

INTERVIEW [STEFAN LANKA](#)

Challenging BOTH Mainstream and Alternative AIDS Views

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While most people in the U.S. and Western Europe go right on believing that the so-called Human Immunodeficiency Virus [HIV] is the sole cause of AIDS, debate rages even within the alternative AIDS community over whether HIV exists at all. Though Peter Duesberg, Ph.D. -- virtually the only alternative AIDS theorist with any significant public reputation -- continues to insist that HIV exists but is harmless, other alternative AIDS researchers and activists are coming to the conclusion that the virus *doesn't* exist. The main proponents of this view are Australian researcher Eleni Papadopulos-Eleopulos and her colleagues, who argue that HIV has never been isolated according to the Pasteur Institute criteria of 1973, and therefore it's probably what's called an "endogenous retrovirus" -- a creation of the body's own genetic material that looks and functions partly like a virus, but is not an infection because it comes from the body's own cells.

Stefan Lanka, Ph.D. takes the challenge to HIV's existence even further. A German researcher, Dr. Lanka is usually referred to as a virologist. But that hardly begins to describe his wide-ranging fields of study. Based on experiences in marine biology, biochemistry, evolutionary biology and virology, he's worked out a whole new view of HIV and AIDS. He believes that *all* so-called retroviruses are actually the body's own creations; that hepatitis is an autoimmune disorder (a disease in which the body is attacked by components of its own immune system) rather than a viral disease; that AIDS has *nothing* to do with immune suppression; and that it should really be called Acquired *Energy* Deficiency Syndrome -- AEDS -- because its true cause is a breakdown in the delivery of oxygen to the blood and/or body tissues. Dr. Lanka did a West Coast tour in October and spoke to H.E.A.L.- San Diego on October 20. *Zenger's* interviewed him hours before that event.

***Zenger's*: I'd like a little about your background, what your training is, when you studied, what you specialized in, and essentially how you came to these ideas about AIDS.**

Stefan Lanka, Ph.D.: I started studying molecular biology in 1984, and I soon got bored because I learned that all that you have to learn in order to pass the exams is already old, out-of-date dogmatic thinking. So I went into ecology because I realized, while being abroad in different countries, that you can carry out very important research without big machines or big money. I was looking for an opportunity to do molecular genetics in the field of biology, so I chose to move into marine biology and did a lot of electron microscopic studies.

A marine biology professor was willing to let me work for him, and while doing this I found a stable virus-host relationship by accident. In that very moment, I knew that was it. The best way to do meaningful genetic research is to have a stable virus-host relationship, in which a virus is produced in the host but does not kill the host. So you can really study how they interact, how the genetic material of the virus is produced and how it interacts with the host, without manipulating it. That's still the *only* stable virus-host relationship in virology, other than in bacteria.

I was glad to be able to carry out this study, but first I had to convince my professor so he would agree to finance my new studies. He said he was a classical biologist and he could not sponsor me as a researcher in virology. I needed to find another professor who was willing to guide me, and the very day I found one I got a lab of my own. I could buy all the tools and big machines on my own overtime, so I had the best conditions to start my studies. After one year, I had isolated a virus and characterized it.

When I started doing viral research, it was already 1986, 1987, just when the public in Germany and Europe was starting to become aware of AIDS. Because

AIDS was supposedly caused by a virus, I was automatically considered a specialist in the AIDS field. In the beginning, this was a nice feeling. I was telling people what I heard from the mass media and the TV, and I was not checking the evidence because everybody was convinced AIDS was a viral disease. Then I heard about the things that Robert Gallo [American cancer researcher who first identified HIV as the cause of AIDS] was doing wrong, and that he was misleading the public about his first retrovirus [HTLV-I, which Gallo claimed to be the cause of AIDS in 1982, *before* his alleged discovery of HIV] and he had stolen the virus from Montagnier, and all this kind of gossip.

