

Volume 2, Issue 2 April /May 1994

The continuum *Magazine*

CHANGING THE WAY WE THINK ABOUT AIDS

AZT SEPTRIN AZT

drugs worth dying for?

Incorporating
continuum *Africa*



UK £1.75
USA \$2.50

In This Issue

AIDS related dementia and B12 5&6

The symptoms of death from vitamin B12 deficiency are identical to symptoms of death from AIDS. Prophylactic drugs given to people with HIV block B12 absorption.

Organics MEAT 9

In response to the many enquiries we get about the availability of organic produce we start a new series with the help of Dulcette Tones.

AZT and Concorde 10,11&12

A chilling review of the Concorde trial results by Huw Christie which examines closely the information that other publications chose to ignore.

Man from the Gas Board No1 13

Sue Threakall is back after a short absence with more down to earth, homely advice on the art of 'do it yourself if you want it done at all.'

Welcome to Cornwall 14 & 15

Malcolm Lidbury, Editor of the ITC Newsletters Summer Guide, welcomes fellow gay's to this beautiful part of Britain.

SEPTRIN 16&17

Graham Ross, the solicitor representing Sue Threakall in her action against Wellcome discusses the dangers of prophylaxis.

Continuum AFRICA 18&19

Cecelia Wampamba, a qualified nurse alerts the African community to the dangers of trialing HIV vaccination in Uganda.

Imprint Book Review 20

The Continuum Magazine is published by Continuum, PO Box 2754, London NW10 8UF

Director/Editor: Jody Wells, Assistant Editor: Barry Duke

Jody Wells Personal Assistant: John Dunphy

Graphics: Jody Wells

Database Management: Brian Parry

Research: Garry French, Huw Christie

Advertising manager: Stuart Bennett

Subscriptions: Patrick Brough

Office: Rachel Armstrong, Raj Singh, Lillian Ankunda.

The magazine is produced on Apple Mackintosh LC11 using Quark Express 3.11 and Caere Typist Scanner.

Printed by: Print Kings, Printing Trade Services Limited, 14 Steele Road, London NW10 7AS. Tel: 081 961 1662

HIV watch

The recent tragic and in our view completely unnecessary death of the Olympic ice skater John Curry, brings sharply into focus an image we have all become familiar with during the past decade. You only have to visit any STD clinic or HIV/AIDS drop-in centre in the country to see the same gaunt faces, wasted bodies and helpless frightened expressions among young men in what should be the prime of their lives.

If you happen to be old enough, it's only necessary to cast your mind back fifty odd years to the mid-nineteen forties and recall the images that came out of Auschwitz or Dachau when the allies finally liberated the inmates of those and other concentration camps, to recognise a chilling similarity.

The young men who inhabit the clinics and drop-in's have one thing in common apart from a diagnosis of HIV antibodies, which in itself may be meaningless, they are all undergoing what is currently described euphemistically as 'AIDS therapy.' which we have been led to believe is meant to prolong and improve the quality of life of someone deemed to be at risk of developing the syndrome but, you would be hard pushed to find someone who *has* developed the syndrome *without* undergoing some form of 'AIDS therapy'.

The Oxford Reference Dictionary describes the word 'therapy' as meaning, "curative medical treatment." which is interesting since the medical fraternity have as yet not succeeded in curing one single person with an AIDS diagnosis, either here in the U.K. or anywhere else in the world, in the past twelve years. On the contrary, practically every single patient who has been deemed to be suffering from or at risk of developing one of the so-called AIDS related diseases and has been persuaded their only course is to opt for 'AIDS therapy' with one or other, or many of the prophylactic drugs on offer is

continuum
Africa 18

Continuum

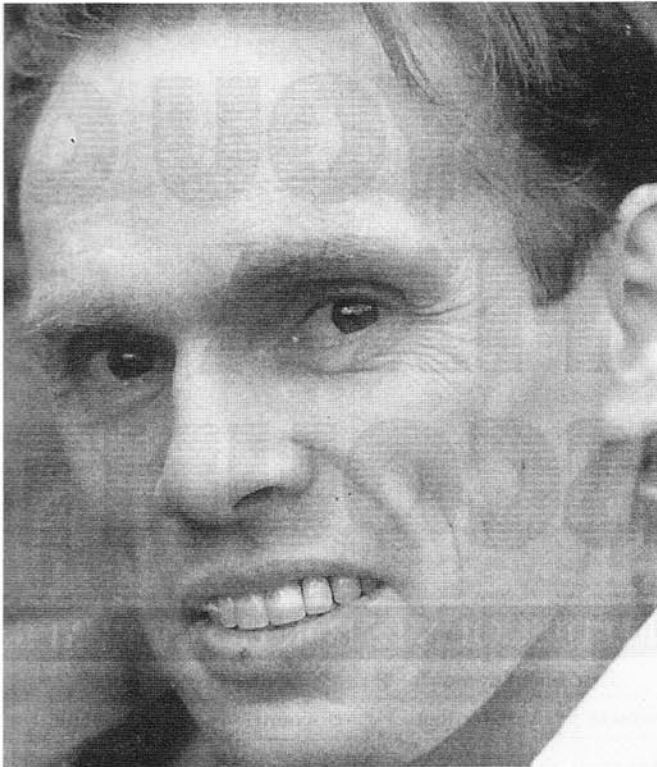
For long-term survivors of HIV and AIDS and people who want to be
PO Box 2754 London NW10 8UF Tel: 081 961 1170 Fax 081 961 2330

Jody Wells

AIDS therapy?

either dead, dying or has become pretty ill.

Looked at from that perspective, it begins to appear as though the only co-factor required apart from a diagnosis of HIV antibodies, to develop and die from AIDS, is in fact 'AIDS therapy' and one begins to wonder if, somewhere along the line, someone hasn't got it very, very wrong.



Contrast that with the experience of long-term survivors, themselves diagnosed HIV positive, who would touch AIDS therapy with the proverbial bargepole. The vast majority of them have already lived 10 years

with the diagnosis, in good health and a great many of them have lived a good sight longer than the medical profession predicted they would without any assistance from prophylaxis or from a doctor.

The untimely death of John Curry is an example, as if it were needed of the current state of 'AIDS therapy' which assumes that without the administration of highly toxic and frequently experimental drugs such as AZT, the future for someone diagnosed HIV positive is hopeless. The Mirror described the photograph of John reproduced on this page as "The face of bravery" and to many, unaware of the real story behind the stars treatment, that's doubtless how it appears but in the gay community and other communities affected by the unproven assumption that HIV is a killer, we're waking up to the truth and the more of us that survive and live on in health to beat the odds, the more the lie will be shown up for what it is.

'AIDS therapy' and particularly AZT has played a major role in the 'treatment' of all of the great names who have supposedly died of 'AIDS' in recent years, Freddie Mercury, Denholm Elliot, Arthur Ashe, Rudolph Nureyev, Anthony Perkins, Brad Davies and many more who's deaths from 'AIDS' have been hijacked by an industry, ably assisted by the stars of stage, screen and television in a desperate bid to keep the profile of 'AIDS' in the headlines.

Liz Taylor, Hollywood's answer to the Angel of Death, has captured the media headlines by flying with deadly monotony to the bedside of the prominent and visible, comforting them in the face of the inevitability of their deaths from 'AIDS', and thereby fueling, in the minds of the general public, the idea that once diagnosed HIV positive, the only outcome is death. If there is no escape for the rich and famous what hope can there be for ordinary people? The face you see on this page is not the face of 'bravery', the eyes tell another story, they are the eyes of a great and talented man, haunted by fear and confusion at the plight in which he finds himself.

We have all seen that expression too often not to recognise it for what it is and no amount of media hype will convince us otherwise.

If this is the best that the medico/pharmaceutical industry can do in the latter half of the twentieth century, then it's time they buried the HIV theory once and for all.



VITAMIN

5

12
B

SUE'S BACK



13

Propolis

30% DISCOUNT

Sneatondale Honey Farms
BEE HEALTH
PROPOLIS



30%
OFF



AVAILABLE TO
CONTINUUM
READERS ONLY

TEL: 0947 820930

FAX: 0947 820618

BEE HEALTH PRODUCTS

1 SKINNER STREET,

WHITBY, N. YORKS YO21 3AH

The Ultimate Health Product



THE NUTRI CENTRE HALE CLINIC 7 PARK CRESCENT LONDON W1N 3HE Tel: 071-436 5122/071-631 0156

The Nutri Centre is located on the lower ground floor of the Hale Clinic in 7 Park Crescent, London W1N 3HE. The prestigious (Nash Terrace) crescent is only a few minutes away from underground stations at Great Portland Street, Regents Park and Baker Street.

Clients are often faced with a dilemma when they have been prescribed or recommended a course of nutritional regime by their practitioner or Nutritionist

One often doesn't even know where to begin to find a company which provides all the products he or she needs. It may mean placing orders with a number of different manufacturers whose despatch times may vary. Consequently the institution of the regime is delayed or becomes staggered. Since delay can cause further upset to someone already in distress and staggering can mean that it takes longer for the full benefit of the treatment to be effected and felt (nutrients interact with each other and the regime will have been designed with this in mind) the client may lose heart and motivation.

In an effort to circumvent some of these problems some practitioners have arrangements with certain manufacturer's or else stock the remedies themselves. But time spent in administering the purchase and sale of remedies simply increases the stress load on practitioners and their practices.

For those individuals who do not wish to see a practitioner for any specific illness there is problem of trying to obtain professional advice on the use of vitamins and nutritional products to supplement their diet.

The aim of the recently opened NUTRI CENTRE at the Hale Clinic in London is to lift all of these burdens from practitioners and clients. Essentially it stocks or has access to the most extensive range of nutritional supplements – from those you would find in a health food shop, to practitioner products, to exclusive lines, even to the occasional batch made up for specific requirements.

Now clients can visit or contact the Nutri Centre knowing that it can almost certainly provide all the products that have been recommended. And if, with this relative ease of availability a client begins to feel better sooner, the incentive to keep going with the regime becomes stronger and healing is achieved at a much faster rate. Suitably qualified staff are also available to give professional advice on improving compliance of the regime to maximise its therapeutic benefits.

The Nutri Centre operates a prompt and reliable mail order service for those not fortunate enough to live or work within striking distance, and next day delivery is guaranteed. This service can also be extended to ordering "repeats" enabling them to maintain continuity of the Dietary Supplementation Therapy. The intention, therefore, is that clients from anywhere in the country should be able to order their supplies from just one phone call to the centre.

"The Nutrition Centre's influence on the industry as a whole will be considerable, and indeed, it is already leading the way in a number of areas..."
Jan de Vries (June 1991)

LIBRARY/ BOOKSHOP/ EDUCATION CENTRE

The Centre also incorporates a Library/ Bookshop with an extensive selection of books, not only on health and nutrition but also on the whole range of alternative and complementary therapies, self development and psychology, and new age. With no obligation to buy, clients are encouraged to browse- there are plenty of leaflets around advertising courses and seminars relating to lifestyle and health. The Centre is uniquely placed to make a positive contribution to education.

Information books on:

Alternative Therapies: Aromatherapy & Massage, Acupuncture, Alexander Technique, Bach Flower Therapy, Crystal Therapy, Chiropactic, Homeopathy, Iridology, Kinesiology, Osteopathy, Reflexology, Shiatsu, Spiritual Healing, Tibetan medicine.

