

An Excerpt from the Bestselling Book,  
*Timeless Secrets of Health & Rejuvenation*

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# Ending **The AIDS Myth**



**It's Time To Heal The TRUE Causes!**  
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*Your Health is in Your Hands*

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## **Rethinking AIDS**

## **The AIDS Theory under Scrutiny**

It was in 1980 when the first AIDS cases were diagnosed, but despite the most colossal efforts by scientists and policy makers, AIDS has remained a mystery disease. Commonly believed to be caused by HIV – Human Immune Deficiency Virus – scientists still haven't found an antidote for the disease. To this day, there is no convincing medical knowledge as to how the pathogen HIV is supposed to cause AIDS. The current AIDS theory also falls short in predicting the kind of AIDS disease an infected person may be manifesting, and there is no accurate system to determine how long it will take for the disease to develop. The HIV/AIDS theory contains no information that can truly help identify those who are at risk of developing AIDS.

With regard to “treating” AIDS, until recently, patients were able to choose between a small number of drugs that were originally developed as cancer chemotherapies, but had to bear with extreme side effects, such as loss of hair, anemia, muscle deterioration, nausea, and other immune suppressing effects. A newly introduced cocktail of three drugs (protease inhibitors), which are less toxic than the originally used drugs, seemed promising at first in being able to suppress HIV. Yet the cumulative failure rate of the new drugs has now reached 50 percent and continues to increase as strains of HIV develop resistance to them. Already between 20 and 30 percent of patients are now infected with viruses resistant to protease inhibitors, and the situation is worsening day by day. Although the drugs have given many AIDS patients a “new lease of life” (not necessarily because the drugs suppress HIV, but because they also subdue most other disease-causing agents, at least for a while), the initial euphoria about the new AIDS treatment has died down and so has the hope of finding a cure, at least within the medical field.

The fact that there is no reliable latency period – the length of time from being infected with HIV and developing AIDS symptoms – makes it virtually impossible to predict the beginning of the disease. The first AIDS victims were told that they could expect to die within one year after infection, but today the grace period ranges from 12 to 15 years, which makes immediate treatment after HIV infection dubious. This is certainly not the last revision. The majority of HIV infected people continue to be AIDS-free and only a fraction of them

develop AIDS symptoms such as pneumonia, cancer of the blood, or dementia.

To add more confusion to the situation, health officials are unable to predict how many people will be afflicted with AIDS in the future, as only a small percentage of the one million HIV-infected Americans will get the disease. In the first 20 years or so of the epidemic, 95% of the AIDS cases were among the major health risk groups – highly active homosexuals, heroin addicts, or, in a few cases, hemophiliacs, and since then more and more heterosexual men and women are found to test HIV positive.

According to official estimates, two thirds of infected persons supposedly are in Africa, where the epidemic exploded during the 1990s, and one fifth are in Asia, where the epidemic has been growing rapidly in recent years. As of the end of 2003, an estimated 34.6 million to 42.3 million people throughout the world were living with HIV infection, and more than 20 million had died of AIDS. In that year alone, about 4.8 million people became infected with HIV, and about 2.9 million died of AIDS. However, as we shall see, these estimates are significantly flawed and manipulated.

Just four years earlier in 1999, the statistics showed figures that in no way support today's figures. With the officially proclaimed mortality rate of 50-100 percent among HIV infected people, we should have had many more deaths in Africa where the number of infected at that time was estimated to be as large as six to eight million, and also in Haiti, where over six percent of the population tested HIV-positive. Yet during the nineties, the African continent had only 250,000 AIDS cases, and Haiti had almost none. This leads to the simple, but most important and almost forsaken question regarding AIDS, which is "what causes it?"

So far, there is no scientific evidence that AIDS is a contagious disease, although it seems to be that way to most people. What is known from recently published research is that HIV only extremely rarely spreads heterosexually and can, therefore, not be responsible for an epidemic that involves millions of AIDS victims around the world. There is also no proof to show that HIV causes AIDS. On the other hand, it is an established fact that the retrovirus HIV, which is composed of human gene fragments, is incapable of destroying human cells – yet cell destruction is the main characteristic of every AIDS disease. Even the principal discoverer of HIV, Luc Montagnier, no longer believes that HIV is solely responsible for causing AIDS. In fact, he showed that HIV alone cannot

cause AIDS. There is also increasing evidence that AIDS may be a toxicity syndrome or metabolic disorder that is caused by immunity risk factors, including heroin, sex drugs, antibiotics, commonly prescribed AIDS drugs, rectal intercourse, starvation, malnutrition and dehydration. Dozens of prominent scientists working at the forefront of the AIDS research are now openly questioning the virus hypothesis of AIDS.

## **HIV – A Harmless Passenger Virus**

If a germ or virus has infected a person, the disease-causing microbe is present in high concentrations within the patient's body. In the case of AIDS, there should be very large amounts of virus material in the affected tissues. Small amounts would not be sufficient to cause such extensive destruction, as is found in the body of an AIDS victim. Therefore, active virus material should be profusely present in the white cells of the immune system, particularly in the T-helper cells, as well as in lesions of Kaposi's sarcoma and in the brain neurons of those afflicted with dementia. Yet this is not the case at all. The HIV retrovirus cannot be found in any of the diseased tissues of AIDS patients. This fact alone should make anyone suspicious about the claim that HIV leads to the destruction of organs and system.

If HIV were capable of infecting T-cells or other parts of the immune system, then, as is the case with every other type of viral infections, the cell-free virus particles or virions would easily be detected in the blood stream. However, in the majority of AIDS patients, there are no viruses found anywhere, and in the remaining few there are not even enough present in the blood to cause as much as a simple cold. This makes AIDS patients de facto HIV-negative. The 20 million deaths attributed to AIDS were, in fact, not caused by HIV, but other reasons.

Like other viruses, HIV becomes quickly inactivated by rapid antibody production of the host's immune system. When it first infects the body, HIV can achieve high levels of virus and for a brief period cause mild flu-like symptoms, if any at all. The immune system then quickly neutralizes the retrovirus and puts it into a dormant state. Since AIDS patients who test HIV positive have been infected many years before they die, their HIV retrovirus remains inactive.

An HIV test can only detect either the dormant, inactive virus or antibodies that the immune system produces to remain immune to the virus in the future. Therefore, the HIV-test itself proves the harmlessness of HIV. Although it is rarely mentioned in the medical literature, HIV has never been found in the lymph nodes, macrophage cells, dendritic cells, and elsewhere in the body of an AIDS victim; there has never been even a sign of a hidden virus infection. If the

HIV were responsible for destroying the human immune system, it would have to be present where the destruction takes place. However, this is not the case.

## **Flawed HIV Tests – The True Cause of the AIDS Epidemic**

When Judith was diagnosed HIV positive, she was told that there are a number of AIDS drugs that she could take to ward off the disease, at least for some time. But when she learned how sick these drugs could make her, she decided not to take them. About 18 months after the initial diagnosis, Judith showed no signs of being ill, and so her doctor recommended a retest. Since the new test came back negative, she did a second one, which turned out to be indeterminate. To further confuse an already very confusing situation, the third test she took turned out to be positive for HIV. Unable to figure out from the tests what was really going on, Judith began to investigate the medical literature and learned that HIV tests are highly inaccurate and even the HIV hypothesis was anything but correct.

Since testing positive, Judith gave birth to two children (now ages two and six) who, like herself, are the picture of health with no indications of a serious illness. She never had them tested for HIV. The whole family eats natural, organic foods and enjoys a completely normal life. Judith and her kids are not alone. There are thousands of healthy HIV-positive people who don't take AIDS drugs, and who show no sign of sickness. But only a few people escape the wrath of an unreliable testing procedure.