I already had a somewhat critical attitude when I started studying molecular genetics, so I went to the library to look up the literature on HIV. To my big surprise, I found that when they are speaking about HIV they are *not* speaking about a virus. They are speaking about cellular characteristics and activities of cells under very special conditions. I was so deeply shocked. I was thinking, "Well, I'm not experienced enough. I have overlooked something. On the other side, those people are absolutely sure." Then I was afraid that speaking about this with my friends, or even my family, they would think is absolutely mad and crazy. So for a long time I studied virology, from the end to the beginning, from the beginning to the end, to be absolutely sure that there was no such thing as HIV. And it was easy for me to be sure about this because I realized that the whole group of viruses to which HIV is said to belong, the retroviruses -- as well as other viruses which are claimed to be very dangerous -- in fact do not exist at all.

Zenger's: So it was just on the basis of this reading that you concluded that what is called HIV, what is considered to be the "HIV virus" and is supposed to be infectious like other viruses that are acknowledged pathogens, really represented a phenomenon within the body. How did you figure that out, and why are you so sure about it?

Dr. Lanka: I was wondering what viruses are for in evolution, because they didn't seem to have any function other than to be very dangerous and killing other cells. So I went into evolutionary biology and found that the first genetic molecule of life was RNA, and only later in evolution did DNA come into existence. Every one of our genomes, and that of higher plants and animals, is the product of so-called reverse transcription: RNA transcribed into DNA.

But I had already realized already by then that the thinking about molecular genetics was very dogmatic. In the early 1960's they came up with the central dogma of molecular genetics, which try to uphold even today, and which is ridiculous. The dogma says that DNA behaves in a static way; DNA makes RNA; RNA *cannot* be transcribed back into DNA; RNA comes into existence *only* on the basis of DNA. That was and is the basis, of the central dogma of molecular genetics.

I found that this kind of thought came from research funded by the seed-producing industry of the United States, and that a whole body of existing knowledge -- namely, that of cytogenetics, before World War II -- was just suppressed or even slandered as "lazy science" because it had been carried out mostly in Europe. This kind of science well established that the genetic material is *not* stable. It is subject to change, and this means the genetic material *is* reverse-transcribed. It goes in *both* directions.

This earlier research also established that inside the cell we have a huge amount of genetic material *other* than that of the nucleus. But because molecular genetics and molecular biology were actually founded by physicists, who thought they could explain the whole structure of the atom just by focusing on the nucleus, when they went into biology they carried over that same mistake. They focused *only* on the nucleus of the cell and claimed it was responsible for *all* of how life comes into existence, how it's controlled, etc. This is ridiculous, because they have overlooked the essential of life: the production of energy.

While studying the evolutionary aspects of biology, I quickly realized that reverse transcription is common to *all* forms of life, and in fact is the basis of all higher living. Later I learned that reverse transcription is a repair mechanism for chromosomal DNA. But the mainstream of molecular genetics is still committed to the central dogma: "There is no such thing as reverse transcription from RNA to DNA." In 1970, when they detected biochemically that there *is* a reverse flow of genetic material, they didn't give up the dogma or even try to change it. Instead, they called it an *exception* to the central dogma of molecular genetics, and explained it by postulating the existence of retroviruses.

Zenger's: Excuse me, but I thought that the field of retrovirology had started as far back as 1911, with Peyton Rous and his experiments with chickens. [Rous surgically removed cancerous tumors from chickens in his lab, ground up the tumors, fed them to healthy chickens and observed that the healthy

chickens who ate ground-up tumors grew tumors themselves. He concluded that the tumors may have been caused by an infectious agent being transmitted from the sick chickens to the healthy ones.]

Dr. Lanka: No, it was only in retrospect that he was cited as the one who was dealing with retroviruses. What Peyton Rous actually did was he inbred his animals so heavily that the genetic material from the different strains he used to breed became more and more similar. When the animals' genetic materials become too similar to each other, then even more genetic material is interchanged between the chromosomes than happens normally. Often, in inbred animals or plants, on two places of the chromosomes genetic material in between got lost. Then you will see the characteristic chromosomal damages in inbred animals, plants or human beings, resulting in disabilities which are well studied. So, because Rous's chickens were so heavily inbred, they had a high rate of spontaneous cancer induction.

The results from this research were not cited for more than 20 years. Later, some people tried to speculate about them. In the late 1960's and early 1970's they started to think about this because molecular biology took over modern medicine, and argued -- *against* the existing body of knowledge, of facts -- that cancer is caused by infectious entities: by viruses, or mutations, or viruses causing mutations. They ignored the fact that cancer has something to do with oxygen deficiencies, which had already been established by Otto Warburg's research. Warburg had received his first Nobel Prize demonstrating how a cell is able to produce much more energy than in the process of fermentation, using oxidative respiration. And he had received his second Nobel for proving that cancer is characterized by the process of fermentation; that oxidative respiration is not taking place in cancer. And this has been just ignored.

