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Diatribes Against Antiretroviral Drugs
Contribution to the SABC-2 program The Big Question

July 3, 2005

1. Introduction

Recently, in an article in *The Star*, Professor Peter Cooper, Head of Pediatrics at Wits, said:

In my own wards, children are dying almost daily from pneumonia, chronic diarrhea, and other infections because HIV has shattered their immune systems, all conditions that we were able to treat successfully in the pre-HIV era 15-20 years ago and are still able to treat successfully if the child is HIV-negative.

Scientific integrity and my own conscience compelled me to respond to Cooper's article.

Instead of blaming HIV, in my response I said:

It is more likely that Cooper's ill-conceived and unrestrained antiretroviral jihad against HIV is the reason his patients are 'dying almost daily'.

You may rightly ask, why did I use such strong language?

I spent two decades in the pharmaceutical industry designing drugs for cancer, arthritis, emphysema and parasitic diseases. I've studied the antiretrovirals since AZT was introduced in 1987. Based on my experience and half-a-century of literature on chemotherapy, it is absolutely clear that prescribing antiretroviral drugs to prevent or treat AIDS is not only irrational and wholly unjustified but should be stopped immediately.

The nucleoside analogs are the backbone of the antiretroviral cocktails. They were developed in the 1960s as chemotherapy for cancer. The nucleoside analogs were designed to kill dividing cells. That's why they are called cytotoxic, which means cell poison. Anyone who says otherwise doesn't know what he's talking about.

The Draconian principle behind chemotherapy is simple: kill the cancer cells before you kill the patient. Since nucleoside analogs are among the most toxic substances ever approved for human use, they are prescribed for only weeks to months. Any doctor who would prescribe these drugs to a cancer patient for life would be guilty of malpractice and probably lose his license.

Nevertheless, prescribing nucleoside analogs for life is currently the standard-of-care for people who have antibodies to HIV.

2. Antiretroviral drugs cause acquired immune deficiency

The skull and cross bones on a bottle of AZT used for research purposes warns scientists and clinicians that this antiretroviral drug is “Toxic by inhalation, in contact with skin and if swallowed”. Most importantly, the warning says,

Target organ is blood bone marrow. If you feel unwell seek medical advice (show the label where possible). Wear suitable protective clothing.

As the warning says, the nucleoside analogs kill the dividing cells in the bone marrow. That means these drugs destroy the immune system, causing acquired immune deficiency. In other words, chemotherapy causes a reversible form of AIDS that doctors have known about for as long as cancer patients have been treated with these drugs. I say a reversible form of AIDS because chemotherapy is given for only short periods of time and then stopped in order to give cancer patients a chance to recover from AIDS-diseases and other toxic effects of the drugs.

The toxicity of the antiretroviral drugs is so immediate, obvious, and life-threatening that HIV-positive people are now allowed “drug holidays”, orchestrated and supervised by doctors, of course.

3. Immune Reconstitution Syndrome (IRS) equals AIDS

It is supposed to take HIV 10 years to destroy the immune system. The antiretroviral drugs are much more efficient. They do the job in only weeks to months.

Peter Duesberg and I predicted in the 1990s that the widespread use of these drugs would cause an upsurge in AIDS diseases. This has come to pass with a vengeance. The AIDS literature documents it thoroughly, though surreptitiously.

In an attempt to hide this fact, the AIDS orthodoxy has come up with a new syndrome with the oxymoronic name Immune Reconstitution Syndrome or IRS. The diseases of IRS are identical with the list of AIDS-defining diseases. IRS is nothing other than AIDS caused by the antiretroviral drugs.

The antiretroviral cocktails are so toxic that they cause a host of other diseases besides AIDS-defining. The fastest growing antiretroviral disease is liver failure, which is now the leading cause of death among HIV-positive Americans.

When pressed, doctors will grudgingly admit most of this but will say the benefits outweigh the harm. Yet they cannot point to even a single controlled clinical trial that has shown adults or children or fetuses in the womb taking the antiretrovirals live longer or at least better lives than a similar group of HIV-positive people not taking the drugs.

This shocking fact is remarkably easy to prove. The FDA requires that the inserts that come with all the antiretrovirals state simply and clearly that these drugs have not been shown to be effective. The disclaimers that come with four of the leading antiretroviral drugs are typical.

The insert for Glaxo's nucleoside analog Ziagen says:

At this time there is no evidence that Ziagen will help you live longer or have fewer of the medical problems associated with HIV or AIDS.

Merck's protease inhibitor is no more encouraging:

It is not yet known whether Crixivan will extend your life or reduce your chances of getting other illnesses associated with HIV.

The disclaimer for Boehringer Ingelheim's Viramune (which South Africans know better as nevirapine) reads:

At present, there are no results from controlled clinical trials evaluating the effects of Viramune [on] the incidence of opportunistic infections or survival.

Glaxo's combination of two nucleoside analogs called Combivir is the most disturbing of all:

There have been no clinical trials conducted with Combivir.

Since there is no evidence that the antiretrovirals can extend your life or keep you from getting AIDS diseases, prescribing these poisons should stop immediately.

4. Recommendations

I have four suggestions on how to dramatically improve the health and well-being of South Africans.

First. Outlaw the HIV antibody tests and encourage clinicians and everybody else to forget all about HIV.

Second. Outlaw the antiretroviral drugs because they are doing a great deal of harm and no demonstrable good.

Third. Since AIDS in Africa is just a new name for the diseases of poverty and malnutrition, feed people. Provide micronutrient supplements to the most severely and chronically malnourished.

Fourth. Over 18 million desperately poor South Africans don't have proper sanitation. Twenty three million don't have clean water.

These are political and sociological problems with political and social solutions. President Thabo Mbeki understands this and that the only way to defeat AIDS in Africa is to wipe out poverty. Unemployment rates of 40-60% are crimes against humanity.

Posted: October 27, 2005
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