Natural Health: Ailments, Allergies, Fitness, Slimming & Beauty, Food Combining, General Good Health, Healthy Non-vegetarian cook books, Herbs & Herbal Medicine, Macrobiotics, Natural Food Healing, Nutrition, Parents & Childcare, Special Diets, Vegetarianism, Vitamins & Minerals, Women's Health.

Environment: Green issues.

Self Development & Psychology: Positive Thinking, Recovery, Motivation & Self Improvement

New Age: General New age, Yoga & Meditation.

COMPLETE RANGE OF PRACTITIONER PRODUCTS

Exclusive distributors of Scientific Consulting Services Products (USA), N.F. Products (USA), Thorne Research Products (USA), NATREN probiotic (USA), Allergy Research Group (USA).

Lamberts Nutri-West Biocare C&G Natural Flow Cytoplasm Nutrisense	Blackmores Healthlink Natures Own Cantassium Nature's Plus Adv. Nutrition Health Plus	Quest Solgar Lewis Lab Bio-Science Berres drops Aropha drops Dr. Donsbach	Klaire Lab Phoenix Card. Vas. Research Enzyme Process Standard Process Dr. Donsbach
---	---	---	---

also COMPLETE RANGE OF VITAMINS AND NUTRITIONAL SUPPLEMENTS FROM:

Healthcrafts Lanes Fsc Power Am Nutrition Regina Red Kooga Kordel	Bioceuticals Meadowcroft Biohealth Healthlife Effamol Ihwa Ginseng Pharma Nord Seven Seas	Ortis Comvita Kwai Hofels Pure-Gar Salus-Haus Obbekjaers BCH Propolis	Vitabiotics Celaton Floradix Seaton Wassen Lifeflan Lifestream Spirulina
--	--	--	---

SPECIALIST PRODUCTS

Nutri-Elixir Undecyn Green Magma Chlorella Guarana N-Acetyl Cysteine Tanalbit Viracin	Shark's Cartilage Oxyrich Superdophilus Bifido Factor Primedophilus Pralfia Blue-Green Algae Phytozyme	Seavit N-Acetyl Glucosamine Imedeen Kevrans Silica HB Glucosamine HB Antioxidant Algitiv Colon Cl. Kits	Elagen Tea-Tree Pess. Wheatgrass Prep Aloe Vera Juice Argille Clay Liquid Paediatric Tree Syrup Kombucha
--	---	---	---

CLASSICAL AND COMPLEX HOMEOPATHIC PRODUCTS

Nelsons Weleida Ainsworth	Heel Dr Reckeweg Oligoplex	Helios Wala Pascoe	Boiron Lening Meridian Komplex
---------------------------------	----------------------------------	--------------------------	---

HERBAL, AYURVEDIC AND BIOCHEMIC PRODUCTS

Bioforce Potters Gerards Herbs of Grace Ayurvedic Herbs Biostrath	Kan Herbs Health Concerns Western Herbs & Tinct. Phytoestrol Sp. Herbal Supplies Chinese Herbs & Tinct.	Agnolyt Khan Marigold Swedish Bitters Planetary Formulas Jason Winter	Heath & Heather Phyto Products New Era Dr. Dunner's Specialist Herbal products
--	---	--	---

FLOWER REMEDIES

Bach Healing Herbs	Australian Bush Californian	Amazone Pacific	Himalayan Alaskan
-----------------------	--------------------------------	--------------------	----------------------

ESSENTIAL OILS

Tisserand Bodytreats	Nelson & Russell Gerards	Biopathy	Shirley Price
-------------------------	-----------------------------	----------	---------------

SPECIALIST SKINCARE/ COSMETICS/ DENTAL PRODUCTS

Yin Yang Austrian Moor Raquel Perry Millcreek	Toms Blackmores Vico Annemarie Borlind	Tonialg Dead Sea Products Keipp	Pierre Cattier Haar Saana Weleida
--	--	---------------------------------------	---

EXTENSIVE SELECTION OF BOOKS

SPECIALIST PRACTITIONER SERVICES

PRESCRIPTION SERVICE FOR PRACTITIONERS

PRACTITIONER BENEFITS:

- * Access to the most comprehensive range
- * Avoids large capital outlay for stock
- * Relieves problems of stock control
- * Allows Practitioner to work from several different locations without having to carry stock around
- * Encourages patient compliance
- * Ensures control over patient supplement intake

PATIENT BENEFITS:

- * Fast delivery, via an efficient mail order service (guaranteed 24 hours despatch)
- * Direct to home
- * Clear practitioner instructions

* Professional Discounts for Practitioners

* VAT exemption for Export Sales

MAIL ORDER HOTLINE
Tel: 071-436 5122 Fax: 071-436 5171

HIV dementia, folic acid...and

VITAMIN B₁₂

Jody Wells

This abstract was written and presented by Jody Wells at the Conference on HIV and Mental Health in Bath in March of 1994 and examines the striking similarity between death from B12 deficiency and death from AIDS and how the latter can be brought about by the former.

I shall begin by relating a set of symptoms. They are as follows, weakness, listlessness, fatigue, diarrhoea, depression and indigestion, paleness, numbness and pins and needles in the fingers and toes (peripheral neuropathy), anorexia, infertility, mental imbalances including, faltering memory, moodiness, apathy, paranoia, personality changes and other derangements. In the later stages leading to death, imbalance in the lower extremities, increased neuropathy, further memory degeneration, loss of sensory and mental sharpness, visual impairment and urinary and fecal incontinence. In the final stages before death, brain damage, loss of gag reflex and irreversible paralysis.

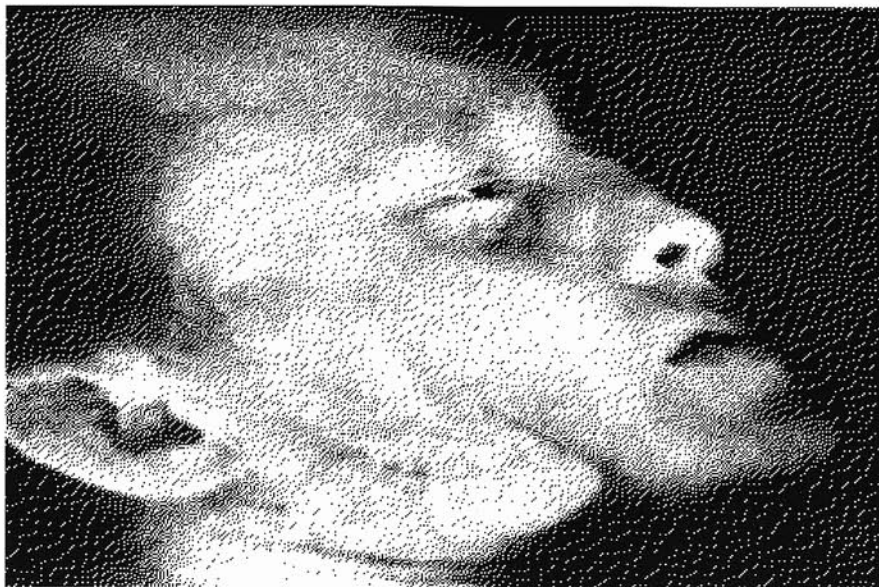
If those of you reading this, who work in the medical and nursing professions caring for patients with an AIDS diagnosis recognise the above description as the classic symptoms of a patient in the latter stages of advanced AIDS leading to death, you would in fact be wrong. The above description was in fact a description of the symptoms of Vitamin B12 deficiency.

An article in the November 1991 issue of the Journal of NIH Research, states outright that studies of AIDS dementia (the loss of brain function that affects most people with AIDS) is foundering: "From the outset, the study of the neurological manifestations of infection by the human immunodeficiency virus-type 1 (HIV-1) has been beset with practical problems, experimental complexities and theoretical improbabilities. As the years wear on the , the problems seem to be growing more complicated." 1

Among the best studied causes of immune suppression due to malnutrition are those associated with the lack of essential vitamins and minerals. A severe or prolonged deficiency of several vitamins found mainly in animal

foods such as liver, meat, eggs and fish, including vitamin B6 (pyroxidine), vitamin B12, and folic acid (pteroylglutamic acid, which can also be found in dark green leafy vegetables, beans, and peas), can cause anemia. Vitamins—B6, B12, and folic acid—are essential for DNA synthesis. All rapidly dividing cells, including red and white blood cells, require these vitamins. If they are lacking cell division does not proceed normally, and an absence of functional lymphocytes of all types can result.

A number of relatively common pharmaceutical agents are associated with folic acid deficiencies, including many cancer chemotherapeutic agents, AZT, Septrin, 2 various antibiotics and some of the oral contraceptives. Folate deficiency is also found in pregnancy, chronic alcoholism, drug addiction, and malabsorption syndromes, and it is extremely common in impoverished countries and the inner cities of industrial nations. 3,4



HIV or AIDS related dementia is rarely if ever seen in people who have been diagnosed 'HIV positive' and remain asymptomatic regardless of the length of time since diagnosis. However dementia is frequently diagnosed in those people deemed to have 'AIDS'. The diagnosis of 'AIDS' is arrived at, either by the sudden onset of Pneumocystis carinii pneumonia (PCP) or

one of the other so-called opportunistic infections, such as Kaposi's sarcoma (although this particular disease no longer qualifies as an 'AIDS' defining condition) the one thing that distinguishes a person with 'HIV' and an 'AIDS' diagnosis from someone who is positive but asymptomatic is that the former group will be those receiving a variety of prescribed medications both prophylactic and for acute conditions, these drugs include AZT, ddI or possibly ddC most frequently combined with prophylaxis against PCP using either Septrin, Dapsone or in some

cases co-trimoxazole. They may also be receiving other drugs to stop or modify reactions to these prescribed medications. The latter group, the HIV asymptomatics, will generally be free of any prolonged form of medication.

Another group of HIV positive individuals who are also exposed to the aforementioned drugs are those who have been found to have T-lymphocyte counts of 200 or below and who are usually advised that in order to minimise the possible onset of PCP (the medical profession appear to believe that PCP is a foregone conclusion for anyone who is and HIV+ demonstrating a T-cell count of 200 or below), they should undertake prophylactic therapy with Septrin, Dapsone or Co-trimoxazole and are also frequently advised that they ought to consider starting treatment with AZT.

Septrin (also known as Septra, Septran or Bactrim), Dapsone and Co-trimoxazole are all sulpha based antibacterial drugs, Co-trimoxazole being a combination of sulphonamide and trimethoprim a broad-spectrum antibacterial. Produced from a red dye, prontosil rubra, it was discovered in 1935 that this dye protected mice from streptococcal infections. Following that discovery hundreds of similar drugs were produced.

All sulphonamide drugs are known to interfere with the use of folic acid in bacterial cells. However they have a high incidence of harmful effects most of which mimic exactly many of the symptoms doctors expect to find in people with advanced 'AIDS'. Also, with prolonged use (even at low dosage) they eventually interfere with the body's use of folic acid producing folic acid deficiency anaemia. **2**

Sulphonamide drugs also interfere with gut flora, destroying *E. coli* causing an eventual overgrowth of *Candida albicans* which becomes a chronic problem, undermining the body's ability to absorb micro-nutrients.

