

HIV, AIDS, and NAET

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Abstract

AIDS (Acquired Immune Deficiency Syndrome) is the end result of infection by the Human Immunodeficiency Virus (HIV). This retrovirus is spread by blood, semen, or vaginal fluids from an infected person entering the body of another person by sexual contact. It may also be spread through infected blood when equipment for injecting blood or drugs is shared or through an accidental stick with a needle or sharp instrument contaminated with HIV. Mother to child transmission is possible, as is transmission by blood transfusion or administering blood products. HIV attacks and destroys CD4+ cells (helper cells), which are part of the immune system that fights infection and disease. This immune suppression leads to certain illnesses or diseases, including pneumonias or cancers, indicating that HIV has progressed to AIDS. HIV and AIDS are pandemic. Highly active antiretroviral therapy (HAART) attempts to control the amount of virus in the body, and work continues on an AIDS vaccine. Recent research indicates that NAET can have a positive effect on eliminating HIV from the body, restoring lab tests for HIV to negative and normal, as well as restoring health.

Introduction

AIDS was not recognized as a new clinical syndrome until 1981. However, in medical literature, cases appearing to fit the AIDS definition appear as early as the 1950s and 1960s. HIV was found in a frozen plasma sample taken in 1959 from a Bantu adult male living in what is now the Democratic Republic of Congo and who died of an unidentified illness. The ancestors of this strain may date to the 1940s or 1950s (Fohn.net, 2005). A 15-year-old black male from St Louis died in 1968 from disseminated Karposi's sarcoma. His frozen tissue and serum samples were HIV-antibody positive on Western blot and antigen-positive on ELISA. This patient had not

been out of the country, so it is likely that other persons were infected with HIV as long ago as the 1960s, if not earlier (Osmond, 2003). A Norwegian sailor who died around 1976 had sailed to Africa and at least twice had contracted sexually transmitted diseases. His tissue samples tested were infected with a strain of HIV common to West Africa (Kanabis, Allen, and de Boer, 2006; Wikipedia, 2006).

Two species of HIV, HIV-1 and HIV-2, infect humans. They are thought to have a common ancestor, and evidence suggests that these viruses diverged sometime before the 1940s. HIV-1 is more easily transmitted, is more virulent, and is the source of the

majority of HIV infections in the world. HIV-2 is largely confined to West Africa and is less easily transmitted (Wikipedia, 2006). It is now generally accepted that HIV is a descendant of simian immunodeficiency virus (SIV), and certain SIVs closely resemble HIV-1 and HIV-2. The origin of HIV-1 is probably the central Common Chimpanzee, found in southern Cameroon, and the Sooty Mangebey, an Old World monkey of Guinea Bissau, Gabon, and Cameroon, is responsible for the origins of HIV-2. The HIV-2 connection to this monkey is probably the most compelling evidence for animal to man transfer of HIV, and researchers from the University of Alabama have done confirmation work that this location is likely to be the original crossover from chimps to humans (New Scientist, 2006; Wikipedia, 2006).

There is no widely accepted consensus of a theory that explains the transfer of HIV to humans. In fact, there are many different competing theories of how this happened. A number of factors, becoming common in the 1960s, may have contributed to the sudden and rapid spread of HIV all over the world. These include international travel, mobility of people, the blood industry, widespread drug use, and unsafe sexual practices (Kanabus, Allen, and de Boer, 2006).

Description of HIV Infection and AIDS

HIV is a lentivirus, which is part of a larger group of viruses known as retroviruses. Lentivirus literally means "slow virus" because these viruses take a long time to produce adverse effects in the body (Kanabus, Allen, and Boer, 2006). HIV targets, infects, and incapacitates the immune system cells necessary for antimicrobial defenses. The amount of the HIV inoculum contributes to the risk of infection as do certain genetic loci in a person (Lederman, Rodriquez, and Sieg, 2006).

An acute infection of HIV may produce symptoms resembling mononucleosis or the flu within 2 to 4 weeks of exposure. The nausea and headache symptoms of this acute retroviral syndrome can be mistaken for other viral infections. Symptoms can develop within a few days of infection, but may occur several weeks after the person is infected. Initial symptoms can range from mild to severe and usually disappear after 2 to 3 weeks. Even if the person is asymptomatic, the virus multiplies in the body. HIV multiplies so quickly that the immune system does not and cannot destroy the virus, and it weakens

after years of fighting HIV (Lederman, Rodriquez, and Sieg, 2006).

