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Under Reported

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The AZT Label

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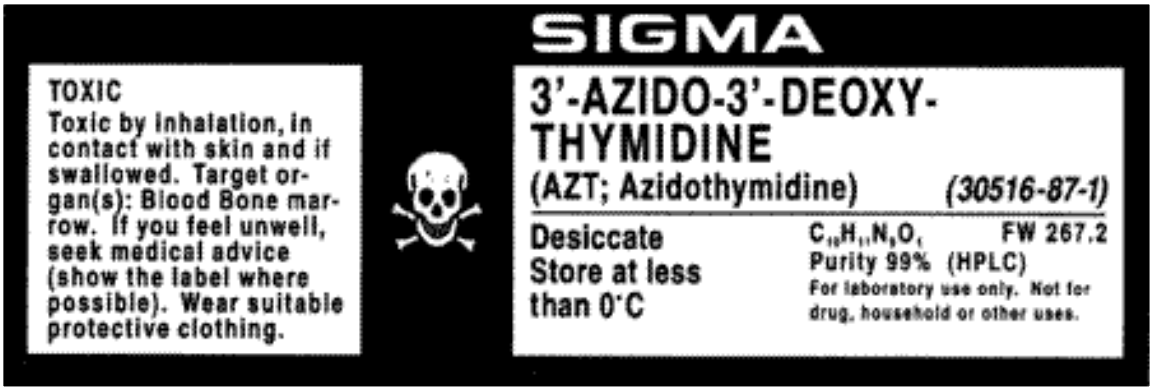
This is what the patient never sees, an actual copy of an AZT label. This label has appeared on bottles containing as little as 25 milligrams, a small fraction (1/20 to 1/50) of some patients' daily prescribed dose.



"WARNING: RETROVIR (ZIDOVUDINE) [AZT] MAY BE ASSOCIATED WITH HEMATOLOGIC TOXICITY INCLUDING GRANULOCYTOPENIA AND SEVERE ANEMIA PARTICULARLY IN PATIENTS WITH ADVANCED HIV DISEASE (SEE WARNINGS). PROLONGED USE OF RETROVIR [AZT] HAS BEEN ASSOCIATED WITH SYMPTOMATIC MYOPATHY SIMILAR TO THAT PRODUCED BY HUMAN IMMUNODEFICIENCY VIRUS. RARE OCCURRENCES OF LACTIC ACIDOSIS IN THE ABSENCE OF HYPOXEMIA, AND SEVERE HEPATOMEGALY WITH STEATOSIS HAVE BEEN REPORTED WITH THE USE OF ANTIRETROVIRAL NUCLEOSIDE ANALOGUES, INCLUDING RETROVIR AND ZALCITABINE, AND ARE POTENTIALLY FATAL (SEE WARNINGS)." - from Glaxo Welcome AZT product information.

AZT was developed back in 1964 for chemotherapy in cancer patients, at a time when it was thought that cancer was caused by a retrovirus, but was shelved because it failed in animal experiments. It was designed to destroy proliferating cells. Normally cancer

chemotherapy drugs are used for limited periods. The rationale for cancer chemotherapy is to kill cancer cells during mitosis with cytotoxic chemicals like AZT. Such chemicals cannot distinguish cancer cells from normal cells and they do not selectively kill cancer cells. The price for chemotherapy is the death of normal cells that are in mitosis and therefore chemotherapy must be restricted to days or weeks.

Later at the US National Cancer Institute in Maryland AZT was tested as an AIDS drug but in AIDS patients AZT is given for open ended use. Its use is not restricted to a few days or weeks. Its effect on the body can be very serious. Some people simply cannot tolerate it and suffer vomiting, muscle pain and unendurable headaches. Lower doses produce milder side effects but on high doses bone marrow cells are affected with up to 30% of recipients needing blood transfusions.

