Is Tumor Necrosis Factor an HIV-Replication Inducer or a DNA/RNA-Cleavage Initiator?

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There seems to be a gross mistake in the assumption that AIDS is a viral disease. To overlook the facts and continue the push on funding of viral research of AIDS would be tantamount to a total waste of public money and a delay in the emergence of truth in science.

As a result of the direct influence of tumor necrosis factor (TNF) and interleukin-6 (IL-6) in the "infected cell" cultures, cell membrane buds identified as HIV are produced by the cell line (1,2). The justification of claims for AIDS having a viral etiology seems to hang on the visual observation of "virions" produced by the "infected cells." This process of virion production is demonstrated by the direct "inducement" action of IL-6 and TNF (1,2). These laboratory observations form the support argument for the claimed viral etiology of AIDS.

Trauma, independently - by itself - initiates the release of a certain group of cytokines into the wound (3,4). Bacterial infections cause an additional release of some of the same cytokines (5,4). Interleukin-1 (IL-1), IL-6, macrophage colony stimulating factor and TNF are secreted into the wound to promote repair and remodelling of the site of trauma (3). The patients suffering from AIDS and the associated conditions have high levels of endogenous TNF/cachectin in their serum, compared to those with asymptomatic HIV infection (5).

TNF (and IL-6 - discussed in this volume) has been demonstrated to attack and damage the DNA and RNA structure of cells in in vitro experiments (6,7,8). The presentation of a naturally designed process of DNA fragmentation and fragment extrusion in similar in vitro experiments as indicators of virus replication is scientifically inaccurate. It exposes a gross and obstinate mistake that has masked the truth in the process of a very serious scientific inquiry - on a health issue that has now become the concern of all sectors in different societies.

It must now be presumed, in the routine act of homosexual gratification, the established pattern of frequently produced local tears and tissue injury - the result of intestinal pumping, fisting and other forms of homosexual behavior of the vast majority with AIDS - predisposes to the production of TNF and the other cytokines for the establishment and integration of the tissue repair system at the site of damage. The unavoidable superimposition of infection at the damaged site will further enhance the cytokines production. The wound secretion is immunosuppressive by itself (9).

So far, by presenting AIDS as a viral disease, although it is so obviously prevalent in homosexuals and drug addicts, the extreme burden of finding an urgent magical and medical solution to AIDS has been passed on society. The homosexuals and the drug addicts have been further exposed by not recognizing the direct and unavoidable impact of their life-style on the ultimate emergence of AIDS. The heterosexuals
have been exposed to the stress of being diagnosed HIV positive and potentially AIDS candidates, when all they are revealing is an indication of some DNA/RNA fragmentation, even if the tests are accurate.

Surely, sufficient information is already available to make the correct pronouncements on AIDS to the society!

References:


