

Lecture at the conference on “The HIV/AIDS problem and the family well-being of the Nation”

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IMMUNOLOGICAL STRESSOR AGENTS ARE THE REAL CAUSE OF AIDS

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(1) Introduction

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Since the beginning of the AIDS epidemic there have been international scientific disagreements about its causes and solutions. However, many remain unaware of this debate due to a forceful censorship concerted by the Department of Health and Human Services of the Government of the United States, the World Health Organization (WHO), and the United Nations (UN) agency for AIDS (UNAIDS), a censorship that targets all of us who do not defend the official views on AIDS. Our group is composed of more than 3,000 scientists and researchers from more than 75 countries, including Emeritus Professors from many universities and several Nobel Prize Laureates. Further information concerning these so-called “AIDS Dissidents” is available at www.rethinkingaids.com.

During the 16th HIV/AIDS World Conference in Toronto, Canada, August 13-18, 2006, the WHO and UNAIDS — both agencies of the UN — informed attendees that the number of AIDS cases continued to expand everywhere, but mostly in underdeveloped countries. According to their report, in 25 years of the pandemic, there have been 65 million seropositives and 25 million deaths from AIDS (1,2).

Despite the fact that the population of Sub-Saharan Africa comprises only 10% of the world population, currently 60% (25 millions) of all world AIDS cases occur there. In Africa, 12.3 million children have lost one or two parents to AIDS. Contrary to what occurs in the wealthy nations, in Africa more than 60% of cases are in women and, due to this fact, it is arbitrarily stated that AIDS in Africa is “heterosexually transmitted” (1,2). The poorest countries of Africa such as Zimbabwe, Namibia, Uganda, and Mozambique have a prevalence between 20 and 35%, the highest in the world.

In India, the AIDS epidemic is also growing and it is also contended that 80% of the cases of “HIV/AIDS” are due to “heterosexual transmission” (1,2).

On the American continent, the countries with the highest prevalence of what is known as “HIV/AIDS” are precisely the poorest in the region: Haiti (3.8%), Bahamas (3.3%), Trinidad and Tobago (2.6%), Belize (2.5%), Guyana (2.4%), Surinam (1.9%), Honduras, Barbados and Jamaica (1.5%). Similarly, in these countries, UNAIDS and WHO state that most cases are due to “heterosexual transmission” simply because in these countries most cases are also in women. In the United States 69% of the cases occur in blacks and Hispanics (1,2) and due to the high frequency in women they speak of an increment in “heterosexual transmission” in these communities.

Brazil, with a population of 190 million inhabitants, has a prevalence of 0.5%. In large Brazilian cities most cases are in men but in its poorest areas most cases are in women (1,2). Colombia, Mexico, Venezuela, and Spain have a prevalence of 0.7%.

The question then should be: What is the explanation for the highest prevalence of AIDS occurring in poor African and Caribbean countries and why are most cases there in women? Could the explanation be just sexual promiscuity, as white American and European researchers claim? Or is it simply a consequence of the

social conditions of life prevailing in these countries? The reported prevalence could also indicate that the real cause of AIDS is not a sexually transmitted virus. How could a virus decide to attack only prosperous men in North America and Europe and attack only poor women in the underdeveloped regions?

Another question would be: What is the explanation for Colombia, Mexico, Venezuela, Spain and Brazil having a very low prevalence of AIDS? Perhaps it could be the happiness of their inhabitants...?

Scientific evidence indicates that, contrary to what is officially proposed by the United States Department of Health and Human Services, as well as by UNAIDS and WHO, there is in fact no transmission of AIDS from one person to another, either by blood or by sexual intercourse, or from mother to child. The differing frequency of AIDS in men and women according to their socio-economic status is another indication that HIV is not the cause of AIDS and that the real causes of AIDS are linked to social conditions and life style.

