

# Highly Beneficial Results in the Treatment of AIDS

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I would like to just take a moment to say what a pleasure it is to speak here today. I've never had an opportunity like this before. I've never had an audience composed of the very people whose research and publications have been extremely influential on my own evolving medical philosophy, and medical practice. It is truly an honor to be giving my talk to such an illustrious audience, my heroes and mentors who have been so influential on my treatment protocol.

AIDS is truly the scourge of America. At this point, the very word, "AIDS" is certainly as charged as "cancer" ever was. This disease is a very traumatic experience for anyone who has been exposed to the AIDS virus, especially with all the media hype that abounds today. The dominant thought is that everyone who has been exposed to the virus, is going to die, soon, of the virus. I believe that's totally untrue. AIDS is a chronically manageable infection, and will prove to be a curable disease, it's just a matter of time.

In America, we've been dealing with AIDS for 10 years now. After 10 years of virtually ignoring this disease, we're at the point now where 88 cases of AIDS are reported to the CDC every day. Right now, it is estimated that there are over a million and a half carriers of the virus in our country, many of whom don't know that they've been exposed to the AIDS virus. After a person is diagnosed with AIDS, their average lifespan is only about 15 months. Not my clients, but this is true for the average AIDS patient.

The cost of taking care of them in that final year and a half is between \$100,000 and \$200,000 per person. Now, if you multiply a million and a half carriers times, let's say \$150,000, that's 3 with 14

projected that we will have to spend that kind of money within the next ten years. Now, this projection assumes that there are no new cases of exposure to the AIDS virus, which we know is not happening. AIDS is still increasing astronomically in our country. The AIDS virus has the capacity to destabilize our economy. It's certainly going to bankrupt our health care system, possibly our insurance industry, and possibly even our government. AIDS is certainly going to decimate the third world, because none of the pricey treatments that are being developed here are ever going to do a damn thing for Africa or Asia.

I want to talk a little bit about the economics and politics of AIDS, also. It's not just a medical disease any more. It has become clear, from dealing with the powers that be in our government, that there is a very incestuous, financially based and unholy relationship between the HIIH and the pharmaceutical industry. And it probably involves the American Cancer Society and the National Cancer Institute, as well.

The same guys who ran the cancer show for years are now directing the AIDS research — with the same results, actually. It has become really clear that no product is going to be funded or researched, based on its medical merit alone. They keep one eye on its medical merit, and all the rest of their attention, on its commercial benefit.

In Western medicine, we tend to believe that pharmaceutical drugs are the salvation of the world, and we tend to wait expectantly for some "magic bullet" to cure this disease. I don't think AIDS can ever be treated effectively in this somewhat myopic fashion. It's too complicated a disease, and has too many other factors involved.

Is there any other way to approach this disease? I certainly think that there is. To date, I have seen over 600 HIV positive

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clients. I first developed my protocol in 1986 in Key West, Florida. I became interested in AIDS as sort of an intriguing clinical disease. I don't know if you know anything about Key West, it's the southernmost point of America. The currency and the language is the same but all similarity to America ends there. No one has insurance in Key West, so most people work three jobs just to stay alive, and it's a gay paradise — 25% of the male population there is gay.

So, I developed a largely gay clientele. I was known somewhat as a vitamin lady. I was the only woman M.D. south of Miami, and I was the only one who was even remotely interested in nutrients in all of Florida, it seemed. My gay clients came to me and said, "We don't have enough money to take AZT," because none of them had insurance. "Figure out something. There has to be something else that we can do. Are there any principles you can teach us? Is there any way we can help strengthen our general bodies and our general immune system?"

Starting in 1986, I began investigating the idea of whether diet has anything to do with disease. But at the time it was a mystery to me. So I read medical literature, and flew to other doctors' offices around the country (the few holistic doctors who are taking care of AIDS clients). I gradually developed a protocol of my own independently, a program which, I discovered, was extremely similar to the protocols used by the other major holistic AIDS doctors around the country. That was very interesting, and, I thought rather validating. I guess it just means that we all go to the same conferences together. We all review the same books and tapes, too.

I developed what I call, the five point empowerment program for the treatment of HIV disease. Now note, I did not say the *cure* of HIV, but the *treatment* of HIV.

The first point of the empowerment program is stress reduction. I tell all my clients that, if they can reduce their sense of stress, their experience of stress, they will enhance their response to the AIDS virus — as well as their response to life in general.

