07/12/22 • BIG PHARMA › VIEWS

Can Seriously Ill Patients Heal Without Drugs? — John Lauritsen's Last Major Interview

In 2018, investigative journalist Torsten Engelbrecht interviewed John Lauritsen, a Harvard-trained expert on HIV/AIDS who exposed government health officials' mishandling of the 'AIDS epidemic,' including their push to prescribe the drug AZT. Lauritsen died March 5 at age 83.

By Torsten Engelbrecht

"John [Lauritsen] was funny, coolly intelligent, detached and yet passionate, a brilliant writer and journalist who saw through the illusions spun around the 'AIDS epidemic' right from the start," wrote journalist Celia Farber in April with reference to a quote from Neville Hodgkinson, former science editor of the Sunday Times, in a tribute to Lauritsen, who died March 5 in Dorchester, Massachusetts, at age 83.

Thus, not only a great person has been lost to the world, but also someone who was one of the first publicly challenging the HIV = AIDS dogma since the early 1980s — a dogma that decisively changed the course of history.

By establishing it, the "virus hunters" enjoy almost unlimited power.

Lauritsen was also involved since the early 1970s in the Gay Liberation Movement — thus in the community that was and is particularly confronted with the issue of HIV/AIDS in industrialized countries.

Until the last, the Harvard-trained Lauritsen used his strength to fight against injustices and Inconsistencies in the world, especially with regard to viral science.

At the end of 2020, for example, he wrote me regarding my article "Anthony Fauci: 40 Years of Lies From AZT to Remdesivir," in which I also drew on his extremely valuable research. "Excellent article, Torsten! I've posted it in several Facebook groups," he wrote.

What remains of him are not only the very best memories and excellently researched books like "Death Rush: Poppers and AIDS" (published in 1986), "Poison by Prescription: The AZT Story" and "The AIDS Cult: Essays on the Gay Health Crisis" — but also a to-date-unpublished interview I did in 2018 with him and the now almost 70-year-old Felix de Fries.

De Fries once worked with Swiss blood transfusion pioneer Prof. Alfred Hässig, and is, just like Lauritsen, a gay activist.

It's possibly Lauritsen's last major interview — and it addresses an issue that not only has probably never been discussed in such detail and with such focus before, but is also precisely what is of burning interest to those affected: How can sick and seriously ill patients in particular succeed in taking a drug-free path?

Lauritsen said of himself in this context, "I believe that I and the many other AIDS dissidents have saved lives." He and de Fries explain why they see it that way in this interview.

Torsten Engelbrecht: Dear Mr. Lauritsen, you are convinced that the official AIDS paradigm — including the preposterous notion that the so-called HI-Virus causes the 29 AIDS-indicator diseases — represents "the most colossal blunder in medical history." How did you come to this conviction?

John Lauritsen: From the beginning, it was clear that leading health officials were not only incompetent but also lying. Even in my first major article on AIDS, published in 1985 in the Philadelphia Gay News, I pointed out that the Centers for Disease Control and Prevention was publishing statistics designed to deliberately cover up the obvious link between toxic drugs and what was then called "AIDS" for countries like the U.S. and to misrepresent AIDS as a viral disease.

If "AIDS" were a sexually transmitted, deadly viral disease, it should not only have spread through the population regardless of gender, sexual preference, social status or ethnic origin, but it should also have caused mass deaths, as the authorities and mass media had repeatedly predicted.

But none of this has happened — not even in poor African countries, as the South African journalist and author Rian Malan pointed out many years ago in his article "Africa isn't dying of AIDS" for the British weekly magazine Spectator. For this reason alone, it makes no sense whatsoever to use "antiviral" drugs here.

Felix de Fries: As various studies from recent years have shown, the envelope proteins and inflammatory signals attributed to the HI virus are likely to arise when the mechanism of autophagy and the protein complex of the inflammasomes, which serves to break down microbes such as bacteria and fungi in the cells, no longer function completely.

This occurs when mitochondria are disrupted — and mitochondria can be damaged by toxins, antibiotics and antiretrovirals, for example. So all the things that the so-called HI retroviruses allegedly cause in immune cells and other cells are phenomena that occur after mitochondria are damaged by toxins and antibiotics.

Engelbrecht: How does this happen?

de Fries: Toxins, antibiotics and antiviral drugs block the formation of glutathione molecules and nitric oxides in the liver, which are needed in a wide variety of cells for defense reactions. This blockage has serious consequences since these glutathione molecules are needed for the transport of reduced oxygen into the cells — and the reduced oxygen in turn is needed in the mitochondria for the formation of the energy carrier molecule ATP, which is indispensable for the life of human cells.