In 987 there was a propaganda that AIDS is a fatal disease which it isn't. People did not know much about AIDS at time. Everything that came out from press conferences was taken as gospel truth. One researcher announced that a virus – the HIV was “the probable cause of AIDS”. The publicity stirred fear and created an AIDS scare. After leprosy, centuries ago, this was the first dreaded “disease” that stigmatized people who were diagnosed with the disease or anyone “tested positive”. At that time, demonstrations were organized so that more AZT is made available at a cheaper price. There were no known alternatives and the AIDS condition was not fully understood. Neither did the public know much about the benefit-risk profile of AZT.

Before a drug is licensed for use by the public or as a prescription drug, it normally has to undergo animal toxicity studies and clinical trials in humans. No long-term animal studies were completed when AZT was licensed. The clinical studies in humans - called phase-II - which led to the licensing of AZT were financed by Wellcome. These studies were presented as complying with the only reliable scientific test for a drug - double blind studies - and published in the New England Journal of Medicine in July 1987.

The results of the early AZT trial on people with full blown AIDS appeared to be so convincing that the drug was given a new fast track approval by the United States Food and Drug Administration - before any long term toxicity trials in animals had been completed. And AZT became a new wonder drug. Hopes were running high at that time with thoughts on delaying the progression of the disease and improving the quality of life.

In 1989, after further trials were terminated early in the United States because results looked promising, it was announced that AZT could be used not only in people with AIDS diseases but in a much larger group with HIV and low immune cell count but no other symptoms. More and more people with no symptoms of AIDS but who have HIV and a low immune cell or T-cell count were being drawn into AZT prescription.

Three years later, in May, 1990, the American AIDS activist group ACT UP organized a demonstration outside the National Institutes of Health in Maryland. They were protesting about AZT or zidovudine - the only approved drug for AIDS. Quite obviously, AZT was not the wonderful life-saving or life-prolonging drug it was made out to be. As Dr. John Hamilton (co-chair Veteran's Administration AZT Study, Durham, North Carolina) said, "First of all I think it's self evident that our study does not provide the kind of benefit that

everyone wished for".

And the real horror of this study only became apparent after going through documents which were obtained under the Freedom of Information Act. "And it indicated that there had been not only sloppiness of every conceivable sort but that there had been actual cheating in a number of areas. It indicated that the study had become unblinded very quickly in the first few weeks although it was planned as a double-blind placebo-controlled study. In fact, it was nothing of the kind. Both patients and doctors knew who was getting AZT and who was getting placebo" John Lauritsen. Chris Babick of People with AIDS Coalition used to advise trial participants on a telephone helpline where they could get their pills analyzed. "During the phase-II trials we received many phone calls in our office from individuals who wanted to determine whether or not they were using the placebo or actually receiving AZT. There were three laboratories in New York which would analyze the medication. We would refer individuals there. If in fact they were on placebo they would make arrangements to acquire the drug AZT." Besides that, Dr. Michael Lange does not think they were really blinded "because when you take AZT your red blood cells increase in size and this happens after two to three weeks and you can notice that on an ordinary blood count, and since blood counts were monitored and the information fed back to patients, this information was available to the investigators."

Wellcome claims that AZT is an antiviral drug. Their leaflet gives the impression that AZT can target the HIV virus without killing cells (Meditel 1992) but Dr. Peter Duesberg asserts that it kills or inhibits all DNA synthesis. One of the symptoms observed in AIDS patients is muscle wasting, chronic tiredness and mDNA depletion. This means that the genetic material in motochondria (the power house of the cell), is destroyed or depleted or its multiplication is inhibited and the energy output drops and the affected person feels muscle pains and fatigue. Over time, AZT came to be associated with interference with DNA synthesis in mitochondria just as in AIDS.