Stress reduction, as I define it, includes life style changes. I ask all my clients, if they smoke,

if they drink alcohol, if they do any recreational drugs, and whether it would be an issue for them to stop using these substances. If my clients will not stop drinking and not stop smoking, I won't see them again. I approach that issue by simply telling them, "I'm always here for you, and I'd be happy to see you again when you've been clean and sober for 30 days."

If they are willing to make these changes, that's wonderful. If they're not, I give them a protocol handout and usher them out the door. There have been some studies, finally, that have indicated that cocaine and marijuana and cigarettes definitely accelerate the AIDS virus and also depress the immune system.

The second point of the five-point empowerment program is dietary changes. These clients really need to clean up their diet. In general, people with the AIDS virus need more protein and higher quality calories. They also need to get the sugar out of their diet and keep the yeast under control. Although yeast lives in all of us normally, in the presence of HIV, yeast becomes a cofactor that seems to accelerate the progress of the AIDS virus. Keeping the yeast under control is a major part of AIDS treatment.

I want my patients to have a largely vegetarian diet, with all the salads, vegetables, grains and legumes they can stuff down comfortably every day. In addition, I want them to eat more chicken, fish, eggs and soy bean products like tofu and soy milk. I also ask my patients to simply stop eating all animal meats and cow's milk products, like butter and cheese. I also ask them to have mostly fresh, whole, unprocessed, uncanned foods in their diet.

The third point in the empowerment program is the use of nutrients. I love using nutrients instead of drugs. I felt like I had come home when I went to my first holistic medical conference. The doctors who are involved in nutritional medicine are consistently the most wise, most brilliant, the most courageous, the most innovative thinkers that I've ever seen. They are a delight to be near.

I use nutrients in two ways with people with HIV disease. The first method involves the use of nutrients as "replacement therapy".

People who have been exposed to the AIDS virus have definite nutritional deficits secondary to malabsorption. That's been proven time and again, mainly by a very nice, traditional physician named Dr. Donald Kotler, who works somewhere or other — St. Luke's in New York, I think. He has actually convinced his clients to let him stick tubes down their throats and do intestinal biopsies.

People who have the virus in their body have difficulty absorbing a multitude of nutrients, I think for several reasons. The AIDS virus inactivates intestinal cells through cell mechanisms. The AIDS virus also stimulates the person's own white cells to create autoimmune intestinal disease. These patients develop sprue, which is celiac disease. So, they have gluten sensitivity, and often develop lactase deficiency, too. Their dietary needs are different and the absorption is impaired also. So, I use nutrients as replacement therapy. Because these people have deficits, we have to use larger doses available only as supplements. Vitamin and other supplements are necessary to get these patients to absorb the minimum from those larger doses just equal what the normal population could absorb solely from food, for instance.

Let's talk about the nutrients that people with AIDS seem to benefit from taking. Well, first and foremost, of course, is Vitamin C. It really is the foundation, a cornerstone of an AIDS management, AIDS prevention program. I always use Vitamin C in what I proudly refer to as Linus Pauling doses, since it was Linus Pauling's excellent research publications that were very influential in my decisions to use really high megadoses of Vitamin C.

How much is enough? Well, most of my clients seem to get loose stools at about 15 to 18 grams of Vitamin C per day. The scientific name for this is the "diarrhea dose" of Vitamin C. In addition, I have my clients do an intravenous immune drip at least once a month. And that shuttles in another 25 grams of C intravenously.

Every so often, I'll run across someone who obviously had some kind of smoldering infection that they're just keeping at bay with their extra high doses of Vitamin C. The house record is 240 grams of Vitamin C, per day, by mouth with no

diarrhea. And you know that particular patient is keeping some smoldering infection at bay with that phenomenal dosage. When people already have diarrhea, I ask them to take Vitamin C anyway. My experience has been, a lot of time, they'll take a certain amount of Vitamin C and their diarrhea will stop. Why? Because they're finally taking enough Vitamin C to kill all the bugs causing their diarrhea. Then they'll go up, up, up on their Vitamin C dose and they'll get diarrhea again. That's their true "diarrhea dose" of Vitamin C. So, as long as Vitamin C doesn't aggravate someone's diarrhea, I have no hesitation in suggesting that they take these phenomenal doses.

AIDS must be one of these diseases that involves free radicals because most of my core program nutrients are antioxidants and free radical quenchers. The premiere one, of course, is Vitamin C, followed right along next in importance by Vitamin A (in the form of beta carotene, 25,000 units), Vitamin E (400 units to 800 units), and NAC, which is N-acetyl cysteine. This last compound becomes glutathione in our own bodies.