AZT, originally designed as a cancer chemotherapy drug is both a recognised carcinogen and mutagen **3,4,5** and is destructive to *E. coli* even in minute dosage. It damages bone marrow causing pernicious anaemia **5** and also interferes with the body's ability to use folic acid. If ingested for a sufficiently long enough period will eventually kill the patient. Patients prescribed these drugs, frequently exhibit signs of anaemia for which a folic acid supplement is generally prescribed in the belief that this will prevent the problem getting worse. However folic acid only masks the true problem which is a deficiency of B12. This deficiency is brought about by a number of factors not the least of which is the damage done to the gut flora causing an overgrowth of *Candida albicans* and also undesirable bacteria which effects the natural mechanism whereby B12 is manufactured in the colon by beneficial microorganisms. **6**

The earliest signs of B12 deficiency are weakness, listlessness, fatigue, diarrhoea, depression and indigestion, however, symptoms of B12 deficiency do not always show and can occur without blood deficiency **7** and even though folic acid deficiency may be suspected and a supplement given, B12 deficiency will continue unchecked.

While folic acid alone seems to alleviate symptoms of B12 deficiency an insidious process is under way as dam-

age from insufficient B12 continues in the nervous system, with fewer outward symptoms. Folic acid and B12 have similar functions and each requires the presence of the other in many of their activities. **8** As the deficiency progresses into the latter stages, the protective myelin sheaths surrounding nerves and the brain deteriorate resulting in a diminished sense of weight and balance in the lower extremities, further memory degeneration, visual impairment and urinary and fecal incontinence. The tongue is an indicator of B12 deficiency. It becomes red, shiny and smooth and frequently ulcerated but yet again, this can be confusing in persons with an overgrowth of oral *Candida* as this tends not only to mask the signs but is frequently thought to be as a result of the fungal infection.

The most common cause of vitamin B12 malabsorption is due to the stomach's gastric juices losing its 'intrinsic factor' a mucoprotein enzyme that makes the uptake of B12 possible as only about 1% of B12 is absorbed without 'intrinsic factor' present. Intrinsic factor manufacture is destroyed by parasites, an overgrowth of bacteria or fungus and may probably be damaged by further destruction of the immune system caused by AZT (see chemotherapies above). **2**

In my opinion the use of Septrin and other sulpha based drugs as a prophylaxis against PCP (*Pneumocystis carinii* pneumonia) runs contrary to all that is known about the disease. Recognised in medical literature from 1911 onwards it has always, until the appearance of so-called immunosuppressive virus HI1 been recognised as a disease associated with malnutrition and specifically a lack of

vitamin A. More recently it has been recognised as a problem associated with cancer chemotherapy and in children being treated for leukemia. HIV of itself has not been shown to cause AIDS and it is significant that the majority of HIV positive asymptomatic persons, even those with low T-cell counts who refuse the treatment with the drugs currently being offered, very rarely exhibit any of the clinical deterioration seen in patients being treated.

REFERENCES

- 1) Hooper C. 1991. AIDS brain research broadens in search of mechanisms. *J NIH Res* 3:17-19.
- 2) Wells J. *What Doctors Don't Tell You*. Vol 4, No10. Dec: 1993.
- 3) Brody J. *Jane Brody's Nutrition Book*. New York: Norton.
- 4) Robbins S L. 1974. *Pathological Basis for Disease*. Philadelphia: Saunders, 718
- 5) Cretton *et al* 1991 Catabolism of 3'-azido-3' deoxythidine in hepatocytes and liver microsomes, with evidence of formation of 3'-amino-3' deoxythymidine, a highly toxic catabolite for human bone marrow cells. *Molec: Pharmacol*: 39: 258-266.
- 6) Medical Economics Data 1992 *Physicians Desk Reference 1992*. Medical Economics Company, Montvale NJ.
- 7) Lindenbaum J. *et al*. Neuropsychiatric disorders caused by cobalamin deficiency in the absence of anaemia or macrocytosis. *New England Journal of Medicine*. 318: 1720-1728, 1988.
- 8) Giugliana ER. *et al*. Serum vitamin B12 levels in parturients, in the intervillous space of the placenta and in full term newborns and their interrelationships with folate levels. *American Journal of Clinical Nutrition*. 41 330-335. 1985.





JOURNAL OF INTERNATIONAL HEALTH RESEARCH

A JOURNAL OF TRUTH IN SCIENCE AND MEDICINE OF PEOPLE'S INTERNATIONAL HEALTH PROJECT AND PROJECT AIDS, INTERNATIONAL
ISSUE NO. 1 / © MAY 1994 / PAGES 1-24

FEATURE ARTICLES

**AIDS causation...
an insightful theory**

by Kary B. Mullis, Ph. D.

**Understanding The
HIV Antibody Test**

by Christine Johnson

**Inside Cuba's
HIV
Concentration
Camps**

by Jeremy F. Seivey

**A HYPOTHETICAL DISEASE OF THE IMMUNE SYSTEM
THAT MAY BEAR SOME RELATION TO THE
ACQUIRED IMMUNE DEFICIENCY SYNDROME**
by Kary B. Mullis, Ph. D. (Nobel Laureate, Chemistry 1993)

ABSTRACT: The cells of an individual immune system could be so highly infected with latent viruses that were immunologically distinct from one another as to result in an immune dysfunction resembling the Acquired Immune Deficiency Syndrome.

THERE is a population of cells in a particular individual from which sub-populations are chosen by immune mechanisms to undergo clonal expansion in the course of normal immune function. The number of individual cells in such a sub-population in any particular episode of immune function is dependent on a variety of factors that are incompletely understood.

- 1). Call this number of cells R.
- 2). Assume that in this population of cells at least one cell in R is latently infected by at least one virus capable of expressing a new and distinct epitope.
- 3). Now, every episode of immune function involving the promotion of clonality of R cells will result in the clonal expansion of at least one latently infected cell.
- 4). And during the course of clonal expansion the likelihood for expression of a latent virus from one or more members of the growing infected clone would be expected to grow in proportion to the number of cells in the clone.
- 5). Because expression of a previously latent virus with a distinct epitope would tend to provoke a new immune response, every immune response would tend to provoke at least one further immune response.
- 6). AIDS may be the result of such a chain reaction.

=> continued on page 4

Subscription Order Form

Please appropriately

YES! PLEASE SEND ME ____ YEAR(s) [12 ISSUES/YEAR] OF THE JOURNAL
ENCLOSED IS MY PAYMENT OF: \$50 (per year) \$ _____

I ALREADY RECEIVE THE JOURNAL BUT I WOULD LIKE TO MAKE
A MONTHLY PLEDGE (or) ONE TIME DONATION OF: \$ _____
TO HELP CONTINUE P.I.H.P.'s MEDICAL RESEARCH AND EDUCATION EFFORTS.

PLEASE PRINT

NAME: _____

ADDRESS: _____

CITY: _____ / STATE: _____ / ZIP CODE: _____

COUNTRY (IF NOT USA): _____

(* Please make all donations payable to P.I.H.P. Orders outside USA, please make payments by international money order in US funds, and mail to:



People's International Health Project
8033 Sunset Boulevard • #2640
Los Angeles • California • 90046-2427 • USA

Please send me information on advertising in the Journal.



Advanced Nutrition Limited

HELP SUPPORT YOUR IMMUNE SYSTEM

Using Natural Food Supplements:

Amino Acids Vitamin C
Vitamin E Vitamin A
Selenium Zinc
Organic Flax Oil and much much more.....

Literature and price lists available on request.

Send a Stamped Addressed Envelope to:

Advanced Nutrition (Continuum)

Broadway House
14 Mount Pleasant
Tunbridge Wells
Kent
TN1 1QU

Tel: (0892) 515927 Fax: (0892) 540839

• HERBALISM • HOMOEOPATHY • NUTRITION •

VIS MEDICATRIX NATURAE

The Journal
of
The General Council and Register of Consultant Herbalists
and
The Register of Homoeopathic Practitioners

Now Available On Subscription to Outside
Subscribers

For Subscriptions Or List Of Practitioners
Please Send SAE To:

GCRCH, 18 Sussex Square, Brighton, East
Sussex, BN2 5AA

REVIEWS • RESEARCH ABSTRACTS • CASE HISTORIES • CLINICAL PRACTICE

MATERIA MEDICA • ALTERNATIVE, COMPLEMENTARY AND ORTHODOX BOOKS

• PRACTITIONER POSTCARDS • DIAGNOSIS •

CONTINUUM

A service for members of Continuum by special arrangement with

Quest Vitamins

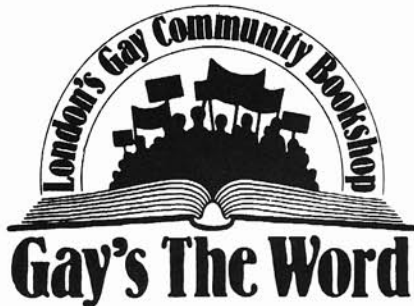
"the complete range of Quest Supplements is available at subsidised prices to members of Continuum at a saving of 33% off normal retail prices"

For further details contact:

Continuum, P.O. Box 2754,
London NW10 8UF

*"because good nutrition
is about quality of life"*

Quest Vitamins
congratulate Continuum on their
First Year in Publishing the
"Continuum Magazine"



*For the best in lesbian
and gay reading, a wide
selection of books on HIV
and AIDS & staff who
are supportive to the idea
of alternative therapies.*

66 Marchmont Street,
London WC1N 1AB
Telephone 071-278 7654

International Journal of Alternative & Complementary Medicine

The world's only independent monthly journal devoted to all the natural therapies. Founded in 1983, it circulates throughout the world to healthcare professionals and others interested in the fast-moving and ever-changing field of natural medicine. Edited by Leon Chaitow, the internationally-known practitioner, author and lecturer, it is well established as an outstanding source of reliable and stimulating information presented in a clear, readable and attractive style. No one who wants to know what **really** matters in alternative and complementary medicine can afford to miss it!

An annual subscription (12 issues) costs £27.50 (UK)

£32.00 (Europe & Eire) and £40.00 (Overseas)

To make sure of your copy every month simply write to us at: Green Library, Homewood NHS Trust (DHQ), Guildford Road, Chertsey, Surrey KT16 0QA enclosing your name and address together with your payment. Please make cheques payable to Green Library. Or ring us on 0932 874333 with your Access or Visa number.

CON93

MEAT

We frequently get enquiries about sources of organic produce and so, in an effort to help you purchase the best Dulcette Tones will be tracking down suppliers who care about the produce they offer

I remember as a young girl, when father carved the Sunday roast, he would say to my brother as he passed him a plate of succulent beef or lamb or whatever my mother had prepared that particular week, "This will put hairs on your chest, lad." He never said it to me though and I felt quite left out to the point that after lunch I would rush up to my bedroom to inspect my pre-pubescent mounds in the wardrobe mirror to see if Sunday lunch had done for me what it was supposed to do for him.

I now know better of course, being a quite hairless thirty eight D cup and the fact that all those roast dinners, meat pies and chops caused me hours of consternation has not spoiled my appetite for meat.

I am aware, even as I write this that many of my vegan and vegetarian friends will be tut, tutting at my apparent philistine attitude to our furry friends whos lives are suddenly cut short by my desire to consume their carcasses. Offered the choice between a piece of succulent roast pork with crispy crackling or guilt, believe me, I will go for the roast pork every time.

The one concession that I make to feelings of guilt for those creatures deemed fit by nature to be my prey is that they are reared in the most natural environment possible and preferably not pumped full of antibiotics. In other words, organically reared. Finding a butcher who supplies organically reared meat is not at all easy. At least, not as easy as it should be but searching one out is well worth the trouble if for no other reason than the sheer flavour of the produce in comparison to factory reared meat supplied by your local supermarket or butcher which pales by comparison.

The taste takes you back to the days when people cared

about the cut of meat they bought, how it was matured and fed and to farmers who cared about the welfare of their livestock.