And if the mitochondria are badly affected in this way, they can no longer trigger autophagy and the formation of inflammasomes — with the consequence that germs can spread in the cells and cause disease.

Engelbrecht: You, Mr. Lauritsen, say you "saved many lives" by fighting "against the AIDS lies." But proponents of the HIV = AIDS paradigm such as the German gay and AIDS activist Matthias Gerschwitz say the exact opposite: namely that you and other critics of the official narrative are just "irresponsible" and are carrying "a moral complicity" to hundreds of thousands of avoidable AIDS dead because the antiretroviral therapy — in short, "ART" — "protects against AIDS and thus from death." How should the layman know or figure out if you or people like Mr. Gerschwitz are right?

Lauritsen: Clearly Gerschwitz hasn't read my writings or those of the other AIDS critics — or he just ignored them. I shouldn't have to respond to his ignorant accusations. Look, "AIDS" is not a coherent disease entity. Definitions of "AIDS" have changed radically over time, and it has never been defined rationally. Under an "AIDS" diagnosis are people who are sick in different ways and for different reasons.

Those who have "AIDS" are simply suffering from one of a number of long-known diseases such as Kaposi's sarcoma (KS), lymphoma, shingles, tuberculosis, or weight loss plus diarrhea and itching. And there is no solid evidence that HIV is the cause of these alleged "AIDS-indicator diseases." The particles

claimed to be HI viruses are harmless — and there are also good reasons to say that they are not deadly HI viruses at all, but substances produced by the body itself.

Azidothymidine, AZT for short, and all other alleged antiviral drugs are so toxic that they can cause irreversible damage to internal organs, the cardiovascular system, muscles and the brain.

Engelbrecht: Do you have a study ready as an example?

Lauritsen: A study with ritonavir, a protease inhibitor used in combination preparations for the treatment of AIDS patients, shows that the active ingredient reduces the level of glutathione in brain cells and can thus trigger those exact disorders that are then simply described as HIV-related dementia, for example.

Engelbrecht: How was it then possible that the drugs were approved?

Lauritsen: Before the HIV = AIDS dogma was enthroned in 1985, these substances were only approved for animal testing. And AZT should definitely not have been the very first preparation for humans to come on the market in 1987. This is evident from the documents of the U.S. Food and Drug Administration (FDA) concerning the AZT approval study, which I have studied in detail. Result: The AZT approval study was simply fraudulent.

I also made this clear in my article "FDA Documents Show Fraud in AZT Trials," which appeared in the New York Native newspaper in 1992. The Swiss Weltwoche even called the work a "gigantic fraud," in a 1992 article by Roger Müller, while NBC News in New York dismissed it as "seriously flawed."

Engelbrecht: Why this damning assessment?

Lauritsen: In the AZT pivotal study, for example, the double-blind conditions, according to which neither the researchers nor the patients should have known who was taking AZT and who was taking an ineffective placebo, were no longer given after a short time. In addition, the study results were massively skewed because those who swallowed high doses of AZT, and therefore struggled with the extreme toxicity of the drug, received more supportive medical services than the placebo subjects.

"The study rules were violated from coast to coast," as I quote NBC senior reporter Perri Peltz, "and if all the patients who violated the study protocol had to leave the study, ultimately there would not have been enough patients left" to conduct the tests.

Engelbrecht: And what did the responsible parties say about that?

Lauritsen: NBC reporter Peltz tried several times to get an interview with Anthony Fauci, since 1984 director of the U.S. National Institute of Allergy and Infectious Diseases research center, or NIAID, and then as now perhaps the world's most powerful AIDS official. But both he and Frank Edward Young, then head of the FDA, declined her interview requests.

Engelbrecht: But the benefits of AZT must have been demonstrated at some point.

Lauritsen: AZT was developed in the 1960s by the U.S. chemist Jerome Horwitz. In his book "Good Intentions: How Big Business and the Medical Establishment Are Corrupting the Fight Against AIDS," former senior Businessweek editor Bruce Nussbaum writes that "Horwitz's logic" behind the DNA blocker AZT "was simply compelling on paper, but that in reality it simply did not work."

His experimental mice perished miserably from AZT's extreme toxicity. And finally Horwitz, as he said, simply "threw AZT on the scrap heap" and did not even apply for a patent.

Engelbrecht: But then how could even the vast majority of the medical profession have overlooked the lethal effects of AZT?

