AIDS breakthrough gets nod from U.S. government

by Dr. Ernest Schapiro

A major breakthrough in the fight against AIDS occurred on Oct. 26, as a conference in Washington, D.C. to evaluate low-dose, orally administered interferon as AIDS therapy was jointly sponsored by the Division of AIDS, National Institute on Allergy and Infectious Diseases, a division of the National Institutes of Health (NIH), and by the National Medical Association (NMA), a group which represents black physicians across the United States. This means that, despite heavy resistance, the U.S. government has been forced to recognize that there is now powerful independent evidence confirming the original report from Kenya in 1990 that low-dosage, oral interferon can rapidly restore AIDS sufferers to normal life functioning and halt the progression of the disease.

Recognition of a new AIDS therapy is welcome news, as the rate of AIDS spread is drastically outpacing all estimates except those developed by *EIR*. A study released in August by the Global AIDS Policy Coalition based at Harvard University, for example, estimated that by the year 2000, up to 120 million people will be HIV-infected and 24 million adults and several million children will develop AIDS—10 times as many as today.

Interferon consists of a mixture of proteins which are produced by certain cells in response to viral infection. It is believed that, in addition to certain direct anti-viral actions, interferon also acts on the immune system so as to improve its functioning. Interferon can now be produced commercially in laboratories from living cells in a number of ways. The different preparations are not equivalent, however, and therefore not equally potent. They are being used to treat infectious diseases and cancers in humans and animals, for example, certain forms of chronic viral hepatitis and certain kidney cancers.

Present at the conference were representatives of some divisions of the NIH, the president and several other officials of the NMA, and the head of the federal Food and Drug Administration (FDA). District of Columbia Health Commissioner Dr. Mohammad N. Akhter was present and made some remarks. Also in attendance were infectious disease specialists from some of the area teaching hospitals such as Howard University and Johns Hopkins. Notable was the absence of the Atlanta, Georgia Centers for Disease Control. Also absent was Dr. David Koech from Kenya who had conducted the original study. Koech was informed of the conference only a few days in advance. Speakers said this was typical of the sabotage of the work in progress.

Small dosages effective

The first medical presentation was given by Dr. Joseph Cummins, Ph.D., a veterinarian and chairman of the board of Amarillo Cell Culture Co., Inc. in Amarillo, Texas. His company produces human interferon, which is used to treat acute viral and protozoan infections in a number of mammals, and he described its successful use in one chronic disease, feline (cat) leukemia. Cummins stressed two points. First, the dose which is effective is very tiny compared to the dosage given by injection for the human diseases for which the FDA has approved its use. Moreover, he said, the effective dose falls within a narrow range, and exceeding the range results in a falloff of benefit. Second, the interferon must be given by mouth. With animals, this means either that its mouth is forced open and the medicine squirted in, or, in certain situations, it is added to the feed. If the dose is injected under the skin or if is placed directly into the stomach or rumen, there is no benefit.

Dr. Abdul Alim Muhammad and Dr. Barbara Justice, both of whom are medical doctors, presented data for the course of treatment over three months in 50 patients treated in New York City and Washington, D.C. All patients received oral interferon in low dosage, and the medication was allowed to dissolve in the mouth. Patients were instructed not to eat or drink for 30 minutes before taking the medication, which was taken an hour before bedtime. After three months, 82% had improved symptom scores, 10% stayed the same, and only 8% declined. All of the patients' sign scores improved, 78% no longer exhibiting any signs, 82% gained weight, and only 18% lost weight. Most striking, during this period there were no opportunistic infections. Opportunistic infections are a host of viral, fungal, parasitic, and bacterial infections which attack immune-deficient people.