Furthermore, after 25 years and billions of dollars spent on research, treatment, prevention and control, the official policies have proven to be a complete failure. Proponents of HIV as the cause of AIDS have failed to cure a single patient and the antiretroviral treatments that are used are highly toxic and in fact generate AIDS by themselves when given prophylactically to seropositive individuals. If that were not enough, HIV investigators continue to report that “there is no hope for a vaccine” in the short or medium term. Officially they still insist on the equation: HIV = AIDS = DEATH.

The WHO and UNAIDS blame their failure on the governments of the underdeveloped countries, as they did at the closing of the last HIV/AIDS World Conference in Toronto (August 2006), when they infamously blamed the government of President Thabo Mbeki of South Africa for being responsible for the AIDS epidemic in that country, simply because his government called for a scientific debate on the causes and solutions of AIDS in year 2000.

However, the correct explanation for the official failure is that all current policies for the treatment, prevention and control of AIDS are based on the false premise "that HIV is the cause of this syndrome."

(2) HIV cannot be the cause of AIDS

Starting in March 1987, numerous scientific publications have provided facts showing that what is known as human immunodeficiency virus, HIV, does not meet the epidemiological, the biological, or even the common sense requirements to be the cause of the Acquired Immune Deficiency Syndrome, AIDS (3-24).

HIV is neither necessary, nor sufficient, nor does it always precede the development of the syndrome (5,6,14,22). This is demonstrated by the thousands of cases of AIDS that are “HIV-negative” (25-28), as well as by the multitude of healthy people who never

develops AIDS despite being “HIV-positive” (29-31). In addition, there are many individuals who first develop immunodeficiency, and only after that, become “HIV-positive” (32-35), which indicates that the phenomenon known as HIV, rather than being the cause of AIDS, is itself an effect or consequence of the syndrome’s pathogenesis.

If HIV were a real virus, it would be a retrovirus, which are well known to be non-pathogenic viruses (4). Therefore, these retroviruses could explain neither the immunological abnormalities, nor the pathogenesis, nor the clinical manifestations, nor the natural history of AIDS (4-13,17,18). On the other hand, there is a large quantity of scientific documents objectively indicating that what we know as HIV is not even a genuine virus. HIV has never been isolated or purified as a free, independent viral particle (virion) (36-41), as is routinely done with genuine viruses.

Since it has never been demonstrated that the phenomenon known as HIV either destroys the immune system or causes AIDS, researchers who enthusiastically advocate HIV as the cause of the syndrome offer a wide range of agents as cofactors, or HIV-helpers, in the genesis of AIDS (42,43). However, these “cofactors” are by themselves immunosuppressive and the repeated, multiple and chronic exposure to a variety of them generates AIDS, either in the presence or absence of a positive or reactive “HIV-test.” This is why I prefer calling these “cofactors” immunological stressor agents (16-22).

Following are some of the immunosuppressive agents that have been reported as “cofactors of HIV” (immunological stressor agents): alcohol, cocaine, heroin, marijuana, cigarette smoking, amphetamines, volatile nitrites (the so-called “poppers”), chemical contaminants in the environment, allergens, cytomegalovirus, herpes virus types 1, 2 and 6, shingles, Epstein Barr virus, adenovirus, other retroviruses, hepatitis viruses A, B, and C, papovavirus, mycoplasma and other superantigens, tuberculosis, leprosy, malaria, trypanosomiasis, filariasis, genuine sexually transmitted diseases, semen, factor VIII, fear, anxiety, depression, panic, insomnia, lack of sleep, extreme exercise, poor sanitation, poverty, malnutrition, and vitamin and antioxidant deficiencies (44-61).

Additionally, careful study of the scientific literature strongly suggests that AIDS is neither an infectious disease nor is it sexually transmitted (2-24). The vertical transmission of AIDS from mother to baby during pregnancy and childbirth or through breast milk are merely myths, assumptions made without any objective evidence (62-64). Nor is the transmission of AIDS through blood allegedly “infected with HIV” true (9,15). Even researchers who advocate HIV as the cause of AIDS are currently providing very convincing arguments challenging the myth of the transmission of AIDS (65-69).