Wellcome's AZT promotional leaflet in the UK states: 'Zidovudine... improves both the quality and length of life but when Cliff Goodman, who has been HIV positive for four years, was asked if he would take AZT. He replied, "No way. I wouldn't give it to my cats. I would think it was murder. I've seen people go on AZT and I've seen them waste and their hair fall out, and their muscles shrivel below their knee. And I've seen many males become impotent. So, there's no way I'm gonna take something like that, you know. I think it's almost like a punishment" (Meditel 1992). Obviously, how does a very toxic drug be expected to prolong life or improve the quality of life?

Dr. John Hamilton, at the Veteran's Administration Medical Centre in North Carolina, is co-chair of one of the longest completed AZT studies published in a leading American medical journal. The drug was given to 338 patients. One group was given early in the onset of the disease, and another when their immune cell count fell below 200. "The results of the trial demonstrated that patients on early therapy had a delay in the progression to AIDS. However, there was no difference in survival, comparing one group with the other. That is, the same number of individuals died in each group and the time at which they died was the same."

Hence, if there was no difference in the two groups and the same number of individuals

died in each group and the time at which they died was the same, and one logical conclusion is that their death was caused by AZT and not the disease.

After the "double-blind, placebo-controlled" study was terminated, all patients were informed which treatment they had been receiving, and were offered the option of receiving AZT. A total of 227 patients accepted the offer, and continued or began to receive AZT. Of the 227 patients, 127 were originally treated with AZT and 100 were originally treated with placebo. AZT no longer prevented patients from dying. In the 21 weeks of the "open-label" trial, 10% of the patients died whereas only 1% of the 145 AZT patients in the original study, compared to 14% of the 137 placebo patients died during the course of the trial. The number of deaths increased and opportunistic infections also increased in the original AZT group as soon as the first study was terminated. This shows the spurious nature of the original study while it also proves that its toxicity suppressed or destroyed the immune system and opened the body to opportunistic infections just like in AIDS patients who test negative.

Dr. Michael Lange, associate chief of infectious diseases at St. Luke's-Roosevelt Hospital in New York and one of the doctors the FDA consulted when evaluating AZT in 1987, says even he sometimes had trouble differentiating between AZT's toxic effects and AIDS itself.

And suddenly a disturbing lawsuit appears. John Lauritsen (AZT on Trial, 19/10/87) reported “a California lawsuit that charged collusion between federal agencies and Burroughs-Wellcome, the manufacturer of AZT. If such collusion did indeed take place as early as February of 1985, it was a year before the AZT trials began. Details of the lawsuit are found in an article in the Bay Area Reporter (5 November 1987) by Ray O'Loughlin, under the headlines, "Lawsuit Charges Collusion Between Feds, AZT Maker: Company Donates $55,000 for Research; Special Status Granted for Marketing Drug". The following excerpts are interesting: “The two federal agencies which approve and regulate AIDS treatments are accused of colluding with drug manufacturers. The National Institutes of Health (NIH) and the Food and Drug Administration (FDA) are accused of expediting the approval of AZT in exchange for a $55,000 donation by the AZT manufacturer, Burroughs Wellcome. In July 1985, Burroughs received exclusive rights to market AZT for seven years.” Naturally, one asks, “Was there collusion in the trials as well?”

"If the judge allows this case to go forward, we will prove that government officials have been engaged in unethical and illegal conduct resulting in serious delays of promising new AIDS medications," said NGRA's legal director, Leonard Graff.

“According to documents filed in U.S. District Court in Washington, D.C., Dr. Samuel Broder of the National Cancer Institute, part of NIH, encouraged Burroughs-Wellcome to fund three research positions in his laboratory.”

“Shortly after that Burroughs applied to the FDA for "orphan drug" status for AZT. Two weeks later, Broder's office received the check for $55,000 from Burroughs. That same day FDA granted the company exclusive rights to market AZT.”

Interestingly, there was an Anglo-French Concorde study that documented the "disappointment" of AZT and has been in the literature for many years. The first objective

study was completed in France in 1988 and was published in the Lancet, a British medical journal. The study found that AZT was too toxic for most people to tolerate, had no lasting effect on HIV blood levels, and left the patients with fewer CD4 cells than they had started with.

