Scientific fraud to support the HIV/AID's myth exposed

The Treatment Action Campaign (South Africa) has welcomed research recently published in The Lancet supposedly showing that cocktails of AIDS drugs cut the rate of disease progression by 86%. Unfortunately, that research is badly flawed and completely unreliable. The following letter from Dr David Rasnick PhD, Visiting Scholar, Department of Molecular & Cell Biology, University of California at Berkeley, to the editor of the Business Day newspaper which prominently carried the TAC's comments, shows why. *(from Dr. Matthias Rath Web site)* *http://www4.dr-rath-foundation.org/*

Dear Editor,

"Treatment Action Campaign (TAC) has welcomed research by British scientists showing that cocktails of AIDS drugs cut the rate of progression from HIV infection to full-blown AIDS by 86% compared with patients not receiving treatment."

Indeed, the article in the July 30, 2005, edition of the Lancet does say that. The article also begins by saying, "For ethical reasons, there has been no placebo-controlled randomised trial of HAART. The effectiveness of this treatment over several years is therefore unknown."

Which is what I and many other "dissidents" have been saying for years. In other words, after American taxpayers have spent a total of $170 billion on AIDS through 2005, there is still no controlled clinical study showing that people taking the antiretroviral drugs live longer or at least better lives than a similar group of people not taking the drugs. And as the Lancet authors acknowledge their study doesn't qualify either.

The authors state that, "Without trial evidence, this information must come from observational cohort studies. However, estimation of treatment effects in observational studies is not straightforward… ." Indeed it is not, yet that is exactly what the authors did by using a "novel methodology to overcome this problem".

To generate the results that so heartened TAC, the authors had to resort to a statistical method that they acknowledge "is not widely used in clinical research" and in fact "may not be widely known in the clinical research community". Yet, their results are not obtainable without this unused and unknown methodology.

Furthermore, their "results depend on the assumption that treated and untreated individuals with the same values of measured prognostic factors were similar. Prospective information about the reasons that patients remain untreated is not recorded in the database, so we cannot address this issue directly."

They also "assumed that once on therapy a patient remains on therapy."

Finally, the authors "used a combined endpoint of AIDS or death from all causes, which has been widely used in clinical HIV/AIDS research. We would have liked to examine the two endpoints separately. In the era of HAART an increasing proportion

of deaths is not associated with recent AIDS-defining events, and the current definition of AIDS is no longer a near-complete marker for overall progression. We could not do so for two reasons: the number of deaths during follow-up was small, and good information on causes of deaths is lacking in the Swiss and other cohort studies."

With the help of these assumptions, considerable hand waving, and an unused and unknown methodology the authors concluded in the absence of basic mortality data that "HAART reduced the rate of progression to AIDS or death by 86%, and that its effectiveness compared with no treatment increased with time since initiation".

The authors' figure titled "Estimated effect of HAART from unweighted (standard) and weighted Cox models" captures the artificialness of their results. It shows four different results for the same data ranging from marginal (if any effect) to their 86% effect based on their "novel methodology".

Why would anyone uncritically accept such a conclusion based on flimsy data and unproved methodology when doing so entails tremendous consequences? Only a placebo-controlled randomised trial can determine whether or not a therapy prolongs or improves life compared to no therapy.

David Rasnick, PhD

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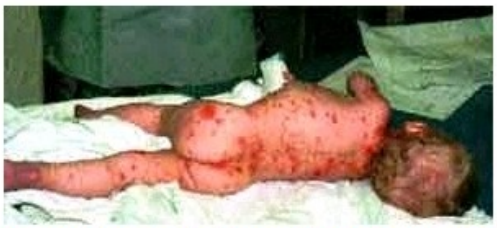
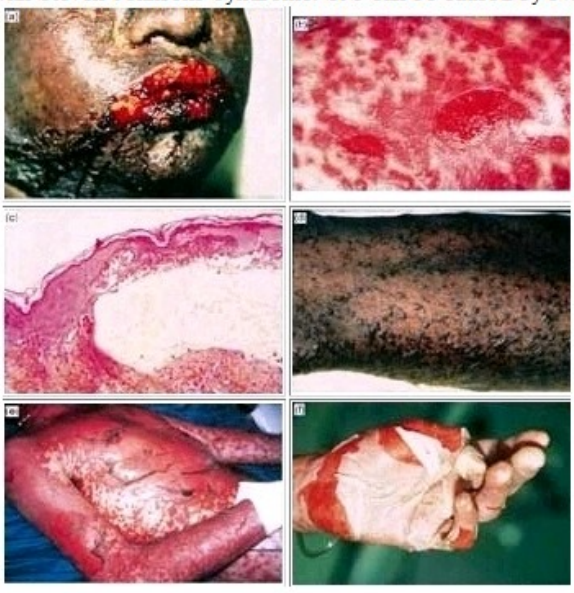
*WARNING: CONTAINS GRAPHIC IMAGES



A baby with Steven-Johnsons Syndrome. SJS can be caused by Nevirapine.



