Editorial

Introduction

Between 1900 and 1940 pellagra was one of the most serious pandemics in the Southern United States and in Mediterranean countries where corn was the staple food. The US Public Health Service assigned the problem to Dr. Joseph Goldberger, one of its officers. He soon deduced that pellagra was a deficiency disease and showed how it could be prevented and cured, although vitamin B_3 had not yet been identified. Goldberger's research is classical and he is honoured as one of the foremost nutritional epidemiologists. He had behind him the US Public Health Service and the resources of the US government. Still he was ignored because the favourite medical theory claimed pellagra was caused by an infection. The profession had a lot of experience dealing with infections and very little in dealing with nutritional deficiencies. Dr. Goldberger saved millions of people from the ravages of that dreadful disease and paved the way for the eradication of pellagra by the enrichment of flour with small amounts of niacinamide starting about 1941 in the United States. The problems faced by the US army in finding enough recruits was a factor in this decision. It became mandatory to add niacinamide, thiamin and riboflavin. A few pennies worth of vitamins saved billions of dollars in healthcare as well as the lives and health of the patients who would have gotten pellagra but for Goldberger's work.

I think the situation with HIV/AIDS is similar but with major differences. HIV/AIDS is much more serious, is much more prevalent and is occurring or will be occurring everywhere except in some areas where the soils are very rich in selenium such as in Senegal. Professor Harold D. Foster does not have the resources of any government to support him in his work. He is alone, receives no support but labours on, not only in trying to persuade the scientific world of the real cause of HIV/AIDS, but in how to deal with it. His following editorial is very important for it points out the direction we must go.

I treated three patients with AIDS about 15 years ago and they all recovered with the use of the nutrients I normally use, including selenium. The preliminary therapeutic trials and pilot trials reported by Foster support his hypothesis that this disease is caused by a deficiency of the components of glutathione peroxidase, of which selenium is a very important one. In Africa the diet is so poor that amino acid deficiency is common. In other countries like North America this deficiency is not as marked but selenium deficiency is a significant problem.

There will be a major catastrophe if Foster's hypothesis is submerged by the anti-retroviral idea and is not examined as quickly and fully as possible.

–Abram Hoffer, M.D., Ph.D.

HIV/AIDS-A Nutrient Deficiency Disease?

As described in many of my published papers and the free book *What Really Causes AIDS* (www.hdfoster.com), because HIV and humans both encode for the seleno-enzyme glutathione peroxidase, the virus competes with its host for the four nutrients required to produce this antiviral enzyme, namely: selenium, cysteine, tryptophan and glutamine.

I have argued that this means the symptoms of AIDS can be prevented by supplementation with this trace element and three amino acids. What follows is supporting evidence for this hypothesis. Here is a report from the girlfriend of the former drug addict who, in the spring of 2002, became the first AIDS patient to use this nutritional approach. He was infected by Hepatitis A, B and C and, of course, HIV. "My partner began taking the cocktail while still using cocaine, heroin and other drugs, as well as drinking his face off. The alcoholism at first got worse as he sought to replace harder drugs with beer. During this time he had full blown AIDS and it seemed certain he would be dead soon despite the [HAART] cocktail prescription. After talking to you and reading your book together [*What Really Causes AIDS*], we focused on nutrition, specifically getting the selenium into him, and also me as an extra protection against exposure to the viruses. We also understood better the relationship between the drugs and alcohol and the progression of his diseases. Even after the HIV seemed to be under control, his Hep C was bothering him. As he learned to take better care of himself nutritionally, and eventually managed to quit all substances with the help of NA, he seemed to be on the road to health. Within a few months his viral load was undetectable. When he went travelling and was unable to access either the cocktail or the nutrients he quickly became ill again. By the time he came home he was once again quite sick, full blown AIDS. However, after returning home and once again taking selenium and other nutrients you suggested, as well as returning to the cocktail, he quickly got better. This time the improvement happened over a period of weeks."