Lauritsen: A significant factor was that a gigantic worldwide propaganda machine was at work, which literally burned the equation "HIV = AIDS" into people's heads. The main propaganda tool was the trick of presenting pictures of AIDS patients to the world — especially of megastars like Rock Hudson — who were simply claimed to have been killed in a short time by an absolutely deadly virus, for which there was, of course, no evidence whatsoever.

But even the vast majority of doctors did not see through this, because they too were under the spell of this perfectly orchestrated propaganda.

Engelbrecht: But according to proponents of the HIV = AIDS hypothesis such as the German professor of medicine Klaus-Dieter Kolenda, "at the 1996 World AIDS Conference in Vancouver, studies were presented showing that death and AIDS rates could be significantly reduced by incorporating drugs from the new drug class [with the result that] AIDS numbers plummeted more than tenfold in just four years, from 1994 to 1998, from 30.7 to 2.5 per 100 patient-years, as the European SIDA study showed impressively"?

Lauritsen: The combination therapy that emerged in the mid-1990s and was called "highly active antiretroviral therapy," or HAART for short, definitely could not be responsible for this statistical decline from 1994 to 1998. In fact, there is not a single solid placebo-controlled study with a so-called AIDS drug that proves the superiority of such a drug over a placebo.

But only on the basis of such a placebo study, in which there are two groups of subjects — one taking a specific test drug and one receiving an ineffective placebo — can one find out whether the changes such as "patients get better or worse" or "patients die sooner or later" are due to the drug or not.

By the way, even in 1996 HAART was only available to a very small number of patients — this is another reason why it just cannot explain or be the cause of the decline in death and AIDS rates between 1994 and 1998.

Engelbrecht: But how can the statements from the studies cited by Kolenda be explained?

Lauritsen: Statistical trickery. For example, the data show beyond doubt that the number of AIDS deaths in industrialized countries like the U.S. did not peak in 1994, as Kolenda falsely claims, but had already reached its peak — the so-called mortality peak — in 1991 and declined in the following years.

The main reason for this was that the highly toxic AZT had been administered successively in lower doses — which logically had to lead to lower mortality rates. At the beginning of 1993, however, the Centers for Disease Control and Prevention redefined AIDS once again and in a very clever way. Because of this redefinition, not only did the number of AIDS cases suddenly double in 1993, but also the majority of those to whom the label "AIDS patient" was attached were not ill at all. And this had the consequence that the mortality peak shifted backwards towards 1994-1995.

de Fries: Statistically, the death and AIDS rates declined from 1994 to 1998 in industrialized countries also because the dose of substances such as AZT, which had previously been given as monotherapy, was significantly reduced in the HAART combination therapy and supplemented by protease inhibitors.

Engelbrecht: But according to people such as Kolenda, in the meantime, it has become reality, which seemed utopian just a few years ago: People living with HIV have a normal life expectancy despite HIV infection, provided they take medication for many decades. How does that match with what you say, that "new drugs are killing people who weren't sick before taking them?"

de Fries: A normal life expectancy, which is said to be possible for those affected today thanks to ART — which is now called cART, which stands for Combination Antiretroviral Therapy — will not materialize for many people in the long term. This is because of the damaging effects of combination therapy on the kidneys, liver, cardiovascular system, brain and nerves.

For example, nucleoside analogs and non-analogs, which are supposed to kill resistant germs as a kind of super antibiotic, as well as protease inhibitors and fusion inhibitors are used. And with these substances, the immune deficiency can be delayed for a long time, but not stopped completely. Because they also damage the mitochondria in the latest generation of cART and promote bacterial relocation through the intestinal mucosa — which ultimately leads to mucosa-associated, invariant T cells, the so-called MAIT cells, which have important protective and control functions, become exhausted.

Lauritsen: So-called "HIV-positive" people should have a normal life expectancy — provided they don't take medication that causes serious defects and death in people who are classified as healthy. Mind you, in Massachusetts, where I live, the leading cause of death among the "HIV-positive" is death from liver failure, which is a typical "side effect" of the drugs. These cases are then referred to as "deaths before diagnosis." In plain language, this means: The drugs killed them before one of the so-called "AIDS-indicator diseases" manifested themselves.

Engelbrecht: If, as you say, the drugs even damage the mitochondria, why don't alarm bells ring for everyone involved?

de Fries: To this day, the users of antiretroviral therapy remain silent about the fact that nucleoside-analogous substances damage the mitochondria. They don't want to know anything about an accompanying therapy against the side effects, which can significantly reduce complications and mortality in those treated, as a study from 2000 showed.

