

Book Reviews

AIDS and Syphilis — The Hidden Link by *Harris L. Coulter*. North Atlantic Books, Berkeley, CA, 1987. Paperback, 126 pages.

Dr. Coulter's argument is revolutionary but essentially simple. The AIDS virus is not *the* cause of AIDS. It is only one of the factors involved in weakening the immune system. It is, in fact, an opportunistic infection of an immune system all ready weakened by other factors.

He points out there is a loose association between the presence of the virus and the disease AIDS. It does not follow Koch's famous postulate for establishing causality of infectious diseases. For example, not everyone inoculated by the virus becomes sick. Hundreds of healthy physicians, nurses and hospital workers have accidentally stuck themselves with virus-infected needles without becoming sick. A few developed something resembling infectious mononucleosis which cleared quickly. There have been no deaths. Nor has everyone with AIDS had the virus. It was possible to isolate virus from only half the AIDS patients.

Dr. Coulter concluded that syphilis and the way it has been treated is one of the main causes of AIDS. This will surprise most modern physicians who have had little experience with secondary and tertiary syphilis.

When I was a medical student, 1945 to 1949, syphilis was still one of the major diseases. The penicillins promised a quick cure and then eradication of syphilis. This meant that social control was no longer necessary. But, even though primary syphilis responded very quickly to a few injections of penicillin, there have been no long term studies to determine what happened to these patients many years later. Long before penicillin was identified and used, syphilis had lost much of its virulence. When it was first introduced into Europe it caused shocking mortality, perhaps like AIDS today. But after several generations it became much less virulent.

Modern estimates are that 70 percent of infected people recover spontaneously. But many do not recover spontaneously and the spirochete which causes syphilis continues to slowly grow in the body, whether or not penicillin was given. These chronically infected patients are the most susceptible to developing AIDS because their immune systems have been damaged.

About 50 percent of the male homosexual population have a history of syphilis and, to a lesser degree, other venereal infections. They are fourteen times more likely to have syphilis than are heterosexual males. Surveys of AIDS populations show about 65 percent have had previous syphilis infections. Intravenous drug users share their needles. They also share the AIDS virus and the syphilis-causing spirochete.

Syphilis was once considered the grand masquerader because it mimics almost every other disease. It causes a remarkable variety of signs and symptoms. Not surprisingly, it is difficult to distinguish from AIDS.

Rapid spread of AIDS only in some areas has been a puzzle. It seems not to follow any previous pattern. The theory that the vulnerable population is syphilitic does explain this. Populations where syphilis or its close relative, yaws, is endemic, are most susceptible to AIDS. - These include the homosexual population, Haiti, and large areas of east Africa.

The final argument is the finding that AIDS cases tested carefully for syphilis using the most precise tests, are positive. When treated adequately they recover. I repeat — when the AIDS virus is ignored and they are treated as if they had secondary and tertiary syphilis only — they recover. Dr. S. S. Caiazza has used IV penicillin, 40 million units daily for twenty days. This form of penicillin can penetrate to tissues where the spirochete is hidden. By mouth doxycycline, benzathine penicillin and tetracycline are used.

Dr. Coulter refers briefly to other treatments including homeopathic and naturopathic procedures. He also refers to

orthomolecular treatment, i.e. large doses of Vitamin C, but he does not refer to Dr. Cathcart's massive studies, nor to the views of Linus Pauling.

The evidence for Coulter's conclusions are presented in this little book. Assuming he is correct and assuming that Vitamin C in optimum doses is therapeutic, it follows that all AIDS cases should be treated as follows:

1. Accurate diagnosis. Determine all previous infections, especially venereal diseases, parasitic bowel infections and Candida. Use latest and most sensitive blood tests for syphilis.
2. Treatment. Orthomolecular treatment to enhance the immune system. The diet should be free of all junk food, sugar, additives, etc. The correct vitamins and minerals should be used (see *Super Fitness Beyond Vitamins*, by Dr. M. E. Rosenbaum and D. Bosco, recently reviewed in this journal). High doses of Vitamin C, up to 200 grams per day (see: *The AIDS Fighters: The Role of Vitamin C and Other Immunity Building Nutrients* by Dr. I. Brighthope, also reviewed in this journal). Adequate treatment for syphilis following Caiazza.