HIV can only be detected in the human body after the immune system has already killed the virus through its arsenal of antibodies. The presence of HIV antibodies proves that the virus has been rendered harmless, with no further role to play. This should make the HIV-testing procedure a method for informing infected people that the virus has been successfully destroyed, rather than delivering them a death sentence.

The most frequently used HIV test used today is ELISA and, in theory, it seems to be accurate. A sample of the patient's blood is added to a mixture of HIV proteins. If the blood contains HIV antibodies, they react to the proteins. This is supposed to be proof that the patient has been infected with HIV. Another test called WESTERN BLOT is often used as a confirmation. Besides being unable to detect actual virus in the blood of a patient, these tests are so unreliable that they are not only useless, but also the cause of unprecedented trauma and suffering in the world. In Russia, in 1990, after 20,000 "patients" had tested

positive with the ELISA test, only 112 were confirmed using the Western Blot. The French government has recently withdrawn nine HIV tests because they were far too unreliable. If the true positive rates of these HIV tests, instead of their extreme failure rates, were applied to the alleged 40 million HIV infected population in the world, we would have a mere total of 224,719 people infected with HIV. Nobody could possibly call this a mass epidemic, especially since most HIV-infected people not undergoing drug treatments live normal, healthy lives like Judith and her children.

The above figure may, in fact, even be much lower. The only reason people are added to the ever-increasing list of HIV victims is because more and more people are tested for HIV. The most commonly used HIV tests are antibody tests, which means that they can cross-react with normal proteins in human blood. Both the ELISA and WESTERN BLOT tests react to proteins that are shared by all other retroviruses found to live in the human body. P24 is one of them. Considering the large number of retroviruses existing in the body, if a patient has produced antibodies to p24, which is generally accepted as proof for the presence of HIV, the chances that he is actually infected with HIV are very slim. In fact, there are nearly 70 commonly occurring conditions – all listed in the medical literature – that are known to make the tests come up positive. These include yeast infections, simple head or chest colds, influenza, rheumatoid arthritis, hepatitis, herpes, recent inoculations, drug use and pregnancy. There are literally hundreds of millions of people in the world who either have gone through such conditions or are currently experiencing them. Giving them an AIDS test would automatically sentence them to a disease they may not have. That is exactly what we are doing during the humanitarian AIDS campaigns promoted by the WHO and numerous charitable AIDS organizations.

Another class of HIV tests, called viral load tests, can produce dozens of conflicting results – even from the same blood sample. The general population is made to believe that an HIV test is a reliable method to determine whether they are infected with HIV or not. If they were to read the disclaimers on the HIV test kits they would perhaps become a little suspicious, at least enough to insist on further evidence, if such can ever be provided. This is what the disclaimers say: “At present there is no recognized standard for establishing the presence or absence of HIV-1 antibody in human blood,” or “The AMPLICOR HIV-1 MONITOR [Viral Load] test is not intended to be used as a screening test for HIV or as a diagnostic test to confirm the presence of HIV infection,” or “Do not use this kit as the sole basis of diagnosis of HIV-1 infection” (Abbott

Laboratories HIV Test, Roche Viral Load Test and Epitepe, Inc. Western Blot Test, respectively). And to top this fiasco, positive test results can occur due to “prior pregnancy, blood transfusions...and other potential nonspecific reactions” (Vironostika HIV Test, 2003).

If the screening tests for HIV are, in fact, not to be used for diagnostic purposes, what are they then used for, you may ask. Why are hundreds of millions of people in Africa and Asia subjected to AIDS tests if they shouldn't be used to confirm the presence of HIV infection? How many “potential nonspecific reactions” could there be to influence the outcome of an HIV test? Moreover, why is the WHO proclaiming that there are nearly 40 million people infected with HIV when this worldwide organization knows so well that the tests used cannot be used to make such claims?

The AIDS tests are used to create statistics of an epidemic that has no scientific backing, but is blindly accepted as true by innocent people who have no reason to believe they are being deceived over something like a deadly disease. This information needs to be shared with every person who tests positive for HIV, yet it is being concealed from these “patients.” Unless they do their own research, which cannot be expected by the vast majority of Africans, Asians and South Americans, these frightened, confused and unsuspecting people are misled to believe they are infected with a deadly virus. Most AIDS workers do not even know the scientific facts, or lack thereof, behind the HIV theory and these testing procedures.

In one study, 41 percent of patients with multiple sclerosis (MS) showed presence of antibodies to p24 in their blood. This didn't mean, however, that they were infected with HIV, although the ELISA test would have implied exactly that. As the co-discoverer of HIV and leading virologist Dr Robert Gallo has repeatedly pointed out, P24 is not unique to HIV. If the ELISA test is applied to people who have been or are infected with the viruses that cause malaria, hepatitis B and C, tuberculosis, glandular fever, papilloma virus warts, syphilis, leprosy, and many other conditions, the chances they are declared AIDS victims are extremely high. In Africa and other developing countries, the HIV test is usually given to people who feel unwell or are already diagnosed with one of these diseases. Given the large number of people affected by them, meaning, hundreds of millions, the number of possible false-positive results could well exceed 100 million, given the ever-expanding testing campaigns.

Take the striking example of worldwide malaria. In 1999, the World Health Organization (WHO) estimated that over 300 million clinical cases of malaria occur annually from among the 2.3 billion people (almost one-third of the world's population) who are at risk of infection with the malaria parasite. Accordingly, by 2004 over one billion people would have contracted malaria, all of whom will have developed antibodies for the harmless retrovirus p24 in their blood. Out of the 300 million annual malaria victims, an estimated 1.1 million people die from the disease. If you tested all the 300 million annually occurring malaria victims, you would automatically have about 299 million new cases of HIV. Moreover, most of the million who died from malaria would automatically be categorized as being AIDS victims because the ELISA test shows positive for p24.

While these numbers are shocking, they are probably underestimates of the world's malaria burden, given that only a fraction of malaria cases are reported each year and that deaths among children with chronic malaria are often attributed to other illnesses. These statistics may vary by a factor of three, depending on the method of estimation. In Africa alone, the 28 million reported cases of malaria are believed to represent only 5-10% of the total malaria incidence on the continent (Hamoudi & Sachs, 1999).

Dr. Max Essex, a highly respected and leading AIDS expert from the Harvard University School of Public Health, found that some 85 percent of Africans who tested HIV positive with the Western Blot test later tested negative.

Another source of false-positive results from HIV tests is the large variety of antibodies which people produce after undergoing blood transfusions, or when exposed to foreign semen and virus material during homosexual activity, and after taking drugs. Drug users and homosexuals are known to make many more antibodies than the average person does. The chances that they become victims of a false positive AIDS test are, therefore, more likely than not.

All this means that there is no reliable way of telling how many people are infected with the HIV virus. In addition, there is no reliable way of telling how many of the so-called AIDS diseases, if any, are in fact HIV-related.

Nobel laureate Kary Mullis, who invented the first HIV test, has openly questioned the validity of the "AIDS virus." According to Mullis, his highly sensitive detection technique known as PCR can only be used to find dormant,

inactive HIV, incapable of harming anyone. Mullis says: “I can’t find a single virologist who will give me references which show that HIV is the probable cause of AIDS...” PCR proves that AIDS cannot be caused by a virus! This also means that the autoimmune deficiency syndrome (AIDS) can very well occur without the presence of virus.