But the available data makes a mockery of this silence. For example, a 2011 study published in Nature Genetics warned of the "long-term, irreversible damage caused by antiviral drugs, raising the specter of progressive iatrogenic mitochondrial genetic disease that will emerge over the next decade." And mitochondrial damage is a primary hallmark of cancer — a disease that, mind you, often takes decades to manifest itself.

Engelbrecht: However, orthodox medicine wants many more medicines for many more people. The central building block here is an article by the aforementioned Anthony Fauci, published in the New England Journal of Medicine at the end of 2015 under the title "Ending the HIV–AIDS Pandemic — Follow the Science."

In it, Fauci vehemently advocates "drastically increasing the number of HIV tests and drug treatments worldwide," including with the help of what is known as pre-exposure prophylaxis, or PrEP for short. With PrEP, "HIV-negative" people are supposed to take "antiviral" medication in order, as it is said, "to protect themselves from contracting HIV."

de Fries: It is of central importance to understand that many of those affected have not tested "positive" in the past 30 years because they were carriers of an allegedly deadly HI retrovirus, but because they were suffering from bacterial diseases such as syphilis, for example, or gonorrhea, or also suffered from a chlamydia infection — and that it was the metabolic end products of these bacteria and parasites that made the HIV tests come out "positive."

PrEP is also going in the completely wrong direction because the basis here is cART, which can lead to resistance and damage to the kidneys, liver and intestines. Incidentally, the so-called post-exposure prophylaxis, or PEP for short, must be viewed just as critically, whereby those who have had sex with

"HIV-positive" people and whose condom broke, for example, receive "AIDS medication" for a few weeks afterwards.

Lauritsen: Apropos sex: The fact that "AIDS" is not a sexually transmitted disease is also proven by the largest and best-designed studies on the subject of sex and AIDS. This is also true of the most comprehensive work in this field: The U.S. study by Nancy Padian published in the American Journal of Epidemiology in 1997.

In it, 175 heterosexual couples were observed over a decade, from 1985 to 1995, in which one partner had been tested "HIV positive" and the other "HIV negative." Result: Not a single case could be identified in which an "HIV-negative" partner became "positive" through sexual contact with his "positive" partner — even though around two-thirds of the couples did it regularly at the start of the study.

Engelbrecht: But the mentioned Matthias Gerschwitz, for example, by his own account is taking so-called "antiviral" drugs since 2001 and "is still healthy." Isn't he proof that ART does or at least may work?

Lauritsen: An anecdote and unsubstantiated claim, which is hard to believe. If he really has been taking these terrible drugs regularly over a long time, then he would be healthier today if he hadn't taken them.

de Fries: It's nice that he continues to feel healthy, despite the well-known side effects of the second and third generation of antiretroviral substances, which include fat transfer, nerve damage or kidney, liver and cardiovascular disorders.

Incidentally, we unfortunately do not know which infections in Matthias Gerschwitz triggered the positive test result at the time. It should be noted that more than 60 different, well-known illnesses and disease states can cause the so-called HIV antibody test to turn out positive — which is then mistakenly attributed to an HI virus.

Engelbrecht: However, even critics of the HIV = AIDS dogma argue that the use of drugs such as protease inhibitors given to AIDS patients may be temporarily helpful.

de Fries: This is not due to the fact that the preparations block a "bad" virus, but rather that they have an antifungal, i.e. fungicidal, or antiparasitic effect. It is precisely the seriously ill patients who are labeled "AIDS" who are affected by fungal or bacterial infections, some of which are severe. And the actual effect of cART in sick AIDS patients is based on antifungal, antibacterial and antiparasitic effects. And so cART can lead to a decrease in germs and, in the course of this, to a relative increase in CD4 helper cells and a decrease in cellular inflammatory products, which is then measured as the so-called Hi-viral load. However, it must never be forgotten that cART exacerbates existing genetic damage caused by previous antibiotic doses.

Lauritsen: It cannot be stressed enough that the so-called viral load does not measure the HIV concentration in the blood, as has been claimed. Anyone who would like to know more about this can find comprehensive information on the website www.virusmyth.com/aids, for example. Incidentally, it has become big business to find new sales channels for old active ingredients. The industry speaks here of the three "Rs:" repositioning, reprofiling, repurposing."

Engelbrecht: Can you please explain that in more detail?

