

Study Group AIDS therapy

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

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ref: Gut flora, intestinal mucosa, antibiotics and AIDS

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

- Lasting changes to the composition of gut flora, a reduction in benign bacterial strains which produce compounds for accessing nutritional components, a decrease in the diversity of bacterial strains thus compromising the flexible reaction to infections and the rapid return to a steady state, increased migration of the locally established bacterial strains to other organs where they cause pathogenic effects, [\(A1\)](#)
- Transformations to the genetic structure of individual bacterial strains, (antibiotic resistance), the exchange of resistant genes between bacterial strains and as a result the suppression of benign intestinal bacteria by resistant bacteria, [\(A2\)](#)
- Increased colonization of fungi (*Candida albicans*) which in the process form roots, change their metabolism and secrete toxins [\(A3\)](#)
- Reduced production of antibodies against foreign bacteria and fungi caused by bacteria and reduced production of toxins with which bacteria in the gut mucosa activate immune cells against viruses, bacteria and parasites. Decrease in the production of the body's own defense substances against these pathogens and in the process a reduction in defence against infections in the intestines, the mouth, the rectum and the sexual organs, [\(A4\)](#)
- Decrease in production of energy in bacteria and in immune cells via the colonization of receptors on the cell surface, blockage to the membranes of their mitochondria and to protein synthesis in mitochondria, [\(A5\)](#)
- Reduced production of substances for the protective film on the gut mucosa by bacteria and as a result injuries, haemorrhaging and an increased permeability of the epithelium leading to increased contact of immune cells to nutrient particles in the gut mucosa. This causes ongoing inflammations of the gut mucosa which in time overtax the local immune regulation and immune tolerance, together with the dissemination of intestinal bacteria to other organs this finally leads to inflammatory

reactions in the whole organism. (A process that can similarly be triggered by cereals containing gluten and foodstuffs with acid-producing or histamine-containing substances), [\(A6\)](#)

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

New studies on Aids describe the AIDS as being characterized by:

- An increased permeability of the gut mucosa and chronic inflammation of the gut mucosa which later spread bacteria from the gastrointestinal tract to other organs throughout the body where they act pathogenically [\(A8\)](#)
- A progressional reduction in Th17 cells in favour of regulating T cells (Treg) (in the acute phase the so-called HIV infection) and as a result the reduction of all T cells in the intestinal zone and later in the whole body and thus to an increase in autoreactive, polyclonal antibodies against cytoskeletal proteins, the cell envelope and bacteria [\(A9\)](#)

Representatives of the HIV-AIDS model trace back the reduction in Th17 cells to direct damage of all T cells by the so-called HI retrovirus (and in the quasi analogous model with rhesus monkeys to the SIV lentivirus) that can be activated by the administration of autoreactive antibodies or alcohol, leading to illnesses [\(A10\)](#). There have been no presentations, to date, of how exactly the postulated infectious HI retroviruses attack and destroy T cells. Neither the viral load nor the T4 cell-counts are reliable measured values regarding the course of the disease in test positives. As HIV to this day has not been proven as a retrovirus using the criteria defined by Luc Montagnier et al. it has to be seen as a laboratory phenomenon from which a variety of measured values have been derived [\(A11\)](#). Fluctuations in the so-called viral load are according to the new studies mentioned above indirectly linked to increasing or decreasing intestinal inflammations and permeability of the gut mucosa.

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

Antibiotic specialists like Geoffrey Canon and Jeffrey A. Fisher and MDs such as Robert Root-Bernstein and Heinrich Kremer had already since the 80s suggested the connection between extensive administration of antibiotics on selected patient groups (male homosexuals, intravenous drug users, promiscuous swingers) and AIDS [\(A12\)](#) and correspondingly advocated a limited, targeted administration of antibiotics for these patient groups together with immune system supportive, probiotic therapy for the recovery of the immune system

after administration of antibiotics. As diverse studies have shown (A13) the immune cells can be activated by the administration of probiotics and immunomodulative substances and excessive immune reactions corrected so that defence capacities against bacterial, viral or parasitic infections can be re-established.

Sexually transmitted diseases (chlamydia, syphilis, gonorrhoea, herpes genitalis, granuloma, urethritis, trachomatis, bacterial vaginosis etc.) which are considered as generators for so-called HIV infections and seroconversion in the HIV antibody tests have been treated for years with diverse available antibiotics (A14) and today, despite continuous appeals by the WHO for limited use of antibiotics, an increasing number of the pathogens occurring (e.g. *Neisseria gonorrhoeae*) are resistant to various classes of antibiotics making successful treatment of these diseases increasingly difficult (A15). Also pathogens of endemic diseases in developing countries such as tuberculosis, candidiasis, cryptococcosis, toxoplasmosis, *Mycobacterium avium*, herpes simplex, leishmania or salmonella septicaemia, all of which are treated with antibiotics are increasingly resistant to specific antibiotics, making treatment of these diseases that are AIDS-defining after a positive result in HIV tests (A16), extremely difficult (A17). However, targeted information about sexually transmitted diseases to risk groups has led to a reduction in proliferation which is also reflected in a reduction in the administration of antibiotics.

Although anti-retroviral therapy (ART), as a bacteriostatic, cytotoxic chemotherapy decreased the incidence of sexually transmitted diseases (STD), increased the number of T cells and thus extended the life expectancy of those treated, with ART the appearance of many classic AIDS-defining diseases (Kaposi's sarcoma, non-Hodgkin lymphoma, pneumocystis jirovecii pneumonia, tuberculosis and cryptococcal meningitis) could not be avoided in any case making necessary the additional administration of antibiotics parallel to ART (A18).

Supporters of the HIV/AIDS model admit now that by means of ART the extent to which the number of Th17 cells and other T cells can be maintained or increased is dependent on the existing damage to the gut flora, the gut mucosa and the spreading of intestinal bacteria throughout the body. They are now studying whether with the administration of probiotics (together with ART or alone) the gut flora can be influenced in such a way as to reduce the permeability of the gut mucosa and the spreading of intestinal bacteria and improving the defence capacities against bacteria and viruses (A19).

The fact, that immune deficiencies underlying disruptions can only be subdued and not treated causally by means of ART does not induce the supporters to fundamentally re-think AIDS therapy. That life expectancy for those treated by ART, even in western countries, is still considerably shorter as for the general population they trace back to 'non-AIDS-specific' diseases (liver and kidney failures, cardiovascular diseases, nerve diseases and certain forms of cancer) which they consider to be premature aging processes and not the compulsive results of continuous damage to mitochondria by ART (A20).

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

The postulating of a new, immune weakening retrovirus (HIV) transmitted by infection and the construction and introduction of tests that identified an increased titer of autoreactive, polyclonal antibodies against proteins from the cytoskeleton and cell envelope of human cells and bacteria from an arbitrarily set level on as 'HIV' positive, served from 1984 onwards above all to deny the shocking ensuing effects of antibiotics and the emerging antibiotics resistance and to hide both of it from the general public. Male homosexuals and other members of risk groups were urged on the evidence of a sexually transmitted, lethal disease to practice less risky sexual behaviors.

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

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

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

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Attachments:

AIDS and the Mitochondria:

http://ummafrapp.de/skandal/felix/mitochond/AIDS_and_the_mitochondria.pdf

[Therapy recommendations](#)