On the other hand, "HIV negative" individuals who have normal blood levels of nutrients and antioxidants do not convert into "HIV positive" or "sero-positive" (70-72). In addition, "HIV-positive" individuals who have normal blood levels of nutrients and antioxidants never develop AIDS (73-85). Even the death of those who develop

AIDS depends much more on their nutritional and antioxidant deficiencies than on any other factor (85-92). It has also been shown that expectant "HIV-positive" mothers who have normal blood levels of nutrients and antioxidants during pregnancy give birth to "HIV-negative" babies (93-99). Therefore, in order for "seroconversion" — converting from "HIV-negative" to "HIV-positive"— to occur, it is a pre-requisite to have decreased blood levels of antioxidants and nutrients. This is what is officially and erroneously known as "HIV/AIDS transmission." Similar conditions are required for "seropositive" individuals to progress or develop the clinical manifestations of AIDS, or develop the possibility of dying from this syndrome. This clearly indicates that the decrease in blood levels of nutrients and antioxidant plays a major role in the pathogenesis of AIDS and in the course and prognosis of the disease.

(3) The real causes of AIDS

The genuinely new circumstances surrounding all groups of people who most often develop AIDS are their exaggerated exposure, in recent decades, to a variety of immunological stressor agents that may have a mental, chemical, physical, biological and nutritional origin, (16-22).

For example, the novel circumstance that affected some sections of the gay communities in industrialized countries was the use of psychoactive drugs and aphrodisiacs that started in the 1970s (7,11-13,100,101). In these developed countries, children who are born with AIDS are born to mothers exposed during pregnancy to psychoactive drugs and other stressor agents (12,13,102,103). By contrast, in Africa, Asia and the Caribbean the new circumstances are the unacceptable levels of poverty to which their inhabitants have been subjected for many decades. Never before has there been so much poverty so widespread among so many while so much wealth is so concentrated in the hands of so few (104-107). In these underdeveloped countries poverty and all its consequences, such as malnutrition, lack of clean water, poor sewage and garbage disposal, infections and parasites, and the lack of hope for a better tomorrow, are major risk factors for AIDS (19-24).

Immunological stressor agents vary, therefore, from person to person, from risk group to risk group, from country to country, and from continent to continent.

On the other hand, it is important to keep in mind that scientific evidence clearly indicates that all adult degenerative diseases are highly dependent on the psychological and organic health status of the mother during pregnancy (108-117). Similarly, nutritional deficiencies during pregnancy may result in immunodeficiency, which can accompany a person throughout life (118-122). In experimental animals immunodeficiency in the newborn animal results as a consequence of the mother's malnutrition during pregnancy, and these immunological deficiencies are transmitted through three generations, even when the intermediate generations were well fed (123).

In poor countries, therefore, poverty is not a static fact. Scientific findings indicate that the consequences of poverty have been transmitted from generation to generation in a cumulative manner.

The fact that AIDS exists in both poor and rich countries is a clear indication that our species is in danger. The human body cannot tolerate more exploitation, more toxins, more poverty, more malnutrition, nor can it tolerate more of any other kinds of abuse!

Coincidentally, AIDS appeared in different and distant groups of people in the second half of the twentieth century, at a time when the immune systems of humans was already saturated and had seriously deteriorated due to multiple, repeated and chronic exposures to immunological stressor agents (16,23). Exposures can be involuntary, through the living conditions that people are subjected to, and sometimes voluntary, through lifestyle choices.

In recent decades, these stressor agents have been steadily increasing, both in quantity and variety, across the globe (16,23,124,125). The capabilities of the immune system are neither infallible nor infinite. They have limits. AIDS is the worst state of deterioration that the immune system of people can reach. In AIDS not only the immune system but all other body systems are severely damaged. AIDS therefore inaugurates a new epoch in the history of human diseases (126). The increase in immunological stressor agents in the human ecosystem is seriously endangering the preservation of our species (16,23,126). This new human syndrome is one of the terrible consequences of the destruction that we are causing the earth, due to our own psychopathology (127). AIDS is an alarm bell! What is worse is that the mistaken belief in HIV blinds us from seeing this grave human situation.