## **HIV Cannot Cause as Much as the Flu**

Contrary to the original HIV-AIDS hypothesis, which says there is a 50-100 percent probability of death from infection, there are only a few HIV infected people who actually die, at least not more than in any other category of disease. When blood from AIDS patients was injected into chimpanzees in 1983, all of them tested HIV positive but when tested 10 years later, none of them had developed any signs of sickness. In another experiment, over 150 chimpanzees received injections of purified (highly concentrated) HIV in 1984, but developed no symptoms of disease to this very day. However, what the experiments did show was that their immune systems had produced antibodies against the virus within a month, just as it happens in humans. The presence of antibodies ensures that immunity against the microbes has been secured on a permanent basis. Just as animals cannot get AIDS from HIV, so can human beings not get AIDS from HIV either.

Among other human viruses, such as those causing polio, flu, hepatitis, etc., HIV may be one of the most harmless ones; it is quickly and easily neutralized by our immune system. The incubation period for every known virus does not exceed more than a maximum of 6 weeks, as is the case with the human hepatitis virus. It is a well-established biological law that any germ that does not cause symptoms before it is cleared by the immune system cannot be considered a cause of disease. No virus is capable of surviving 10-15 years in a normal healthy body with an active immune system. And even if it were possible in theory that a few virus particles would survive a decade or longer, they still would have to overcome the immune system, and they would certainly not be enough in number to impair the person's immunity (unless of course the immune system is destroyed by other causes).

The AIDS theory suggests that HIV destroys the immune system's T4 cells, thereby leaving the body susceptible to all kinds of infections and diseases. It had already been discovered in the mid-eighties that the number of HIV infected T4 cells is far too small to cause widespread destruction and that the human body is perfectly capable of replacing T4 cells faster than HIV could destroy them.

Since the beginning of AIDS as we know it, many thousands of people, including medical workers and hemophiliacs, were accidentally infected with HIV, but only a few of them developed AIDS - in fact, not more than any other group in society. Among the health workers who developed AIDS, 90 percent belonged to the major risk group of AIDS cases – highly active homosexuals and intravenous drug users. Among hemophiliacs, who are “naturally” immune-deficient, there are just as many HIV-negatives dying as there are HIV-positives dying. In other words, whether a hemophiliac is infected or not, his chances of developing an AIDS-type disease are exactly the same. Until now, there has not been even one human or animal that has developed AIDS after being infected only with HIV. This fact may be reason enough to reconsider the role of HIV as being the sole agent responsible for causing dozens of different kinds of (AIDS) diseases. Luc Montagnier, co-discoverer of the HIV virus, has already pointed out that, without another co-factor, HIV cannot cause AIDS.

## **HIV Behaves like Every Other Virus**

Man lived with the HIV virus long before it was discovered and before large numbers of people underwent AIDS tests. The same applies to other types of viruses. For example, the herpes virus is present in 2 out of 3 Americans; another two thirds carry the herpes class cytomegalovirus. Four out of five Americans walk around with the Epstein-Barr virus, which in few of them causes mononucleosis or “kissing disease.” Even more people are host to the papilloma virus, which is known to cause warts. There is hardly anyone living on this planet who does not carry at least a dozen or so viruses in his body, each one related to a specific infectious disease. Yet no scientist in the world would use these facts to announce a mass outbreak of viral epidemics. Every experienced virologist knows that all these viruses are dormant, i.e., have been neutralized by the immune system. He also knows that this makes the infected people immune against re-infection, unless of course the immune system is damaged or suppressed through other factors.

If HIV, herpes, and all the other types of viruses that are latent in humans and animals living on the planet were capable of killing people, there would hardly be anyone left to treat the billions of sufferers. HIV, being a human retrovirus (produced by the body itself), is totally benign to its host cells and is, therefore, incapable of destroying any cell it has infected. This applies especially to the cells of the immune system, which are equipped with highly sophisticated defense mechanisms. For HIV to have any destructive value, it would literally have to flood the body with active viral particles. Yet HIV can barely be detected even in late stage AIDS patients, despite using the most sensitive of tests. The traces of HIV virus found in some AIDS patients is inactive, which means, it is harmless, and therefore not responsible for the destruction of the body. If HIV were the cause of AIDS, it would have to do this during the two phases of HIV infection where blood levels of HIV are significant:

1. Soon after infection when the immune system produces antibodies.
2. At the very end stage of AIDS when the levels of all viral activity increase because the immune system has collapsed (due other reasons than HIV infection).

There is enough scientific data to show that HIV, being and remaining inactive even in AIDS patients, does not kill T-cells and, therefore, cannot cause AIDS!

## **Research under Scrutiny**

There are numerous research studies which all seem to show that only HIV-infected persons can develop AIDS (in comparison with those who are not infected with the virus). This is but a correlation, not a cause and effect relation. Although there is no proof of it, this idea has become the most powerful and persuasive argument to convince both scientists and the general population to believe that HIV causes AIDS. Yet by analyzing any of these studies you will find that the HIV-infected groups consisted only of members who were in the AIDS risk category, e.g., very active homosexuals, heroin addicts and patients with a history of major diseases. By contrast, the non-infected control groups consisted of healthy heterosexuals. In other words, AIDS seems to develop only in people whose immune system is already impaired due to other causes than HIV.

Official statistics from the 1990s revealed that 90 percent of all AIDS victims were men and 95 percent of all AIDS victims living in wealthy nations belonged to one or more of the above risk categories. However, there exists no such distinction in the above studies. The only common factor between the two groups is age. Yet it is very obvious that a 25-year old immune deficient heroin addict is more likely to suffer an immune disease than a 25-year old healthy medical student, regardless of whether he has one or several inactive viruses in his body or not. That an increasing number of heterosexuals are now testing positive for HIV has less to do with a new trend, but with the expansion of the tests to that group. How many heterosexual Americans have virus-induced warts you may ask? Millions of them! And how many have had undergone blood transfusions or contracted once in their life a virus that causes malaria, hepatitis B and C, tuberculosis, glandular fever, syphilis, and many other conditions? Again, millions of them! All of these millions of people, if tested for HIV, are likely to test positive because they will have developed antibodies for the harmless retrovirus p24 in their blood. As we shall see, sexual intercourse between heterosexuals is not the reason for spreading HIV.

In the last 15 years, several scientists have proposed conducting a case-controlled study that would compare a large number of HIV-infected people with a similar number of uninfected people, all of whom would share the same health

risks or medical history. Yet there hasn't been much interest in conducting such a study since the focus is still on destroying a virus rather than on eliminating immune-suppressive influences.

## **HIV + Pneumonia = AIDS?**

In the meantime, more and more studies are being published to show that AIDS, which cannot be classified as a disease because every case displays a different combination of symptoms, occurs only in people who test HIV-positive. Before HIV was discovered, pneumonia, dementia, herpes-infections, weight loss, tuberculosis, Kaposi's sarcoma, chronic diarrhea, several lymphomas, yeast infection, and other opportunistic infections were considered separate diseases. Depending on whether a patient had already a deficient immune system or belonged to a certain health risk group, the symptoms of these diseases exactly matched those which are now considered AIDS diseases.

Before the HIV-AIDS hypothesis, a patient who died from pneumonia, tuberculosis, or a lymphoma died from the respective causes of these diseases. By contrast, a patient who dies from pneumonia today and happens to have antibodies to HIV or P24 in his blood, is automatically labeled and listed as an AIDS victim. People with a low T-cell count in their blood are considered immune deficient, but if they continue having the same condition after testing positive for HIV, they are routinely "sentenced" to AIDS, with or without clinical symptoms.