It seems many of you who read Continuum are changing to organic produce in a big way and the number of requests we receive for information about where to buy it is increasing. On this page you will find listed organic butchers we've managed to track down in the London area, although the list is by no means comprehensive. We've also not included butchers in areas surrounding London, due to lack of space, so give us a ring on 081 961 1170 and we may be able to help.



ORGANIC BUTCHERS

Miles & Son Ltd, 121 Kirkdale, Sydenham, London SE26. Tel: 081 699 3108.

Randalls Butchers, 113 Wandsworth Bridge Road, Wandsworth, London SW6 2TE. Tel: 071 736 3426.

R.S. Ashby and Son Ltd, 8 - 9 Leadenhall Market, London EC3 Tel: 071 626 3871.

Cookes Butchers, 85 Lancaster Road, Enfield, London. Tel 081 363 1575.

A Dove and Sons, 71 Northcote Road, Clapham Junction, London SW11 Tel: 071 223 5191

Gibson Butchers, 301 Addiscombe Road, Croydon, Surrey Tel: 081 654 5147.

K. Hammond, 58 Thames Road, Chiswick, London. Tel: 081 994 1105.

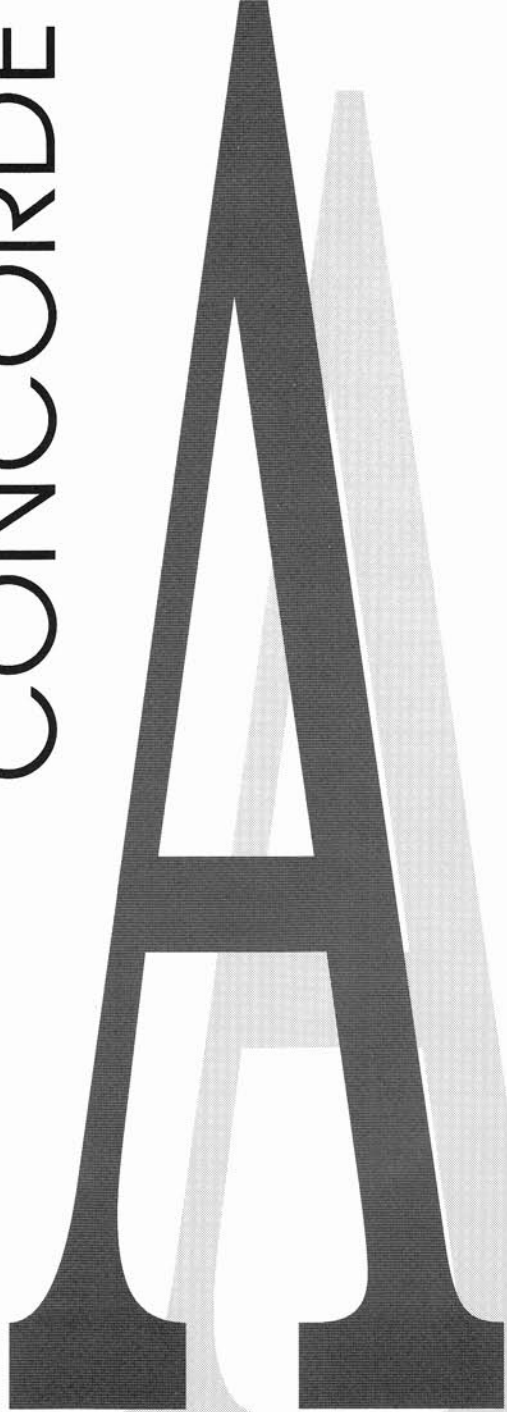
B. Prieg, Hiltons Butchers, 59 Bridge Street, Pinner, Middlesex

HA5 3HZ Tel: 081 866 9075.

Macken Butchers, 44 Turnham Green Terrace, Chiswick, London W4 Tel: 081 994 2646.

B. Tooley, 6 Cooper Road, Guildford, Surrey, Tel: 0483 57 35 75.

by Dulcette Tones



AZT

azido-thymidine, generically named zidovudine and marketed as Retrovir - was first synthesised over thirty years ago as a chemotherapy drug against cancer, but its excessive toxicity prevented its use. In 1987, the same year that the Rockefeller Corporation (the conveyor of petroleum into the annals of history) began its financial interest in Wellcome - the makers of AZT - the drug was let loose, at a high market price, on a bewildered HIV-related stampede of mostly gay and haemophiliac HIV-antibody positive- and AIDS-diagnosed consumers. The reasons for its unsurprising failure to cure anyone of AIDS or demonstrably prolong anybody's life are quite simple, but the double-talk disguising those same reasons would do the sphinx, let alone the Terrence Higgins Trust, proud.

This month saw the publication in *The Lancet* of the report of the Concorde AZT Trial into whether there was any benefit in giving AZT to asymptomatic HIV-antibody positive people. Two groups of patients were created, 877 people who immediately began unknowingly taking 250 mg of AZT four times daily (the Imm=immediate group), and 872 people who took matching placebo (the Def=deferred group). Individuals in each group began "open" AZT only when "HIV symptoms" were judged to have begun. Contrary to Edward King's report in the *Pink* and the coverage in *Capital Gay*, this study in no way represents the full results of the trial. It is yet again partial. The study itself states three times that further results will be published later, and Professor Ian Weller, Principal Investigator for the experiment in the UK, confirmed to Continuum that much analysis remains to be done, including figures for a "considerable number" of deaths and progressions to AIDS after the data freeze set at the end of 1992, which is the limit of *The Lancet's* report.

The name of the Concorde Trial must itself be one of the great curiosities of nomenclature: although the study was structured to have "a reasonable chance of detecting a one-third relative reduction in the..(assumed) 15% 3-year progression rate to ARC or AIDS" in the Imm group, in fact "the 3-year progression rates to AIDS or death were 18% in both groups, and to ARC, AIDS or death were 29%..and 32%" in the Imm and Def groups respectively; and although the experimenters signed on 1749 people for their purposes, some 407 people, or 23%, stopped taking any trial pills or "open" AZT during the experiment; moreover although the protocol of the trial was altered early on to allow the administration of "open" AZT on the basis of "low" CD4 T-cell counts (less than 500, which looks rather carelessly arbitrary when the membership of the last US Olympic team had T- cell counts in the range between 400 and 600!), Professor Weller confirmed to Continuum that T-cell counts need not be a marker of disease progression; yet again although the study tactfully concludes that its findings "do not encourage the early use of zidovudine as a monotherapy..", 613 people (35%) started PCP prophylaxis during the experiment, 416 of them (24%) before diagnosis of ARC or AIDS, so "monotherapy" is a misleading description of the trial treatment policy; and although "drug and placebo were provided by the Wellcome Foundation..Representatives of the Wellcome Foundation who were also members of the Coordinating Committee have declined to endorse this report." A kaleidoscope of contradictions, inconsistencies and disavowals such as this might better present itself as the Discord Trial.

Or maybe just the Con Trial would do. The learned opinion of those members of the Coordinating Committee of the trial who did endorse the report is that AZT is at best of negligible benefit to asymptomatic HIV-antibody

A kaleidoscope of contradictions, inconsistencies and disavowals such as this might better present itself as the Discord Trial, or, maybe just the Con Trial would do.

positive people. Substantial salaries have been earned in reaching this foregone conclusion at a prolonged cost in human stress and suffering.

Both cells and viruses need DNA and enzymes to copy themselves. That's what reproduction means. The DNA is made up of four different nucleotides or linked building blocks, one of which is called thymidine. AZT is thymidine with a nitrogen (azido) group attached, which prevents it linking to other nucleotides in the chain. When azido-thymidine gets into this chain of life of a cell it stops a full chain being made and the cell dies.

Cancer cells, which AZT was designed to kill, grow faster than normal tissue cells, the idea therefore being that when incorporating AZT they die more quickly than normally replicating cells too. When the treatment is finished and the chemotherapy stopped, the normal tissue cells can set about making up for their own lower rate of loss. The longer a person takes the chemotherapy, the greater the destruction of normal tissue cells. Three years of this with a drug considered too toxic for chemotherapy, is a long time. That is why in the long run nobody survives AZT although plenty of people who do not take it continue to survive the broad spectrum of AIDS diagnoses.

The introduction of this DNA chain terminator in the presumed presence of HIV is justified by the propaganda that HIV kills T-cells, and that preventing either the virus or the cell in which it's incorporated from reproducing is helpful to the individual's immune system, even at the expense of gradually killing all other reproducing cells in the body. But if it is true that there is such a thing as HIV, and if as is commonly claimed it is a retrovirus which, like the 150 or so other retroviruses that inhabit our cells, lives on through the replication of its host cell, it would be the first kamikaze retrovirus in history killing the very cell that gives it life. No less an authority than the discoverer of HIV, Professor Luc Montagnier, posted experimental evidence in 1990 that HIV itself does not kill T-cells (Science, May 1990); before him, Dr Robert Gallo, godfather of the US AIDS establishment, had retracted his theory of "direct killing" of T4 immune cells by HIV (Journal of Acquired Immune Deficiency Syndromes, vol

1 No 6, 1988, p525), and Professor Peter Duesberg had stated "no direct killing" of T-cells by HIV as early as 1987, the year AZT was licensed for distribution. In the resulting absence of evidence that HIV kills T-cells, it is a moral perversion and a financial triumph to spend three years of Concorde feeding toxic AZT to people to combat...nothing.

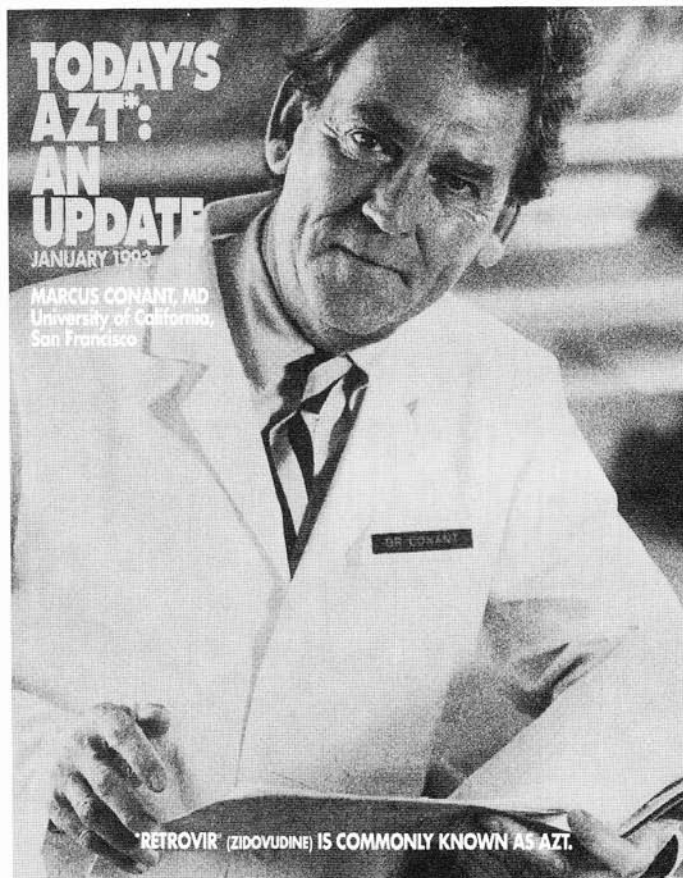
Beyond this clear and deadly sleight of hand however lies a plain and extraordinary outrage in the Discord

Trial itself. 1749 people were induced into the experiment on the basis of being without symptoms but HIV positive. Since the publication of Dr Papadopoulos-Eleopoulos' 1993 paper (BioTechnology, discussed in Issue 5 of Continuum) making clear the fallibility of the Western Blot and Elisa antibody tests, and the unreliability of the PCR virus test, it should by now be common knowledge that HIV positive status is never certain, if even meaningful at all. But the p24 antigen test - Western Blot - where the detection of a protein antigen (p) of molecular weight 24000 is still widely taken to be proof positive of the presence of HIV, (that is, when it's not proof of the presence of HHV1) is considered at least the more specific of the antibody tests, though most people in the UK never undergo it. Table 1 in the trial report reveals that of the 1448 people tested for it in the experiment, only 28% were found to have

p24 antigen. 72% of the luckless participants at 74 trial centres in Ireland, France and UK could not be even routinely confirmed HIV positive. If the full implications of this fact had been available to the participants, described frequently in the report as "blinded" to

the actual nature of their medication, it's sure that many more of them could be alive today. (Deaths during the experiment :172, with the "considerable number" in 1993 yet to be revealed.) This opportunistic exploitation of such a large group of patients is all the more absurd for the reports disclaimer that "Ethical committee approval was obtained for all participating clinical centres and all participants gave written informed consent."

