

The Successful Orthomolecular Treatment of AIDS: Accumulating Evidence from Africa

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Working Hypothesis

As shown by Dr. Will Taylor and his colleagues¹ at the University of Georgia, HIV encodes for one of the human glutathione peroxidases. As a result, as it is replicated it deprives HIV-seropositive individuals of the selenoenzyme glutathione peroxidase and its four key components, namely selenium, cysteine, glutamine and tryptophan.^{2,3} Slowly but surely, this depletion process causes severe deficiencies of all these nutrients. Their lack, in turn, is behind the major symptoms of AIDS, including the collapse of the immune system, increased susceptibility to cancer, myocardial infarction and depression, muscle wasting, diarrhea, psychosis and dementia. As these nutrient deficiencies cause failure of the immune system, associated pathogenic co-factors become responsible for their own unique symptoms, such as tuberculosis, pneumocystis carinii pneumonia and toxoplasmosis.⁴ Any successful treatment for HIV/AIDS, must therefore, include normalization of body levels of glutathione, glutathione peroxidase, selenium, cysteine, glutamine and tryptophan.

Clinical Trials

Initially, an attempt was made to test this hypothesis the cheapest way possible, by developing a simple nutrient mixture of selenomethionine and beef liver. This, for example, was used in open trials in a South African hospice where five of six AIDS patients greatly improved when provided with it.⁵ Another small trial took place in a Kenyan clinic. Here the patients were weak and passing into AIDS. They

soon recovered their energy and regained their health when given selenium and desiccated beef liver.

Encouraged by such results two further larger open trials were set up. In Zambia, the nutritional supplements were given to a child care and adoption society. As previously described in this journal,⁵ 15 orphans and guardians who were HIV/AIDS patients experienced dramatic improvement when given this selenium-amino acid enriched nutrient mixture. Most showed noticeable improvement in the second to third weeks after receiving these supplements. Their complexions, hair texture and energy levels improved and their mobility increased. Some that had been bedridden began to walk. In Uganda, at the Mengo Hospital in Kampala, a 40 HIV/AIDS patient open trial also was set up. After one month, 77 % of these patients reported noticeable health improvement. These results were better than they seemed at first glance since seven patients also had tuberculosis and four had syphilis. One patient who had been bedridden for four years was able to walk from his home to the hospital to ask for more nutrients when his month's supply was exhausted.

The success of these open trials encouraged Dr. Jim Sparling to assist in establishing a 318 patient double blinded clinical trial in Uganda at the Mengo Hospital, Kampala. This is ongoing but almost completed and the results will probably be available early in 2007. Since the Ugandan authorities would not allow the use of a placebo, one of the authors (Foster) developed a nutrient mixture, called Nutramiracle[®] which was thought likely to be an optimum treatment for HIV/AIDS. Designed to stimulate the

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immune system and to correct all AIDS associated nutritional deficiencies, this mixture contained desiccated beef liver, selenomethionine, L-glutamine, hydroxytryptophan (5-HTP), N-acetyl cysteine and cofactors of glutathione peroxidase such as alpha lipoic acid and ascorbic acid. In addition, Nutramiracle® included 30 other nutrients, designed to replace losses due to diarrhea. Half of the patients in the Mengo trial received Nutramiracle.® The other 50 % of patients were given 30 nutrients, that did not include either selenium or desiccated beef liver.

Soon after the start of the double blinded hospital trial in Uganda, the authors of this article met for the first time and Marnie Bradfield took samples of Nutramiracle® to Africa. Her formal education had been in Public Health Nursing and teaching English as a second language. Since Marnie's family has business interests in South Africa, she has traveled to, and throughout sub-Saharan Africa since 1970. Her mission in Africa was to give Nutramiracle® to dying AIDS patients who were not receiving other forms of medication. What follows is her description of the results of this project.

In 2003, Gilbert, an employee of our small company in South Africa, asked to go home to Zimbabwe to bury his brother saying "they said my brother has died of HIV/AIDS". When Gilbert returned to Johannesburg he was distraught and reported that his sister-in-law, Sibongile, had been "unable to come to the grave". She too had AIDS and was "lying on the floor dying." As a result, Gilbert was about to become the guardian of the three minor children in Sibongile's family.

I had read Dr. Foster's book online (<http://www.hdfoster.com>) and felt sure that the orthomolecular approach he suggested could cause no harm to the people that I was meeting during my months in South Africa where in some regions the level of soil selenium is among the lowest

in the world. When Gilbert came to me in great consternation and distress about the state of Sibongile and her family, I asked him if he wanted to take some of Dr. Foster's 'Muti' (a generic term for medicine among Nguni speaking people). He agreed and we found a way to quickly send a bottle of Nutramiracle® to Zimbabwe. Within a few weeks we heard from other relatives that this woman who had been moribund, seemed to be improving. Over the next several weeks, Sibongile continued to get better and was later able to move to her own room and to begin to look after her children, cooking for them and taking them to school. Sibongile took Nutramiracle® for one month and then continued to receive 400 mcg of selenium each day. Her recovery is viewed by her African neighbours and friends as nothing short of a miracle. As far as is known, Sibongile is celibate. In 2004, she began to feel unwell but quickly recovered when given a further monthly course of Nutramiracle.® This was followed by a resumption of 400 mcg of daily selenium.