There are already over 35 such diseases now that have been renamed "AIDS" in this way. One of the latest ones is cervical cancer, which has become the first AIDS disease that can only affect the female gender. This may give the false impression that AIDS is now penetrating the heterosexual community as well. The inclusion of cervical cancer as an AIDS disease has "increased" the number of AIDS victims among women quite dramatically, yet at the same time, it has "decreased" the number of ordinary cervical cancers among women. Overall, the mortality rate of these diseases has not changed at all. The claim that more and more heterosexuals are now afflicted with AIDS is not based on real science, but ignorance or denial of the facts.

The renaming of old diseases as AIDS further supports the hypothesis that the AIDS syndrome is never found in anyone without presence of HIV. By definition, there is no AIDS without HIV, regardless how many non-HIV people may die from the very same symptoms. Accordingly, anything that even

remotely resembles immune deficiency plus HIV now counts as an AIDS disease, despite the fact that AIDS patients with Kaposi's sarcoma have been reported to have normal immune systems. It has been argued that wherever there is HIV, AIDS will be the consequence. However, this argument is heavily flawed. AIDS-like indigenous diseases existed long before the testing of antibodies for HIV was introduced. What is different today is that the old diseases are renamed and "become" AIDS diseases whenever HIV is found to be present as well. In real terms, though, there are not any more AIDS cases with HIV in the world than there are without HIV.

## Grave Statistical Errors

In the United States alone, the estimated number of one million HIV-infected people has remained constant since the HIV test was made available in 1985. Given the fact that HIV tests produce far more false positives than correct positives, there may actually be very few HIV infected Americans. Of these, regardless of whether they are true positives or not, less than 1/3 had been diagnosed with AIDS by the year 1993 and 121,000 of them were still alive. Over two thirds of the HIV infected Americans have not developed any AIDS symptoms since 1985, and the already huge gap is widening each year. The number of new AIDS cases has actually been leveling off for several years and has dropped dramatically in 1996 despite the fact that the new yearly AIDS cases are always added to the totals of all AIDS victims so far. During the same period, although the new AIDS treatments were only made available in 1996, the number of AIDS deaths across the United States has dropped considerably, with a decrease of 44 percent during the first half of 1997. A similar trend occurred in Western Europe, also before new treatments were introduced. The new treatments had absolutely nothing to do with the reduction, although the extensive advertising campaigns by the drug companies may want to make the masses believe they did.

A contrived AIDS explosion took place at midnight, January 1, 1993. On New Year's Eve 1992, the Los Angeles Times reported: "As many as 40,000 Americans who are HIV-positive will wake up on New Year's Day with a diagnosis of AIDS." As forecast, the number of new AIDS cases climbed by 204 percent within the first three months of 1993 compared to the same period of the previous year. This intended statistical error and similar ones occurred because much milder forms of diseases had been included in the official list of AIDS diseases.

The same manipulation of data has also influenced world AIDS figures. More and more indigenous types of disease occurring in developing countries are being added to the AIDS defined disease groups, thus giving the false impression that there is an AIDS explosion in the Third World. Statistics released by the WHO show that in 1995 AIDS soared by 25 percent, reaching 1.3 million. This figure, of course tripled ten years later, again due to intentional

statistical error, false HIV tests, and the renaming of existing diseases as AIDS diseases.

In those areas of the world where there are more HIV infected people than in America, the actual number of AIDS cases is significantly less. For example, only 250,000 of the six to eight million Africans who were reportedly infected with HIV between 1985-1995 had contracted AIDS or whatever one may want to call the diseases formerly known as tuberculosis, glandular fever, diarrhea and slim disease (unlike our wasting syndrome). All of these old diseases have since been renamed AIDS diseases, and, of course, this catapulted AIDS into a mass epidemic in the developing world. Given the large number of people dying from tuberculosis alone (millions each year), and the high failure rate of AIDS tests in Africa (85 percent or more), it may well be that the number of real AIDS victims, if any, does not exceed 50,000.

Zaire alone, with its three million supposed HIV-infected people, has only a few hundred AIDS cases, or less than 0.02%. No scientific study would remotely consider AIDS to be caused by HIV when the number is this minute. Her neighboring country Uganda, with its one million HIV-infected people, had only generated 8,000 AIDS cases. Out of the 360,000 HIV-infected Haitians, only a few hundred have AIDS. The Haitian AIDS patients, most of them undernourished, suffer from toxoplasmosis, which has always been a common cause of death. These figures may still be exaggerated, as the old HIV tests, which were far less accurate and produced even more false positives than the extremely unreliable ELISA and WESTERN BLOT tests, were applied to millions of people worldwide.

Developing countries may have such low AIDS rates because they do not have such extraordinary health risks as the ones found among very active homosexuals, intravenous drug addicts, and hemophiliacs. Those who have long histories of various opportunistic infections or used “poppers” regularly in the past, or had anal sex, received blood transfusions and took poisonous addictive drugs, belong to the risk group for AIDS, with or without HIV. Because all these factors severely damage the immune system, the individuals being in this risk group are the most likely candidates to “acquire” the Human Immune Deficiency Syndrome.

The health risks specific for each group are responsible for the particular types of diseases. Heroin addicts are the most likely to develop tuberculosis, herpes

infection and weight loss, and hemophiliacs produce pneumonia, regardless whether they have HIV or not. This fact makes HIV a harmless passenger virus. There are as many cases of pneumonia and tuberculosis today without HIV as there are with HIV. Kaposi's sarcoma also is no longer an exclusive "AIDS disease." Slim disease is as common among Africans who test positive for HIV as it is for their HIV-negative counterparts. The lack of HIV test equipment in most parts of Africa compels doctors to diagnose prospective AIDS patients merely by symptoms, a very unreliable and unscientific practice. Yet the numbers of these cases are added to the overall "statistical evidence" that AIDS is still continuing to spread.

The soaring AIDS epidemic is a product of mass deception based on faulty science, unreliable AIDS tests, and a greedy pharmaceutical industry that does everything in its power to have unrestricted access to the mostly untapped profit potential of Third World populations. Developing countries thus far have largely refused to rely on modern medicine to keep their people healthy. AIDS has profoundly scared them, and so they have given into the tremendous pressure exerted onto them by international organizations, such as the WHO and their generous sponsors – the drug giants. In the historic past, the developing world has been exploited by the wealthy nations. Today, this exploitation is concealed in the generous offer to help the AIDS-afflicted countries control the escalating crisis, a crisis that existed long before HIV was named a deadly virus. The newly developed AIDS vaccines will become by far the most lucrative business venture for the drug industries that the world has ever seen.

## **HIV - Not a New Virus**

Most of the manipulated statistical evidence of an escalating AIDS epidemic occurred because of faulty testing procedures and the wrong assumption that HIV is a new virus. Everyone who tests HIV positive is believed to have acquired the virus from someone else. The HIV testing procedure reveals nothing about how long the virus has been in a person's body. So, in the assumption that HIV must be a new virus (because nobody has discovered it or tested for it before 1983), we have never even considered the possibility that HIV, like so many other human retroviruses, could have been around for decades or even centuries. If HIV is indeed an old virus – and there is ample evidence now to support this claim – we should be able to find its traces (antibodies for HIV) in large numbers of people, especially in developing countries.

HIV turns out to be a virus that has existed long before 1980. In 1998, research conducted at the Aaron Diamond AIDS Research Center at Rockefeller University, USA proved through blood tests gathered in Africa between 1959 and 1982 that the HIV virus already existed in 1959. Based on this and other related research it is now estimated that the virus first got into people some time in the 1940s or early 1950s.