As of November 2004, this former dying Hepatitis A, B and C -AIDS patient is symptom free and working on a construction site doing heavy labour. About a year ago, I set up HD Foster Research Inc. to produce a product containing selenium, cysteine, tryptophan and glutamine in a single capsule. I then began giving this product away to African hospices, hospitals and clinics where HIV/AIDS patients were being treated. Open trials began in an AIDS hospice in South Africa, where five out of six AIDS patients greatly improved. We discovered in South Africa that problem cases had extreme diarrhea, developed secondary deficiencies and could not absorb adequate nutrients. Future trials will probably provide the nutrients in powder form to such patients. The other initial small trial took place in a Kenyan clinic. The patients there were weak and passing into AIDS. They soon recovered their energy and are now in much better health. None of the patients in either of these trials had ever taken anti-retroviral drugs.

Encouraged by these results, two larger open trials were set up. The first, in a Ugandan hospital, involved 40 HIV/AIDS patients. After one month, 77% reported a noticeable improvement in their health. These results were better than they seemed at first glance because seven of these patients also had tuberculosis and four also suffered from syphilis. Improvement continued with the passage of time. As a student helping to conduct this open, quality of life trial wrote: "One of our patients, who was on homecare, walked into the clinic on Monday, which was exciting for us. There was also a man we hadn't met before, who had been a homecare patient of [two earlier medical students involved in the trial], and he had been bedridden for four years. He also walked into the clinic on Monday!"

In Zambia, the nutritional supplements were provided to a child care and adoption society. The initial report from this organization was on 15 orphans and guardians who were HIV/AIDS patients, several also had tuberculosis. Here is a direct quotation: "The general impressions [of the use of the nutrients] from our target group were positive and encouraging. Most people given, improved within the first two weeks of taking these food supplements i.e. a noticeable improvement started between second to third week of taking the supplements. For instance most people given had their complexions improve, hair texture and general outlook of their bodies improved. The supplements also made them to have enough energy to even move around, others have gained weight and some of those who were bedridden have even started walking on their own." Beyond such open clinical trials, I have been receiving e-mails from HIV/AIDS patients who have read *What Really Causes AIDS* and have followed the protocol that was suggested in this book. Here is the most recent example, received November 5, 2004. "I am an HIV+ patient. Since I started following your (selenium, cysteine, tryptophan and glutamine) remedy I have remarkably recovered. I came across your article in a magazine *Nexus* by chance and that's when I started the remedy. To be honest, I was nearly dying and I would like to take this opportunity to thank you for your help and advice you are giving to the HIV sufferers. My HIV tests are now alternating from + to -, well I reckon soon I will stay on the negative for good." At a recent workshop, at which I lectured on HIV/AIDS and other diseases, a doctor informed me that prior to my book's publication, he usually had about 30 HIV/AIDS patients. Today he routinely refers them to *What Really Causes AIDS* and he now has none sick enough to need his attention.

A recent publication that supports the nutritional treatment of HIV/AIDS is definitely worth mentioning here. Kupka and colleagues have published a paper on the relationship between death from AIDS and plasma selenium levels in pregnant women, in Tanzania (*The Journal of Nutrition,* 2004, 134 (10): 2556-60). In summary, blood was collected from 949 pregnant women and saved for 5.7 years, by which time 306 of them had died. Statistical analyses showed that the lower her original plasma selenium level, the more likely the woman was to have died of AIDS. This selenium-death relationship was statistically significant. This link, of course, has been obvious for years and is the key to at least slowing the diffusion of HIV. It's unfortunate that 306 women had to die to prove the obvious, as the previously described open trials have shown, HIV/AIDS patients need extra selenium.

In closing, I would like to make a few additional observations. There can be little doubt that AIDS is a nutritional disease, caused by a virus. However, AIDS patients with severe diarrhea also develop secondary nutritional deficiencies that, in and by themselves, can, if neglected, prove fatal. As a result, my next batch of nutritional supplements includes a well balanced vitamin/mineral mixture, designed to address that problem, in addition to the key nutrients, selenium, cysteine, tryptophan and glutamine. Patients taking antiretrovirals as well as the four key nutrients seem to progress very well, showing that there is no antagonism between the conventional treatment and my own suggested protocol. However, HAART, no doubt, still carries its normal side-effects. What is needed now is a large (200 patient) scientific study that cannot be ignored so easily. I am glad to say progress is being made in this direction. I will keep you informed.

–Harold Foster, Ph.D.
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