Remember that the free radical cascade involves Vitamin C (ascorbate), glutathione and Vitamin E. So, I think you have to give all three. I'm investigating intravenous glutathione. It's really a wonderful product — it's just very expensive. I wouldn't hesitate to use it. I think this substance has tremendous possibilities. But we have to use all the major antioxidants — C, A, E, glutathione and the major minerals that are involved, too.

AIDS patients have also been found to be lacking in most minerals, such as calcium, magnesium, selenium, molybdenum, iron and zinc. Not all these deficiencies are seen in one person, of course, but various people with AIDS have been studied by various institutions, and they are actually deficient in Vitamin C, Vitamin A, Vitamin E and/or all these other minerals. Why? I think because they also lack the ability to make enough stomach acid to absorb proteins and minerals and they also seem to have pancreatic problems. They can't make enough pancreatic enzymes. So, I correct that, too. I give betaine

hydrochloride and also use pancreatic enzymes as replacement therapies.

Quercetin is a jewel of the program. Quercetin is a bioflavonoid found in orange rinds, and it is known to synergize Vitamin C. Quercetin is also the only natural substance I've found that blocks the AIDS virus, the same way AZT blocks the AIDS virus. AZT is the only drug we've come up with, after a billion dollars of research in ten years. Quercetin costs about \$12 a month, and has none of the side effects of AZT.

Some other things I *give* my clients are more controversial. I give them oral peroxide, that's the poor man's ozone. I think there's value in oxygenators, as well as antioxidants. I also use a lot of super saturated potassium iodide, called SSKI.

Does anyone know Dr. Kunian? I think of him as Dr. Iodine, up in San Francisco. He's been very influential in expanding my awareness of the use of iodine. Iodine is a superb antibiotic. No one seems to realize that. Remember the days of mercurochrome? We used to smooze mercurio-chrome right on a skinned cut. Well, the active ingredient in mercurochrome is iodine. Iodine is terrific against yeast, parasites, and has some anti-HIV activity. So, all my patients get 8 drops of SSKI. It's a good thyroid tonic, also. CoQ10, another antioxidant and oxygenator, evening primrose oil and fish oils influence the prostaglandin cascade. These substances decrease the inflammatory prostaglandins and increase the anti-inflammatory prostaglandins very nicely. I also developed a B Vitamin shot that has all the B Vitamins in it, a lot of B12 and every other B Vitamin that exists. All my clients get a B shot once a week.

It's my professional opinion that some of the anemia seen with AIDS, and a lot of the dementia, the mental deterioration called AIDS dementia complexes, actually is not due to the AIDS virus; these problems are due to B Vitamin deficiencies that accumulate gradually in people that have been exposed to the AIDS virus. These deficiencies are unrecognized by most western trained physicians. We just blame everything on the AIDS virus. I've helped my patients prevent dementia by giving them high doses of B Vitamins. They don't have any mental deterioration. Of course, my clients scarcely ever

*get* sick.

Last, but not least, I give them all garlic. Garlic is another superb antibiotic. Think of *it* as nature's sulfur drug. Any way they can get it down — garlic suppositories, garlic liquid, garlic in their ears for ear infections. Bob Vance was telling me about that just today. Garlic for fever and many infections. I have several articles on intravenous garlic extract, which has been used successfully to treat Cryptococcal > meningitis (usually a fatal disease *in* the presence of HIV infection).

The fourth part of the five-point empowerment program is the use of western drugs. Drugs do have a place to play in the treatment of AIDS, but I think it's a minor one. Where western medicine really shines, I feel, is in acute care and trauma management. If I get hit by a truck, get me to an emergency room in a western hospital. That's where American medicine shines. But, when it comes to the treatment of cancer and other slowly developing degenerative disease, western medicine has, by and large, just fallen flat on its face. We really have to look farther or elsewhere.

There are some drugs that are useful as part of the whole AIDS treatment protocol. I happen to like one antiviral called ddC. This is one of the "sons of AZT" that is being researched in trials right now. ddC is also available through the Buyers Clubs.

There are several groups of AIDS activists, all over the country, that have joined together and formed what they call Buyers Clubs. The Buyers Clubs are just cooperatives that sell nutrients, kind of like a health food store alternative. But these Buyers Clubs are real special, and they are definitely the holistic doctor's friend. The Buyers Clubs have become so powerful and so vocal that they are even importing drugs from other countries. They have even gotten their hands on ddC. This is an experimental drug we're talking about, and it's available through these Buyer's Clubs! You just make a phone call, and you can get any number of experimental products, very directly and openly, through the Buyers Clubs.

We have never seen patient activism like this before. Where are the cancer patients getting Buyers Clubs together and importing cancer drugs from other countries?