But along with its chameleonic name changes, Retrovir itself has over time acquired a reputation for another and mysterious biological action regarding retroviruses them-



What side effects can I expect from today's low-dose Retrovir?

Today's low-dose Retrovir (500-600mg a day), when started early in patients with CD4 cell counts of 200 to 500, causes significantly fewer serious side effects. Many people report nothing worse than temporary discomfort. This may include headaches, nausea or vomiting, a feeling of fatigue or weakness. Reprinted from **Today's AZT: An Update**. Published in the USA January 1993. The back page of the brochure reads, **Brought to you as a public service by Borroughs Wellcome Co**

by Huw Christie

selves which in part explains its persistence in clinical use at least for patients with an AIDS diagnosis. (The Concorde Trial report advice: "...it might be advisable to defer zidovudine either until individuals develop symptomatic HIV disease or, if symptom-free, are thought to be at high risk of doing so." Why on earth?) The Concorde report states, consistent with literature produced by Wellcome, that AZT "inhibits the HIV reverse transcriptase enzyme." This enzyme does for the HIV what the polymerase enzyme does for a cell - it enables the DNA replication to take place. Such enzymes are essential catalytic intermediaries for all chemical reactions taking place in the body but this foggy notion of "inhibition" remains unquantified in relation to "stops", for example, or "slows down 100-fold" but as an abstract idea serves to give comfort to those who might otherwise recoil from prescribing a plain DNA chain terminator to an immune-compromised individual.

However, the prevailing dogma is that AZT does "inhibit" the HIV reverse transcriptase enzyme 100 times more than it does the cell polymerase enzyme - which is perhaps therefore only slightly "inhibited", and better after a glass of wine and a couple of tracks of Frankie Goes To Hollywood - making a hundred - fold relatively stronger assault on actual virus than on cells. But of primary importance is that in the presence of only a single paper from 1984, this claim of reverse transcriptase inhibition is completely unconfirmed and speculative. That the Concorde Trial report's Introduction should begin with this subsidiary theoretical property of the chemotherapy drug AZT as an assertion of reality is fibbing disguised as assured fact.

Misunderstandings about the supposed action of AZT are not rare though. In 1985 a study paper, used as a benchmark, claimed to have set the LD50 for AZT - the Lethal Dose at which 50% of cells in culture are destroyed. (Inhibiting virus hasn't ever been the point of the drug.) By last year, five subsequent experiments had confirmed that the LD50 dosage figure from 1985 had underestimated the killing power of AZT a 1000-fold - unhappy news for those people taking milligrams rather than micrograms of the drug.

Likewise, the American Physician's Desk Reference Book claims that "Studies in cell culture suggest that zidovudine incorporation by cellular DNA polymerase may occur, but only to a very small extent.." Since, thirty years ago when the drug was invented against cancer

cells, its one purpose was to halt cellular DNA polymerase-mediated incorporation which it did with unacceptable success, the claim that studies merely "suggest" a lethal action against cell reproduction is at best an empty-headed lie.

In recklessly accepting AZT as an antiviral drug, albeit one to be employed probably only when "HIV symptoms" (fury? disgust? disbelief?) occur, the Concorde Trial report spends some time on the issue of T-cells, claiming an average benefit to the immediate AZT group of 30 more T-cells/microL than the deferred group's average, (though this "benefit" eventually did not translate into any clinical difference). Pigs might fly. For the recent BBC File on

Four radio documentary about Concorde, two people including Jody Wells, Director of Continuum, agreed to have their T-cell counts done. In both cases, a single sample of blood was taken and divided for testing at two separate labs. The resulting counts from the same blood sample varied in Jody Wells' case, one being 173 and the other 240 per ml of blood. Other sample generated similar inconsistency!

The Concorde Trial report states, "T-cell subsets were measured largely by flow cytometry..all laboratories participated in national quality control schemes." Since national quality control schemes did not prevent two NHS labs and one private from arriving at the startlingly divergent results for the File on Four documentary samples, and since the Concorde Trial centres were spread between three countries, the figures leading to this claimed average benefit in T-cell count in the Imm group must be seen to be fundamentally

By last year, five subsequent experiments had confirmed that the LD50 dosage figure from 1985 had underestimated the killing power of AZT a 1,000-fold.



unreliable.

If AZT does produce any increase in T-cell production, it will probably be the two-fold effect of the body having at its disposal a plentiful source of free nucleotides from those cells already killed by the drug, which it then uses to mount a crisis response to make good the damage. As Professor Weller generously explained, the licensing of the drug DDI for AIDS people on the basis of a similar increase in T-cells is inappropriate if as shown the increase does not render any clinical benefit. It's an indication of the blinkered mentality of Weller and the like that they are unwilling to recognise the illogicality of saving the prescription of AZT, found to be ineffective and poisonous in the absence of symptoms, until illness does

continued on page 22

Man from the Gas Board No 1

Never accept anything sub-standard, argues Sue Threakall, be it help or information. Keep asking questions. You're life may rely on it!

Watching Man From the Gas Board No.1 last night seemed to sum up life in general. He couldn't, he said, service the boiler because the builders who did the extension had embedded it in the wall and the front wouldn't come off - this might, he thought, invalidate my contract.

It was later, as the house grew colder, that I realised M.F.T.G.B. No 1 hadn't re-lit the boiler. Now I'm usually quite practical and handy round the house, but unfortunately it didn't help that the house's previous occupants hadn't left any instructions on operating the central heating.

Later still, as Man From the Gas Board No 2 arrived to re-light the boiler, I decided that life could be a bit of a pig at times. The door which covered the boiler is now in the utility room (M.F.T. G.B. No 1 didn't screw it back on) but it can't stay there as the washing machine is due to leak again soon - no, I'm not psychic, it's just that it does it every time I use it; I think the washing machine engineer who was here last week accidentally split the hose to the pump when he re-connected it. Actually, I should know better with washing machines by now. My previous one lasted for five years, and it was five years of wash-day hell.

Altogether it had three complete new insides, and I was told at various times that it was all my fault because I'd overloaded it, my fault because I'd under-loaded it, my fault because I did too much washing, and that really, domestic machines weren't suitable for people like me, and that I'd be better off with an industrial one.

I could go on at length about problems with the fridge's impression of Niagara falls, or the eject mechanism on the cooker door, but I expect you're already wondering if I've lost touch with reality or am writing this for a different magazine. No, I actually think that my present domestic problems are symbolic of everything that Continuum stands for. An M.P. once said, referring to Factor VIII treatment for haemophiliacs, "Well I don't know whether they have a right to expect a pure product~ and I think the same attitude goes for everything these days; too

many people are quite happy to churn out (and accept) sub-standard products, whether they be cookers, washing machines or drugs. I think that one of the main things we must all move towards is to regain trust in people to do a proper job. I've said before that we have a right to trust our doctors, and that they have a right to trust the drug companies. I may sound old-fashioned but isn't it about time we all began to take pride in what we do, however small and menial, and in doing it consider the true implications for other people?

Since I obtained legal aid to sue Wellcome, lots of people have asked whether I find it daunting taking on a multi-national company. No, not in the least, because I know I am right about what happened to Bob and you see

that is my part in it, to keep telling what happened. Proving it is up to Graham, my solicitor, and Mike, his assistant, and I have to be able to trust them to act in my best interests. So far, so good, they seem to be doing a great job - now if only I could say the same about the cooker designers, the washing machine engineer, etc. etc.!!!

Well I did try to get help from the professionals. I only wanted the greenhouse moved, after all, but no. One by one, various men stood and tutted in the garden and shook their heads. So - I did it myself. It's fatal to tell me that something is difficult or can't be done, so I did it. It's a bit like AIDS really. If you believe all the doom and gloom-mongers who tell you you're going to die, and there's not much you can do to change your situation, then die I'm sure you will - but is that what you really want?

Some years before my lovely Nan died, well into her eighties, she had a series of strokes. When she arrived in the hospital the doctor's first action was to take her off the vast array of drugs which had accumulated over the years under various doctors. They then sorted out which ones she really needed and which ones could be dispensed with. She was so much better after that, though never really 'my Nan' again because of the stroke damage. This was years ago, but sadly the same sort of thing goes on today. So many people are on a whole variety of drugs, both prescription and self-prescribed, and half the time they haven't even considered how they might interreact with each other. Maybe it's time we all had a double check in the medicine cupboard!



by Sue Threakall

KERNOW A'GAS DYNARGH

Are there gays in Cornwall? A good question and one frequently asked by anyone who has visited that part of the British Isles. In a bid to tempt gay visitors to the area, Cornish gays are coming out of the closet and making a 'gay guide' available to help you find your way round, Malcolm Lidbury, Editor of ICT, The Independent Cornish Triangle tells Continuum readers about the guide and what Cornwall has to offer.

Cornwall is that part of Britain hanging off the end dipping its appendage into the Atlantic Ocean in the warm sea current coming up from Spain, surely there are no gays down on that rural peninsula called Cornwall?

Most people could be forgiven for thinking that this part of the world, a county with a total general population less than just that of the City of Plymouth, would have little to offer gay people and would only be a 'cottage' culture amongst the gay men and as for lesbians, well they would be invisible, wouldn't they?

City gay life it most certainly is not in Cornwall and things tend to be a little laid back. It would have to be when the local dialect has a term 'dreckly' which basically means eventually.

We do enjoy surprisingly, a varied and rich gay life style in this most westerly part of the South West which may come as a bit of an eye opener for some. Cornwall is an ideal place to visit for those wishing to get away and escape to take a break from the 'fast f***' style take away GAY-U-LIKE city culture. Generally there is a less frantic approach to life down here. The tough bit for any gay or lesbian person visiting is to discover a link into the local gay scene and social life. Which is why for the second year running the ICT South West Lesbian and Gay Community Newsletter have published a locally compiled "Alternative Summer Guide to Cornwall for Lesbians and Gay Men", to enable visiting gays to find their way around the local gay scene should they wish whilst on holiday.

The Summer Guide" is the main fund raiser for the all-year-round community newsletter and has two functions (1) It enables gay visitors to find their way around ie Gay guesthouses B&B and "American style" stayovers,

Gay/lesbian onenighter disco venues, beaches, places to eat, help lines and information, local groups, general tourist information, places to meet and socialise and our own "Summer Shop". and (2) the sales of the guide bring in essential revenue to fund the newsletter which can then promote even more gay activities, etc. Basically helping you, help us, help you and upward development spiral.