In November 2004, Gerson, a 44-year-old painter, employed by my family's business, became ill and almost certainly was suffering from AIDS. Later he said in his own words, "I was weak, weak... like a feather, the wind could blow me over. I was slowly dying." I spoke to Gerson and started him on the first series of Nutramiracle.® By the time he began he was seriously ill, unable to eat, very thin and lying on the floor. If he could not manage to take three tablets a day, he would take two or what was possible. I told him that I needed to know each day how many capsules he had taken, at what time and how he felt and gave him a calendar on which to note this information. He faithfully did this and much to his amazement, later told me that he knew within four or five days that he was "getting better." As he said on a filmed interview "I said these pill...they work...they very good."

Gerson took a one month course of Nutramiracle® and then began to receive 400 mcg of selenium each day. However, after a few months he appeared to be increasingly less well and was given a second series of Nutramiracle®. Since that time he has been on selenium 400 mcg daily and as of August 29, 2006 he was healthy and back at work. However, a note from another African woman in October tells me that Gerson sometimes “forgets to take his Muti” (selenium... and only remembers when he does not feel well.” Such is the nature of compliance in chronic disease!

In January 2005, a 19-year-old employee, Victor, failed to return to work after the long Christmas holiday. His brother, who was also an employee (who had gone home on holiday on December 5, 2004) announced that Victor had tuberculosis but that something else was wrong because he was losing a lot of weight and had no strength. Our company could not get anyone up to see Victor for three months or so as he lived five hours up the Great North Road to Zimbabwe. Finally, Gilbert the company driver, was able to go. When he went to take the Nutramiracle® and food and other provisions to Victor, Gilbert returned with very sad news. Gilbert said he was sure Victor would die. He was living with his mother, who was spoon-feeding him. Victor “had no flesh on his body... he could not stand...he could not even sit on the chair.” On June 22, 2005 the driver Gilbert, myself and my husband went to see Victor where he lives up near the Zimbabwe border. Victor’s brother had reported that Victor was much better although he “was having an upset stomach” from taking the Nutramiracle®. Victor, who did not know we were coming, was sitting out in the sunshine and got up to walk to meet us at our car using a walker that we had sent him. Victor said he was much better, although he “was

having an upset stomach” from taking the Nutramiracle®. (Hence, I developed a simple protocol for “muti” ingestion whereby the patient ate some food, took the Nutramiracle®, and then more food, in addition to marking the calendar notations). This may seem very simple, but life in the developing world is fraught with challenges that oftentimes deter from following even basic routines. Victor has severe footdrop in his left foot and thus far this has not been corrected. However, he was well enough to undertake the five hour journey to Johannesburg in June and was then walking with one stick only. It is possible that Victor may have received some anti-retrovirals on a visit to hospital to treat his tuberculosis but, if so, they were not given to him outside the institution. The great bulk of his improvement in health appears to have been caused by Nutramiracle® and the subsequent use of selenium.

In addition, John, a 28-year-old hard working labourer, took to staying in his bed about every third day. He simply could not get up and if he did was too weak to work. He had a deep rasping cough and was rapidly becoming a skeletal in appearance. In October of 2005, I went to talk to him about his health. He agreed that “I am not good...and I have my children, they will have no one if I die.” I suggested to John that he start a course of Nutramiracle®. He took the orthomolecular nutrient mixture for one month. Within a week, John has improved dramatically and was able to get out of bed and come to work even in the extreme heat of the sub-Saharan summer. John received a one month course of Nutramiracle® and, thereafter, received 400 mcg of selenium daily. He is still in good health and working.

Shortly after John began to recover, in early November 2005, I noticed that Prince, a conscientious and excellent worker, began to show symptoms of

AIDS. He dramatically lost weight and rapidly became exhausted early in the day and often had to go home to bed. I went to talk to him about his health and asked him if he would take the “muti” (Nutramiracle®)... and try it. He took Nutramiracle® for one month, and then came back to me, as he knew there was something else he needed to take. I gave him his first bottle of selenium and now he takes 400 mcg daily.

My sister-in-law who had been away during the time Prince was really ill was simply amazed when she saw him on her return. Again, he walked across the lawn, to the garden to do his work...and she said “Now who is that”? (Sometimes one’s employees will bring a relative or someone to work with them). When I told her it was Prince, she could hardly believe that he was so energetic and had put on so much weight. As of October 12, 2006 he is alive, well and working.

Albert, John’s brother, was also a family employee. In December, 2006, he was working outside my cottage and I realized that he had lost a lot of weight... and was moving slowly. He had continued to come to work when he could, but was rapidly deteriorating. When he came to the door of the cottage, I went out and spoke to him. He said “Oh Missus I can’t eat... food not taste good...I feel bad... weak.” The muscles on Albert’s arms had deteriorated a lot and he was actually very frail. In this case, he asked me if he could have some “muti like you gave John”. We agreed that he should start on a course of Nutramiracle® which he took for one month and then subsequently went onto the selenium maintenance dose. One morning in early January, I went out and asked him how he was feeling. His face lit up in a huge smile...and he said “Great... great...can eat lots...can work lots.” As of my last update on Albert, in October 2006, he was doing well, working and taking his daily selenium supplements.

Conclusion

Several conclusions appear obvious from the African nutritional trials being used to test the efficacy of selenium and amino acids as a treatment for HIV/AIDS. Firstly, it is possible to reverse all the symptoms of AIDS in dying patients using nutrition alone. Secondly, this requires selenium and the amino acids, cysteine, tryptophan and glutamine. Thirdly, while selenium alone can slow HIV replication, eventually HIV/AIDS patients also need amino acid supplements. These can be given temporarily until deficiencies are corrected. The patients can then return to selenium supplementation alone for several months, until the more complex nutritional mixture is again required for another month. There appear to be no adverse side effects from these nutritional treatments and patients are delighted with their greatly improved health status.

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