The AIDS activists have been so vocal and so determined that they have amassed enough political power to do this kind of thing. And the FDA officials simply said, "Please just don't make us look bad. Just don't flaunt it and you can do whatever you please." So, I send my patients over the local Buyers Club to get ddC. Thank God for the Buyers Club.

I'll just read off some of the other drugs I use, if anybody's interested. Bactrim is very good for preventing PCP pneumonia, which is the biggest killer with HIV disease. Levamisol, of all things, a de-wormer now turned cancer drug, also happens to have a wonderful ability to kick up white cells and increase the T cell count.

Other drugs that happen to have some activity against AIDS virus are: Trentyl, which is a useless heart drug; Persantine, another useless heart drug; Penicillamine is an old-time fifth choice arthritis drug, which just also happens to pull the AIDS virus right out of circulation; Trichosan-thin, also called Compound Q, is a Chinese cucumber extract. This is an herbal chemotherapy that's been used in mainland China for 20 years to induce abortion. This is a very, very powerful and somewhat toxic herbal drug.

DTC and DNCB are both photographic chemicals. They happen to work against the virus to some extent. I bring them up to show you the state of the art in AIDS research. Photographic chemicals? If it doesn't kill the virus, we can take a picture with it! Obviously, people around the world are throwing everything imaginable in the general direction of test tubes, in the desperate hope that something might happen to be effective against the AIDS virus. The fifth part of the protocol is what I call "nutrition for the mind". It's become apparent that the greatest Vitamin program and diet in the world can't begin to overcome a hateful attitude. People who are gay and who have AIDS, have two reasons to consider themselves the lepers and the pariahs of the 20th century. There's a tremendous amount of shame, guilt, hatred and rage and self-loathing, and a whole cauldron of steaming feelings that has to be expressed somehow. They have to be written out or shouted out or cried out or punched out somehow, or the

person is not going to do very well. I know that from experience.

So, I ask my clients to do a number of other things in terms of visualizations, affirmations, forgiveness exercises, massage classes, learning deep breathing, taking a stick to a tree and just beating out their internal feelings, etc. I also ask them to go out to do service; get involved in the other equally important issues of our planet, whether it's animal rights or the homeless mess or doing something to promote environmental issues, and a number of other causes that these people especially could contribute to.

People with AIDS still have tremendous talent. A lot of them are on disability, and these service groups take their minds off thinking about the virus for 24 hours a day. I also encourage my clients to vent their rage constructively by joining Act Up and make the AIDS activism movement even that much more powerful.

Act Up is the major AIDS activist organization in the country. The name means, AIDS Coalition To Unleash Power and that's exactly what they're doing. Act Up is the holistic physician's greatest friend and ally, I feel, because they are so determined and they just won't quit. They've already blockaded the Golden Gate Bridge twice. They've shut down the FDA once. They just invaded the building and took over! They've shut down the HHH once. We, as holistic physicians, need that kind of front line foot soldier army, literally running interference between us and the government and medical regulatory agencies.

I've personally cultivated a relationship with the major Act Up activists, recognizing how valuable they are to holistic physicians. When have we ever had that kind of support before, from clients with one particular disease? There's never before been a client base that's willing to march for the sake of keeping these alternative treatments available through our offices, like we've seen with the AIDS activist movement. So, thank God for them.

We are also going to see holistic, alternative and nutritional treatments become much more prominent in the management of HIV disease. This is a new phenomenon that we're seeing. So

that's why I feel, to some extent, that AIDS is the greatest thing that's happened to holistic medicine. With cancer, the argument is always raised that we're just taking people away from traditional treatments and giving them this alternative mumbo jumbo, and we're cheating people from receiving effective treatments. Which, of course, isn't true, but that's the argument that is used. Well, there is no effective, traditional treatment for AIDS. These people have nothing else to use.

Holistic medicine has become more accepted even in mainstream AIDS research centers. Every year there's a major International AIDS Conference and it's been held in Washington, D.C., Stockholm, Sweden and then in Montreal, then in San Francisco, now it's going to be in Florence, Italy this year. It's been an interesting transition in the way I relate to this conference, and also the way the conference has treated AIDS in general.

Four years ago, at the conference in Washington, D.C., I was so paranoid about being a holistic practitioner that I insisted they *give* me a name tag with a phony name. Then, I got a little more brave and I used my real name on the name tag. This year, to my delight and astonishment, the planners asked me to present a study of my own patients at this Florence conference. So I evolved from covertly picking different names, to really coming forth and being a presenter of my patient data, at these conferences.