Abundant objective facts indicate that a variety of stressor agents for the immune system, of mental, chemical, physical, biological, and nutritional origin, are the true etiologic agents or causes of AIDS (16-19,126). The immunological stressor agents act both by themselves and by stimulating the production of free radicals — special oxidizing agents — which cause damage to the immune-competent cells and functions as well as to other physiological systems (17,18,126). From a biochemical viewpoint, AIDS is a disease of excessive oxidative stress (14,17,18,128-134). This is the reason why antioxidant agents have a crucial role in the treatment and prevention of AIDS (136-139).

Working closely with seropositive individuals from Africa, Asia, Europe, North America and Latin America brought me to the conclusion that to become seropositive, besides being exposed — generally for long periods of time — to a variety of external immunological stressor agents, the person also has to have a specific type of personality, a conclusion which is in agreement with the psychosomatic origin of all diseases, elegantly proposed by Norberto Keppe and his group of scientists in São Paulo, Brazil. Specific psychopathology is always needed for the developing of any human illness, from a simple common cold to cancer and AIDS (140, 141). This

applies to both organic and mental illnesses. Social pathologies are also the results of the psychopathology of people, especially those with power (142).

Seropositive individual generally are very unsatisfied with their lives; they are depressive, often paranoid and choose a self-destructive style of life. This is a common denominator in most individuals comprising the groups of people that most often develop seropositivity and AIDS.

4) A proposal for the definition for AIDS

To avoid further confusing people with the idea that HIV and AIDS are the same thing, and because what is known as HIV is not the cause of AIDS and, further, since it has never been shown that HIV is a genuine virus, the word "HIV" must be removed from the definition of AIDS.

Whenever people hear or read our arguments demonstrating that HIV does not exist, they think that AIDS does not exist either, because they have been made to believe that HIV equals AIDS and vice versa. The world has been disoriented by the international institutions responsible for public health which preach the equation $HIV=AIDS=DEATH$, an equation that has programmed and continues programming the minds of people toward death.

Of course AIDS exists! But it is not caused by a virus called HIV, if only because the very existence of the virus has never been proven on an empirical level.

AIDS must be understood as the most severe of all acquired immunodeficiencies, thus being a toxic and nutritional syndrome caused by multiple, repeated and chronic exposures to immunological stressor agents whose distribution varies within the groups of people that most often develop the syndrome (17,18,126). The immunological stressor agents exercise immunotoxic or immunogenic effects, or both, which generate a state of oxidative stress in the immunocompetent cells and the metabolic reactions of the immune system and other bodily systems (126). The progressive and chronic deterioration of the network of the immune system, leads the individual to a severe deficit of the immunological functions of defense, homeostasis, and surveillance, with the subsequent and simultaneous occurrence of infections, neoplasms and metabolic disorders. The collapse of the immune system eventually causes the death of the individual (126) (Figure 1).

Before the appearance of AIDS in the early eighties of the twentieth century, there were other immunodeficiencies but never with the intensity and severity of AIDS. Before 1981, people with acquired immunodeficiencies showed clinical signs of deterioration of one or two of the fundamental functions of the immune system, which are: protection against harmful agents, preventing the growth of tumors and homeostatic balance of all organs and bodily systems. However, with AIDS, for the first time there occurred the simultaneous clinical manifestations of deficiency in all three main functions of the immune system, and for this reason AIDS is clinically manifested through opportunistic infections, opportunistic tumors and opportunistic

metabolic diseases. Opportunistic because they only appear after there is a state of very severe immunodeficiency.

(5) The “tests for HIV” cannot diagnose HIV infection

The so-called HIV tests — ELISA, Western blot, Viral Load — are neither sensitive nor specific for detecting past or recent infection with HIV (36-39,41,143-146).

As long as there is no scientific proof of the isolation and purification of HIV as a free independent virus, and while doubts continue about its very existence as a genuine virus, it is impossible to ensure that a positive result on these tests indicate HIV infection (37,39,41).