The ICT Newsletter was started in 1992 as a reaction to the lack of locally available lesbian and gay visual information which was relevant to gay/lesbian people living in the far South West, as it was felt that national publications tended to 'write off' the lump of land west of Bristol as "there be dragon country" or "No Queens here"

Originally funded from £5 a week from the editors dole money (As mentioned in the highly acclaimed CH4 video documentary "Age of Dissent" following the lead up to the age of consent vote for homosexual men) and at first-hand written and photocopied in a local home brew shop, the newsletter has grown and developed, enlisting the help of a



professional graphic designer to become a 20 page publication each issue, coming out in ten issues a year.

It has had its achievements, the readership being credited for the raising of the Camborne/Falmouth Parliamentary Constituency to one of the TOP 25 "Gayest" campaigning constituencies in Britain in support of STONEWALL and the campaign for lesbian and gay equality. Not that this was entirely a bed of rose petals. The editor took part in numerous local radio programmes and live phone-ins debating the age of consent issues as well as having numerous letters appear in the local press, arguing the case for change. Unpleasant side effects as the newsletter was subjected to hate mail, abusive phone calls and even threats of personal violence and death threats to the editor, NOT from heterosexuals, but from

Cornwall is that part of Britain hanging off the end, dipping it's appendage into the Atlantic Ocean

local GAY MEN who it seemed were alarmed at the raising of so much debate about homosexuality locally which might lead to local people realising that not all gay people live in London and that we were here, in Cornwall, living, working and participating within the local social community.

The task for local campaigners was made even more difficult by the non co-operation of the then only gay night club venue in Cornwall. One of the owners condemned STONEWALL and the campaign to lower the age of consent as 'left wing' and declined to allow the distribution of information by local campaigners to other gay people attending the night club. Since then several new one nighter gay venues have appeared in Cornwall and the club concerned is now membership only and declined to take part in a joint co-operative project between other local gay businesses in providing lesbian and gay information for Summer Visitors and therefore does not appear in the summer guide by their own choice.


Despite the fears of some with the raised profile of homosexuality in Cornwall it is generally a tolerant place for gay people to live and even amongst institutions and authorities there is noticeable changes of attitude enabling boundaries to be pushed back slowly for gay people, you might say it is getting done 'dreckly'. This is why small regional projects and initiatives need the support of more centralised national gay businesses and organisations, so

that change and increased awareness and tolerance isn't just happening in areas of high concentration of gay people in the cities.

Long-term the ICT is developing its readership eastwards into Devon and beyond. Future projects, apart from continuing to provide a valuable local visual source of reference information, support and communication, include looking at the development of the wealth of talented skills and abilities of gay and lesbian people in Cornwall to a wider lesbian and gay number of people nationwide.

In the meanwhile, it is hoped that more lesbian and gay people may consider taking long weekend breaks and holidays down here in the far South West and purchase our fund raising "Alternative Summer Guide to Cornwall for lesbians and gay men" £3 per copy (inc. p&p) and help us to continue to provide an all-year-round local gay publication. We enjoy an alternative lesbian and gay lifestyle.

**KERNOW
A ' G A S
DYNARGH
Welcome to
Cornwall**



ICT

Fund-raiser for
the South West
Lesbian and Gay
Community
Newsletter - ICT

the alternative
**SUMMER GUIDE TO
CORNWALL
FOR LESBIANS & GAY MEN
1994**

Cheques payable to 'Bi-Design'

THE ICT

BI-DESIGN (ICT)
PO BOX 17
CAMBORNE
CORNWALL
TR14 8XG

£3
R.R.P.



Photographs: Opposite page Cornish tin mine
This page: Top rowboat in St Ives. Bottom View of St Ives

WHEN PREVENTION MAY BE WORSE THAN CURE

by Graham Ross

The profit in prophylaxis is enormous and has been based on the unproven assumption that a CD4 count of 200 or below is an indicator of progression to disease. Septrin and its derivatives have been the drugs of choice but their extreme toxicity is only now being recognised.

Not so very long ago, the only prophylactic most people came across was the one that would be offered by the barber "for the week-end, sir". A large scale multi-centre double blind placebo controlled trial was not usually necessary to tell you when it failed. Then came AIDS, AZT and Septrin, and suddenly prophylaxis has taken a whole new meaning.

As well as being difficult to spell, prophylaxis is difficult to prove. Consider the celebrations in the highlands recently on the publication of a study that concluded that a large whisky a day had been clearly established to delay the onset of coronary disease and, moreover, did so without significant side effects (my apologies to Dr Anthony Fauci for borrowing some of his words when announcing in 1989 the results of the American trial on AZT for asymptomatic patients). The study failed to analyse, however, the element of risk that someone stopping off at The White Lion en route home from work for his daily dose of preventative medicine, might just become so relaxed subsequently at the driving wheel that he finds himself in intensive care. Therein lies the problem of proving the benefits.

If you are ill and you take a drug and you then become not ill, then you can reasonably conclude the treatment has worked. If you are not ill, take a prophylactic treatment particularly a toxic one, and then become ill, how do you know that the treatment is effective, was effective for a period of time and then ceased to be effective, or

1994 sees the beginning of the turn of the pendulum. So far as AZT is concerned we now have the latest Concorde study which finally establishes that AZT has no prophylactic benefit whatsoever. More worryingly, despite the conservatively worded conclusions, the actual figures show a 30% increase in death for those taking AZT prophylactic whilst asymptomatic (8% taking AZT whilst asymptomatic died during the trial whilst only 6% died who took the placebo).

Recent reports of the adverse effects of the drug Septrin (generic name Co-trimoxazole), often used as a prophylactic against PCP will be of further great concern to the HIV positive community. Unlike AZT this is a drug that has been common. Prescribed to HIV negative patients as a general purpose anti-biotic for sore throats chest infections and the like.

SEPTRIN

Whilst such reports are being made public now, there has been concern over the toxicity of this drug for some

time. The March 1986 issue of the Drugs and Therapeutics Bulletin carried an assessment of the drug and also compared Co-trimoxazole with its counterpart Trimethoprim. The article claims that the inclusion of Trimethoprim and Sulphamethoxazole in Co-trimoxazole entailed greater toxicity. The article questioned the use of a combination of drugs causing an increased risk of blood dyscrasia, rashes, nausea and gut problems. Added to this are reports of Stephens-Johnson Syndrome, a condition that normally begins with blistering on the mouth, eyes and genital area and can be life-threatening.

Not so long ago the only prophylactic most people came across was the one that would be offered by the barber "for the weekend sir."

that it actually caused the illness? With the increase in recent years of AIDS prophylactics, with Septrin for PCP and AZT for AIDS itself, that problem has developed from an interesting conundrum into a very real medical problem with doctors and patients alike left struggling to find the answers.

The Bulletin also pointed out that a study of 140 patients with respiratory infections showed no differences in efficacy between Co-trimoxazole and straight Trimethoprim. This raises the question as to why Septrin is more widely used than solely Trimethoprim for PCP prophylactic.

It must be extremely disturbing, if not clearly frightening, for those who are asymptomatic to hear of the recent damning evidence coming to light on the main forms of treatment made available to them. Many clients now tell me that their doctors, having previously provided positive advice to take AZT, are now being told the decision is up to them as patients without the doctors being able to offer any further information. One has to have considerable sympathy for the doctors who have been put in an impossible situation. The concept of avoiding actual illness from which you are at risk by taking medication early is understandably an attractive one. The problem largely is that with no current illness against which the treatment can be seen to work, proving efficacy is difficult. At the end of the day what really needs to be done is to ensure people being offered treatment particularly in the context of AIDS, should have access to all information about a drug equal to that of the manufacturers and to the medical profession. If the final decision on treatment is that of the patient then at least let the patient have all the data on which to make that decision. In state of the art experimental treatment, more than ever, information is more important than clinical judgement and advice,

At this point, after focusing on the medical and pharmaceutical professions, can I be permitted an opportunity to introduce a plug for the legal profession. In recent years the Law has been more frequently seen as the device to develop change in medical treatment and help patients in decisions on their treatment by the opening up of areas of information previously denied patients. Many examples can be quoted. Whilst the Benzodiazepine Litigation appears to be coming to an end due to the withdrawal of Legal Aid, it was only after the litigation was launched including at that time writs being served on the Committee on the Safety of Medicines that the CSM issued a Bulletin to all doctors recommending a severe cutback in the use of such drugs which amounted to an effective sea change in the prescribing habits of the previous 28 years. This was notwithstanding the fact that there had been no new evidence on the known dangers of these drugs for some years previously.

Legal Action in respect of the sleeping tablet Halcion led ultimately to it being banned in this country. Public debate over the problems with the blood products and supplies industry was very much developed following the launch of group legal action for haemophiliacs against the Department of Health for infection with HIV from imported blood products. Turning away from medical products, recent changes in the labelling of infant fruit drinks including for the first time reference to the dangers of tooth decay and warnings against the provision of these drinks in feeding bottles followed the launch of action on behalf of over 1,000 children for damage caused by these drinks. There are many other examples. All too often, particularly with medical treatment, the actual "guinea pigs"

are not those who voluntarily sign up for trials of new drugs but are the general public who take the drugs after they become licensed. Perhaps the single most important message that can be derived from these events is that we have a less than adequate method of drug licensing control. Far too often information on adverse effects of drugs comes out later rather than earlier.

Legal action has been commenced by my firm against the manufacturer of Septrin, The Wellcome Foundation, in respect of AZT. We have also now been instructed to investigate claims in respect of Septrin. A meeting of solicitors is being held at my offices on Wednesday 20th April to agree on tactics for co-ordination of this litigation.

POSITIVELY HEALTHY ADVICE ?

"The risk of developing PCP is directly related to immunosuppression, and individuals with CD4 cell counts below 200 are considered to be particularly at risk and in need of prophylactic treatment. Whilst it is undeniable that PCP treatment and prophylaxis involves serious side effects, neglecting to treat or prevent PCP in 1993 using standard allopathic medications is to cause avoidable illness and needless deaths. The menu of drugs used includes Septrin (Co-trimoxazole), Dapsone, Trimethioprim, Pentamidine, Clindamycin with Primaquine and Fansidar."

Cass Mann, (Positively Healthy) Capital Gay, 19th November 1993, attacking Continuum for its stance against prophylaxis with Septrin.

I hope to combine the cases of claims against Wellcome over AZT with those claims in respect of Septrin. It is extremely important that all the issues are properly looked into and the competing causative influences of the various drugs are fully assessed.

A number of people have said that they wish us well in the litigation regarding AZT and, if successful, they would wish to start action themselves. People will by and large not have such luxury. Litigation in relation to drugs need to be done as a co-ordinated group action both for the strength in numbers and in order to obtain the savings on costs required by the Legal Aid Board. For this reason it is extremely important that anyone contemplating action

makes contact with us sooner rather than later. We also would welcome assistance from people who do not wish to take action but are able to provide us with information to help with the case. The most beneficial information is within medical records. Records of people who are not plaintiffs in the action can still help us to gain a better view of the effects of these drugs. The problem with many of the recent trials on AZT is that they focus on trying to identify benefits rather than primarily looking for actual damage. Everyone is entitled these days under the Access to Health Records Act to receive copies of their medical records whether or not they wish to institute legal proceedings. We as a firm are prepared to assist people who want to assist us by helping them obtain their medical records and in return we shall also share with those people some more of the information that we are acquiring in the investigation of our case. Needless to say all details will be kept on a confidential basis.