So in 1970, when they proved that reverse transcription *does* happen and they discovered the enzyme, reverse transcriptase, which does it, they wouldn't give up the dogma. They changed it slightly and said there is an exception; and that it was associated with the existence of a new class of viruses called retroviruses, which they *cannot* prove exist in other ways.

When I was *absolutely* sure about everything I've told you so far, I went public. I was invited to a lot of conferences on marine biology and biology, and at every conference I presented my own data. I used every opportunity to speak out against HIV, and I quickly learned that because I was taking away HIV as an explanation for AIDS and was not able to replace it with something else, and not being able to explain what's going on under the label "HIV," it forced me to watch out and find those people who were able to explain what's going on.

In the beginning, of course, some of the publications of Peter Duesberg helped me a lot, because he was an authority who questioned a lot of things, and that helped me. I translated some of this articles into German and published them in a small publishing house. But then, with time, I learned about other specialists, among them Heinrich [Kremer](#), the well-known German medical doctor, former medical director of the Federal German Drug Abuser Clinics, who helped me to understand what was really going on.

Because he was in charge of the introduction of hepatitis B vaccine into Germany, and used it in his patients, Dr. [Kremer](#) checked out the hepatitis B vaccines on the market. He found that the American vaccine, hepatitis B vaccine, was produced with the sera donated by men in the Gay scene in New York City between 1978 and 1980. So, as he knew, there was a lot of sex going on in a minority of these men, and therefore they had had a lot of sexually transmitted diseases. So he was afraid of using this vaccine, and instead he used the French vaccine, which was produced from blood donations by the general population in France.

But in 1983 the German government forced him *not* to use this vaccine anymore. They said the French vaccine is poisoned by the "AIDS virus" -- at the time when *nobody* was positively speaking about an "AIDS virus" -- but the American vaccine was O.K. He knew, or he was warned, that this had nothing to do with the science, but it had to do with the fact that the German medical system, in parts of Germany, is virtually a colony of the American system.

Soon after, in 1984, he was told to deliver frozen blood samples of his patients to Berlin, to the newly founded AIDS Center, to be tested for the "AIDS virus." Before he let his blood out, he checked what's the evidence for the accuracy and reliability of the HIV antibody test, and he realized that this test is *not* able to detect the virus. It is not able to say yes or no, you are or are not infected. It is only able to say that you have a higher or lower amount of antibodies. That's how the HIV antibody test was and is designed.

Zenger's: It's my understanding that you have an antibody test that is actually useful, like the antibody test for syphilis, you get a high or a low antibody reaction, and it's a certain multiple of how many times you dilute the original sample and still have the reaction. Therefore you know not only that the infection is present, but also how well the immune system is responding to it.

Dr. Lanka: I'm absolutely sure that *no* antibody test in medicine has any absolute meaning. Especially in HIV antibody testing, it is clear that the antibodies that are detected in the test are present in everybody. Some people have them in higher concentrations, and some in lower concentrations, but only when you reach a very high level of antibodies -- much higher than in *any* other antibody testing -- are you considered to be "positive." This is a contradiction in terms because in other antibody tests, the *lower* your level of antibodies, the higher your risk for a symptomatic infection. But with HIV they say you are "positive" *only* when you have reached a very *high* level of antibodies. *Below* this level, you are said to be negative.

Zenger's: So *this* is what Dr. Roberto Giraldo was talking about when he spoke to H.E.A.L. in San Diego. He said that when they do the HIV antibody test they dilute the sample to 1/400 of its original strength, and if they didn't do that *all* the samples would test positive.

Dr. Lanka: That's it. How ridiculous. Dr. [Kremer](#) knew this already by 1984. He was very worried about the fate of his patients, because in 1984 the politicians asked him to put these already stigmatized "HIV-positive" patients into quarantine, which means to separate them from the other ones. He said no, because there's no infectious entity out there. He knew everybody who went through chronic active hepatitis or had the hepatitis B vaccine would test "HIV-positive." So he knew that there is no infection in his hospital.