Steven-Johnsons Syndrome or Toxic Epidermal Necrolysis related to Nevirapine.

A baby with Steven-Johnsons Syndrome. SJS can be caused by Nevirapine.

Steven-Johnsons Syndrome or Toxic Epidermal Necrolysis related to Nevirapine.

Drug

Retrovir
(AZT)

GlaxoSmithKline

"Retrovir (AZT) has been associated with hematologic toxicity [blood toxicity], including neutropenia [anemia] and **severe anemia**..."

"Prolonged use of Retrovir has been associated with symptomatic myopathy [**muscle wasting**]."

"Lactic acidosis and severe hepatomegaly [**liver swelling**] with steatosis [**fat degeneration**], including **fatal cases**, have been reported with the use of nucleoside analogues [**Retrovir, Epivir, Zerit**] alone or in combination..."

"Retrovir is not a cure for HIV infection."

"The long-term effects of Retrovir are unknown at this time."

"The long-term consequences of in utero and infant exposure to Retrovir are unknown, including the possible risk of cancer."

Epivir
(3TC,
Lamivudine)

GlaxoSmithKline

(see above)
"Parents or guardians should be advised to monitor **pediatric patients** for signs and symptoms of **pancreatitis**."

"EPIVIR is not a cure for HIV infection."
"Patients should be advised that the long-term effects of EPIVIR are unknown at this time."

Zerit
(Stavudine)

BristolMeyersSquibb

(see above)
"**Fatal lactic acidosis has been reported in pregnant women** who received the combination of Didanosine and Stavudine with other antiretroviral agents."

"Zerit will not cure your HIV infection"
"There is limited information on the long-term use of Zerit"

Viramune
(Nevirapine)

Boeringer-Ingelheim

"Patients should be informed of: the possibility of **severe liver disease or skin reactions associated with Viramune that may result in death**."
"Severe, life-threatening and in some cases fatal hepatoxicity [liver damage], including hepatic necrosis [liver death] and hepatic failure, has been reported in patients treated with Viramune."
"Severe, life-threatening skin reactions, including fatal cases...have included cases of Stevens-Johnson syndrome, toxic epidermal necrolysis [skin death]…"

"Viramune is not a cure for HIV-1 infection."

Ritonavi
(Norvir)

Abbott Laboratories

"Redistribution/accumulation of body fat including central obesity, dorsocervical fat enlargement (buffalo hump), peripheral wasting, breast enlargement," "Lipid Disorders,"
"Substantial increases in the concentration of total triglycerides and cholesterol."

"Norvir is not a cure for HIV infection"

Kaletra
(Ritonavir +
Lopinavir)

Abbott Laboratories

(see above)
"Long term carcinogenicity studies of Kaletra in animal systems have not been completed."
"In male mice...there is a dose dependent increase in the incidence of both adenomas and carcinomas [malignant tumors] in the liver."

“Kaletra is not a cure for HIV infection.”
“The long-term effects of Kaletra are not known at this time.”

From Croft Woodruff.....

A new generation of fast, cheap HIV tests is a frightening prospect. Testing HIV positive means one presumably has been exposed to the AIDs virus. 80 different conditions including pregnancy, malnutrition, multiple infections, measles or exposure to a flu or hepatitis B shot are known to trigger a false HIV positive. Because of so many variables involved the many HIV tests are seriously flawed and totally invalid. The consequences of this fact is that many people including pregnant women and newborns are being treated for a condition they do not have.

Virus tests without virus isolation? Controversy rages in scientific circles as to whether the AIDs virus even exists. Since HIV/AIDs emerged in the early 1980's all known and accepted scientific investigative techniques have failed to prove the existence of a virus. No electron photograph of an isolated HIV particle has ever been published. Virologists have yet to develop a vaccine. No virus, no vaccine, no Nobel Prize.

According to the New England Journal of Medicine (317:238-241) "The techniques of the HIV test have not been standardized, and the magnitude and consequences of interlaboratory variations have not been measured. Its results require interpretation, and the criteria for the interpretation vary not only from lab to lab, but also from month to month."

People are being frighten into needlessly seeking treatments for a virus that does not exist. Anti retro viral drugs are so poisonous and immune suppressive they have become part of a self fulfilling prophesy in support of the HIV/AIDs hypothesis.

Disclaimers by the drug companies that their anti retro viral drugs do not cure aids and that risk includes death and damage speaks volumes. Photos of the dreadful effects these anti retro viral drugs have on what were previously very healthy infants, allegedly HIV positive, aptly demonstrates that the application of these drugs is nothing less than criminal abuse.

Defenders of the HIV/AIDs hypothesis who suggest those who dispute it should be jailed are not practicing science but something else.

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