYLAND 20892-0001

DEAR DR. HEALY,

ATTACHED ARE THE COPIES OF MY FEBRUARY 18 LETTER TO DR. BADER AND CONGRESSMAN VISCLOSKY'S LETTER OF FEBRUARY 11 TO ME (IN RESPONSE TO A PREVIOUS LETTER OF MINE) WHICH I DID NOT BECOME AWARE OF UNTIL AFTER I HAD MAILED THE FEBRUARY 18 LETTER.

IT IS TOO EARLY FOR ME TO HAVE RECEIVED A REPLY FROM DR. BADER; HOWEVER, I JUST THOUGHT I WOULD GO AHEAD AND WRITE TO YOU SINCE THIS LETTER WILL REFLECT MY MOST CURRENT IDEAS.

FIRST OF ALL - ABOUT THE POSSIBLE BENEFICIAL EFFECTS OF THE METABOLITE OF DISULFIRAM (ANTABUSE) KNOWN AS "DITIOCARB" OR "DTC" - DOES EVERYBODY KNOW ABOUT IT? THE "JAMA" ARTICLE WAS PUBLISHED MARCH 27, 1991, AND THE ONLY ENTRY IN THE CUMULATED INDEX MEDICUS HAVING TO DO WITH DISULFIRAM AND AIDS HAS TO DO WITH DR. GALLANT'S ARTICLE.

IN HIS ARTICLE, "ANTABUSE (DISULFIRAM) AND AIDS", DR. GALLANT STATES,

> 'A SIGNIFICANT PERCENTAGE OF ORAL DISULFIRAM IS RAPIDLY REDUCED IN THE BODY TO DTC.'

WOULD ALL AIDS PATIENTS BE IMMEDIATELY BENEFITTING THEMSELVES BY SIMPLY HAVING THEIR DOCTORS PRESCRIBE ANTABUSE TABLETS FOR THEM?; HOWEVER, KNOWING FULL WELL THAT THEY CANNOT DARE TO TAKE A SIP OF ALCOHOL WHILE DISULFIRAM IS IN THEIR BODY.

LET US SUPPOSE THAT A PILOT PROGRAM IS SET UP TO TEST THE EFFECTIVENESS OF "THE DISULFIRAM/ALCOHOL PROCEDURE", AND IT PROVES TO BE A FAILURE. THIS WOULD NOT NECESSARILY ABNEGATE THE POTENTIAL USEFULNESS OF ACETALDEHYDE.

ACETALDEHYDE COULD STILL BE LOOKED UPON AS PART OF THE ARSENAL IN THE QUEST TO DISCOVER THE "MAGIC BULLET" TO DESTROY THE HIV VIRUS.

ON PAGE 17 OF AGAINST THE ODDS - THE STORY OF AIDS DRUG DEVELOPMENT, POLITICS & PROFITS, DR. PETER S. ARNO STATES,

> "BETWEEN 1987 AND 1991 THE NATIONAL CANCER INSTITUTE TESTED 40,000 CHEMICAL COMPOUNDS AT FACILITIES IN FREDERICK, MARYLAND, AND BIRMINGHAM, ALABAMA, TO SEE IF ANY COULD DISABLE THE AIDS VIRUS."

IN MACBETH, ACT IV, SCENE 1, LINES 10-21, SHAKESPEARE SAYS,

"ALL. DOUBLE, DOUBLE TOIL AND TROUBLE,
FIRE BURN AND CALDRON BUBBLE.
2. WITCH. FILLET OF A FENNY SNAKE,
IN THE CALDRON BOIL AND BAKE.
EYE OF NEWT AND TOE OF FROG,
WOOL OF BAT AND TONGUE OF DOG,
ADDER'S FORK AND BLINDWORM'S STING,
LIZARD'S LEG AND HOWLET'S WING,
FOR A CHARM OF POWERFUL TROUBLE,
LIKE A HELL BROTH BOIL AND BUBBLE.
ALL. DOUBLE, DOUBLE TOIL AND TROUBLE,
FIRE BURN AND CALDRON BUBBLE."

IF "THE DISULFIRAM/ALCOHOL PROCEDURE" DOES NOT WORK, I THINK EACH ONE OF THE 40,000 TESTS SHOULD BE REPEATED WITH ACETALDEHYDE BEING MIXED IN WITH EACH TEST. WHO KNOWS, IT MIGHT PROVE TO BE SOME SORT OF CATALYST BY WHICH THE DESTROYER OF THE HIV VIRUS IS DISCOVERED.

"DOUBLE, DOUBLE TOIL AND TROUBLE"

I HAVE HIGHLIGHTED AN INDISPUTABLE FACT OF NATURE -

THE HUMAN BODY CAN BE POISONED WITH A HIGHLY TOXIC SUBSTANCE AND STILL SURVIVE

AND THE NAME OF THAT SUBSTANCE IS ACETALDEHYDE.

IF A MEDICINE WERE INJECTED INTO A BODY WHILE THAT BODY WAS BEING POISONED WITH ACETALDEHYDE, THE RESULTS MIGHT BE FAR DIFFERENT THAN THEY WOULD NORMALLY BE, MIGHT THEY NOT?

WELL, THIS IS ABOUT ALL I HAVE TO SAY FOR NOW, DR. HEALY. AS A FIRST STEP, I HOPE THAT SOME OF THE CLINICAL TRIALS THAT ARE PRESENTLY BEING CONDUCTED IN CHICAGO WILL START TO EMPLOY "THE DISULFIRAM/ALCOHOL PROCEDURE".

YOURS TRULY,

John S. Roberts

JOHN S. ROBERTS
POST OFFICE BOX H
HOBART, INDIANA 46342
219-763-1933

COPIES TO CONGRESSMAN PETER J. VISCLOSKY, JOHN P. BADER, Ph.D, DR. LUC MONTAGNIER, RANDY SHILTS, JIM GORDON, PETER S. ARNO, Ph.D., AND DR. DONALD M. GALLANT AND DR. EVAN M. HERSH, PRIMARY AUTHOR OF THE "JAMA" ARTICLE