He informed the mass media, who went to his hospital to inform themselves, in great detail. He told them *all* the evidence. And the very same journalists, in talk shows, in *Der Spiegel* [one of Germany's largest and most popular magazines] for example, published just the contrary. So he knew that it was intentional from the very beginning. They played war. They all *wanted* to have a blood and sex plague, contrary to the evidence which he presented to them. So he knew that AIDS was built up on misconceptions. He was dealing at the top political level. They told him, off the record, that they knew, they didn't care, it was about how to deal with the drug problem and with the homosexuals.

They even tried to kill him, and this didn't succeed. He had a good intuition and got out of his car before the tire blew out. Then he learned from a minister who had a deep respect for him, because of his work with prisoners and drug abusers, that the German government was carrying out a secret psychological investigation, trying to prove that he was mentally ill and being kept in his job only because they considered him in danger of committing suicide. So when he learned this, he left his very highly-ranked position because he was not able to be silent on this. That would not fit his ethics.

I also met Professor Alfred Hässig of Switzerland. He founded Swiss blood-donation system and was one of the first to take out products from the blood in order to make plasma to treat chronic disease. By becoming a colleague and a very close friend of his by now, I learned a great deal about the whole blood-producing industry and the criminal energy behind it. In March of 1996 in Berne [capital of Switzerland], Hässig, [Kremer](#) and I met for the first time.

It became clear, also, what's happening in the field of hepatitis. They are *not* dealing with a virus. Of course, there's a possibility to enrich certain kinds of proteins in blood products, which then cause severe autoimmune reactions, but *only* in very stressed-out people, never in non-stressed people. When they learned to take out these proteins from the blood products, or dilute them, there are not hepatic problems anymore. I learned this through him.

Zenger's: Are you saying that *all* forms of hepatitis are non- infectious, or just some of them?

Dr. Lanka: No, there's no such thing as infectious hepatitis.

Zenger's: So there are no hepatitis viruses, either.

Dr. Lanka: Yes. Hässig was always fighting to make sure that blood products were produced *only* on the basis of a small pool of donors who were young and healthy. The industry started to produce blood products on the basis of commercial blood donations, using a huge amount of blood samples, pooling them all

together in a large pool, because then it was much cheaper to get out all the various kinds of products.

Zenger's: In this country, it gets even worse because blood donations are one of the principal ways homeless people have of staying alive. As a result, we're taking a lot of our blood supply from people in society who have the *least* healthy lifestyles.

Dr. Lanka: I know all the details. This what I'm going to tell you. Professor Hässig once met the person responsible for the industry to produce industrial blood products, and once, when this person was drunk while visiting the Fiji Islands after a conference in Australia, this person told Professor Hässig that soon they are going to smash the state-owned blood producing units, based on voluntary blood donations, because they're much cheaper producing their blood products because they go into the Third World countries, and they are already there in all the prisons of the dictators in South America and elsewhere.

When Hässig heard about this, he rang some of his friends -- and, of course, Hässig was *the* leading person in the blood business -- and at this time there were some non-corrupted people in the WHO (World Health Organization). So, in an emergency meeting, on short notice so the industry had not time to corrupt the members who decided on these issues, they decided that the position of the WHO would be that it isn't allowed to produce plasma in the Third World, because they would bleed them out.

Now they are bleeding out the poorest of the poor, and they are going to Mexico, near where we are sitting right now. In order to help the commercial blood products industry, the FDA [U.S. Food and Drug Administration] has approved that a single person may give up to 50 units of plasma a year. That means he may drop in two times a week to give blood and liver plasma. And an elephant wouldn't possibly survive that, right? So that's the background, and what they did when all that was in place was they changed the way they were treating hemophiliacs. It started in California.

Up to the year 1969 it was forbidden to give the clotting factors to hemophiliacs unless they had internal bleeding. If they would give them prophylactically, antibodies would be produced because these blood products are *highly* contaminated. In 1969 the industry started to convince some medical doctors -- and the first one was a woman doctor in California -- to treat hemophiliac patients prophylactically with those clotting factors, and this is how the industry made a lot of money. And, of course, the bodies of these hemophiliacs made a lot of antibodies against those products, which had been foreseen. They've had to use higher doses of clotting factors ever since, in order to compete with those antibodies, so that those clotting factors actually work. They gradually have to increase the amount they are injecting.

