

# Around The World

## AIDS, Vitamin C and Egg Lecithin

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The average Australian is still in a state of shock as new reports come to hand indicating that there are now nearly 100,000 cases of AIDS or ARC (AIDS Related Conditions) world wide with the World Health Organization predicting that 5-10 million people have already been infected.

Australia has not missed the rush. By extrapolating from present numbers we will have diagnosed 3000 cases by 1990. It now appears that no segment of the population has escaped. Homosexual and bisexual men, prostitutes, heterosexual contacts, haemophiliacs, intravenous drug users, the Australian aborigine community and even newly born babies have been infected by the Human Immunodeficiency Virus (HIV).

Lifestyles have changed to varying extents. Especially in the middle-aged group, the sexual behaviour of middle-class Australia has changed towards monogamy as the full implications of the AIDS epidemic start to sink in.

The gravity of the situation is not improved by the knowledge that most drugs used to treat the virus such as Suramin, Azidothymidine, Ribavirin, HPA 23, Phos-phonoformate have failed to reverse the course of the disease, and are associated with many dangerous side effects. The latest drugs, AZT (zidovudine) and ddc (2',3'-dideoxycytidine — which is about ten times more potent than AZT at killing HIV) are beneficial only in the very short term due to the induced bone marrow suppression, thrombocytopenia and neutropenia. Other dose-related toxic effects include cutaneous eruptions, fever, mouth sores, dizziness, headaches, nausea and stomach disorders. AZT is now considered by most informed AIDS patients to be more harmful than the AIDS itself.

As a result of this lack of progress in finding the "magic bullet", persons with

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AIDS (PWA's) in this country have now started to turn to holistic practitioners who have a fundamental belief that the AIDS virus only succeeds in overwhelming those individuals who have a weakened immune system, hence the *secondary* high incidence of opportunistic infections such as Pneumocystis carinii pneumonia, Herpes, Candida albicans, EB virus, toxoplasmosis and Kaposi's sarcoma. With new hope, many PWA's are changing to a natural foods diet and are taking vitamins, minerals, herbs, intravenous vitamin C, homeopathics and lining up for acupuncture, stress management sessions, visualization and positive imagery, meditation and relaxation techniques, frequent counselling in a loving and supportive environment, Shiatsu, Tai Chi and a regular exercise programme.

This holistic approach first recognizes the importance of a peaceful "inner world", positive attitudes and the control of negative thoughts and emotions, such as fears, anxieties, and anger. It infuses an optimistic, self-help attitude. The numerous studies showing the influence of negative attitudes, poor self concepts and depression on weakening immune function underlies the importance of this approach. Secondly, many PWA's are nutritionally compromised for one reason or another. Many eat junk foods, skip meals, have nutritional imbalances in their diets, consume excesses of alcohol or take too many cigarettes and other drugs of addiction, all of which adversely affect immune status. Nutritional supplements quickly optimize organ reserve. Finally opportunistic infections must be controlled with anti-fungal agents or antibacterial agents when necessary and this may mean nystatin, Echinacea or intravenous ascorbate.

Dr. Ian Brighthope is a good example of an Australian medical practitioner who espouses this philosophy and puts it into action. Working from Melbourne and with

the facilities of a private hospital, he has treated hundreds of patients who have either AIDS or HIV antibodies. Over the last three years, using this programme, all of the AIDS patients (with the exception of one) are alive and well, with infections under control, resuming normal daily activities with a great sense of well-being. He has found with the many hundreds of patients with HIV antibodies that early intervention with intravenous vitamin C, 30-40 grams daily, *completely* prevents the progression of the disease to a fully blown AIDS. Observation suggests, however, that i.v. ascorbate will not prevent the appearance of antibodies *after* infection with HIV. The presence of antibodies does not, however, mean the presence of active disease. The progression to active disease of an antibody positive patient depends on many factors influencing the stimulation of infected T-helper cells. Only one in 2000 helper cells are infected with the virus. The avoidance and prevention of immunological insults including bacterial and viral infections, fungal and protozoal infestations, chemical insults, etc. will avoid the overstimulation of these affected helper cells and thus reduce potential for viral replication. A basic outline of Dr. Brighthope's supplementation programme is in his book entitled *You Can Knock Out AIDS With Vitamin C and Immune Nutrients* (by Ian Brighthope with Peter Fitzgerald, Biocentres Australia, Melbourne, 1987).