Dr. Muhammad, a neurosurgeon who practiced in Washington and opened an AIDS treatment clinic after learning of the successful AIDS treatment pioneered in Kenya (his medical practice is now limited to the Abundant Life Clinic), prefaced his medical report with some pointed comments. The holding of this meeting represents a thrust by the black community. We as a group, he said, pay taxes and are entitled to medical benefits. Yet, where AIDS is concerned, all we get is condoms, free needles, and a few highly toxic AIDS drugs. We would be remiss, he said, if we did not mention "the 'G' word," i.e., genocide. He told the audience that there is a widespread perception in the black community that AIDS is being used as a way of exterminating black people, and he reminded them that black people remember the Tuskegee syphilis experiments. He called attention to an insert in the conference packet written by the NIH, entitled "Interim Report: Low-Dose Oral Interferon Alpha as a Therapy for Human Immunodeficiency Virus Infection (HIV-1): Completed and On-Going Clinical Trials." It included summaries of interferon trials for AIDS in different countries, and most of them reported negative results. The report concluded: "Pending the availability of definitive data from the ongoing WHO/GPA [World Health Organization/Global Policy on AIDS]-sponsored study and other recent clinical trials, HIV-infected patients should be encouraged to use therapies whose efficacies have been clearly demonstrated in properly conducted, controlled clinical trials."

The report, he said, cast doubt on the very premise of all of the successes to date by saying: "Interferons are generally not believed to be orally bioavailable, and are rapidly denatured [inactivated] upon contact with gastric [stomach] secretions since they are proteins. According to Amarillo Cell Culture representatives, an oral receptor [cell surface component which selectively binds a molecule] for Interferon Alpha has not been isolated to date, although further research is anticipated in this area."

Dr. Muhammad pointed out that oral interferon is not to be drunk or swallowed. Rather, it has to dissolve in the mouth. Also different commercial preparations of interferon are not necessarily alike. He said that we in fact do not know how oral interferon works. So far, it does not appear to work by being absorbed into the bloodstream. We are faced with a phenomenon which requires a great deal of investigation.

He added that penicillin became an accepted therapy for streptococcus infections without controlled studies because the drug was so obviously beneficial.

Dr. Justice, who runs an AIDS clinic in New York City, gave a moving account of how, upon her discovery of a successful new AIDS treatment in Kenya in 1990, she took time out from her surgical practice to go to Kenya. There, she attended a mass meeting addressed by President Daniel arap Moi, in which he announced to the world that a dramatic breakthrough had been achieved at the Kenya Medical Research Institute, and a scientic conference. She was so moved that she decided to stay for several weeks until she had been trained in Dr. Koech's method.

Where do we go from here?

The successful treatment programs which are now ongoing in several African centers and the U.S. clinics cited, should justify a crash program to treat all afflicted people. But will this in fact be done? Many years ago, independent presidential candidate Lyndon LaRouche warned that the prevailing genocidal policy toward Africa meant that were an AIDS treatment to become available, it would not be used in Africa. This prevailing policy cannot be allowed to stand.

Once the issue of the efficacy of the treatment is settled, that of cost undoubtedly will be raised. However, interferon is already far cheaper than the highly toxic drugs such as AZT. The cost of treating all the AIDS-infected people in Africa would be only a fraction of the cost of the Persian Gulf war. It should be done in the context of putting in place a permanent health care delivery system in Africa. This must include, where possible, a full survey of the burden of infectious and nutritional diseases afflicting Africans. Such a program will force the hand of western governments. If it is worth the effort to eradicate AIDS, then it must be worth it to stop mass starvation permanently as well.

In all of his writings on Third World development, LaRouche has stressed that every country without exception must develop in at least some area of scientific research the most advanced capability in the world. The example of the Kenyan breakthrough proves that LaRouche's approach is the correct one, and puts to shame the infamous quote of the racist Sen. Daniel Patrick Moynihan (D-N.Y.), the former ambassador to India who said India's principal export is infectious diseases. We can also point to the recent development in Colombia of the first successful malaria vaccine. There are many infectious diseases in the developing sector for which good treatments remain to be found. Rather than simply hoping that western pharmaceutical companies will benevolently develop them, developing countries also should be aided to set up their own research programs.