This has been the biggest business in the blood industry ever since. Nobody's speaking about this, but that's why almost *all* hemophiliacs have come down with hepatitis. If you inject such a high amount of foreign proteins, and all the contaminants, then of course the liver, as the central metabolic organ, is stressed out, resulting in hepatic inflammations. A lot of hemophiliacs died from hepatitis, and it was blamed on nonexistent viruses.

Zenger's: One of the issues that's raised in groups whenever we're talking about the theories that HIV doesn't exist, or that retroviruses don't exist, or that this or that disease isn't infectious at all, is we often get people saying they're having a hard enough time just trying to get people to think that HIV might be *harmless*. It would be *way* too much to try to convince them that it doesn't exist at all, and even more difficult to try to convince them that -- if I understand what you're saying correctly -- ever since the end of World War II virtually every scientist working in this field has been absolutely committed to a totally wrong theory and that *all* of that research is nonsense and has to be thrown out.

Dr. Lanka: That's not true. *Before* AIDS, there were a lot of discussions and papers about the role of viruses in evolution. Evolutionary biologists were already arguing about the central dogma of molecular genetics. But this was all silenced, because they all experienced how rapidly that idea came into existence, and how powerful it was. Even when some of my colleagues at the university and everybody I reached was absolutely sure and clear and convinced about what I was saying, they were silent. I never got support from a lot of professors at my university. Some of them, of course, liked me a lot and they tried to warn me when it was too much, when I was in danger of being expelled from the university, etc. But none of them went public on their own.

Zenger's: When would you date the beginnings of this mistake, what you call the dogma? How long has it been the dominant paradigm?

Dr. Lanka: I think it really started in the 1960's, when the retrovirologists were being supported by President Nixon in the "War on Cancer." This was the first time incredible amounts of money were poured into this kind of research. These elite schools of thought came into existence, dominating everything, and of course they had success with the mass media because they were dealing with cancer. When they claimed that retroviruses were the cause of cancer, of course they developed chemotherapy against it. But soon they had to give up the idea of cancer being caused by viruses because they saws that reverse transcriptase and reverse transcription occur *everywhere* they're look for it. They found it's a common characteristic of *all* forms of life, especially for cancer cells, and in fact it's a repair mechanism.

So silently, slowly but surely, they stopped speaking about those cancer-causing viruses anymore, but came up with a completely *new* idea of what is causing cancer, saying it's a weak immune system. When immunology, as its own biological discipline with its own faculty came into existence, people claimed that they were able to measure the strength of the immune system by measuring lymphocytes in the bloodstream. Of course, thousands of studies had been carried out in the '70's saying that the white blood cell count *never* correlated with any disease or with any age.

But, even so, they claimed that cancers come to existence by accidental mutations *everywhere* in the body, and the immune system is suppressing cancer. And when the T4 cells are out of order with something else in the immune system, the immune system cannot suppress cancer anymore. And this was the immune surveillance theory of cancer, which was wrong already at the moment they announced it; because they *knew* already by then that cancer cells have no specific markers on their surface. They have the same protein markers on their surface as embryonic cells.

Zenger's: One wouldn't expect the immune system to recognize a cancer cell because it's self.

Dr. Lanka: That's it. We have a lot of embryonic cells in our body all over. Those are the stem cells. When the nerve cells have got broken, new nerve cells may regenerate out of the embryonic cells, because those cells cannot be regenerated. So we have embryonic tissues everywhere, and here comes evolutionary biology.

Now I have to tell you the basis of our lives. The fermentation process was not producing enough energy to form multicellular organisms or to enable the cell to differentiate. Bacterial cells are not differentiated, not able to build multicellular organisms because they don't have enough energy. Only the invention of photosynthesis -- using the energy of the sun to split down matter in order to get electrons -- allowed life to go on. Life is driven by the force of electrons, and with photosynthesis the electrons came out of the splitting of the water, and the base product was oxygen.