Researchers in the three year study, examined 1,749 HIV-positive but healthy people at 38 health centers in the U.K., Ireland, and France. We cannot dismiss this study because the research is the longest of all AZT studies to fate, and it was conducted by the highly reputable British Medical Research Council and its French equivalent. The team concluded that AZT - a highly toxic and carcinogenic drug - neither prolongs life nor staves off symptoms of AIDS in people who are HIV-antibody positive but still healthy.

After its rushed FDA approval, AZT has been found in five studies to be equally toxic to T-cells, the very cells whose absence is blamed on HIV. This is not surprising since T-cells are produced in the bone marrow and all the other cells produced there are depleted by AZT. AZT may cause an initial increase in T-cells as the body's immune system responds to the toxic stress being placed on it by AZT, but in relatively short time the T-cells, neutrophils, and other immune system cells begin to decline which explains why opportunistic infections appear in people taking AZT.

One study that documented the effects of AZT on people's immune systems was published in the Annals of Hematology. In that study AZT was given to 14 health care workers who were exposed to HIV contaminated blood through needle sticks and similar accidents. Half of the 14 workers had to quit the drug because of severe toxic side effects, and the study was stopped early before more damage was done. Neutropenia (as described below) developed in 36% (4 of 11) of the people who completed at least 4 weeks of AZT treatment. Three of the 14 people could not even make it to four weeks due to "severe subjective symptoms". One worker had to be stopped prematurely because his neutropenia was so severe that he developed an upper respiratory tract infection.

This study proves that AZT is extremely toxic as these side effects developed in only 4 weeks. Patients with "HIV positive" status often take AZT and other similar drugs for years. The dosage of AZT included in current protease inhibitor "cocktails" is much lower, which may be one reason why these fare better when compared with treatment that uses AZT by itself.

Dr. Robert Hoffman believes “that the drug AZT can have at least two important areas of toxicity and that is the inhibition of production of critical white cells and also the production of malignant cells such as lymphoma cells. The two courses can be monitored but they can also reach the point of no return where nothing can be done about it. So even with monitoring, these toxicities can be life threatening."

After AZT had been licensed for human use, several independent studies reported that the drug is about 20 to 1000 times more toxic to human cells in culture than the manufacturer had claimed, i.e. that the half inhibitory doses (ID 50) ranged between 1 and 50 µM (Table 1). In accordance with these results, life threatening toxicity including anemia, leukopenia, nausea, muscle atrophy, dementia, hepatitis and mortality, has been documented in humans treated with 20 to 60 µM AZT (Mir & Costello, 1988; Duesberg,

1992; Freiman et al., 1993; Tokars et al., 1993; Bacellar et al., 1994; Goodert et al., 1994; Seligmann et al., 1994). An article in the New England Journal of Medicine describes the muscle wasting caused by AZT and compared it to muscle wasting, called "myopathy", presumed to be caused by HIV. Their comments in the abstract are shocking: "We conclude that long-term therapy with Zidovudine can cause a toxic mitochondrial myopathy, which... is indistinguishable from the myopathy associated with primary HIV infection..."

Glaxo Wellcome puts the following warning in large, bold-faced, capital letters at the start of the section in the 1998 Physician's Desk Reference that describes AZT (brand name Retrovir or Zidovudine):

"RETROVIR (ZIDOVUDINE) MAY BE ASSOCIATED WITH SEVERE HEMATOLOGIC TOXICITY INCLUDING GRANULOCYTOPENIA AND SEVERE ANEMIA PARTICULARLY IN PATIENTS WITH ADVANCED HIV DISEASE (SEE WARNINGS). PROLONGED USE OF RETROVIR HAS ALSO BEEN ASSOCIATED WITH SYMPTOMATIC MYOPATHY SIMILAR TO THAT PRODUCED BY HUMAN IMMUNODEFICIENCY VIRUS."