Since the HIV test was introduced to the Western Hemisphere in 1985, the number of HIV-infections has remained constant world-wide until the mid 1990s. But once the screening campaigns of HIV were extended to new countries in Africa, and in more recent years also in Asia, the number of infected people “rose dramatically.” There is no information available on how long these people carried the HIV virus or even whether they had received it from their parents.

According to a previous version (1990) of the HIV/AIDS theory, HIV infected people would automatically contract AIDS within several years and subsequently die. This, however, is not and has never been correct, although it may apply to a small number of HIV infected persons whose immune system has been destroyed through major health risks that are listed below. Since major health risks exist almost everywhere in the world, a “rise” in the number of HIV infected people in areas where no one had been tested before is more than likely,

especially since HIV has been around since the 1940s. In its “New World Health Report 1996”, the World Health Organization (WHO) states that “there are now more than 21 million people infected with HIV.” Eight years and 100 million ELISA tests later, the number has nearly doubled. The WHO reports omit the fact that this “rise” in numbers stems mostly from the extension of this extremely inaccurate HIV-test to previously uncovered populations in the world. In actuality, HIV stopped spreading long ago. Besides, as the scientist who discovered HIV admitted, HIV cannot cause AIDS.

## **New Evidence: HIV Rarely Spreads Heterosexually**

In the developing world, the virus has existed for at least 65 years because HIV is rarely spread heterosexually. Research that studied the wives of infected hemophiliacs showed that an HIV-positive person requires over 1,000 unprotected sexual contacts with an HIV-negative person from the opposite sex to pass along the virus just once. In another surprise study, published in the *Lancet*, 1997, 349:851-2, French doctors at the Cochin-Port Royal hospital in Paris looked at the risk of married couples wanting to conceive a baby where the man was HIV-positive. Their findings are in line with infection rates of 1 per 1000 acts of unprotected sex among stable heterosexual couples. According to this published research, it would take an HIV-infected heterosexual who has sexual intercourse 2-3 times a week about seven years to infect another person with HIV! This practically means that it would take the HIV-infected males of one million couples 2,739 years of daily unprotected sex to infect all female partners. In the developing world, unprotected sex among heterosexuals can, therefore, not be held responsible for the high number of people who test HIV positive (even if HIV tests were 100% reliable, which they are not).

However, the situation is different with regard to infected pregnant women. A baby is directly and constantly exposed to the mother's blood for a period of 9 months. During this period the virus has a 50% chance of being passed on to the baby. Retroviruses survive when they reach a new host prenatally (passed from mother to child). This way of passing on a virus is at least 500 times more efficient than through sexual transmission. (Blood transfusion is another obvious way of contracting the virus.)

In contrast to the situation in wealthy nations, HIV in Third World countries is equally distributed between both sexes, which means, it must have been passed on from mother to child for many centuries. Had HIV been a deadly killer virus, the babies of infected mothers would have obviously been born deformed, miscarried, or dead because newly born babies have not yet developed adequate immunity to defend themselves against a killer virus. Even if they somehow managed to survive, they could only last for a maximum of two years – the latency period given to infected babies before developing AIDS. The spreading of the virus would have stopped automatically through the destruction of all new

babies that were infected by their mothers.

Due to the low rates of homosexuality in developing countries, the prenatal route of transmission has been their only efficient way (50 percent chance) to pass on HIV to the new generations. Grown female children who become mothers would again have a 50 percent chance of passing the virus to their children. Therefore, in Africa alone, HIV must have been around for many generations before it was able to infect as many as 6-8 million people. The latest argument that the increased condom use in some African nations helped to slow the rate of infection is hardly convincing since the main route of HIV infection in Africa is from mother to child.

## Who Gets AIDS?

The situation is much different in the industrialized world where HIV is mostly transmitted through different routes. The most susceptible groups are very active homosexuals, needle sharing heroin addicts, and hemophiliacs who receive transfusions. They represent the main and easiest routes through which disease-causing microbes can be passed on to others who share one common risk factor: immune deficiency. In other words, the groups in society where HIV is commonly present amongst their members are also the groups with the biggest health risks and, therefore, more likely to produce AIDS symptoms. Still, HIV's most concentrated occurrence among health risk groups cannot be blamed for causing AIDS diseases, just as elevated cholesterol levels cannot be held responsible for causing heart disease. These are mere correlations. Another problem is that gay men, drug users, and hemophiliacs who are exposed to semen, drugs, blood transfusions, hepatitis, the Epstein Barr virus, and many other diseases or factors known to cause biological false positives in HIV tests, represent the most unreliable groups in society to demonstrate real presence of HIV.

As prophesied 13 years ago, AIDS has invaded the heterosexual community, or so it appears. Since cervical cancer and other female diseases have more recently been renamed AIDS diseases, AIDS seems to have affected the female population. However, most AIDS patients are still male. Anything and everything that strongly abuses the body and depletes the immune system must be held responsible for causing illness, regardless of whether it is a stroke, cancer, or an AIDS disease. Emotional stress, insufficient nutrition, dehydration, sleep deprivation, alcohol, cigarettes, antibiotics, hard drugs, excessive sexual activity, etc., can all damage the immune system. A dormant piece of viral material such as HIV, on the other hand, can do no harm in a healthy body.

Whoever continuously exposes himself to immune risk factors is also more susceptible to developing the Acquired Human Immune Deficiency Syndrome. Someone may argue: "What about an innocent baby who becomes infected with HIV by its parents and dies from pneumonia? Is that not AIDS?" The fact is that at least as many children die from pneumonia with or without HIV, and it doesn't significantly influence the outcome of the disease whether they had a previous

encounter with HIV or not. What can make a big difference, however, is how the pneumonia is treated.

## **What Really Causes AIDS**

Over 35 diseases have now been renamed AIDS diseases, all supposedly caused by one single (inactive) virus. What has been considered normal pneumonia until 10-15 years ago, if linked with HIV, it is now an AIDS disease. The same applies to Candida infection, tuberculosis, Kaposi's sarcoma, and cervical cancer. If an African suffers from "slim disease" and has HIV antibodies in his blood, he is being told that he has AIDS. If he dies from the disease, he obviously must have died from AIDS. This simple logic may sound persuasive to a lay person.

On the other hand, if an African is diagnosed with having "slim disease" without previous HIV infection and subsequently dies, AIDS is not considered the cause of death. It is worthy to note that there are at least as many cases of slim disease without HIV as there are with HIV, and that the retrovirus HIV has proven to be incapable of causing cell destruction, which is the main characteristic accompanying "slim disease".

If the HIV virus cannot be held responsible for causing AIDS diseases, then what is the cause of AIDS?

## 1. Narcotic Drugs

Roughly ten years before the discovery of AIDS, the industrial world experienced a dramatic increase in the use of non-prescribed drugs ranging from hashish, marijuana and psychedelics to LSD, MDA, PCP, heroin, cocaine, amyl and butyl nitrites, amphetamines, barbiturates, ethyl chloride, opium, mushrooms and other “tailor-made” drugs. By 1974, five million Americans had used the drug cocaine, and only eleven years later, the figure had jumped to over 22 million. In 1990, the American Drug Enforcement Administration had confiscated 100,000 kilograms of cocaine, compared to a mere 500 kilograms in 1980. Within a decade, the number of cocaine overdose victims had increased from 3,000 in 1981 to 80,000 in 1990, an increase of 2,400 percent. Amphetamine use also jumped dramatically. In 1989, the Drug Enforcement Administration seized 97 million doses, up from 2 million doses in 1981. Also, aphrodisiacs became extremely popular during the 1970s. By 1980, five million Americans had become regular users of amyl nitrites, or “poppers.”