Lauritsen: "Antiretroviral" drugs are supposed to be effective against "HIV", but they are now used against all sorts of things, especially against microbes. In fact, these drugs are also toxic to the microbes involved in conditions such as tuberculosis and fungal infections — diseases that are among the most common and serious of the so-called "AIDS-defining diseases." A 2007 review of protease inhibitors

states: "Many recent reports have shown that this class of drugs are effective as … antibacterial agent — for example, against infection with Mycobacterium tuberculosis — and as antifungal agents — for example against Candida albicans."

Engelbrecht: And against what else are "antiretroviral" drugs supposed to work?

Lauritsen: In the aforementioned 2007 review article, for example, there is also talk of an effect against cancer and malaria. And as the authors write, "we are increasingly beginning to understand the biochemical/physiological mechanisms underlying such non-antiviral effects." Or let's take another study that was published in 2016, which states that the "anti-HIV" drug efavirenz has "the strong potential" to be used against Alzheimer's."

Engelbrecht: What does this mean for the HIV = AIDS hypothesis?

Lauritsen: If the medical orthodoxy ascribes a spectrum of activity to these alleged "anti-HIV drugs" that goes far beyond what is claimed to be HIV, then it is impossible [page 47] to scientifically conclude from this that the clinical benefit of these preparations is evidence that AIDS is caused by HIV.

Engelbrecht: A person affected who is very critical of the HIV = AIDS dogma but who has a very low ratio of T helper and T suppressor cells — a so-called CD4/CD8 ratio — of 0.15 writes to me: "After once I stopped my medication, my CD4 helper cells started to fall. Some 'AIDS dissidents' only said that it didn't mean anything. But that's not enough for me. Because even if HIV does not affect the helper cells, my lymph nodes are swollen and I also got shingles in the meantime."

de Fries: A drop in CD4 helper cells can result when someone interrupts "germicidal" ART or cART. As a result, it can happen that various germs can develop more strongly again. And as a result, the helper cells can then drop off. The damage that antibiotics and cART cause to CD4 cells, CD8 cells and invariant mucosa-associated T cells, the so-called MAIT cells, through bacterial translocation through the intestinal mucosa, can occur sooner or later.

Lauritsen: In this context, the meta-analysis "Antiretroviral effects on HIV-1 RNA, CD4 cell count and progression to AIDS or death" from 2008 is worth mentioning. According to the authors, this study, in which they evaluated 178 papers, was the largest of its kind to investigate whether an association could be established during the HAART era between the measured values "change in the number of CD4 helper cells" and the so-called "viral load" on the one hand and the clinical endpoints "outbreak of AIDS" and "death" on the other.

Engelbrecht: And what was the result?

Lauritsen: The researchers found that while most HAART therapies appeared to be associated with high CD4 counts and reduced viral load, they failed to show any association between changes in CD4 count and viral load and the clinical endpoints of AIDS onset and AIDS death [page 55]. This means: HAART cannot have an antiviral effect, since there is no correlation between the so-called viral load and the clinical results "outbreak of AIDS" and "death." Incidentally, studies have also shown [page 80] that AZT, which is still used, can also increase CD4 levels in people who have tested "HIV negative." Again, this means that the effect of a supposedly "antiviral" drug like AZT is actually not antiviral at all.

Engelbrecht: Critics of the HIV = AIDS dogma say that AIDS in developed countries is fueled by the "fast-lane lifestyle" — characterized by the excessive use of drugs such as heroin and the sex drug poppers, by taking antiviral drugs, overmedication with antibiotics, malnutrition and psychostress. But Kolenda counters that drugs like poppers can't cause immunodeficiency, while Gerschwitz says those who attribute AIDS to "living in the fast lane" do so "against their better judgment" and are "only fueling the old enemy stereotypes."

Lauritsen: That's nonsense. Let's just take the drug poppers, which is extremely popular with gays and is consumed for years to decades — and often together with other drugs such as heroin, crystal meth, cocaine, crack, barbiturates, ecstasy or LSD.

Almost the entire book "Death Rush: Poppers & AIDS," written by Hank Wilson and I in 1986, which is available online for free, consists of an annotated bibliography of medical articles on the very harmful effects of poppers, known in the jargon as nitrite inhalants.

Engelbrecht: What are the effects?

Lauritsen: There were warnings from the scientific literature as early as the 1970s. In 1978, for example, the American Journal of Psychiatry reported that the inhaled nitrites, i.e., poppers, produced nitrosamines, known to be carcinogenic — a warning that Thomas Haley of the FDA also issued in 1980.

