

## Stories on Drug Success Prove You're Wrong

Dear Christine,

I am hoping you will read this and become aware that HIV is proved to cause AIDS by stories such as this that appear in our news here in South Africa.

I am hoping that you will read up and become a little bit more informed about ARVs.

L.H., MD

AIDS: A South African Success Story

Bongani's health has transformed since he began taking ARVs, the BBC's Martin Plaut reports:

<http://news.bbc.co.uk/go/em/fr/-/2/hi/africa/4056223.stm>

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Dear Dr H,

Success stories are always great to hear, however, as a medical doctor you know well that anecdotal information, however heart warming, cannot serve to validate the HIV hypothesis or prove that anti-HIV drugs provide clinical health benefits to positive diagnosed people.

Please correct me if I'm not aware of the latest news in the medical literature, but from my understanding, there are still no studies published in peer reviewed journals showing clinical health and/or survival benefits in HIV positives taking so-called ARVs, or any studies since the 1986 AZT trials that compare clinical health and/or survival outcomes in matched cohorts of HIV positives taking and not taking AIDS medications.

If you want to compare anecdotal information, you can find any number of reports by HIV positives on the internet (largely found at mainstream AIDS web sites) attesting to the damaging effects of anti-HIV meds. Unfortunately, balanced media reporting on treatment experiences are rare.

As I mentioned, if you can refer to any studies that update my findings on so-called ARVs, please do forward.

I would also appreciate if you would forward a validation study of HIV antibody or HIV viral load assays in which actual (rather than estimated or assumed) sensitivity and specificity is determined via direct isolation of HIV from uncultured plasma in positive testing individuals or those manifesting "viral loads."

Since ARVs are prescribed in response to positive test results and viral load numbers, I consider studies validating the tests' ability to provide accurate and reliable information to be vital.

Meanwhile, here's some recent news challenging the popular concept that "Treatment = Life."

Please let me know your thoughts.

Christine

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The Business 10/11 September 2006

## **Anti-retro drugs fail to increase HIV patients' lifespan**

By Neville Hodgkinson

The widespread belief that the latest drugs for fighting Aids are reducing death rates has been confounded by a huge study covering 10 years of treatment, which involved more than 22,000 patients in Europe and North America.

The study, reported in *The Lancet*, compared groups of HIV-positive patients started on highly active antiretroviral therapy (HAART) at different times between 1995 and 2003, and followed them for one year. Some of the major findings showed that although HAART appeared to be getting better at bringing down levels of the virus, there was no decrease in overall death rates. In fact, patients' risk of developing or dying from Aids has actually increased in recent years.

In a commentary on the study headed *HAART's First Decade: Success Brings Further Challenges*, Aids specialists say these "somewhat paradoxical" trends may be due to changing characteristics in the patients. Between 1995 and 2003, while the proportion of HIV-infected male homosexuals nearly halved, there were more patients with tuberculosis, probably among immigrants and refugees from countries where the disease is more common. Scientists have noted previously that TB patients can become immediately more ill when treated with anti-Aids drugs, a phenomenon they have termed "immune reconstitution disease". The *Lancet* authors say this could have become more common due to use of more potent antiretroviral drugs.

They add that this would not fully explain the study findings, since "the same trends in the rate of Aids were also present, although somewhat weaker, in men who have sex with men." They also note that in all the risk groups, the time between starting on HAART and developing Aids decreased.

As well as being a blow to Aids doctors, the findings strengthen the hand of scientists who argue that by looking at supposed markers of HIV infection – and failing to demonstrate the presence of HIV itself – Aids science has gone seriously astray.

If patients with active TB, for example, test HIV-positive, they are held to be "co-infected" and suffering from Aids. Yet as reported in *The Business* (9/10 and 16/17 May 2004 and 21/22 May 2006), HIV antibody tests have never been validated as specifying the presence of HIV. The same is true of so-called "viral load" tests. There is also clear evidence that the bacterium which causes TB can itself cause people to test false positive for HIV. This raises the urgent question of whether TB should be included in the list of nearly 30 illnesses considered diagnostic of Aids, and sufferers treated with potent antiviral drugs for an infection they have not been proved to have. Since TB affects millions of malnourished people, removing it as an Aids-indicator disease would radically reduce estimates of HIV/Aids incidence in countries where many still live in poverty.

The findings also raise a wider question, of whether Aids drugs really do save lives. Despite clear short-term benefits in some patients, HAART has never been

shown in a scientific trial to be better than no treatment at all, by comparing the outcome in those receiving the active drugs with those given a placebo. This is despite a long-standing rule in medical science that "no researcher can assess a drug's effectiveness with scientific certainty without testing it against a placebo," as a leading Aids scientist has put it.

Responding to such concerns, Margaret May, of Bristol University, the study's main author, says: "Our paper only compares patients on HAART in different eras. It does not say that HAART does not reduce morbidity and mortality compared to no treatment, only that death rates have not decreased during the decade of HAART. This is likely to be due to changes in patient demographics, patients receiving treatment too late to get the full benefit, more co-infection with other diseases etc."

May says "it would not be ethical" to compare HAART with a placebo, since there was "much evidence that HAART is very effective in preventing Aids and death in patients with HIV-infection compared with no treatment... Death rates are much less in the HAART era (post 1996) compared with the pre-HAART era."

Critics say that a fall in death rates from Aids when HAART was introduced came about partly because of a huge increase in the mid-1990s in the number of "Aids" patients, including many of whom had no symptoms of disease, because of a widening of the definition of the disease and because of drastic reductions in doses of Aids drugs such as AZT amid clear indications that these could be lethal.