

HEALTH

A MODEL FOR TREATMENT OF HIV INFECTION & OTHER VIRAL DISEASES

The logical, natural approach to effective HIV treatment is to enhance the human immune system's defense against HIV. Preventive anti-viral vaccines use an early warning system to expose immune cells to samples of a potential viral invader through injection into the bloodstream.

If a vaccinated person is exposed to wild virus, immune cells recognize the invader and respond quickly, preventing serious illness. The scourges of smallpox and polio were controlled this way; influenza vaccines are changed each year to "warn" the body specifically against newly mutated strains of flu arising throughout the world.

Hepatitis B vaccine provides long-term protection: unvaccinated persons exposed to Hepatitis B virus can receive temporary (3-6 months) protection by receiving Hepatitis B Immune Globulin containing high titers of antibodies against HBV. Similarly, those bitten by a rabid animal receive postexposure prophylaxis originally developed by Louis Pasteur.

Preventive vaccines allow

early recognition of viruses, triggering fast response by the immune system, including production of specific antibodies which match the invading virus, and targeting and destruction of infected cells exhibiting viral protein.

Postexposure prophylaxis directly introduces to the bloodstream specific antibodies which lock onto the viral protein coat. Because they are artificially produced and introduced into the bloodstream, these antibodies must be regularly replenished until the host's immune system is fully activated against the viral antigen.

Using the models of preventive vaccines and postexposure antibody treatment, a two-pronged attack on HIV infection should effectively treat the disease, with adjustments for the "Trojan Horse" nature of the retrovirus that causes AIDS. HIV often remains "immunologically silent" in infected cells for long periods. This long "dormancy" period, together with relatively low concentrations of HIV virions in the bloodstream, and instability of HIV protein coat

resulting in various HIV mutant "strains" in the host, allow HIV to "outwit" the body's defense after a period of time. It is also suspected that HIV provoke wholesale autoimmune destruction of uninfected immune cells due to similarities of it's proteins to human immune cell proteins, causing "civil war" and chaos within the immune system: the AIDS end-stage of HIV infection.

Considering the proven success of preventive vaccines and post-exposure prophylaxis, and allowing for the subtle, underground "guerrilla warfare" nature of HIV, I suggest the following two-pronged attack to control HIV infection:

1. Introduce sufficient HIV antigen for each strain of HIV to alert the immune system that invaders are present, and which specific "masks" they may wear in future mutations. Also introduce cytotoxic cells or toxins to kill targeted infected cells.

2. Inject specific antibodies to the various HIV strains on a regular basis to ensure that all mutated strains of free virus are targeted and killed.



Deputy Secretary for the U.S. Department of Health and Human Services Walter Broadnax speaks to federal employees in the Hubert H. Humphrey building in Washington, D.C., on World AIDS day, December 1st, and the importance of participating throughout the year in AIDS volunteer organizations. (Twenty AIDS volunteer organizations that participated in HHS's World AIDS Day ceremony each reported signing-up at least 25 federal-employee volunteers that day). Official HHS photo by Christ Smith

Using recombinant DNA technology and a modified insulin pump, the above treatment would be simple and inexpensive on a mass scale, and could be used as a model to treat other viral diseases. Treatment will be necessary for the entire life of the patient in the case of HIV, due to the subtle and changeable nature of this lentivirus.

HIV infects immune system cells precisely because it origi-

nated from immune cells in the past, developing a protein coat to allow transmission among individual hosts but retaining it's basic nature as a runaway portion of the human immune system. In "coming home" to it's genetic origins, HIV plays havoc with the complex cellular defense system it was once part of.

Animal viruses originate from animal genetic material, and are specific to a single species or

closely-related species. There will likely never be a generally-effective antiviral "drug", because it would not be specific enough or because it would be too toxic. The sensible approach to controlling viruses is to target each strain of virus with specific antibodies and to target and destroy infected cells, as has been done successfully in the past and is done every day by our own immune systems.

BLACK MEDICAL GROUP ANNOUNCES SUPPORT FOR PRESIDENT CLINTON'S INITIATIVE ON HEALTH CARE REFORM

The National Medical Association, which represents the more than 17,000 African American physicians, has issued a statement announcing it's enthusiastic support for President Bill Clinton's initiative on health care reform.

The statement was released during a White House meeting with national Medical Association (NMA) officials and representatives of other national medical organizations. The NMA statement follows:

"The National Medical Association (NMA) enthusiastically supports President Bill Clinton's call for health care reform. We stand with the President in insisting that the nation cannot afford further delay. With nearly a quarter of our population uninsured or underinsured, we must change the way health care is delivered and we must make those changes now.

"We also applaud the President for his commitment to universal access and universal coverage. These are principles to which NMA has subscribed over it's nearly 100 year history. We also endorse the six principles that provide the concep-

tual framework for the President's Health Security Act.

"The President is to be commended for his invitation to the citizens of this nation to examine closely the specific mechanisms and policies through which these broad principles may be achieved. Considering the complexity of the issues and the enormity of their impact, we believe we must all be committed to let the best ideas prevail.

"NMA is clear about it's responsibilities in the discussion of health care reform. We care first and foremost about our patients and our communities. We put our patients first 30 years ago when we fought for Medicare and Medicaid, and we are committed to them today.

"We also care about what happens to African Americans and other underrepresented

minority health providers, who have often served the economically disadvantaged when there was no financial incentive to do so. We will work to ensure that there are adequate provisions (both policies and funds) to provide a 'safety net' for high risk populations who require more than the basis benefit package. We will also work to ensure that there are more — not fewer — minority providers who can continue to serve everyone, including those at risk.

"NMA will be participating in every aspect of the decision-making process. We have made our position known, and we will continue to do so, as the President's bill is analyzed and discussed. We are no less committed to involvement at the state level. As a convener of a

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CPR WORKSHOP

The Johnson Community School, 7701 Ducharme Ave., will offer a CPR workshop on Tues., Feb. 1. The four-hour seminar begins at 5:30 p.m., and includes testing for certification.

Registration continues through the day of the event at a cost of \$11. The program, presented by C.P.R. Plus, is designed for teens and adults, and is sponsored by the City of Las Vegas. Call 229-6175.

Audrey M. Edwards, Phd ACSW PSYCHOTHERAPIST

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