Neither Luc Montagnier at the Pasteur Institute in Paris, nor Robert Gallo at the National Cancer Institute in the United States, nor Jay Levy at the University of California isolated HIV, as they contended in *Science* (41,147-149). These researchers simply observed in cultures of cells — stimulated with mutagens and other oxidizing agents — taken from people with AIDS or at risk of developing it some proteins, various enzymes, and fragments of nucleic acids, but they never isolated free and independent viral particles, due to the fact that they did not follow the internationally accepted steps for the isolation of retroviruses (150,151).

The internationally accepted methodology for the isolation and purification of retroviruses (150,151), a methodology that the above researchers did not follow, includes the following steps: a) Concentration of the viral particles by centrifugation; b) Electron microscopy monitoring of the concentrated viral particles; c) Biochemical and genetic analysis of the purified viral particles; d) Controlling the experiments to avoid misinterpreting endogenous retroviruses as exogenous infectious retroviruses; and e) Biological tests to ascertain if the isolated retrovirus is indeed potentially pathogenic and virulent (150,151).

Since Montagnier, Gallo and Levy thought that they had a disintegrated virus, with the isolated proteins they prepared antigens to detect antibodies against these proteins that allegedly belonged to HIV (ELISA and Western blot tests), and with the fragments of nucleic acid they prepared reagents for the PCR test, arbitrarily called "viral load". However, both proteins and fragments of nucleic acid can perfectly well correspond to what are known as "stress proteins" (41,152-155), released by the stimulated (oxidized) culture cells or by the cells of people who have been exposed to many toxic and antigenic challenges with the subsequent oxidative stress, as often occurs within the groups of people who most often develop AIDS.

People who react positively on these tests are not infected with “the AIDS virus.” These people react positively on these tests simply because they have been exposed to many toxic and antigenic challenges and thus their immune systems (as well as many other bodily systems) are oxidized and weakened and that is why these people have a higher risk of developing AIDS (17,18,41) and therefore should take precautions for the remainder of their lives.

Thus, the phenomenon known as HIV is a marker of intoxication and chronic immunodeficiency (19,24,41,156), but it is not the cause of AIDS. On the contrary, the phenomenon known as HIV, rather than being the cause of AIDS, is a consequence of the pathogenesis of this syndrome (19,22, 24,41).

Therefore, being "HIV positive" or "Seropositive" does not indicate having been infected but having been intoxicated or oxidized; does not indicate either having been infected through sexual intercourse, during pregnancy, delivery or breastfeeding, or having been infected by blood supposedly "contaminated with HIV." HIV-positive people also pose no danger of infecting anyone else, since it has never been proven that HIV is a genuine virus.

Much more on this matter is available in an article that I wrote with professor Etienne de Harven as a response to Gallo et al in April, 2006 (41).

(6) Why errors about the causes of AIDS were committed

These mistakes were made due to five key factors: microbiological prejudice, homophobia, racism, social corruption and the crisis of the scientific establishment.

6.1. Microbial prejudice. The excessive emphasis on the infectious theory or microbiological prejudice in the minds of researchers, health care professionals, journalists and the general public helped to commit this error and maintains it. This prejudice, or source of bias, comes from the overstatement of the germ theory promulgated by Pasteur and Koch, which in its time provided some benefit to medicine. Unfortunately, today most still think, as they did at the end of nineteenth century, that everything is infectious, that everything is contagious and that there must be some germ that causes all. The world was prepared, through a century of panic to microbes, to commit the mistake on the etiology of AIDS. There was no way to avoid it.

6.2. Homophobia. The fact that the first cases of AIDS occurred in some men of the American "gay" community has increased homophobic sentiments in all areas of contemporary society. Also, because of the high incidence of AIDS in homosexual men, especially in industrialized countries, it was arbitrarily decided that the disease was transmitted by anal intercourse. However, there is no scientific evidence of the so-called "sexual transmission" of AIDS.

6.3. Racism. The fact of the increase in the number of AIDS cases among the black American community and in the very poor communities of Africa has enabled white American and European researchers to propose that AIDS had originated in Africa, due to inappropriate relationships between Africans and animals (157-159). This is no objective evidence for this theory. These are simply racist concepts in the minds of researchers who advocate HIV as the cause of AIDS.