For more information contact myself or Michael Jolly on 051 227 2552 or write to us at J. Keith Park & Co., Alabama House, 6 Rumford Place, Liverpool L3 9BY. For information on the side effects of Septrin and other prophylactic drugs call Continuum on; 081 961 1170



Welcome to Continuum's African Languages Section compiled and edited by Cecilia Wampamba of Positive Informer and Carer, an organisation devoted to fully informing HIV positive African people about the alternatives that exist for the maintenance and improvement of health, nutritional therapies, alternative therapies, the dangers of HIV/AIDS medications and the facts about long-term survival.

Cecilia Wampamba is a Ugandan from a qualified nursing background who has seen and nursed fellow Africans affected by so-called opportunistic diseases that are considered part of the HIV/AIDS syndrome but has come gradually to the realisation that the prophylactic drugs prescribed to people with an HIV or AIDS diagnosis create more health problems than had at once been considered the case.

She now considers the use of neocloside analogue drugs like AZT fatal under any circumstances and antibacterials such as Septrin and Dapsone a danger to health when taken over an extended period of time. She now recognises the importance of good nutrition and the use of nutritional supplements in the recovery of a depleted immune system and has launched PIC in order to get the message over to the African community. She encourages Africans to ask their doctors about the effects and side effects of the drugs they are being prescribed to take.

She also believes that the time has come for Africans when they discuss HIV not to treat the HIV diagnosed people as sinners in order to remove the fear and the stigma that has existed in the past and which has created a climate of fear which has allowed African people to be marginalised with the result that many have been persuaded on to unnecessary medication and also to take part in drug trials without any obvious benefits to their health or survival.

Positive Informer and Carer is presenting a letter to President Museveni of Uganda requesting that he considers carefully the serious implications that the testing of the experimental HIV vaccine will have on Ugandans and other African people in the light of the opinions of many renowned scientists who question whether a vaccine for HIV is possible.

In this and future issues of Continuum, Cecilia will be bringing you advice and information about positive health issues in Luganda, Swahili and in future issues Luo.

Cecilia will be available on two days a week at the Continuum office and can be contacted on 081 961 1170 or faxed on 081 961 2330.

SWAHILI

Lugha zilizo andaliwa na Cecilia Wapamba ambaye ni mmojawapo wa Positive Informer Care, ambacho ni chama kinachokupatia habari kamili kuhusiana na Ugonjwa wa UKIMWI (HIV) kwa waafrika. Ikiwa nia na madhumuni ya kutafakari suala la ukimwi. Njia gani zitumike kue limisha watu kiafya na ukweli wa maendeleo ya kuishi mda mrefu.

Cecilia Wampamba ni mzaliwa wa Uganda na ni mganga mkunga aliye fudhu, ambaye ameonana na waganga wakunga nchini Afrika ambao wamekuwa wakitanishwa na uvumishi mkubwa juu ya maradhi yanayousiana na (HIV/AIDS) Ukimwi hivi sasa Cecilia anaamini kuwa Imefikia hatua ya kuelewa kuwa madawa yanayotolewa ya udanganyifu juu ya ukimwi yanaleta madhara, na ni hatari zaidi katika maisha ya binadamu hasa ukiangalia haijawahi kutokea kuchuguza suali hili kwa undani zaidi.

Ukifiri kuwa utumiaji wa madawa kama vile AZT katika matumizi ya haina yoyote au antibacteria kama vile Septrin na Dapsone zina Hatari kiafya ikiwa utatumia kwa kipindi kirefu au mara kwa mara. Nadhani ni bora kutumia vyakula bora na madawa yenye vitamine ya nyongeza hili kulidhisha mwili. Pia angependelea kuwa kabla hawajatumia madawa wanapashwa kuhuliza watabu au madakitari zao faida na madhara ya madawa hayo.

PIC imehanzishwa kwa ajiri ya kureta habari juu ya ukimwi katika vikundi vya watu katika nchi za Afrika.

Africans Informing Africans about HIV & AIDS

Cecilia anaamini kuwa wakati umefika wa Afrika kuweza kuongelea habari juu ya ukimwi bira kuwafikilia watu wenye ukimwi kama vile wametenda dhambi au wana makosa, wakati wa kuondoa woga na kupanuka kimawazo, kuachana na kashifa juu ya ukimwi. Hambazo zimekuwa zikileta matatizo mengine kama vile utumiaji wa madawa yasiyokuwa muhimu au madawa ya majaribio ambayo hayasaidii kiafya kwa ujula.

Positive Informer Care imetuma barua kwa msheshimiwa Raisi Museveni wa Uganda kumuomba kuwa iangaliwe na kuchunguzwa "majaribio ya madawa ya ukimwi pamoja na kuchanja kunakoendelea Afrika kwa Uganda na Afrika yangaliwe na kuchunguzwa vizuri". Kwakuwa masayantist wanajiuriza kwanini kuchanja kwa mdudu wa ukimwi upo?

Cecilia wa Continuum atakuletea habari na ushauri juu habari kamili za kiafya katika Luganda Kiswahili na labda badaye katika Luo.

Cecilia anapatikana kwa siku mbili katika juma, kwenye ofisi ya Continuum na namba ya simu ifuatayo 081 961 1170 au tuma fax 081 961 2330.

Asanteni

LUGANDA

Oyanirizibwa mu miko gya Continuum egyennimi eza Africa ngagikutuusibwako Cecilia Wampamba owa Positive Informer and Carer ekibiina ekyewaddeyo okunyonnyola abantu abava mu Africa engeri endala eziriwo eziyinda okukuuma obulamu bwomuntu ngalina HIV nasobola nokuwangaala ng'abantu abalala abatannakeberegwa kumanya oba nabo balina HIV.

Cecilia ava mu Uganda era ng'alina obuyigirize n'obumanyirivu mu kujjanjaba abalwadde ababa balwadde endwadde kati ezigambibwa nti zireetebwa kubeera na AIDS/HIV. Endwadde zino ze ziri ezaffe ez'edda naye bwe ziba zijjanjabiddwa ng'ezireeteddwa HIV/AIDS mukifo kyokujjanjaba ekyo kyoba olwadde olwo ate

embeera yaazo yeeyongera kuba mbi, emirundi egisinga obungi nezitawonera ddala nekireetera n'omulwadde okufa olwokuba aweereddwa eddagala lyatetaaga.

Ye agamba nti amadagala agakozesebwa mu kujjanjaba abagambibwa nti ba AIDS/HIV naddala AZT gakabi nnyo olwobutwa bwegalina era galeetedde n'abantu okufa. Ate amalala nga Seprine oba Dapsone n'amalala gafuuka obutwa eri obulamu bw'omuntu singa agamirira ebbanga eddene. Olwo omuntu n'atuuka okufa eddagala mukifo ky'obulwadde! Ye ateeke essira ku kuliisa obulungi omulwadde, omubiri gwe gufune amaanyi n'okulongooka nga gwezimba.

Era akubiriza ab' Africa ngatebannamira ddagala okubuza abasawo omugaso nobulwa obuli muddagala lyebabajjanjabisa.

Atadde wo ekibiina PIC mwaba ayita okumanyisa ab' Africa mwenna ku nsonga ey'okw-eriisa obulungi

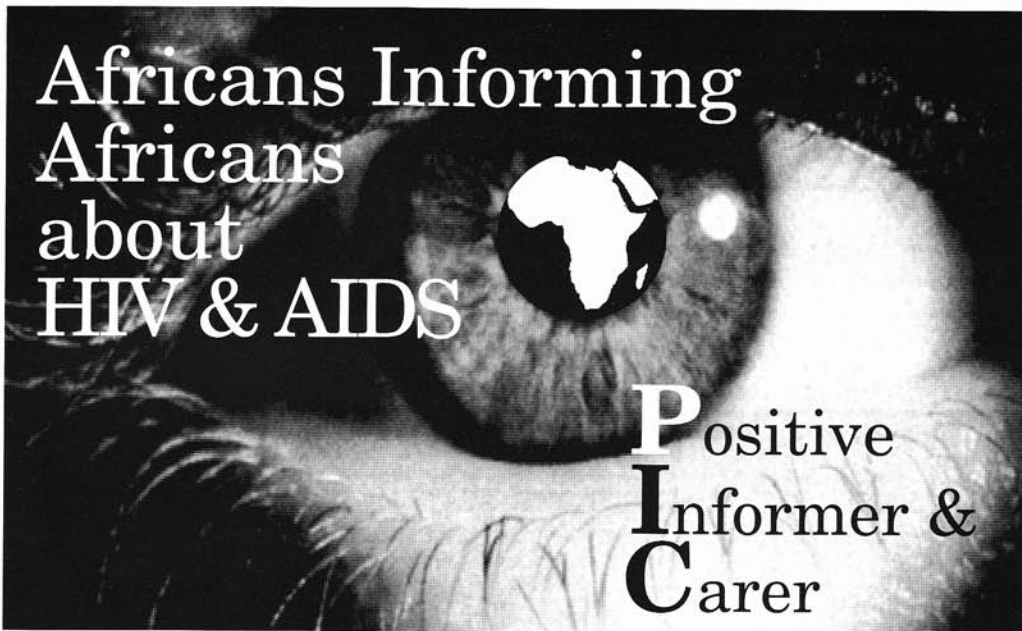
nobuteraliikirira ng'obadde osangiddwa ng'olina HIV.

Agamba nti ekisera kituuse ab' Africa bwetuba twogera ku HIV obutayisa bantu balina HIV ngabaakola ekibi ekyolumbe ekyo kijja kujjawo okutya abantu kwe bafuna ngabagambiddwa nti balina HIV, emirundi emingi ekitu-usiza abantu bano okukukuta nabasawo nebatuuka nokuweebwa amadagala gebateetaaga awamu noku-teekebwa kumadagala agakyagezesebwa obugezesebwa agatalina mugaso eri ggwe agamira okujjako abakugu bannannyinigo okufunamu sente.

PIC ewandiikidde President Museveni owa Uganda ebaluwa emusaba nti ngatannakiriza eddagala erikyali eryokugezesa erigambibwa nti ligema HIV okuweebwa BannaUganda asooke okulowooza ku bulwa obunaava mukugezesebwa okweddagala eryo eri BannaUganda n'abantu b'omu Africa yonna. Ate oba nabakugu tebamanyi oba ddala likola!

Mukatabo kano nobulala obunafulumanga, Cecilia ajja kuba abawa amagezi nokubannyonnyola kubya HIV mu Luganda nolu Shahili ate gyebujja muliba mubifuna ne mu Luo nennimi endala eza Africa. Cecilia abeera mu Continuum enaku bbiri mu wiiki mukubire essimu 081 961 1170 oba muweereze Faxi 081 961 2330.

Webale nnyo.



The latest publications dealing with nutrition, alternative treatments and HIV and AIDS issues.

imprint

The Anarchist AIDS Medical Formulary, A Guide to Guerrilla Immunology by Charles R. Caulfield and Billi Goldberg
North Atlantic Books. Berkley 1993. US \$ 12.95

Despite its somewhat strange title, this book by Charles R Caulfield, who was diagnosed as having AIDS no less than a decade ago, is a must for everyone interested in alternative treatment options.

It offers, as the cover promises "a fresh uncompromising look at current controversies in AIDS research and alternative healing strategies."

Well known AIDS researcher Raphael Stricker MD commented, "Goldberg and Caulfield's Formulary is more ground-breaking, up-to-date and innovative than any of the material I heard at the 1993 International AIDS Conference in Berlin."