Seroconversion, converting from HIV negative to HIV positive, can occur within 3 months of exposure. Some people may have no symptoms of an infection for up to 10 years, but they are contagious and can transmit the infection to others during this time. Their immune system gradually weakens until they are diagnosed with AIDS, the last stage of infection with HIV (Gandhi, 2006). Most people with an HIV infection will progress to AIDS unless they are treated.

A small number of people, called rapid progressors, will develop AIDS within about 3 years if they receive no treatment. The reason for this rapid progression is unknown. A tiny subset of patients who have HIV but develop AIDS very slowly, or not at all, are called long-term non-progressive. A small number of people never become infected with HIV in spite of years of exposure to the virus. These people are HIV resistant (WebMD, 2005).

Special symptoms related to the HIV infection include fever, sore throat, mouth sores, pain on swallowing, muscular stiffness or aching, joint pain, headache, diarrhea, swollen lymph glands, fever, fatigue, rashes of various types including seborrheic dermatitis, nail changes, loss of appetite, weight loss, and frequent vaginal yeast infections. The limbs may tingle, be numb, or have weakness. There may also be difficulty concentrating, confusion, personality changes, and dementia (Krohn and Taylor, 2002; WebMD, 2005)).

The gradual destruction of the immune system by HIV results in infections that are difficult for the body to fight. Bacterial infections may include those caused by *Pneumococcus*, *Bartonella*, *Mycobacterium* (particularly tuberculosis), and *Treponema* (syphilis). Fungal infections may include pneumocystosis, candidiasis, cryptococcosis, histoplasmosis, aspergillosis, coccidioidomycosis, paracoccidioidomycosis, penicilliosis, and blastocystosis. Herpes zoster and simplex, cytomegalovirus, and viral hepatitis are common viral infections. Parasitic infections include cryptosporidiosis, cyclosporiasis, isosporiasis, microsporidiosis, toxoplasmosis, malaria, and strongyloidiasis and other helminthic infections (HIVInSite, 2006). Malignancies commonly found in AIDS cases include Kaposi's sarcoma, Human

Herpesvirus 8, lymphoma, human papilloma, and other malignancies (HIVInSite, 2006).

Transmission of HIV

Sexual contact using unprotected sex is a common method of transmission, and is the main one by which the majority of HIV infections are acquired (Wikipedia, 2006). HIV is spread when blood, semen, or vaginal fluids from an infected person enter another person's body. Originally thought to be a disease of gay men, it is now known that HIV infection and AIDS affects men, women, and children. Male to male sexual contact still accounts for 70 per cent of all estimated HIV infections among male adults and adolescents in the United State (CDC, 2006). There is no confirmed case of female-to female sexual transmission of HIV in this country, and most women who have HIV have risk factors such as injection drug use, sex with infected men or men who have risk factors for infection, and rarely, receipt of blood or blood products (CDC, 2006).

Sharing needles, syringes, cookers, cotton, cocaine spoons, or eyedroppers when using drugs are also common methods of transmission. Thirty-six per cent of AIDS cases in the United States can be directly and indirectly connected to injection drug use. Non- injection drugs also contribute to the spread of AIDS in that users trade sex for drugs or money, or when they engage in unsafe sexual practices that they might not when sober (CDC, 2006, WebMD, 2005).

HIV can be spread from receiving medical care where there is substandard hygiene in the use of injection equipment, such as reusing needles. HIV also can be spread through blood transfusions or use of blood products. However, this now rarely happens in the United States as blood donors are screened for risk factors, and all donated blood is screened for HIV antibodies. Persons who are HIV positive should not donate blood, plasma, semen, body organs, or body tissues (WebMD, 2005).

At one time healthcare workers were considered to be at high risk for exposure to HIV. Policies at health facilities now require protection from accidental exposure, and workers must dispose of sharp objects safely and wear protective gloves, gowns, and eye and face protection. These measures are effective in protecting healthcare workers from HIV (WebMD, 2005).

An HIV infected woman can spread the virus to her baby during pregnancy, delivery, or breastfeeding. Taking zidovudine (ZDV, formerly AZT) during pregnancy can reduce or prevent the risk of spreading HIV to a baby, as well as the use of a Caesarian section for delivery. The baby of an HIV positive mother will probably have to take ZDV after birth (CDC, 2006, WebMD, 2005).

HIV cannot be spread through casual contact. The HIV virus does not survive well outside the body. It cannot be transmitted though contact with an infected person's saliva, sweat, tears, urine, or feces. Casual kissing or sharing a drinking glass with an infected person will not result in infection, nor will insect bites (WebMD, 2005).