6.4. Corruption in all spheres of society is another factor that assisted the commission of the error and helps to maintain it (160-163). Many researchers are working not in the interest of service to their fellow human beings, but to achieve fame, recognition and awards (160). The case of scientific misconduct committed by Robert Gallo, of the United States government's National Cancer Institute, in his attempts to "invent" — not discover — "the AIDS virus" is well known in the international scientific community and in segments of the public (164).

Moreover, there has arisen a very profitable industry of AID\$ and those hundreds of thousands who benefit from it, all of whom are opposed and will oppose, with all their forces, any correction (166,166).

6.5. Another factor that brought about this scientific mistake is the ongoing crisis being experienced by the scientific establishment, particularly flaws in research methodology, such as non-compliance with the epidemiological requirements (167). None of the assumptions that underlie the infectious theory about AIDS meet the requirements of the investigative method. AIDS does not comply with Koch's postulates (168,169), nor does it conform to the other epidemiological requirements of an infectious disease (167-174). None of the groundwork for the HIV-AIDS hypothesis has been demonstrated at an objective level. The hypothesis comprises nothing more than mere theoretical assumptions engendered in the minds of the theory's creators.

In practical terms, the entire world population became accustomed to believing anything that was told to them by the so-called "men of science." Unfortunately, at present, the opportunity for criticism and questioning is virtually nil. Most people do not request the necessary or possible proofs for apparently scientific assertions. Very often matters of science are defined in press conferences (176-178).

The worst epidemic afflicting the contemporary world is an epidemic crisis of the scientific establishment (176-181). This is much larger than the AIDS epidemic. The international belief that AIDS is an infectious disease and that it is sexually transmitted is one of the consequences of the crisis of the scientific establishment. And there more consequences will emerge, unless we correct course and take a path paved with a truly objective research methodology.

Many people are still not aware of this controversy because of the terrible censorship against our points of view, censorship from the Department of Health and Human Services (DHHS) of The United States, the WHO and the UNAIDS.

The scientific community has been mistaken many times in the last century when considering infectious diseases, many of which were not infectious, such as pellagra, scurvy and beriberi, to mention only a few examples (10,18). The mistake this time with AIDS has a much greater extent due to the catastrophic impact on thousands of people who suffer from this toxic and nutritional syndrome, people from different social groups on all continents. The guilt for the mistakes concerning AIDS lies with several researchers and health institutions of the government of the United States, such as the DHHS, the Centers for Disease Control and Prevention (CDC) and the

National Institutes of Health (NIH), which have been echoed by the World Health Organization and the UNAIDS, the latter two being agencies of the United Nations (UN). The majority of the people in the world simply accepted blindly whatever was said by "the men of science" from the north.

WHO and UNAIDS recognize that there have been 25 million deaths from AIDS, unnecessary deaths that make AIDS the greatest genocide in human history. What a shame that this time the genocide is being committed in the name of science.

(7) Some effective alternatives for the prevention and treatment of AIDS

The view of AIDS as a toxic, nutritional and oxidative disease allows it to be treated, prevented and eradicated in an effective, effortless and inexpensive way (182,183), as is being done in many countries.

For the treatment of AIDS we may apply the same basic principles as for the treatment of chronic toxic degenerative diseases: Discontinue, as much as possible, exposures to immunological stressor agents, detoxify the organs and systems intoxicated and stimulate the immune system and others that may be weakened (182 - 184). Ten key steps may be followed for the treatment and prevention of AIDS [www.robertogiraldo.com/esp/articulos/Tratamiento_y_Preencion_2002.html]:

- (I) Accept the patient's own psychopathology
- (II) Delete from the mind the program of death: HIV=AIDS=DEATH
- (III) In each case, identify the real causes of AIDS
- (IV) Diagnosis based on clinical and laboratory aids
- (V) Avoid more exposures to immunological stressor agents
- (VI) Detoxify the immune system and other systems
- (VII) Stimulate and regenerate the immune system and other body systems
- (VIII) Treat the clinical manifestations of AIDS when they arise
- (IX) Prefer natural measures and work together, as a team, with other therapists
- (X) Do it at the right time