The AIDS epidemic followed a huge jump in drug abuse. Every practicing physician who has seen the severe destruction of body and mind in drug-using patients understand that drugs are capable of doing even more harm to a person than just killing them. Drugs are known for their powerful effect of systematically destroying a person’s vital functions, including the immune system. The figures given above can in no way represent the total use of drugs within the population, but they certainly indicate that drug abuse could be playing a major role, if not the biggest role in causing AIDS diseases. Most narcotic drug users have p24 in their blood. An HIV test is likely going to turn them into HIV positive patients that “need” treatment with expensive and potentially devastating AIDS drugs.

Until recently, drug use was most concentrated among young men aged 25-44, and so, AIDS was most common among this age group. Nine out of every ten AIDS cases were male and 90 percent of all people arrested for possession of hard drugs were male, too. Seventy five percent of these were aged 25-44 and 72 percent of all AIDS cases among men occurred within exactly the same age group. Could this have been pure coincidence?

Between 1983 and 1987, the death rate among young men of this age group increased by an average of 10,000 per year and so did the number of AIDS deaths within the same period. During the 1980s, deaths from drug overdoses doubled in men of this age group, while deaths from blood poisoning – an indirect result of the injection of drugs into the blood – quadrupled. The same happened to the AIDS sufferers of the same age group during the same period of time.

Now, more females are involved in heavy drug use. Three quarters of all heterosexual AIDS cases and two thirds of all female AIDS cases are injection drug users. Two thirds of all babies born with AIDS have mothers who inject drugs. These figures do not include the use of drugs taken orally or in an inhaled form.

The major percentage of AIDS cases, however, is still found among the highly active homosexual men aged 25-44. This group not only abuses large quantities of narcotic drugs, but also antibiotics, antifungals, and antivirals, such as AZT, ddI, ddC, d4T, acyclovir, and gancyclovir, to name a few. A large number of American studies confirmed that over 95 percent of male homosexual AIDS patients typically admitted to popper inhalation and regular use of hard drugs.

AIDS patients suffer from pre-existing immune damage, which in many cases is caused by years of drug abuse. Without an already damaged immune system, AIDS diseases are extremely unlikely to develop. If any of the above risk groups take an AIDS test they are highly likely to test positive, due to the large number of antibodies their bodies have produced to counteract diseases caused by drugs, semen, blood, and viruses, etc.

## ***Why Babies Have AIDS***

Babies are strongly affected by the drug abuse of their mothers. Two thirds of all babies with AIDS symptoms, regardless whether they test HIV-positive or not, have mothers who inject drugs; some large percentage of the rest have mothers who use non-injected drugs. Heroin is one of the most commonly injected drugs. Persistent drug users show symptoms of loss of white blood cells, the main upholder of immunity, as well as lymph node swelling, fever, rapid weight loss, brain dysfunction and dementia, and a marked susceptibility to infections. Heroin addicts often die from pneumonia, tuberculosis, and other opportunistic infections, as well as from wasting syndromes. In all these diseases, the protein p24, generally accepted to be proof of the existence of HIV, is amply present. Although p24 is not unique to HIV but shared with most infectious diseases, they have nevertheless been classified as AIDS diseases.

What is very sad is that babies are defenseless against drug poisoning. Recent research has shown that pregnant women who smoke cigarettes pass cancer-forming chemicals to their babies. It is difficult to imagine what must be taking place in the developing brain of an embryo when it is exposed to heroin injected directly into his mother's blood, which is also his blood.

Many babies born to cocaine-using mothers are born with severe mental retardation and are vulnerable to tuberculosis and lung diseases. The major experimental drugs are so poisonous that regular use can result in dementia, serious bacterial infections, and total destruction of the immune system. The drugs certainly possess a much higher probability of impairing immune functions so typical to AIDS than a simple, inactive virus.

## 2. Antibiotics

Most of the patients suffering from AIDS also have a long history of taking antibiotics. Antibiotics may be a major co-factor in developing AIDS among the very active homosexual men who depend on them in order to ward off the many venereal diseases and parasites arising from non-hygienic sexual practices. Many gays have received open prescriptions for antibiotics from their doctors who advised them to swallow the drugs before their sexual encounters. Some of them had been on such toxic drugs as Tetracycline for as many as 18 years before their immune system succumbed to the devastating side effects they produce. This particular drug causes extreme sensitivity against sunlight. If exposed to sunlight, it can burn one's skin beyond repair. Those affected often suffer from Seasonal Affective Disorder (SAD), a form of depression that arises from lack of exposure to sunlight. The drug is also known to disrupt the body's basic metabolic functions, which may result in virtually any type of disease. It also works as a strong immune suppressant; and, perhaps, one of its worst side effects is the destruction of beneficial bacteria in the gut. Eradication of these bacteria makes room for yeast and other infection-causing bacteria, spreading throughout the body and causing continuous flare-ups of disease symptoms

Other commonly used drugs include flagyl and diiodohydroquin. Both are used to combat amoeba-caused diarrhea. The drugs can produce severe forms of hallucination and depression.

Corticosteroids, sulfa drugs, and sepra are prescribed for various other conditions, all with serious side effects. They cause severe digestive disturbances, and if worsened by a nutrient-deficient diet so common among active homosexuals, they systematically destroy their bodies' defenses against disease-causing bacteria, viruses and parasites. And so the formerly strong and healthy young men increasingly suffer from opportunistic infections which speed up aging indicators similar to those found only in old and fragile people.

### **3. Blood Transfusion**

All the above mentioned risk factors cause 94 percent of all AIDS cases in the United States, a typical representative for other industrialized nations. Nevertheless, the remaining 6 percent do not seem to fall into any of the risk categories. Over half of this small percentage “contracted” AIDS through blood transfusions, which to the general population would appear to be a definite indication for HIV to be the cause of AIDS.

However, a closer analysis of the AIDS survival statistics reveals that over half of all blood transfusion recipients die within the first year after transfusion. The same applies to patients who are not HIV-infected. The risk groups for failing blood transfusions are found among the very young and the very old, and those who are severely injured.

Under normal circumstances, healthy people never get a blood transfusion. They are given only to people who have already suffered from long-standing illnesses or after traumatic medical intervention, such as surgery. Anesthesia alone acts as an immune-suppressant, and the same applies to antibiotics administered after surgery to ward off infectious microbes. If a patient undergoes an organ transplant, he will receive steroids and other drugs that prevent his immune system from rejecting the new organ. Many organ recipients have to take these drugs for the rest of their lives, but since these drugs suppress overall immunity, they often die from “unrelated” problems within a very short time. The treating doctors rarely attribute these deaths, though, to the side effects of the drugs, and tell the deceased’s relatives that they tried everything they could to save their loved ones. If these same problems, however, occur in HIV-positive patients, the cause of death is considered to be AIDS. Accordingly, the victims become part of the “statistical evidence” that AIDS can be transmitted through blood transfusion.

In the United States, out of the 20,000 hemophiliacs, who rely on regular blood transfusions, few are diagnosed with AIDS despite the fact that over three-quarters were infected with HIV through blood supply. Mortality rates for hemophiliacs, in fact, have never been as low as they are today.