This photosynthesis was so successful that it polluted the whole planet. The water, and eventually the atmosphere, became saturated with oxygen. Only when bacteria began to learn to use oxygen to produce much more energy out of organic material, out of a sugar molecule, did we have the next step in evolution. Life dealt with the oxygen catastrophe, and since then we have had a perfect equilibrium of oxygen-producing bacteria and oxygen-using bacteria, so that they keep the atmosphere at a constant level of 20 percent oxygen. This is *exactly* the level at which life is able to persist. At a lower level, or a higher level, it is impossible. We are living in the equilibrium. That's the principle of Gaia, by the way.

Those bacteria which learned to *use* oxygen were able to produce 20 to 30 times more energy per sugar molecule, because the oxygen at the end was sucking so many electrons that many more electrons could be taken out of the sugar, to produce much more energy than was possible *without* the potent oxidative substance at the end of the energy-producing chain. This revolution in energy formation was the basis for all higher cells and all higher organisms. Of course, with this excess of energy, cells could eventually differentiate and form multicellular organisms. And these bacteria, which were using the oxygen, are part of every one of our cells, called mitochondria. So every higher cell is a product of the fusion of several different kinds of bacteria: the spirochetes, which brought mobility into life; and the mitochondria, which produced much more energy than before.

This excess energy is the basis of all higher life, and if you violate it -- if you don't let the oxygen come into the organism; if the blood is oxidized by poppers [nitrites] or sulfonamides [including sulfa drugs like Bactrim and Septra]; or if the transit way between the blood and the cells is poisoned by heavy metals, or the lack of essential fatty acids; or when the mitochondria are destroyed in the cells, due to the lack of nutrition, or antibiotics -- the oxygen cannot be transported from the blood to the cells. Then the cell is not able to produce enough energy. It either may die, resulting in inflammation; or when it's possible for a cell to

survive, it will become cancerous. When the cell is producing only fermentation, then that's cancer, as Otto Warburg already detected in the 1940's.

They knew from the very beginning that cancer cells have only *embryonic* markers on their surface. From a biological, evolutionary point of view it makes sense that a cancer cell is a reduction to an embryonic stage. It *de*-differentiates due to the lack of energy, and it waits until the lack of energy is over in order to differentiate again. Of course, if the lack of energy persists, it loses genetic material; and these were the old criteria to define cancer, when cells lost a lot of genetic material, because then they lost the ability to differentiate again.

Zenger's: In other words, cancer occurs when the cell is programmed to behave like a cell very early in fetal development and just divide like crazy.

Dr. Lanka: That's it. An embryonic cell goes into a unicellular state. It behaves like a unicellular organism, like a bacterium. It loses the ability to *stop* replication when coming into contact with other cells. So knowing about evolutionary biology, you are able to explain everything.

In order to explain failure to find a retrovirus that directly caused cancer, they claimed to be able to measure the immune system. But this is ridiculous. In the Journal of the American Medical Association, August 28, 1981, it was published that it makes *no* sense to measure lymphocytes in the blood because only a few of them are in the blood. The immune system is carried out, not in the blood, but in the tissues. Only rarely and accidentally do we see some of them in the blood. We've already carried out thousands of studies which have proven *no* correlation between disease or health, in old or young, in T-cells; and even less, of course, in T-cell subsets.

But, even though they *knew* that these T-cell tests had not meaning, they were selling them to the market. Beginning in 1977, starting in the United States, it was possible to patent biological entities or biological techniques, so people started to make money out of biological ideas.

This is the definite turning point when modern medicine and modern biology lost their 'Unschuld', their innocence. That's it. The immune surveillance theory of cancer -- the belief that if you measure the strength of the immune system, then you could see when you are going to develop cancer -- was the basis of AIDS, the thinking about AIDS. They said if your immune functions are weak, you are going to develop *all* viral forms of opportunistic infections and *all* forms of cancer. And this never happened, as a matter of fact. In AIDS we never have seen opportunistic infections. We have never seen all viral forms of cancer; only *one* form of cancer, KS [Kaposi's sarcoma].

Zenger's: When you say, "In AIDS we have never seen any opportunistic infections," what do you mean by that? Because virtually everything associated with AIDS is considered an "opportunistic infection."

Dr. Lanka: That's not true. An opportunistic infection is a bacterial infection which takes over when the immune functions are down, when you have an immune defect or an immune deficiency. This was and is the definition of an immune defect, and an immune deficiency: when *bacterial* infections are taking over in your body, *generalized* bacterial infections.