Drugs such as AZT, protease inhibitors and other antiretrovirals should be removed from the treatment and prevention of AIDS because they are agents that themselves generate AIDS (185-191). Nor does it make sense to use drugs to prevent the replication of "HIV," since it has never been scientifically proven that this has any causal role in the pathogenesis of AIDS. In addition, it is absurd to try to destroy a virus whose existence has never been proven.

The protease inhibitors are highly toxic drugs for all body cells, since proteases are after all normally used for metabolic reactions in all body organs and systems (186). However, the antioxidant action of protease inhibitors (192) creates, at the beginning of its use, a transient decrease of what is known as "viral load," but this is nothing more than oxidation or poisoning load. The same action, and even more effectively,

can be achieved, on an ongoing basis, with antioxidant agents and without the toxic actions of the protease inhibitors on all body organs and body systems (183).

The control and eradication of AIDS are therefore easily possible, and depends on the capability of the person to completely remove from his/her mind the program of death, perceive his/her own psychopathology, avoid exposures to immunological stressor agents, and detoxify and stimulate the organs and systems that may be weakened (182,183). There must be an eradication of the myth that being "HIV-positive" refers to being infected with the virus that causes AIDS. To be "HIV-positive" or "seropositive" actually means being intoxicated or oxidized (14,36,41,144,146). The mere belief or fear — mental agenda — of being infected with “the AIDS virus” is terribly toxic to the immune system and has become a new cause of AIDS (54,55,193). Defeating fear is the first requirement for success in the treatment and prevention of AIDS (194). It is absolutely necessary to fully eradicate from the minds of people the program of HIV = AIDS = DEATH.

The current programs and campaigns to prevent AIDS, based primarily on so-called "safe sex" with widespread distribution of condoms, not only have failed to reduce the numbers of AIDS cases, but have promoted promiscuity. However, condoms (without latex or toxic lubricants) must be employed to avoid contracting authentically sexually transmitted diseases such as gonorrhea and syphilis, in order to prevent unwanted pregnancies and to avoid the immunosuppressive actions of semen (44-46).

Also, the American campaign to provide "clean" syringes (“without HIV”) to drug addicts is actually helping to generate AIDS and encourage drug addiction and drug trafficking. All psychoactive drugs that enter the body by any route are potent immunotoxic agents (47-52).

Given that AIDS is a toxic and nutritional disease and that conventional or allopathic medicine does not know how to detoxify and stimulate in a non toxic way the different organs and systems that are chronically intoxicated, it is ideal that, in addition to conventional health care professionals, patients consult complementary, alternative or holistic therapists, since they use therapeutic techniques that involve the body, mind and spirit, with have proven effective for the treatment and prevention of degenerative toxic and nutritional diseases such as AIDS (182,195,196).

Different mental or psychic, nutritional, energetic, magnetic, physical and spiritual techniques have shown and continue to show effectiveness in both detoxification as well as in stimulation and regeneration of the immune system and other body systems of seropositive people and patients with AIDS (182). Some of these techniques are trilogical psychoanalysis, homeopathic and naturopathy medicine, acupuncture and moxibustion, neural therapy, digitopuncture, Chinese medicine, herbal medicine, nutritional therapy, treatment with chelating agents, hydrotherapy, therapy with seawater, reflexology, lymphatic massage, ayurvedic medicine, Bach flowers, biocatalitic hyperthermia, oxygen therapy, aromatherapy, therapeutic massage, art therapy, colortherapy, hypnosis, yoga, t'ai chi-chih, qigong (chi kung or tuina), Chinese massage, reiki, magnetotherapy, sofrología, orthomolecular medicine, and

spiritual care (182,195,196). As with conventional medicine, the effectiveness of each of these techniques or therapies depends largely on the knowledge and experience of those who apply them and the acceptance by those who receive them. Greater effectiveness is achieved by applying to a given person several of these therapies simultaneously.