At the AIDS Conference in Washington four years ago, I happened to sit next to Anthony Fauci, at one of the major sessions. He is where the buck stops with the HHS, at least with AIDS research. He's the top policy planner and money allocator at the HHS. I sat next to him and said, "Tony, let me tell you about zinc and Vitamin C and AIDS." He turned about the color of his suit, which was deep gray, and he replied, "We are not interested in wasting money funding research for vitamins and disease." That was his position four years ago. However, now his name is on papers that are researching glutathione and NAC and also beta carotene. So Fauci finally discovered antioxidants.

We're seeing a definite policy shift, probably

out of desperation. I mean, ten years and one ineffective drug is not a very good track record. AIDS patients, by and large, are still dropping like flies even ten years into this disease.

Is anything else on the "AIDS scene" changing? Yes, there is. We have an unexpected ally in the form of the insurance industry. Why? Because it's the insurance industry that's taking it on the chin for all this. They're going to go bankrupt if they don't do something.

One company especially, the John Alden Company, is a national company whose headquarters are in Miami. They made, in the late 1970's, early '80's, the corporate decision fiasco of all time. They were looking around in the late 70's for different populations to whom they could promote their health and life insurance. This company actively courted the gay community to sell health insurance to in the late '70's and early '80's. And what a disaster, given what's happened since then. So, the John Alden Company has more of a vested interest in finding something, *anything*, that will work for less money.

A John Alden representative called me out of the blue, and informed me that they keep track of all their clients throughout the country on a computer base. For people who have under 200 T-cells, they have very specific tables of how many hospitalizations per year they expect, and what the average life expectancy should be and how much money the company needs to set aside in their reserves for each client, because this corporation is stuck with these people as beneficiaries.

They said, "Every time we do a computer shakedown for who's costing us the most money and who's costing us the least money, your clients are off the scale on the low end. Your clients cost us the least money of anyone in the country. What are you doing? They are actually making money off of some of my clients, which is unheard of when someone is HIV positive. So that is great validation of the effectiveness of this program.

Last week, another local traditional physician called my office and said he'd like to get some of my business cards. He told me, "It's come to my attention over the past two years that the clients

I'm taking care of, who also see you, are about the only ones left alive from two years ago. You are obviously doing something that's working and I'd like to work more closely with you." So I think that my colleagues are educable, if not trainable, and the insurance companies are approachable.

Once the John Alden program gets off the ground, they will pay for whatever I choose to do for my clients. Then we have a means of going to other insurance companies, and pointing to the graphs and charts we can generate. Hopefully, the other carriers will also jump on the bandwagon because they measure results in dollars and cents, they don't measure it in emotional affronts to their ego. This is an unusual AIDS treatment program. Insurance companies don't care if it's unusual, just so it produces results cheaply.

What kind of results have I had? I've seen 600 clients at least once. About 200 of them are doing the program on a quasi-regular basis, and about 100 people are doing it devotedly. In general, it's rare that my clients get sick. I ask them to always call the office and let us know when they have to go in the hospital. By and large, they just don't get sick. They certainly don't die. In the last 2 years, I have only seen about 20 deaths out of those 100 who have been on my protocol with devotion.

Many of the patients who died were not well when they first came to the office. They had a lymphoma or they had Kaposi's sarcoma, or they had had several episodes of other infections and their life expectancy was statistically very short, anyway. And those are the ones who have passed

away. But even at that, they've had hospital admissions where they just kind of bounced in and bounced out again. It's frankly boring taking care of my clients. They just seem to coast along without complications. They do extremely well.

Just a word about vaccines. I tell all my clients not to take the Pneumovax (vaccine for pneumococcal pneumonia), and under no circumstances take the flu vaccine. Just don't bother. There's no evidence that these vaccines work in people with AIDS. But there's a lot of evidence that the vaccines are very detrimental. As far as general HIV vaccines go, they're being researched to the tune of a lot of media hype, supposedly to protect us against the AIDS virus. Well, there is some disconcerting evidence and statistics that won't go away, that the AIDS virus may have been introduced into our population by means of a vaccine. And I can tell you no one is ever going to stick an "AIDS vaccine" into my body. I'd rather take my chances with the AIDS virus. At least then I know what I'm dealing with, rather than whatever virus is in the so-called vaccine.

So that's a summary of my treatment protocol, my thoughts and philosophy on HIV. My clients really have just done extremely well over the past 2 1/2 years. In fact, my patients have very good statistics where disease progression and mortality are concerned. They are, on the whole, above the national average of those who have pursued AZT protocols.

I am available to consult with other physicians at (213) 957-4210.