Vitamin C alone may be a good treatment for syphilis. If AIDS is really chronic syphilis with an opportunistic virus added on, if AIDS responds to Vitamin C, it follows that megadoses of Vitamin C are therapeutic for chronic syphilitics. Will some enterprising Orthomolecular physician have a chance to try this out?

Please bring this book to the attention of people who have AIDS or whose medical history and lifestyle places them in the vulnerable population.

A. Hoffer, M.D., Ph.D.

The AIDS Fighters: The Role of Vitamin C and Other Immunity Building Nutrients by Dr. Ian Brighthope with Peter Fitzgerald. Keats Publishing, Inc., New Canaan, Connecticut, 1988.

"We haven't so far had a single death amongst our patients with full-blown AIDS who have continued on our Vitamin C and nutrition program.

"Large doses of sodium ascorbate can be safely administered by any competent physician or nurse. In my clinic alone we have administered more than 60,000 Vitamin C infusions, without a single complication."

Dr. Ian Brighthope, M.C.

Every physician 'knows' there is no treatment for AIDS or AIDS related diseases. Nearly every patient ill more than two years is dead. In the U.S.A. and Australia 75 per cent will be dead before the two years are up.

Claud Bernard, one of the most intelligent and famous physiologists, over 100 years ago stated that when one is dealing with a disease for which there is no treatment, and a physician claims that s/he has a treatment, it is obligatory for that treatment to be tried, unless the treatment is worse than the disease. Why, then, are physicians not trying treatments for AIDS which are being used successfully? Here we have a killer disease for which there are no drugs which will prevent or cure. We have a treatment which is safe, readily available and can be used by any physician, with treatments and nutrients readily available.

Dr. Ian Brighthope, and before him Dr. Robert Cathcart, has used large doses of Vitamin C plus other Orthomolecular treatments. They have shown that their patients who have followed the program have survived long after their peers. Dr. Brighthope has seen no deaths in at least two years. Surely this is highly significant.

There are two main reasons for avoiding the use of Orthomolecular treatments, and they are not scientific. The first is the pervasive belief that nutrition and vitamins have nothing to do with the cause of AIDS and can have no role in therapy. This view is bolstered by the additional belief that no treatment developed by any physician not attached to a medical school is scientific, and therefore is of no value. The second reason is the erroneous belief that a controlled experiment is the only valid method for obtaining evidence. Yet any competent statistician knows that if a disease kills everyone, and if one can cure even one patient, this is evidence of the validity of the treatment. Double blind controlled

experiments are useful for diseases which have a natural remission rate greater than zero. It is in my opinion ludicrous to demand concurrent controlled experiments for AIDS until it is shown that it has a natural remission rate greater than zero.

I have seen only one patient with early AIDS, and he is well after two years. His general practitioner had told him he would be dead from AIDS. All his symptoms have cleared.

Dr. Brighthope's book is going to be one of the most important books of our times, for in it he describes in detail what the treatment is. Both patients and physicians with this book can follow this program. I know Dr. Brighthope, having met him in Australia several years ago. I believe his conclusions must be taken seriously.

I was interested in his ascorbic acid "fill and flush" technique for increasing bowel tolerance. Too many patients are not able to take a large enough oral dose. With his technique one increases the amount of Vitamin C until bowel symptoms develop. The dose is then decreased until the symptoms subside. Then the dose is increased again. Using this to-and-fro technique, one aims at around 60 grams or more per day using one heaping teaspoonful or more every waking hour.

I will not outline the contents of this book, nor list the details of treatment. I do this to encourage people to read this book and not to depend upon a book review for details of treatment.