The specifics of Dr. Ian Brighthope's micronutrient supplementation programme are as follows:

1. Diet, rest, meditative techniques and positive imagery, which are all vital for immune stability.
2. Vitamin C, or Sodium Ascorbate, orally to fill and flush. Up to 10-20 teaspoons per day. Intravenous ascorbate, daily or three times a week. (Up to 150 g per day. Maintenance - the usual dose is 30-60 g.) Care for tooth enamel with ascorbic acid.
3. Vitamin A: 20,000 i.u./day or Micellised Vitamin A, 4 drops twice daily.
4. Vitamin E: 500-1,000 i.u./day. Micellised Vitamin E, 1 mL twice daily.
5. Selenium: 200-1,000 mcg/day of elemental Selenium. Monitor blood levels monthly.
6. Vitamin B-complex: 50-200 mg three times daily.
7. Calcium Pangamate: .50 mg three times a day.
8. Zinc/Magnesium/Manganese Complex: 30-60 mg, elemental zinc per day. Biozinc (Blackmore's) 1 twice daily.
9. Evening Primrose Oil: For Gamma-Linolenic Acid 1,000 mg, three times a day.
10. Pancreatic Enzymes: One to two with meals, 1 tablet containing pancreatin, 4NF. 400 mg.
11. Echinacea: 1500 mg, twice daily.
12. *Viscum album* (Mistletoe): 0.2-1.0 mL by subcutaneous injection on alternate days.
13. Thymus extract: One tablet three times a day.
14. *Lactobacillus acidophilus* tablets or powder: Ten tablets three times a day for three days, then one or two tablets three times a day.
15. Nystatin: 500,000 LU.-1-2 three times a day, indefinitely or Ketoconazole as follows.
16. Ketoconazole: 200 mg, 1-2 daily for two to four weeks. But beware of kidney or liver problems.
17. Garlic or garlic extract: Japanese Kyolic garlic is superior. One three times a day.
18. Pao D'Arco Tincture: Four to six drops, three times a day.
19. Juices: Beetroot and Carrot: One to two 7 oz. (200 mL) glasses of each daily.
20. Metallo Proteins: Ten mL, three times a day of liquid form. Ten drops, three times a day of the concentrated form.
21. Licorice root extracts: 2-5 mL three times a day.
22. Homeopathics: *Zincum iodatum*.
23. Aged Aloe Vera juice: 50-100 mL per day.

In December 1987 the word reached Sydney that 1000 people per month with AIDS and ARC were being treated successfully in a small Greenwich Village church in New York City with a concoction made out of soya and egg lecithin. The PWA Health Group in New York avoid legal action by making no claims for this product which they call "egg lipids" and which sells for \$200 for three months supply.

But what is so special about egg lecithin?

It is actually an attempt to manufacture a substance called AL-721 which was developed about ten years ago at the Weizmann Institute of Science in Israel. A team of scientists led by Meir Shinitsky showed that a combination of 70% neutral lipids (such as butter), 20% phosphatidylcholine (pure lecithin) and 10% phosphatidylethanolamine (also found in lecithin) could effectively treat memory loss, impaired immune function and also ease the withdrawal effects of alcohol and drug addiction. In 1985 AL-721 (AL stands for active lipids and 721 represents the specific ration 70:20:10 percent) was found to restore immune function in elderly people and also prevent human T-cells from becoming infected by HIV. It is thought that AL-721 removes cholesterol from the envelope surrounding the virus, thus interfering with important receptor configurations to render the virus noneffective. Many studies have shown AL-721 to be non-toxic and anecdotal reports from several centres indicate that most people

improve while taking this butter-like substance. One small study with seven people conducted at St. Luke's Roosevelt Hospital in New York City demonstrated a dramatic 80-90% decrease in HIV levels and in some no HIV activity could be found at all after two weeks. However, official recognition, follow-up studies and FDA approval in the U.S. is not forthcoming.

Some lecithin products in Australia supposedly contain the right balance of phosphatidyl choline and phosphatidyl ethanola-mine. There are people who feel that all that is needed is to combine such a product with butter and a little egg and blend in the kitchen. According to reports, the actual manufacture of AL-721 is not quite as simple as this kitchen wizardry implies.

However, the greater the success stories arising from the use of these non-toxic (though non-tested) approaches, the less is the interest in the frustrating research for increasingly more toxic drugs to treat the problem.