Diagnostic Tests

HIV is diagnosed when antibodies to HIV are detected in the blood. Diagnosis of an HIV infection is done with two or more positive enzyme-linked immunosorbent assay tests (ELISA), which detects HIV antigen, and confirmation with one Western blot assay, which detects antibodies to HIV (WebMD, 2005). If these tests are negative and the person has definite risk factors for HIV infection, the tests should be repeated in 3 months (Gandhi, 2006).

Lower-than-normal CD4 cell count may demonstrate suppression of the immune system by the virus, and AIDS is diagnosed when the CD4+ cell count is less than 200 cells per microliter of blood (WebMD, 2005). HIV RNA viral load is an indicator of the amount of virus in the bloodstream. CD4+ cell counts and viral load measures are performed regularly to monitor how much HIV is in the blood and how the virus is affecting the immune system (Gandhi, 2006).

Other tests to evaluate overall health condition are performed on HIV positive patients, including a complete blood count (CBC) as well as a blood chemistry screen to measure electrolytes, glucose, and evaluate to liver and kidney function. Syphilis testing and screening for hepatitis A, B, and C, to test for past or current infection, is indicated. Chest X-rays are done to detect lung problems associated with HIV as well as screening for tuberculosis and a test for toxoplasmosis. Toxoplasmosis can become serious in people with a weakened immune system (WebMD, 2005).

Treatment

HIV treatment is successful at prolonging life and delays AIDS progression, but once HIV progresses to AIDS, the severe infections that can lead to death develop. Untreated, AIDS can be fatal in 18 to 24 months after it develops. Drug treatment for HIV, called highly active antiretroviral therapy (HAART), is a combination of three antiretroviral drugs from two different drug classes. These drugs have a very complicated pharmacological action, and this treatment is designed to control the amount of virus in the body (Azomed, 2006). It reduces AIDS rates, but it does not and cannot substitute for prevention measures such as condom use and safer sex practices. Results from clinical trials suggest that these drugs can increase CD4+ cell counts and decrease viral load. There is controversy over whether or not HAART has caused a decline in death rates from AIDS (Boyles and Chang, 2006).

The decision to begin HAART before health decline begins is a complicated one. While there are benefits, such as decreasing the severity of early HIV symptoms, affecting the rate at which the disease progresses, reducing the rate at which the virus multiplies in the body, and preserving immune system function, there are also risks. The quality of life may be reduced because of drug side effects and cost, and drug resistance may develop, limiting future treatment options. This could result in the need for continuing therapy indefinitely and reduce future drug options when HIV disease risk is the highest. Treatment is usually offered when the CD4+ count is more than 200 but less than 350 cells per microliter of blood (WebMD, 2005).

There are two reasons why this drug treatment can fail. One is that the HIV virus becomes drug resistant. The drugs no longer control the virus multiplication nor protect the immune system. Two blood tests are available to detect drug resistance in the virus. Genotyping assays detect mutations in the viral genes, and phenotyping assays measure the ability of the virus to grow in cells containing antiretroviral drugs. The other reason for failure is that the drugs are not taken properly or consistently. Failure can result if the HAART medication is not taken exactly as prescribed (WebMD, 2005).

Lifestyle changes to help keep the immune system strong are also a part of treatment and are encouraged. These include not smoking, limiting the use of alcohol,

and not using drugs. Eating a healthy balanced diet that includes getting adequate protein and calories as well as exercising regularly will help a person feel better. Reducing stress helps manage HIV illness. Support groups allow sharing of information and emotions relating to HIV. Psychotherapy can improve quality of life, helping to manage anxiety and depression. (Krohn and Taylor, 2002, WebMD, 2005)

The HIV positive person should also practice safe sex. Use of condoms during sexual activity is protective, and oral, anal, and vaginal sex with an HIV infected person can spread the infection. Limiting sex partners, preferably to one, is important, and persons having sex with someone who has HIV should be regularly tested for HIV. Tooth brushes, razors, or sex toys that may be contaminated with blood, semen, or vaginal fluids should not be shared (WebMD, 2005).

