

## Natural alternatives to the AIDS/ARC conditions

### Part 2: Testing for AIDS, prevention and the concept of health

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#### Testing for AIDS

Whether or not to test for AIDS, either as a personal choice or as mandated testing for certain populations, is the biggest question surrounding the AIDS crisis. The HIV

**Health**

antibody test has become widely accepted, yet there remains considerable question as to its reliability and meaning. Even with a positive test, there are other criteria for the diagnosis of

AIDS (Part 1).

In order to consider the value of testing, one must understand what the HIV antibody test measures. This test, when it is accurate, detects the presence of a specific antibody to the human immunodeficiency virus (HIV). Antibodies are chemicals released by the B-lymphocytes (a kind of white blood cell) to combat specific viruses or other microorganisms. If the test result is positive and if the test is accurate, then the person has AIDS, or has the potential to develop AIDS, or has had their white blood cells exposed to the virus but does not have AIDS. Because of the lengthy incubation period and other unknowns, government organizations are hesitant to speak of the possibility of exposure without full infection. Research results released by Johns Hopkins last November

showed three HIV-positive patients who became negative; similar reports from Finland in September have stimulated a new perception of survivability.

To use the HIV antibody test to screen blood collected for medical purposes is a necessity. Unfortunately, negative results cannot be guaranteed to be accurate. Nevertheless, the test is the blood industry's most important screening tool.

The reasons individuals or couples might want to take the test include pregnancy (due to risk of parental infection), and desire to know if one has been exposed. A negative report must be viewed with caution because of the long incubation period during which tests may not detect exposure. Diagnosis of AIDS can be made without a positive test result.

The HIV antibody test is a quick and useful tool for the medical industry, but the inaccuracy of the test makes mandated testing unacceptable. Considering the irrational responses of many to persons with AIDS — discrimination in school, jobs, housing and insurance coverage — as well as personal grief caused by a false diagnosis, mandated testing would result in tens of thousands of people experiencing false belief in not having AIDS, as well as others believing in error that they have the disease and becoming subject to discrimination.

#### Concepts on health

Health is defined as "optimal functioning with freedom from disease and abnormality." Orthodox American medicine emphasizes "freedom from disease" as the primary — if not the sole — portion of health. The American public is taking a renewed interest in the concept of wellness and optimum health, and the medical community is beginning to understand the relationship between unwellness and the potential to develop disease.

Optimum is defined as "the best or most favorable condition for a particular situation." — meaning that optimum health may vary from person to person or with time and situation. Personal energy, clearness of thought, creativity, emotional vitality and stability, as well as an absence of disease, are elements of optimum health; ongoing symptoms such as nervousness, digestive disturbance, irritability and so on, are not.

Among the reasons that many of us do not experience optimum health are the stresses of twentieth-century life, interpersonal conflicts, less-than-adequate exercise and less-than-optimum nutrition. Promiscuous lifestyles and drug abuse contribute dramatically to ill-health for some. All of these stresses contribute to the AIDS crisis.

#### Twentieth-century life

Life in the twentieth century is substantially different from previous human experience. The types of work we do, how much physical exercise we get, how much of our diet is composed of whole foods, and how many environmental toxins we encounter differ substantially from even 50 years ago. Much of this we cannot change, but we can accommodate new stresses by changing in our lifestyles and eating habits.

The automobile, television and automation have contributed to a dramatic decrease in how much exercise the average American gets. Many people have joined spas or taken up jogging and other aerobic activities; for most of us, brisk walking would be sufficient. Exercise should leave one feeling good for 1 to 2 hours; a drained feeling indicates one is overdoing it.

Diets have changed dramatically because of agribusiness and processed foods. The *American Journal of Epidemiology* recently listed the 15 most common food groups in the American diet. White bread and rolls; cookies, cake and donuts; and hamburgers, soda and 4 percent milk were the first three. French fries (ninth) were the only vegetable; whole-wheat bread (fifteenth) was the only grain. White flour, red meat, dairy products and sugar composed the



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rest of the list.

A basic whole-foods diet would do much to change America's epidemic level of chronic and degenerative disease. Decreasing white flour, red meat, dairy (fat) and simple sugars, and increasing salads (dark greens) and fiber (whole grains, beans, fruit and vegetables) is an excellent start; some level of trace-mineral supplementation is advisable. (Specific nutritional suggestions will be made in the conclusion of this series.)

#### AIDS transmission

Credited to Louis Pasteur, the germ theory states that infection requires an opportunistic organism, a route of transmission, and a susceptible host.

AIDS is consistent with the germ theory: The organism is the HIV virus and the route of transmission is by fluid exchange from an infected person to an uninfected host, but the "susceptible host" is the least understood aspect of AIDS.

The cause of AIDS has been identified, and at least 18 different HIV viruses have been isolated. The multiplicity of organisms (all capable of initiating AIDS) and the frequent mutations of the viruses are the reasons that orthodox medicine no longer predicts — as it did in 1984 — that a vaccine will be made available soon.

The AIDS virus is spread only through the exchange of bodily fluids. One cannot get AIDS from casual contact — hugging, shaking hands, and so on. One can get it from four specific routes: sexual (the primary mode of transmission); intravenous (sharing a hypodermic needle); iatrogenic (blood transfusions — primarily before screening began in 1984); and intrauterine (mother to fetus).

Many forms of sexual activity can transmit AIDS; unprotected anal intercourse has been a major cause of its spread. Although most gay men now practice "safer sex," heterosexuals engage in activities which put them at risk.

Vaginal intercourse is well established as a method for transmitting AIDS. The virus can be transmitted through semen (man to woman) and vaginal secretions (woman to man); transmission from woman to woman is also possible.

To prevent AIDS transmission, observe these precautions:

1. Establish a monogamous relationship or practice abstinence. Consider a partner's sexual history before exchanging fluids. An HIV test may prove valuable.
2. Practice "safer sex" (using a condom) if there is any possibility that either partner has been exposed to the AIDS virus.
3. Abstain from deep kissing.
4. Do not use intravenous drugs; never share. Sharing a needle even one time could give you AIDS.

It is difficult to prevent iatrogenic AIDS because we must trust the medical system. Donated blood is much safer now than two years ago, but absolute certainty has not been achieved.

It is advisable to get an HIV antibody test before conceiving children. Public health clinics and many physicians provide this service.

The susceptible host will conclude this series: Why are we susceptible? What can we do to strengthen our immune systems?

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