For those interested in further details on these alternative proposals for the treatment and prevention of AIDS, they are encouraged to consider carefully two articles:

"Treatment and prevention of AIDS: A guide to basic principles for a nontoxic, effective and cheap alternative" (182):
www.robetogirardo.com/esp/articulos/Tratamiento_y_Preencion_2002.html

"Nutritional therapy for the treatment and prevention of AIDS: scientific basis" (183):
www.robetogirardo.com/esp/articulos

8) Conclusions

8.1. There is no scientific evidence that HIV is the cause of AIDS. Furthermore, there is ample evidence that HIV does not even exist as a genuine virus.

8.2. The real causes of AIDS are repeated and multiple exposures to a variety of immunological stressor agents of mental, chemical, physical, biological, and nutritional origin. These vary from person to person, from at risk group to at risk group, and from country to country. In developed countries the main risk factor for AIDS is the use of psychoactive drugs, and in underdeveloped countries the most important risk factor for this syndrome is poverty, with all its consequences.

8.3. The toxic and nutritional hypothesis of AIDS solves all the problems that the infectious/viral hypothesis has failed to resolve, despite the billions of dollars invested in research, prevention and patient care.

8.4. The so-called "tests for HIV" — ELISA, Western blot and viral load or PCR — cannot detect "HIV infection."

8.5. For the treatment and prevention of AIDS it is mandatory, first to accept the patient's own psychopathology and remove the death program from the mind of seropositive individuals and patients with AIDS; to avoid as much as possible exposures to immunological stressor agents; and detoxify the organs and systems intoxicated and stimulate the immune system and others which may be weakened. Anti-retroviral drugs are potent immunotoxic agents and can generate AIDS by themselves.

8.6. AIDS is the worst state of alteration that the immune system of humans can reach. In AIDS, all other body systems are also damaged. AIDS inaugurates, therefore, a new epoch in the history of human diseases. The increment of stressor agents in the human ecosystem is seriously endangering the preservation of our species. AIDS is a warning bell! However, the myth or belief in the phenomenon known as HIV does not allow us to see the danger that is engulfing our species.

8.7. The errors about the causes of AIDS were committed due to five key factors: Microbiological prejudice, homophobia, racism, corruption of society and the deep crisis of the scientific establishment.

8.8. The analysis, understanding and resolution of the mistakes made about the causes and solutions of AIDS will force the medical authorities worldwide to rethink their tactics and strategies in caring for people's health. It will generate questions, establish diagnoses and provide solutions to the unjust ways that humans relate to one another in contemporary society, and that ultimately are responsible for the existence of AIDS.

8.9. To overcome this crisis is a matter that concerns everyone: The seriousness of this situation demands that we act accordingly and with determination and resolution. The only way to avoid the continuation of this genocide in the name of science is by creating hundreds of thousands of non-governmental organizations (NGOs) in all countries and through disseminating these truths about AIDS as a toxic and nutritional disease, perfectly curable and not infectious, viral, or incurable as we have been forced to believe. Moreover, it is important that people cured of AIDS by our programs be grouped into NGOs from which they may help with the treatment and prevention of AIDS in many other persons.

8.10. More detailed information on the international scientific debate about the causes and solutions of AIDS, can be found at the following Web sites:

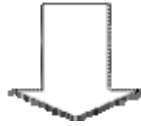
**www.robertogirardo.com/
www.rethinkingaids.com/
www.duesberg.com/
www.thepertgroup.com/
www.virusmyth.net/
www.aliveandwell.org/
davidcrowe.ca/SciHealthEnv/**

FIGURE 1. Sequence of events within the natural history of AIDS:

<p>Exposures to Immunological Stressor Agents Mental Chemical Physical Biological Nutritional</p>
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Oxidative Stress



Immunodeficiency



A I D S	Opportunistic Infections Opportunistic Tumors Opportunistic Metabolic Diseases	A I D S
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Eventual Death
Unless the process is stopped

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