"Granulocytopenia", also called "neutropenia" means that the primary cells of the immune system, neutrophils, have been depleted, along with some other cells, eosinophils and basophils, which are less numerous but still important. This condition can be mild, moderate, or severe. The clinical course of severe neutropenia, as described in the basic pathology textbook, Pathologic Basis of Disease by Robbins (5th Ed.), which is used in most medical schools to study pathology, describes what happens to people with severe neutropenia. The symptoms and signs of neutropenias are those of bacterial infections... Robbins also states, in italics, that "the most severe forms of neutropenias are produced by drugs." In severe agranulocytosis with virtual absence of neutrophils, these infections may become so overwhelming as to cause death within a few days," (Robbins, p 631). This sounds disturbingly similar to a description of AIDS.

Hence, it is not surprising that a British study found that AZT prophylaxis decreased survival and induced wasting syndrome, cryptosporidiosis, and cytomegalovirus infection, and the American MAC study shows that AZT increases the risk of pneumonia, one of the AIDS defining diseases.

AZT has effects of toxicity in animals and humans. “It produces excruciating headaches; severe nausea; muscular pain; wasting of the muscles; damage to kidneys and nerves; excruciating pains in the legs; encephalitis; severe anemia requiring transfusions to stay alive; lymphoma (cancer); cancer in 49% of cases, versus 2% incidence in non AZT group; liver damage; nail dyschromia (fingernails turn black); insomnia; impotence; dementia; mania; ataxia (failure of muscular coordination); seizures; alopecia (hair falls out). It is a fairly well established fact that AZT was designed to kill the bone marrow. It causes neutropenia or leukopenia (loss of white blood cells) or bone marrow aplasia and bone marrow toxicity. White blood cells are the basis of the immune system. T cells, granulocytes, those are all parts of the immune system. You kill those with AZT and the immune system is gone,” Harvey Bialy, Research editor Bio/Technology Science Journal.

Dr Peter Duesberg, Professor of molecular and cell biology, University of California at

Berkeley says that it is not arrogant for him to say that AZT is AIDS by prescription because it is "the most toxic drug that has ever been licensed for long term consumption in the free world ... AZT is a prescription drug and according to the manufacturer itself it causes symptoms that are indistinguishable from AIDS".

A study on cardiovascular toxicology reports "AZT treatment increases superoxide (free radical) production" and "the effects of AZT on endothelium - dependent relaxation are eliminated by pretreatment with a free radical scavenger" (anti-oxidant) which proves that AZT toxicity is due to its free radical generating capacity. This study also provides the scientific inference that AIDS can be caused by superoxide free radicals and oxidative stress. In fact, AIDS is a free radical and oxidative stress induced condition that appears more easily in people with malnutrition associated with low organic selenium intake.

The immunotoxicity of AZT has been solidly documented. Azidothymide (AZT) and AZT monophosphate (AZT-MP) in concentrations as low as 10 and 50 microM, respectively promote oxidation. This prescription drug for AIDS patients is a very toxic medication that promotes free radical generation in a cell free system and in the body.

There is evidence of alcoholic toxicity being mediated via the generation of free radical species. Ethanol also induces free radical formation that damages mitochondria and alters metabolism in mitochondria. The consumption of alcohol results in the formation of two very toxic compounds; acetaldehyde and malondialhyde which generate massive amounts of free radicals throughout the body. This type of free radical damage is both to the cell wall and the mitochondria and those who abuse alcohol also form a high risk group. Similarly, those who abuse drugs are also a high risk group for AIDS.

AZT is a poison that is cytotoxic. Originally developed for chemotherapy, it was never approved for use in humans because of its toxicity. It kills healthy cells by terminating the DNA synthesis in cells. Its mDNA depletion activity explains muscular fatigue and muscular atrophy later in long term use. AZT is confirmed to be carcinogenic in mice. In humans, AZT increases the risk of lymphomas by 50 times. AZT decreases white blood cells by killing young CD4 lymphocytes. It causes anemia, vomiting, lactic acidosis, fatigue, muscles wasting and lymphocytopenia and it stimulates leukemia – all the classic symptoms of AIDS!