It has been proven that blood transfusions can bring up false-positive HIV test results. In a study published in the *Lancet*, patients showed the presence of large quantities of HIV antibodies in their blood immediately after blood transfusion, decreasing thereafter. One healthy volunteer who received six consecutive blood injections at four-day intervals tested HIV-negative after the first injection, but with each subsequent transfusion, the HIV-positive antibody response increased. The argument that HIV can be transmitted through blood transfusions may, therefore, only be partially true, if it is true at all. As the above experiment shows, blood transfusions can actually produce human retrovirus material that may be identical or similar to HIV. This certainly doesn't mean that an AIDS disease will automatically develop because of blood transfusion (most hemophiliacs don't develop AIDS). However, if the immune system is already severely damaged or low due to other factors, such as drug abuse or surgery, blood transfusions can greatly increase the risk of developing a life-threatening immune deficiency disease or AIDS (see also "Business with Our Blood" in *Timeless Secrets of Health & Rejuvenation*). If blood transfusions can lead to the body producing antibodies against the HIV human retrovirus, as research has shown to be possible, it is misleading to claim HIV-contaminated blood is solely responsible for HIV infection in blood recipients.

#### **4. AIDS – A Metabolic Disorder, not an Infectious Disease**

For several years, it has been known that AIDS sufferers develop a drastic imbalance of very important amino acids before they actually deteriorate. A balanced protein metabolism is the main prerequisite for a healthy immune system. If the concentration of some of the amino acids in the body is too high or too low the immune system can no longer fight acute infections. This is particularly true for AIDS diseases.

The physiological imbalances related to basic protein metabolism in AIDS patients can be caused by any of the above factors, which all have highly stressful effects on the body. To combat such severe stress, the body triggers stress hormones, such as cortisone, designed to break down muscle proteins into basic amino acids needed for emergency reuse. This effectively means that the body is feeding off itself. If the stress persists, the amino acid balance can no longer be maintained, which eventually causes the collapse of the immune system so typically found in the AIDS disease.

During the process of destroying its own cells to obtain essential amino acids, the body has to deal with a large amount of cell debris, including the fragments from destroyed cell nucleus. It seems that some of these DNA or RNA fragments are labeled as the retrovirus HIV. Since there are various types of such fragments, there are also several types of HIV, i.e., HIV1, HIV2, etc. as well. This may explain why there are so many people now who are HIV-positive, but never were infected by HIV-contaminated blood or were in contact with HIV-infected people. Research by Dr. Hulda Clark, Canada, showed that babies can test HIV-positive, despite the fact that their parents are HIV-negative.

HIV is much more common than most people think. Many people who go through periods of extreme stress may have a strong presence of HIV in their blood for which their immune systems produce antibodies. Since they are unlikely to test for AIDS, they may never find out that they have encountered this virus. Even if they underwent a reliable AIDS test, they may not test positive for HIV1. However, if the test also searched for presence of antibodies for HIV3 or another of its variations, these individuals may now turn out to be HIV positive. For many years, the testing facilities in most countries could detect only

one of the many HIV types. Today, a person's blood may be screened for two types of HIV, which is still not enough to determine whether he is HIV positive or not (considering the high false-positive rates of HIV tests).

Unless the individual's stress reaction continues, he may lead a perfectly healthy life. However, if stress-caused cellular destruction becomes a long-term issue, the amino acid balance becomes increasingly disturbed. This in turn may drain the immune system to such an extent that it can no longer defend the body against even the low-level infection-causing agents that permanently linger in everyone's body. When the host's immune system fails to neutralize the germs, a simple bacterium can cause a life-threatening infection, as seen among many AIDS patients.

Drug addicts, very active homosexuals, babies born to mothers with an unbalanced amino acid pool, people who are in need of a blood transfusion or had one, and those who are undernourished, starving, or are otherwise traumatized, all are suffering from an unbalanced amino acid pool and are, therefore, possible candidates for HIV particle generation. Intense stress responses cause the breakdown of cell nucleus, which results in an increased presence of DNA or RNA fragments. The first and natural response by the body is to produce antibodies to these fragments. As mentioned before, Multiple Sclerosis, malaria, hepatitis B and C, tuberculosis, glandular fever, papilloma virus warts, and many other ailments can cause the body to make antibodies for the retrovirus p24. If immunity becomes subdued through any major illness or constant stress, a flood of disease-causing agents begin to invade the body. Wherever the body is most vulnerable and exposed is where the AIDS disease is likely to strike first.

## **Narcotic Drugs and Rectal Intercourse Can Cause AIDS**

Use of intravenous morphine and heroin alters the basic metabolism of the body. The body's own natural morphine compounds, called endorphins, are not only capable of reducing pain and producing euphoria, but they also suppress hunger sensation. People who use heroin or morphine tend to lose their appetite and subsequently stop eating and taking enough fluids. The body, while detecting a famine and dehydration, begins the cortisone release mechanisms to try to survive the food and water shortage. When this mechanism reaches a certain level, it will cause an imbalance of the amino acid pool in the blood and lead to an increased breakdown of cell nucleus. The DNA assembly line (double-stranded helix) collapses into its segments of proteins that the body, in turn, uses to restore the amino acid balance to whatever extent possible. These fragments are what tests reveal to be HIV particles. HIV results from a strong imbalance of essential amino acids in the body, which in this case is caused by drug abuse.

This understanding of HIV matches the basic characteristic of HIV being a human retrovirus, and due to its natural design, is not able to kill or harm cells. HIV by itself has no capability of entering a living cell and breaking up the DNA or RNA assembly line, but the body's own cortisone can if stress is severe and prolonged enough.

Intravenous drug users who share HIV contaminated needles may test HIV-positive as a result of exposure to the foreign DNA fragments (HIV), but if they die from an AIDS disease it is because of an imbalance in their own amino acid pool. The continued depletion of certain amino acids such as cystine, cysteine, or tryptophan leads to a suspension of antibody production and, eventually, to a total collapse of the immune system. This is AIDS. All intravenous drug users are at risk of eventually producing HIV particles and developing AIDS diseases.

The same applies to people who have regular rectal intercourse, not because they can infect each other with HIV, but because this unnatural form of sexual practice causes constantly occurring intestinal injury, thus depleting the body's amino acid reserves. Because of the constant internal injuries, a massive number of cells have to be dismembered, cleared, and replaced continually, which produces a long-term depletion of the body's protein reserves. When one or

more amino acids become depleted, DNA or RNA molecules break apart, leaving behind their protein fragments labeled HIV. Therefore, HIV is the effect of immune deficiency and not its cause.

The cells of AIDS patients are consistently short of the amino acid cysteine and its precursor cystine, which may result from one or several of the causes mentioned before. Laboratory research has demonstrated that when amino acid depleted cells are given back the missing amino acids, these cells stop producing HIV particles because their DNA and RNA molecules are able to sustain their assembly line.

In addition, regular discharge of human semen into the rectum, which has no natural defense lines against the immune-repressive properties of the semen that bathes the sperm, eventually leads to a shutdown of normal repair work and cell replacement. This causes chronic toxicity, which also acts as a constant blow to an already weakened immune system.

## ***Malnutrition, Dehydration, and Starvation Can Cause AIDS***

As in drug-caused malnutrition, lack of proper nourishment activates the body's stress responses to the point that it starts feeding on itself. This is necessary to keep the amino acid pool balanced. However, when too many muscle cells are broken down to release the missing amino acids, large amounts of DNA or RNA fragments are generated which the body tries to neutralize by producing antibodies. The same stress response occurs in cellular dehydration. A severely dehydrated person would, therefore, test HIV-positive.

In the developing world, particularly in Africa, malnutrition, dehydration and starvation have existed for centuries. During a famine, people naturally start feeding on their own bodies. The byproduct of this survival attempt of the body is HIV material, consisting of DNA or RNA fragments. Consequently, the immune system produces antibodies to render these viral particles harmless. Although many of the people in Africa have received inactive HIV from their parents, who at some stage in their lives have gone through a famine, others have produced it themselves from their bodies' natural response to malnutrition.