In 1981, the New England Journal of Medicine published three articles citing the gay fast-lane lifestyle as a possible cause of AIDS. And the U.S. drug agency NIDA also states that addictive substances such as poppers, like heroin, are extremely toxic and have an immunosuppressive and carcinogenic effect, severely damage the genetic material, the mitochondria, the lungs, the liver, the heart or the brain, [cause] multiple sclerosis-like … nerve damage and lead to sudden sniffing death.

It's no coincidence that the label on poppers sold under names like "Rush" carries the warning: "May be fatal if swallowed. Extremely flammable." (See photo.)

Engelbrecht: But if the HIV = AIDS dogma is fundamentally wrong, how can it be plausibly explained that, despite everything, so many straight people, gays and drug addicts and so many humans in the financially poor countries of the world who are so-called "HIV-positive" are still following the official narrative?

Lauritsen: The mainstream media ruthlessly censors any information about us critics as well as our ideas and basically doesn't believe we exist, as does the U.S. media scientist Michael Tracey from the University of Colorado Boulder. The only way people can learn about the criticism of the HIV = AIDS dogma is by reading our books or by going online. But most people who are shocked by their diagnosis "HIV-positive" ultimately trust the media and above all their doctors, who are in almost slavish relations with the overpowering pharmaceutical industry.

de Fries: With the worldwide enthronement of the HIV = AIDS hypothesis and the establishment of the so-called HIV tests, it was possible to make the world believe that the particles that arise when autophagy and the inflammasomes are disrupted in a wide variety of infections are products of an infectious transmissible, lethal retrovirus. This deception of the world public has been successful for more than three decades in ignoring the threat to human health from antibiotic-resistant germs and damaged mitochondria.

Engelbrecht: However, in 2014 UNAIDS proclaimed the 90-90-90 goal, according to which great efforts should be made to achieve, for example, that by 2020 no fewer than 90% of all people infected with HIV will be diagnosed by means of HIV tests — and then AIDS by 2030 worldwide to be able to eradicate.

Lauritsen: The so-called "HIV tests" are pure misnomer. The chemist Henry H. Bauer, for example, has spelled this out neatly in his article "HIV Tests Are Not HIV Tests" published in the Journal of the American Physicians and Surgeons. It should be noted that the tests were not designed to detect HIV from the start, as even Thomas Zuck, then head of the blood and blood products department at the FDA, warned in 1986.

But stopping the misuse of the screening tests as "HIV tests" "was simply not practical," says Zuck. Because the general pressure to finally be able to present an "HIV test" was simply too great at the time.

de Fries: In the "Therapy Recommendations for HIV-Positive and AIDS Patients" that I compiled, I explain that the diseases that have been subsumed under the term AIDS are the result of oxidative substances having damaged the body's antioxidant system.

And when these oxidative processes, produced by drugs, medicines, industrial toxins, etc., affect the body over a longer period of time, degenerative phenomena occur such as skin cancer Kaposi's sarcoma, which is one of the most important AIDS-defining diseases in industrialized countries, and through increased cell breakdown to the increased release of proteins of the cytoskeleton and mitochondria.

The body then builds up antibodies against these proteins and against a large number of different bacterial antigens, which make the HIV antibody tests "positive" above a certain laboratory value, which was defined in 1984.

Engelbrecht: With 1984 you're referring to Luc Montagnier?

de Fries: Yes. Significantly, in their 1984 paper, Luc Montagnier and Françoise Barré Sinoussi of the Pasteur Institute did not examine in detail which sexually transmitted diseases their patients had developed; the "unexplained" pathological swelling of the lymph nodes, so-called lymphadenopathies; and which antibiotics they had been given in connection with this. It was certainly clear to everyone involved that such diseases can lead to a "positive" HIV test result — but this was successfully hidden from consciousness by massively pushing the virus = AIDS hypothesis.

They then constructed the so-called HIV test by setting the test parameters more precisely from their lymphadenopathy virus test. With the help of the polymerase chain reaction, or PCR for short — a process in which the smallest sequences of genetic material can be amplified — it was then possible to deceive the world public by simply declaring inflammatory products and signals from all possible infections to be products of a lethal, infectiously transmissible retrovirus and all sorts of cellular processes simply got the prefix HIV appended.

Engelbrecht: So what should people who test "positive" do, in your view?

de Fries: Especially if they feel really sick, they should have further laboratory analyses carried out to show which germs have spread to them and what resistances they have to individual classes of antibiotics. This is possible today thanks to the PCR tests.