The damage caused by AZT on the mitochondria and in mDNA depletion is due to its ability to generate superoxide free radicals. Clearly, AZT has free radical generating toxicity that destroys T4 cells and interferes with metabolism in the mitochondria by depleting antioxidants and antioxidant enzymes involved in energy generation in mitochondria. The immune system weakens while mitochondrial destruction causes chronic fatigue and when these two symptoms coincide in the body it becomes very susceptible to opportunistic infections which become difficult to treat with other immunosuppressive or immunotoxic medications.

Unfortunately, "practically every single medicament from the following groups have been found to have immunotoxic properties: antibiotics; antifungal, antiviral, and antiparasitic agents; tranquilizers, antiepileptics, antiparkinson, and anesthetics; antihypertensive, anti? anginal, and antiarrhythmic drugs; gastrointestinal medications; antidiabetics,

antithyroid drugs, and sex hormones including oral contraceptives; antiallergics; bronchodilating agents; anticoagulants, drugs acting on fibrinolysis, blood expanders, clotting factors, and inhibitors of platelet aggregation; non?steroidal anti?inflammatory drugs, corticosteroids, antirheumatismal, and anti gout drugs; and immunodepressive and immunomodulating drugs such as antitumoral drugs and medications to avoid graft rejection," Roberto Giraldo MD: Dale MM, Foreman JC & Fan TD Eds. Texbook of Immunopharmacology. Third Edition. Blackwell Scientific Publications, Oxford, 1994; Dean JH, Luster MI, Munson AE & Kimber I Eds. Immunotoxicology and Immunopharmacology. Second Edition. Raven Press, New York, 1994; Descotes J. Immunotoxicology of Drugs and Chemicals, Second Updated Edition. Elsevier, Amsterdam, 1988.

New research suggests that 4 percent of "HIV-positive" individuals have a bone disorder, osteonecrosis, that can become painful and debilitating (Reuters). Osteonecrosis basically causes the bone to die. All of the patients in the study had osteonecrosis in their hip bones. The condition seemed to appear more frequently in patients who took steroids, testosterone or blood fat-lowering drugs to treat side effects of protease inhibitors, a class of AIDS drugs (Dr. Joseph A. Kovacs of the National Institutes of Health in Bethesda, Md.).

So, here is an extremely toxic and clinically very active drug that was approved by the Food and Drug Administration after a quick and flawed study indicated that those who took the drug lived longer, and was rushed onto the market following demands by AIDS activists who were accusing the government of foot-dragging. According to defenders of the drug, it served a vital function - despite its limitations - at a time when there was nothing at all doctors could prescribe for AIDS but it does not stand the test of law nor science. Anthony Fauci, the director of the National Institute of Allergy and Infectious Diseases, officially recommended in 1989 that people who are HIV-positive, even if healthy, start taking AZT as soon as their T cells fall below the mark of 500. This was an expansion of the original patient group that AZT was approved for: those who were far along in their illness but a pivotal legal point will be that the manufacturer's own data promoted the initial misconception that AZT would prolong life in people who were HIV-positive but had no symptoms of AIDS. And thus, the treatment is a medical enigma that can turn out to be a nightmare for the "patient".

Many scientists had argued that there is either no connection between the "HIV" and AIDS which means that HIV does not cause AIDS and the fact may very well be that there is no such thing as HIV as there is no scientific proof of such a virus as it has never been isolated and purified and then shown that it replicates when infected into new cells. After years of claims by the AIDS establishment that a link between HIV and immune suppression had been established, a High Court found the claim without merit and an unfounded deception. This is the first legal trail of the HIV-causes-AIDS hypothesis. The document of the German Bundestag DS 12/8591 holds proof that the Bundestag had already known in 1994 that neither Montagnier (1983) nor Gallo (1984) had isolated any virus in connection with AIDS. Based on this the Bundestag safeguarded the persistent lie of the AIDS information campaign (RKI) from 9th March 1995 about the successful isolation of a virus in connection with AIDS. As a consequence of non-toleration of this lie and because of non-toleration of the deadly consequences of this lie, the trial took place on 15th January 2001.