This is the case in those children born with an immune defect, who have to live under a plastic tent; or those people in the intensive- care units, patients dying now like flies because they are having immune deficiency after an operation, accident, transfusion or transplantation, when immune functions are *artificially* suppressed. Bacterial infections go everywhere in the body, and due to the resistance catastrophe, which is the medical background of why "AIDS" has been invented, definitely, they are dying like flies. But all these *internalized* bacterial infections *never* have been part of the definition of AIDS.

Zenger's: I remember that was a question the AIDS experts got asked at some of the very early meetings, in the early 1980's: "Well, if it's a breakdown of the immune system, why don't you get colds all the time? Why don't you get flus all the time? Why don't you get these common infectious diseases all the time? Why is it just these really esoteric things like PCP and KS and CMV and MAI and whatever?"

Dr. Lanka: That's it. The only diseases seen in people with AIDS are the ones tropical disease specialists have specialized in, Those are unicellular organisms which came into existence in evolutionary times when there was not as much oxygen in the atmosphere as there is today. So they can only grow in people who are

depleted of oxygen. And that's it, why they show up there, even when the immune functions are absolutely perfect.

Especially in the case of fungi, their immunology, their immunity is not known. They *think* they have the same immunity as bacterial cells. But evolutionary biology answers these questions as well. Fungi came into existence *after* animal beings. The fungi invented enzymes which are even able to produce energy out of oxidizing. They feed on dead organic matter, and that's their task in evolution, in biology: to recycle. Without fungi, no plants would grow on earth, outside the water.

Zenger's: Which is why, if you're growing mushrooms, you put them in a warm, dark place and fill them full of pieces of wood and bits of plants.

Dr. Lanka: That's it. It was already known by 1965, definitely, that PCP is a fungus. And this was and is the most important AIDS-defining disease. If you look at who comes down with this disease, you see people who are using poppers. What are poppers? Nitrites. And check every dictionary in the bookstore, or the People's Medical Dictionary: what do nitrites do in the body? They oxidize the blood. That means the blood itself is not able to transport oxygen. So, of course, the first cells to suffer are cells in the lung.

Nitrites are transformed immediately into nitric oxide in the smallest capillars [capillaries?, F.C.] of the body. Nitric oxide is produced by the body in very low concentrations in order to control blood pressure, in order to control development. It has to be detoxified by the body immediately, because in higher concentrations it acts very aggressively, destroying everything. This is why the "eating cells" of the immune system, the macrophages, are releasing nitric oxide in high quantities in inflammation reactions: to destroy and digest the bacterial cells.

So if you take up nitrites regularly, or from time to time -- which means huge, excessive amounts of nitric oxide are produced -- it means you start the self-destroying process in your own body, especially in the lungs. You are destroying your lung tissue, and fungal infections are growing on this dead organic matter. Even so, immune functions are perfect, because these patients *do* suppress bacterial infections. All those 60 different kinds of lung disease we know by now, all caused by bacterial infections, do not appear because the immune functions are still well.

So we have a direct toxic effect, which may happen even when your detoxification system is not working on a cellular level, because you will suffer malnutrition. PCP can also happen in people who suffer extreme malnutrition, like we've had in Africa. This is the reason why PCP is not part of the AIDS definition in Africa, because we have it in the children who suffer starvation because the detoxification system of the cells is very weak in children. This is why, in the Middle Ages, when the wells had been poisoned by feces or meat from the civil wars or wars, it was the children who suffered, turning blue -- this was called "the disease of the blues" -- when they drank water, because there were a lot of nitrites and nitrates inside, produced by nitrifying bacteria when the wells had been poisoned, because the detoxification systems of children are very low. This is why the children starving heavily in Africa come down with PCP ever since.

I can foresee, here and now, that people regularly using Viagra will be coming down with KS in two to three years because Viagra acts by blocking the neutralization of nitric oxide. When you take Viagra, nitric oxide accumulates, relaxing the smooth muscles, that blood is flowing in, the penis is being erected, and our muscles are relaxed. Poppers act by the same mode, because the nitrites are transformed into nitric oxide in the smallest vessels, and so the smallest vessels become relaxed. But whereas poppers *directly* produce nitric oxide, Viagra works by preventing the neutralization of nitric oxide which comes into existence normally in the process of blood pressure regulation. It constantly persists at a very low level, but if it accumulates, you are in a very big danger.