Goldberg, a 'lay-scientist' and long-term AIDS activist is well known to those of us who take dives into the electronic cyberspace. Her information is available everywhere on the internet and the international medical journal *The Lancet* has acknowledged the outstanding quality of her contributions by recently publishing one of her papers.

The first half of the book contains basically reprints of articles Caulfield and Goldberg have written in the *San Francisco Sentinel* and *PWA* magazine all over the USA. It is the history of the failure of AZT, a summary of their own view on how AIDS happens, possible treatment options and important warnings on the overuse of antibiotics, all of which is thoroughly referenced.

The first part of the book also tells the story of how our self-appointed gay community leaders (such as Martin Delaney) sold out to the pharmaceutical industry. It also draws attention to the fact that most AIDS organisations have the same major corporate sponsor, the manufacturer of AZT, *Borroughs Wellcome*, who also sponsor the staff of these organisations who are responsible for treatment information and gives money to papers such as the *Australian Federation of AIDS Organisations HIV Herald*. Not a good indication of the independence of either this particular newsletter or the organisation which publishes it.

The second half of the book delivers what the headline *Alternative Treatments: Theories, Therapies and Resources* promises. They discuss their own preferred course of treatment, which is delayed hypersensitivity therapy for AIDS: *DNCB*. The chapter also offers valu-

able information on antioxidant therapies, natural therapies for Thrush infection, immune enhancing nutrients such as vitamin A, vitamin C and Zinc and discusses alternative treatments for Herpes, Cytomegalovirus and VSV infections. A critical analysis of several Chinese herbs is offered at the end of this part of the book.

Again, all important arguments are referenced with studies published in professional journals. This book is not based on hearsay and everyone who consults it will be able to hold the evidence of the authors against the latest research results.

I highly recommend this booklet to everyone interested in AIDS politics and possible alternative treatment options.

Udo Schuklenk

Udo Schuklenk is currently studying at the Centre for Human Bioethics, Monash University, Clayton, Australia.

SPECIAL TRIAL OFFER

Save £3!

Sample for yourself the benefits of *New Generation* Life Stream Spirulina at our special introductory offer price exclusive to readers of *The Continuum Magazine*.

We will send you a 200 tablet bottle of Life Stream Spirulina, normal RSP £13.95, for only £9.95 + £1 p&p.

Orders at this special offer price will be accepted on this order form.

To: Life Stream Research UK, Ash House, Stedham, Midhurst, GU29 0PT.

Please sendbottle(s) of 200 Life Stream Spirulina tablets @ £10.95 (inc p&p) each.

I enclose cheque payable to Life Stream, or debit my

Visa/Access

Expiry /

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Signature

Name

Address

TCM

Post Code

SUBSCRIPTION RATE

£5
£5

HIV
Positive?
Just £5 to
cover
postage for
the year
and
The
Continuum
Magazine
is yours
free!

Enclosed,
please find my
cheque/postal
order for
£.....

Name.....Address.....
.....
.....
Health Authority.....Local Authority.....
.....
.....
Postcode.....Tel.....
Back Issues(1 to 6) at £1

Complete and post to:
Continuum, PO Box 2754
London NW10 8UF

Professional and Organisations

1 Copy (6 issues) £25.00
For each additional copy (6 issues) add £8

Contact Name.....
Title.....Organisation.....
.....Address.....
.....
.....
Postcode.....
Tel:.....Fax:.....
Local Authority.....
Health Authority.....
Signature.....
Please send.....copy/copies

Complete and post to:
Continuum, PO Box 2754
London NW10 8UF



SUBSCRIPTION RATE

U.S.A. and CANADA

HIV Positive? Just \$30 to cover airmail postage for the year and The Continuum Magazine is yours *free!*

\$30
\$30

Enclosed,
please find my
cheque/bank
draft for \$.....

Name.....	Address.....
.....	
Town.....	State.....
Zip Code.....	Phone.....
Back Issues(1to 6) at \$4.50 each.....	

Complete and post to: CONTINUUM, PO Box 2754 London NW10 8UF U.K.

CONCORDE

Continued from page 12

occur. A lack of antiviral action remains..a lack of antiviral action.

Professor Weller touched on the issue of quality of life conferred by AZT, drawing attention to the New England Journal of Medicine March 17th article by Lenderking et al on this subject and severe side effects. In Weller's opinion, now that AZT is demonstrated to have no role in slowing the progression of "HIV disease", even mild side effects become an issue, nor, until the further analyses of Concorde data are published will it be clear what the full range of such side effects is. The American Physician's Desk Reference Book unwittingly sums up the same "therapeutic" conflict thus: "Warning: Therapy with Retrovir may be associated with hematologic toxicity including granulocytopenia and severe anemia requiring transfusions - see Warnings In addition, patients treated with zidovudine may continue to develop opportunistic infections..". Other known so-called side-effects include nausea and vomiting (the body's first attempt at rejection), headaches, abdominal pain, fever, muscle pain, numbness, insomnia, and loss of appetite. These at least are the three year price that many participants paid for the Concorde trial, and those that lived through it were the lucky ones.

The highly toxic cancer drug azido-thymidine is still routinely prescribed alone or in combination with other putative antivirals, and Wellcome maintain their stance that it is effective. Last year sales of the drug totalled £240million worldwide. When the preliminary results of the Concorde study were released last year, they prompted a collapse in Wellcome's share price as

investors and brokers wondered whether the AIDS-culture would wake up to the news, and £500million was wiped from the value of the company in a single day which even the Rockefeller establishment must rue: the one long-term benefit of the Concorde Trial may be a shift in consumer power away from supporting such cynical profiteering and into health-based therapies if and when some treatment is actually required. The Romans had a phrase applicable to the forces that have perpetuated this scandal: *in terra caecorum, monoculus rex* - in the land of the blind the one-eyed man is king.

From the Concorde Trial report:"The Coordinating Committee decided to terminate the blinded phase of the trial when the median follow-up was over three years..This decision was not based on a recommendation by the DSMC, but was taken because of considerable pressure from participants and physicians to be..unblinded." AZT has caused more AIDS than HIV ever could, and the lumbering cyclops of establishment medicine is still trifling with the all-too-mortal destinies of hundreds of thousands of the unwise. Further installments of the Concorde study will reveal more fully the human cost of this coercion.

Huw Christie April 1994

With thanks to Helen Dolk, Jody Wells and Hector Gildemeister for help in the preparation of this article.

ROBERT TAYLOR PHOTOGRAPHY

A wide
range of
commissions
accepted

Call
071 792 9787
to discuss your
photographic
requirements

PRAXIS

A JOURNAL EXPLORING AIDS AS CRISIS IN CONSCIOUSNESS
A CURE **now** PUBLICATION
Volume No. 7 — Spring 1994

INSIDE THIS ISSUE

HEALING THE SCHISM — BRIDGING THE GAP
editorial — page 2

Why The Aids Numbers Don't Add Up:
interview with Robert Mauer — page 5

The Tao
OF HEALTH, SEX AND LONGEVITY
review — page 10

Crisis In Consciousness:
dialogue with Dr. Maria Wollbrink — page 17

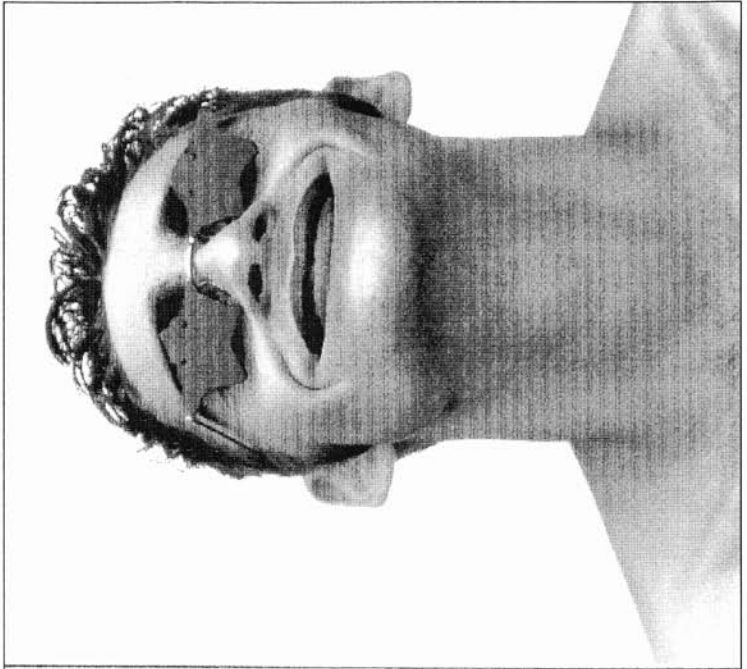
Allowing Wellness
poem — page 22

if IT isn't hiv, WHAT IS IT?
dialogue with Mark Almy & Jeremy Selery — page 25

Continuum

is the sole British agent for
Praxis/Curenow

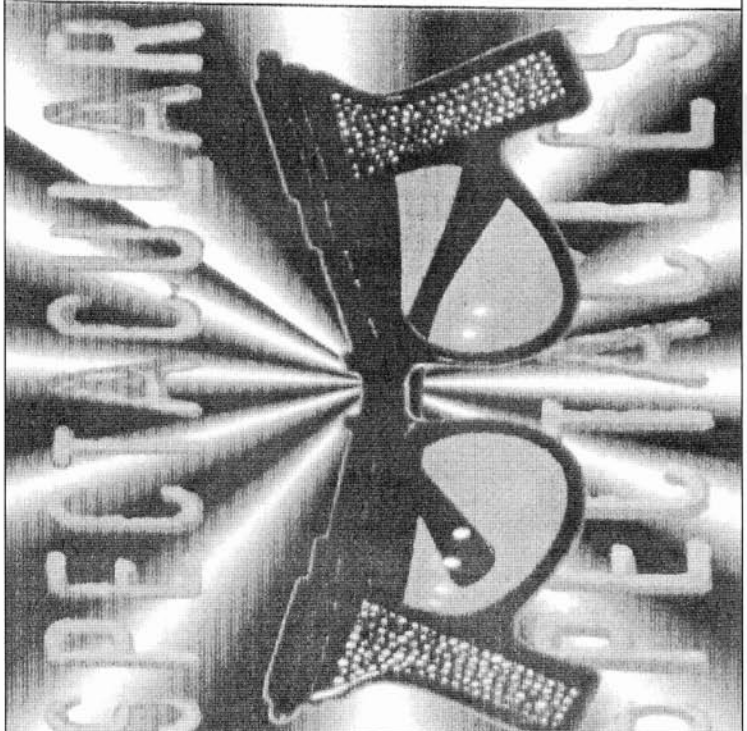
60 gift copies of the PRAXIS Magazine
available to readers of Continuum and
anyone wishing copy should contact
Continuum on
081 961 1170



Bromptons OPTICIANS
HOUSE OF FRAMES

**THE
ART
OF
SIGHT**

NEW SHOP OPEN AT:
306 Old Brompton Road, Earls Court SW5
(Opp. Brompton Cemetery)
Tel: 071 373 5753 Fax: 071 370 3923



WHAT IS THE MOST POWERFUL FOOD ON EARTH?

50 times more
IRON

10 times more
PRO-VITAMIN A

100 times more
BETA-CAROTENE

3 times more
PROTEIN

10 times more
CALCIUM

5 times more
CHLOROPHYLL



THE SURPRISING ANSWER IS...

LIFE STREAM[®] NEW GENERATION[®] SPIRULINA

NATURE'S RICHEST ORGANIC SUPERFOOD