Judge Hackmann announced the statement of the "Bundesgesundheitsbehörde", the Federal German Health Authorities, which says that in connection with AIDS there has never been isolated a virus (Dr. Marcus, Robert-Koch-Institute (RKI) Berlin). It is impossible – as far as laboratory conditions are concerned – to develop a valid Virus-antibody-test, if the virus has not been isolated before. Every layman understands that a separate proof of an infective particle that replicates itself in the newly infected cells is impossible, if the virus particle has never been isolated.

That means the "HIV test" is not valid! Christine Johnson, a researcher and author, compiled a long list of conditions documented in scientific literature to cause positives on HIV tests, and provides references for each condition. He cites 63 research papers by over 100 scientists. The list - Anti-carbohydrate antibodies; Naturally-occurring antibodies; Passive immunization: receipt of gamma globulin or immune globulin (as prophylaxis against infection which contains antibodies); Leprosy; Tuberculosis; Mycobacterium avium; Systemic lupus erythematosus; Renal (kidney) failure; Hemodialysis/renal failure; Alpha interferon therapy in hemodialysis patients; flu vaccination; Herpes simplex I; Herpes simplex II; upper respiratory tract infection (cold or flu); Recent viral infection or exposure to viral vaccines; Pregnancy in multiparous women; Malaria; High levels of circulating immune complexes; Hypergammaglobulinemia (high levels of antibodies); False positives on other tests, including RPR (rapid plasma reagent) test for syphilis; Rheumatoid arthritis; Hepatitis B vaccination; Tetanus vaccination; Organ transplantation; Renal transplantation; Anti-lymphocyte antibodies; Anti-collagen antibodies (found in gay men, haemophiliacs, Africans of both sexes and people with leprosy); Serum-positive for rheumatoid factor, antinuclear antibody (both found in rheumatoid arthritis and other autoantibodies); Autoimmune diseases; Systemic lupus erythematosus, scleroderma, connective tissue disease, dermatomyositis Acute viral infections, DNA viral infections; Malignant neoplasms (cancers); alcoholic hepatitis/alcoholic liver disease; Primary sclerosing cholangitis; Hepatitis; "Sticky" blood (in Africans); Antibodies with a high affinity for polystyrene (used in the test kits); Blood transfusions, multiple blood transfusions; Multiple myeloma; HLA antibodies (to Class I and II leukocyte antigens); Anti-smooth muscle antibody; Anti-parietal cell antibody; Anti-hepatitis A IgM (antibody); Anti-Hbc IgM; Administration of human immunoglobulin preparations pooled before 1985; Haemophilia; Haematologic malignant disorders/lymphoma; Primary biliary cirrhosis; Stevens-Johnson syndrome; Q-fever with associated hepatitis; Heat-treated specimens; Lipemic serum (blood with high levels of fat or lipids); Haemolyzed serum (blood where haemoglobin is separated from the red cells); Hyperbilirubinemia; Globulins produced during polyclonal gammopathies (which are seen in AIDS risk groups); Healthy individuals as a result of poorly-understood cross-reactions; Normal human ribonucleoproteins; Other retroviruses; Anti-mitochondrial antibodies; Anti-nuclear antibodies; Anti- microsomal antibodies; T-cell leukocyte antigen antibodies; Proteins on the filter paper ; Epstein-Barr virus; Visceral leishmaniasis and Receptive anal sex.

