



AIDS: A systemic misunderstanding

My editorial in the March *SAMJ* exhorting that 'politics must move mainstream on AIDS' drew a flurry of critical responses. Perhaps politicians could have been expected to respond critically, or in support of the opinions, which reflected the mainstream medical views. However, all the written responses were at the request of one of the dissidents, who requested a collective response from his colleagues. As their letters contain slanderous personal criticisms they cannot be published without lowering the tone of the *SAMJ*. The story would have ended there. However, since Dr Roberto Giraldo was mentioned by name in the editorial, and in his letter to me stated that the dissidents 'have received little more than name-calling, pejorative adjectives, absurd comparisons, dubious declarations, and various acts of censorship', it is appropriate to respond to his correspondence.

Dr Giraldo invites 'the *SAMJ* to scientifically address the AIDS dissidents' criticisms of the hypothesis that HIV is the cause of AIDS' and to criticise the article he presented to the Southern African Development Community (SADC) health ministers on 20 January 2003. Readers who wish to explore Dr Giraldo's views further can find them on his website (www.robertogiraldo.com), from which we provide the following extracts:

'Scientific evidence shows that AIDS is neither an infectious nor a contagious disease, but is instead a degenerative toxic and nutritional illness, caused by involuntary and sometimes voluntary exposure to the alarming global increase of immunological stressor agents, which are of chemical, physical, biological, mental and nutritional origin.

'It is essential that affected individuals and communities rid themselves of the erroneous belief that AIDS is an infectious, viral, contagious, and fatal illness.

'Similarly, the myth that being "HIV-positive" means infection with the virus that supposedly causes AIDS must be dispelled, since being "HIV-positive" or "seropositive" in reality means that the person has been exposed to toxins and is undergoing oxidative stress.'

Concerning diagnosis: *'Furthermore, alternative and complementary techniques such as iridology, kinesiology, bioelectronics, pulses of oriental medicine and other techniques may be used.'* **Laboratory tests include:** *'serology for hepatitis A, B and C, syphilis, toxoplasma, herpes viruses, cytomegalovirus infection (CMV), rubella, mononucleosis, rheumatoid factor, antistreptolinsins . . . serum level of vitamin C, vitamin A, total carotenes, alpha carotene, beta carotene, beta cryptoxantine, flavonoids, vitamin E, alpha tocopherol, copper, ceruloplasmine, zinc, selenium, chromium, manganese . . . glutathion peroxidase, N-acetylcysteine and systemic tiol . . . markers for oxidation of DNAbases (8-hydroxy-2-deoxyguanosine) and biomarkers of lipid peroxidation such as malondyaldehyde, lipid hydroperoxidases, oxidized proteins, salicylate test, reduced glutathione, catalases and superoxidoymsmutases.'* (In normal clinical practice the array of laboratory tests that 'should be made', are 'important to evaluate' or are 'invaluable', just some of which are listed above, would be considered to be grossly

excessive. What would it cost to institute such tests? From information provided by a pathologist colleague this would cost in excess of R6 000 per person!)

'The ELISA, Western blot, and viral load tests erroneously believed to indicate "HIV infection" should be interpreted only as indirect biomarkers of the oxidation status or intoxication of the affected individual or community.'

Among the immunological stressor agents that must be avoided are *'Physical stressors such as ionizing and non-ionizing radiation, electromagnetic fields from electric and electronic equipment, geopathies and cosmopathies.'*

Some of the techniques which *'have demonstrated effectiveness in both detoxification and stimulation and regeneration of the immune system and other systems' include 'naturopathic medicine, homeopathy, acupuncture and moxibustion, neural therapy, digitopuncture, phitotherapy, nutritional therapy, use of quelant agents, hydrotherapy, therapy with sea water, reflexology, lymphatic massage, Bach flowers, hypertermia (sic), biocatalitic oxygen therapy, aromatherapy, therapeutic massage, art therapy, music therapy, cromotherapy, hypnosis, yoga, tai-chi, qigong or chi kung, tuina or Chinese massage, reiki, magnetic therapy, sophrology, orthomolecular medicine, functional medicine, and spiritual care'.*

From the above extracts it is evident that in respect of HIV AIDS we have a systemic misunderstanding, that is, when parties have world-views that are so far apart that no amount of additional information will help to resolve the problem. The conclusion that the HIV virus does not exist, despite medical scientists having isolated it and its varieties, defined its characteristics and its markers in the blood, and detailed its clinical effects, is beyond comprehension. The interpretation of dietary realities is also bizarre. For these reasons it is not possible for mainstream medicine to engage in any meaningful dialogue with the dissidents on this matter.

The issue is not that there are dissident views — now as always the seas of mysticism lap the shores of truth. And society is usually able to accommodate and smile benignly on fads and fancies held by a few, provided they pose no danger to society. The tragedy is that in South Africa such pseudo-scientific views have been accorded a status out of keeping with reality, thus hampering the defence against the onslaught of the AIDS pandemic. Hopefully there are signs that the tide has turned and we can turn our attention to the imperative of reclaiming lost ground.

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