Scientists are working to develop a safe, accessible, and preventive vaccine. A vaccine cannot cause HIV or AIDS and should cause the vaccinated person to produce either antibodies or T cells to fight infection. There are six types of experimental vaccines under investigation and include peptide, recombinant subunit protein, live vector, DNA, vaccine combination, and virus-like particle vaccines. (HVTN, 2006). The goal is to produce an AIDS vaccine that prevents infection from the many HIV isolates and can be used in the developing world where the need is the greatest. (IAIV, 2006)

Epidemiology

There are many statistics quoted concerning the occurrence of HIV and AIDS in the world, but the accuracy of these figures can be misunderstood. The definition of AIDS varies from country to country as do the confirmation tests required for the disease. In some countries, no tests are performed for either HIV or AIDS, and only symptoms are used in determining AIDS cases. Some figures are extrapolations and estimates, rather than actual cases reported or confirmations of cases. AIDS is frequently not recorded as the cause of death on a death certificate, and many cases of HIV and AIDS are both undiagnosed and unreported. (Berry and Noble, 2006)

With HAART and the continuing progression of improvement in HIV treatment, there has been a small decline in death rates or progression to AIDS among

patients from North America and Europe. HAART reduces AIDS events even when treatment response is poor (Gadd, 2006). Poverty plays a role, in that people in a poverty situation are frequently medically underserved (Boyles and Chang, 2006). It is estimated in a UN report that antiretroviral drugs reach only one in five who need them.

According to the 2006 Report on the Global AIDS Epidemic, the U.N. noted that at the end of 2005, 38.6 million people worldwide were living with HIV. In some parts of the world HIV rates are stabilizing, but in other parts they are rising. The U.N. Secretary-General Kofi Annan states that AIDS has killed more than 25 million men and women, orphaned millions of children, exacerbated poverty and hunger, and, in some countries, even reversed human development altogether (WebMD, 2006). Around half of the people who have HIV become infected before age 25 and die of AIDS before age 35.

A UN report states that about 8.3 million people in Asia were living with HIV at the end of 2005. Two-thirds of these Asians with HIV live in India. In Latin America, 1.6 million people have HIV. HIV continues to spread in Eastern Europe and central Asia. According to the CDC, about 1.04 million to 1.18 million people in the US were living with HIV/AIDS at the end of 2003, with about a quarter of them undiagnosed and unaware of their HIV infection. Sub-Saharan Africa (south of the Saharan desert) is the worst-affected area in the world by the AIDS epidemic. This region has about 10% of the world's population, but over 60% of the people there are living with HIV (Avert, 2006).

NAET Philosophy of Disease and Treatment

Many common symptoms from which people suffer are both a direct and indirect result of allergies. Dr. Devi Nambudripad, founder of NAET®, has come to believe that 90 percent of health problems stem from sensitivities to food, chemicals, environmental substances, pets, and people in the living environment (Nambudripad, 2005). Repeated allergic reactions have the end result of weakening the immune system, which adversely affects the health of the person and their ability to resist disease (Krohn, Taylor, and Larson, 2000).

Malnutrition and malabsorption are paramount because of allergies, as are asthma, eczema, dermatitis,

urticaria, diarrhea, nausea, vomiting, vision problems, dizziness, fatigue, headaches, indigestion, insomnia, joint pain, bloating and other gastrointestinal disturbances, behavioral problems, developmental delay, learning disabilities, autism, ADD, ADHD, and many other symptoms and conditions. NAET® testing identifies the allergenic substances causing these symptoms and NAET® treatment clears the allergy, totally relieving the symptoms (Nambudripad, 2002, 2003).

NAET® treatments have the end result of making the body healthy and able to withstand many diseases and conditions a body loaded with allergies cannot do. NAET® treatment for organisms, including viruses, bacteria, parasites, fungi, molds, and yeast eliminate the allergy to these organisms. In addition they help eliminate the toxins related to the infection as well as the remains of the microorganisms, including latent disease foci (Krohn and Taylor, 2001). Many disease conditions will heal after allergies are treated with NAET®. Some people require only treatment with the NAET basics, while others require more extensive treatment.

A recent study and NAET® treatment in India involving children infected with HIV has resulted in these children becoming HIV negative and has been confirmed with laboratory tests (Naina, 2006). An additional study on 12 patients (6 controls/6 in treatment group) in India resulted in formerly positive laboratory tests becoming negative (Nambudripad, 2006). These findings are presented in other papers in this journal.

Conclusion

HIV and AIDS, as well as many other diseases, are a result of the immune system being too weak to effectively fight the organisms and eliminate the diseases from the body. Treating with NAET® for food and environmental allergies as well as disease-causing organisms improves the immune system and strengthens the body so that it is able to overthrow these organisms when there is no more allergy toward them. Many diseases can be eliminated by the body after NAET® treatments, including HIV viruses and thus AIDS.

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