They should also have it measured to determine whether their mitochondrial function is disturbed, what their metabolism is doing, and whether they are poisoned by drugs, toxins or heavy metals — for example from vaccine carrier substances and metal-containing tooth fillings — which can severely impair the immune system. And of course, it should also be looked at how the intestinal flora is doing.

Engelbrecht: Why is the topic of intestinal flora so important?

de Fries: As was shown in animal experiments in 1987, the administration of antibiotics causes permanent changes in the intestinal flora, so that bacterial strains there die out that produce substances that are required for the formation of the intestinal mucosa.

Components of bacteria can then get through the intestinal mucosa into the lymphatic tissue of the intestine, where they continuously trigger immune reactions, which ultimately lead to their inhibition, i.e., inhibition via ongoing overactivation of CD-4 and CD-8 cells.

Engelbrecht: What does that do?

de Fries: This then leads to an immune deficiency. Incidentally, resistance to antibiotics does not only develop in the organism when antibiotics are taken, but also through the consumption of foods that contain resistant germs.

The massive use of antibiotics in livestock, poultry and fish farming thus leads to the spread of resistant germs in the environment, which can then enter the food chain via vegetables and salads, as the deaths from antibiotic-resistant germs in Germany have shown.

Engelbrecht: "HIV-positive" people who have reached an absolute low point in terms of health are a major therapeutic challenge. An example of this is the Greek Maria Papagiannidou. According to Gerschwitz, she ultimately died in 2012 after stopping ART. As a result, Geschwitz says, she would have "developed resistance to ART" so that the drugs could no longer work and HIV would have had free play.

de Fries: That is not correct. You really have to take a close look at the story of Maria Papagiannidou. In 1985, when she was just 20 years old, she tested "positive" and was then treated with AZT from 1987 onwards. In 2007, a proud 20 years later, when she was just over 40, she stopped taking the preparations. Unfortunately, in 2011 she became very ill again and, completely in despair, returned to ART until she passed away in 2012.

Papagiannidou's health crisis, which she got into after she stopped taking the medication, was essentially triggered by two factors: On the one hand, her body had forgotten how to keep germs in check itself, since the medication had taken over for years. And on the other hand, the preparations, which she had been taking for no less than two decades, severely damaged her mitochondria. And when she then discontinued the ART, new resistant germs formed quickly, which cannot always be successfully treated with a new ART.

Engelbrecht: So what should or should not Papagiannidou have done?

de Fries: A withdrawal from years of AIDS medication is only possible if laboratory analyzes are carried out, on the basis of which targeted infusion treatments can be carried out in order to finally make the patient able to fight back and build up their health, especially as far as the mitochondria are concerned.

Anyone who undergoes cART soon loses the ability to fight off bacterial, fungible and parasitic infections. cART fundamentally intervenes in metabolic processes and immune reactions. Protease inhibitors slow down cell division in organs that, however, depend on increased cell division in order to be able to function.

Engelbrecht: What concrete measures would have been possible?

de Fries: So it makes sense to give antioxidant plant substances and probiotics to rebuild the intestinal flora and the intestinal mucosa. By administering the following substances, deficiencies can be remedied and the activity of the mitochondria, the formation of their membrane and the repair of mitochondrial DNA damage and thus the cell metabolism and the functioning of all organs can be supported:

Trace elements, amino acids, vitamins, medicinal mushrooms and plant substances such as that co-enzyme Q10, L-Glutathione, Folic Acid, Lecithin, Lutein, Manganese, Orotic Acid, Pangamic Acid, Selenium, Magnesium, Humic Acid, Chromium, Zinc, L-Arginine, L-Cysteine, L-Glutamine, L-Glycine, L-Histidine, L-isoleucine, L-lysine, L-tyrosine, selenium, zinc, grape seed extract, lingzhi, Agaricus, shitake, yam and vitamins B1, B2, B3, B5, B6, B12, C, D and E as well as through Alpha-lipoic acid, reduced glutathione and phosphatidylserine, which have anti-cancer, anti-inflammatory, anti-allergic, anti-bacterial, anti-viral and detoxifying effects and support the immune system, blood circulation and metabolism in the brain.

Engelbrecht: Mr. Lauritsen, in your 2014 autobiography "A Freethinker in Alcoholics Anonymous" you describe how you were physically at rock bottom, but were then able to fully recover. What can those affected take away from you?