So, if the blood has oxidized itself and the lining of the smallest vessels, the capillars (i.e. capillaries, F.C.) , is destroyed by nitric oxide, what's going to happen? Those cells will turn into cancer cells. There's a lack of oxygen, and the first cells to suffer this oxygen deficiency are the lining of the epithelium, the smallest vessels, where the nitrites are transformed into nitric oxide. And this is, as a matter of fact, the definition of Kaposi' Sarcoma: when the lining -- the interior of the smallest vessels -- develops into cancerous form, growing bigger and multiplying. This is hyperplasia, not a form of sarcoma, but a real form of cancer, and this is defined as KS. It can also come into existence even if you are *not* swallowing poppers, but when your cellular detoxification system is not working anymore.

Zenger's: So that's your bottom-line answer to the question, "What is AIDS?"

Dr. Lanka: Yes. AIDS is an *energy* deficiency problem. The "AIDS" term is absolutely misleading because it has *nothing* to do with an immune defect or immune deficiency. It is clear that we are dealing with an *energy* deficiency. So the term "AIDS" has to be replaced by the term "AEDS," "Acquired *Energy* Deficiency Syndrome," and we would keep up the term "AIDS" only in the form of acquired *intelligence* deficiency syndrome. AEDS has a rational basis, and it is treatable. There are very potent treatment options available to reverse those damages caused by intoxication or lack of oxygen, on all various levels.

Here, also, evolutionary biology helps. Animal beings are not able to produce three major classes of substances, because when they came into existence in the water, these substances were available. This is another aspect of evolution, because they have grown up or developed in a constant milieu where all the essential molecules have been available. Animal beings didn't bother to build up three important groups of molecules on their own, so they have the advantage to use their energy, and in order to develop even more or quicker.

Among these substances animals cannot produce on their own are the *polyphenols*, which are vitamins. We are aware of 5,000 different kinds of polyphenols produced in herbs -- in all plants, but especially in herbs. The higher they grow, the higher they produce polyphenols. You can detect plants in front of radiation. These polyphenols are nature's own protease inhibitors, by the way. Animals are also not able to produce the long-chain sugar molecules which make up the basic tissues that form up to 80 percent of our body weight. These tissues produce the constant milieu for the cells in the body -- and if you don't have them you are going automatically into disease.

Every cell is surrounded by these basic tissues, long-chain sugar molecules with proteins attached. All nerve cells end there, activating and deactivating. All immunological reactions are carried out there. These basic tissues have a quasi-crystalline structure and they work by breaking, oscillating, very quickly, several thousand times a second, with the speed all biochemical reactions are triggered, etc. etc. If you don't know how life is working on the cellular level, you're not able to understand cancer. If you don't know how life is organized on the tissue level, you cannot understand life either, right?

So if the cell lacks these substances, it cannot maintain its milieu. The surfaces of the cells especially need those long-chain sugar molecules in order to prevent calcium from flowing inside the cell. If those products are not there, calcium is formed inside the cells, killing the cells, resulting in controlled cell death, apoptosis: that means inflammation. Normally you get these substances from plants. In emergency cases, if you are depleted, you get them from bovine cartilage or agar agar, two spoonfuls every morning, With this you can stop all forms of arthritis, by the way, And those molecules are potent protease inhibitors as well.

In any case of inflammation, or catabolic situation -- when you lose more cells than the body's able to reproduce -- you go in with this and it's going to help you. The artificial protease inhibitors only help you for short periods. Then they intoxify the cells, because the artificial protease inhibitors cannot be digested. The body cannot get rid of them. They form crystals, and eventually they intoxify the whole cell and the whole organism on all levels, because they prevent the digestion of all the proteins.

We have reached the end, with the treatments, because not only are we deconstructing AIDS and offering another term, which everybody's able to handle and be happy with, especially cancer specialists. We are also offering very potent treatment options to replace these very dangerous protease inhibitors. I think that completes the picture of what so-called "AIDS" really is and what you can do about it.

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