Imagine, if you are recovering from malaria or organ transplant or have high levels of antibodies or have just had tetanus vaccination or Hepatitis B or a recent viral infection or flu and you went for an HIV test. There is a very high probability that you would be test positive! People in the tropics, especially Africa have a relatively high incidence of malaria and is it a coincidence that HIV tests "reveal" a high incidence of seropositive groups in Africa? And even if you are otherwise healthy but because of malnutrition and/or a relatively weak antioxidant defense mechanism, your CD4 cell count is low, the Anthony

Fauci medical dogma requires that you take toxic AZT!

"AIDS is a cruel deception that is maintained because so many people are making money from it. Take away this money and the entire system of mythology will collapse," Charles Thomas, PhD • Former chair of the Cell Biology Department, Scripps Research Institute. And there is diagnosis based on a test for a virus that was never isolated and purified and the “virus particle” has not been shown to replicate itself.

A growing number of scientists world-wide have publicly denounced the total failure of the HIV/AIDS hypothesis, questioned the meaning of the "AIDS test", and criticized the use of AZT which has been proven to be a toxic poison that makes the patient sicker and is actually the cause of AIDS deaths. The group includes scientists such as Kary Mullis, who won the Nobel Prize for chemistry in 1993 for inventing the polymerase chain reaction used to test for HIV, James DeMeo, Ph.D., Director of Orgone Biophysical Research Lab, and Peter H. Duesberg, Ph.D., a professor of molecular and cell biology at the University of California, Berkeley.

And the smell of scandal in the drug industry does not stop there with this one drug called AZT. Julian Whitaker M.D. said that "Ritalin is legally sanctioned "Speed". Ritalin is the number one prescription drug for children with attention deficit hyperactivity disorder (ADHD). This drug has such tremendous potential for abuse that it is classified as a controlled substance by the Drug Enforcement Agency. Ritalin is an amphetamine (in street jargon, "speed") with a lengthy list of side effects, including nervousness, insomnia, nausea, abdominal pain, loss of appetite, dizziness, palpitations, headaches, irregular heart rhythms, and psychic dependence – in short, addiction.

Following the acceptance of ADD/ADHD as medical diagnoses, sales of Ritalin and similar stimulants have skyrocketed, with more than 6 million such prescriptions being written in 1995, according to the National Institute of Mental Health. In fact, Ritalin's appeal to drug users and its potential for abuse are so high that US House Judiciary Chair Henry Hyde (R-IL) recently filed a request with the General Accounting Office (GAO) to conduct an investigation of Ritalin abuse in public schools. "In 1996 the World Health Organization warned that Ritalin over-use has reached dangerous proportions. Ritalin, for instance, may provoke seizures and suppress growth, or it may cause angina, blood pressure changes, depression or any of a very long list of serious side effects," Dr. Allen Buresz . Very likely, Ritalin is another drug with free radical generating toxicity.

Class action lawsuits have been filed in Texas, California and New Jersey charging Swiss pharmaceutical giant Novartis, maker of Ritalin, with conspiracy to create the psychiatric disorder known as ADHD in order to fuel the market for their product." These lawsuits filed in Texas, California and New Jersey claim that the booming success of Ritalin is the result of a conspiracy in which the American Psychiatric Association, Novartis Pharmaceutical Corp. and national parents' group Children and Adults With Attention-Deficit/Hyperactivity Disorder (CHADD) colluded to create the diagnoses of Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD).

It’s a scary business out there. You can create a diagnosis to market your product!

Beldeu Singh holds a Master Of Science degree in Anthropology (First Class, 1982) from Panjab University (Chandigarh, India) which was established as a Branch of Cambridge University in 1882 at Lahore. His first paper on chromosomal aberrations, mental retardation and dermatoglyphics was published in 1982 in Acta anthropogentica). He also holds Dip LIMRA (US) and Cert. Training & Education (UK). He is author of "Insurance Law Manual - The Authoritative Guide" which is being used as a text or reference in some universities. He has an active interest in new product development, marketing biotech products, anthropological studies, biodiversity, paradigm shifts and revolutions in business.

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