Lauritsen: If my experiences are relevant for seriously ill people, then in a way that there is legitimate hope for a cure. Because I was on the verge of dying, but I was finally able to fully restore my health without medication. In my book "The AIDS War" I go into detail about measures to regain his health in the chapter "Recovery from 'AIDS.'"

Engelbrecht: But one person affected who is critical of the HIV = AIDS dogma but also struggles with health problems writes to me: "We stop taking the medication and then we get sick and you 'AIDS dissidents' don't do anything but tell us that this came from the 'fast lane lifestyle,' from poor nutrition or from the fact that we had poisoned ourselves with the HIV medication in the meantime. You stand there and point your finger at us without mercy."

de Fries: It is not easy to help those affected who want to undergo another therapy if they do not have a competent doctor at their side, if laboratory analyses, trace elements and infusions are not paid for, and if doctors from polyclinics urge them to start one immediately to start combination therapy, which is completely covered by health insurance companies.

My therapy recommendations have been available for years at www.ummafrapp.de together with papers on the effects of N-acetyl cysteine and links to the articles by T. Jopp and A. Jopp. There is also a literature list with a list of articles on therapeutic agents.

Engelbrecht: To get his mitochondria back into shape, you point to something like N-Acetyl-L-Cysteine, or NAC for short.

de Fries: By taking N-acetyl-L-cysteine, the formation of glutathione in the liver can be boosted, so that the transport of reduced oxygen into the cells is improved and the oxidative stress in the cells decreases. A study showed that the administration of N-acetyl-L-cysteine significantly reduced mortality and severe complications in combination therapy. The organs that have been damaged by protease inhibitors in combination therapy can also be supported with herbal kidney and liver medication. Hemp oil, linseed oil, krill oil and evening primrose oil protect the cell envelope and thus the mitochondrial function.

Herbal anti-inflammatory agents, namely curcumin, which is obtained from turmeric, can support immune reactions, while plant substances from chlorella, spirulina, bromelain, ficin, papain, grape seed extract, wild garlic and nettle promote the breakdown of metabolic products.

Engelbrecht: For holistic therapists, it is crucial to rid the body of heavy metals and other toxic substances and to maintain a diet that consists of at least 50 percent raw vegetables and fruits or green smoothies.

The German doctor Max Gerson (1881-1959) also showed how important raw fruit and vegetables are for maintaining and restoring health. For Albert Schweitzer (1875-1965), Gerson was "one of the most important geniuses in the history of medicine." And his approach to treating cancer patients has been called "impressive" by the Lancet.

de Fries: I didn't study Max Gerson's work. However, raw fruits and vegetables contain living enzymes, nutrients in an unchanged form or anti-inflammatory substances. In addition, as slow carbohydrates, in contrast to sugar and white flour products, they do not trigger any shock-like insulin releases in the pancreas, which subsequently result in the release of their hormonal antagonists, namely the adrenal stress hormones, which severely impair the immune system can.

Engelbrecht: A high proportion of raw fruits and vegetables also helps to counteract acidosis in the body.

de Fries: Avoiding foods that are acid-forming, impair the intestinal flora and trigger allergic reactions can counteract continued intestinal inflammation and fungal infestation in the intestine, especially with Candida albicans. These foods include things like refined sugar, saturated fats in heated form, pasteurized milk and dairy products, preservatives, yeast, foods containing histamines such as mayonnaise, chocolate and sardines, and grains containing gluten such as wheat and rye. It also increases the permeability of the intestinal mucosa.

Lauritsen: It is also worth noting in this context what even Luc Montagnier, the alleged discoverer of the HI virus, stated in the documentary "House of Numbers" by Canadian-born Brent Leung: that "one can have multiple exposures to HIV without becoming chronic to be infected." According to the Frenchman, the only requirement for this is a good immune system — and this can be obtained through very "simple and not particularly expensive measures" such as good nutrition, the supply of suitable antioxidants and ensuring hygienic conditions.

Engelbrecht: Which therapists are really familiar with measures that have an effective constructive effect? And those who cannot afford such therapists financially — how much can they do "on their own" to get well?

Lauritsen: Costs for naturopaths or alternative medical facilities are not covered by insurance in the USA. And conventional doctors who think outside the AIDS mainstream are extremely rare. But you can also achieve a lot yourself by making your own decisions about what to eat, how to exercise and so on. I am largely responsible for my health.

The views and opinions expressed in this article are those of the authors and do not necessarily reflect the views of Children's Health Defense.

SUGGEST A CORRECTION

Torsten Engelbrecht
Torsten Engelbrecht is an investigative journalist from Hamburg, Germany.