Wherever the AIDS test is introduced in developing countries, large numbers of the population test HIV positive either because of false-positive HIV tests or because they or their parents once had to endure a famine. The HIV of the latter group is mainly the result of malnutrition or related illnesses, which is clearly demonstrated in the case of the 360,000 HIV-infected and undernourished Haitians. By contrast, the HIV of developed countries results mostly from the above mentioned causes. Although HIV and AIDS are two completely separate issues, they can occur in combination with one another:

1. In developed countries where homosexual intercourse, intravenous drug abuse, and blood transfusions are very common.
2. In Third World countries where wasting disorders such as "slims disease," tuberculosis, and malaria exist in epidemic proportions.

## 5.AIDS Drugs Can Cause AIDS

Christie's story is a sad one. Her two foster-care children, Daniel and Martha, have tested HIV positive. Their birth mother, Christie's niece who is a long-term drug user, was unable to raise the children, so Christie offered to take care of them. Daniel had twice been sent to a Children's Center for HIV-positive children, once soon after he was born, and when he was four years old, and again recently. Her other child had also been taken to the center several months ago and has been kept there since. Christie was accused of being a negligent parent because she refused to give her children the prescribed AIDS drugs.

These children have had a clean bill of health and never showed any sign of illness. Nevertheless, when city health agencies found out the kids weren't on the drugs, they removed them from their guardian and sent them to an AIDS clinic for mandatory treatment, and after that, to the Children's Center. Each day they are forced to take a cocktail of powerful, debilitating and potentially fatal AIDS drugs, such as AZT, Nevirapine, Epivir, Zerit, and others. Many of the children there are unable to tolerate so many medications, and so they are drugged through a tube in their stomachs. If a child refuses drugs too many times, they take them away for an operation to feed the drugs directly into the stomach.

And what is the purpose of drugging those healthy HIV positive kids? AIDS research is going to generate the biggest profits from drug sales in the world. There is a whole list of drug studies on children either still running or recently concluded. The research is sponsored by government agencies such as National Institute of Allergy and Infectious Diseases and National Institute of Child Health and Human Development, and huge pharmaceutical companies such as Glaxo, Pfizer, Squibb and Genentech.

One of the studies, "The Effect of Anti-HIV Treatment on Body Characteristics of HIV-Infected Children" seeks to identify the causes of "Wasting and Lipodystrophy [fat redistribution]" by using drugs known to cause wasting and lipodystrophy. Another study looks at "The Safety and Effectiveness of Treating Advanced AIDS Patients between the Ages of 4 and 22 with Seven Drugs, Some at Higher than Usual Doses." Although the seven drugs in the study are all

known to cause some of the most severe side effects seen by any drug on the market, they are administered at “higher than usual doses” in four-year-olds. A third study using the drug Stavudine by itself, or in combination with Didanosine.” The combined drug cocktail has killed pregnant women.

Then there is the vaccine study involving children of ages 2 months to 8 years. The children are being administered “live chicken pox virus,” despite the fact that live virus vaccine can actually cause chicken pox.

Another study measures “HIV Levels in Cerebrospinal Fluid.” To obtain cerebrospinal fluid, it has to be gathered from a spinal tap, a dangerous and invasive procedure. Moreover, although this may be hard to believe, there is a study on HIV-negative children who were born to HIV-infected mothers that uses an experimental HIV vaccine. The parents or guardians of these legally kidnapped children are rarely ever informed that their kids are subjects or rather, guinea pigs, in these clinical trials. The law prevents them from trying to save their children from the holocaust of human experimentation. The National Institute of Health (NIH) is legally permitted to use HIV-positive children of impoverished, drug-addicted mothers unable to care for them as test subjects. So far, dozens of trials with AZT and Nevirapine were conducted through the late 90s. And there are 227 studies ongoing or currently completed. The studies are sponsored by NIH subdivisions; many are cosponsored by the pharmaceutical companies that manufacture the drugs being tested. The studies use the standard AIDS drugs: nucleoside analogues, protease inhibitors and Nevirapine. Side effects described on the warning labels of these drugs include:

- Interfering with normal cell division
- Cancer
- Heart Disease
- Preventing formation of new blood
- Bone marrow destruction
- Anemia

- Death in pregnant mothers
- Spontaneous abortion
- Birth defects
- Severe liver damage and liver failure
- Pancreatic failure
- Muscle wasting
- Developmental damage
- Death in children and adults
- Cancer
- Interference with the body's ability to build new proteins
- Bizarre, grotesque and often fatal physical appearance
- Wasting in the face, arms and legs
- Fatty humps on the back and shoulders
- Distended belly
- Organ failure due to drug toxicity
- Steven-Johnsons Syndrome – a grotesque, violent skin disorder

Despite the fact that these poisonous drugs destroy the human immune system (=AIDS) and have not shown to have any curative effect, they are nevertheless prescribed routinely now. The producers of AIDS drugs protect themselves against liability suits by placing the following notice on the drug labels:

**“This drug will not cure your HIV infection. Patients receiving antiretroviral therapy may continue to experience opportunistic infections**

**and other complications of HIV disease. Patients should be advised that the long-term effects are unknown at this time.”**

They only reason people take these drugs is because they test positive for HIV. Their only (often fatal) mistake is that they don't read or understand the HIV test kit labels and the drug labels. This is especially sad when children are involved.

The Administration for Children's Services (ACS) came down hard on Christie for not drugging her son Daniel. They forced Daniel to go on the “miracle drug” Nevirapine and within six months, he was on life support due to organ failure. When they put her healthy daughter Martha on a cocktail of AIDS drugs, it completely destroyed her immune system, making her susceptible to constant disease flare-ups she otherwise would never have experienced. The main question is why are doctors permitted and even encouraged to treat AIDS patients with drugs that kill their immune systems? Wouldn't it make more sense to help them build their immunity? These questions will need to be raised repeatedly if we want to tackle disease in general and AIDS-type illnesses specifically.

***Summary: HIV, which consists of human DNA or RNA fragments, cannot be considered to be the cause of AIDS. AIDS, which is an umbrella name for a number of different illnesses that all share a disrupted metabolism and immune system, is caused by one or several major risk factors. If a healthy person acquires HIV through an external source, i.e., through contact with HIV-infected blood or through the mother, it is rendered harmless and inactive by the host's immune system. Such a person would have produced antibodies for HIV in his blood just as he would for any other previously encountered viral particles. He is in no greater danger of developing an AIDS disease than any other person without HIV does, as can be seen, for example, in the vast majority of HIV-infected Africans or Asians.***

The occurrence of DNA or RNA fragments (HIV) in the blood of a person who actually produces abnormal cell destruction, on the other hand, indicates the presence of a serious immune deficiency. Malnutrition, starvation, dehydration, recurring injuries, or cell suffocation from internal congestion results in an imbalance of the body's amino acid pool. To correct such an imbalance the body begins to break down its own cell nuclei in order to obtain the missing amino

acids. If there is a shortage of even one amino acid in the body, the percentage composition of all the other amino acids also becomes unbalanced. This can have a simultaneous catastrophic effect on the cells and their nucleus throughout the body. The destruction of cell nucleus results in DNA or RNA fragments; the fragments consist of human proteins called retrovirus. HIV is one the many retroviruses that can be generated in this way. Thus, HIV, which is generated within the body through destruction of cell nucleus, cannot be considered to be the cause of AIDS; it is an unavoidable byproduct of the body's fight for survival. This fight may eventually lead to the destruction of the immune system, which is called AIDS.

## **AIDS – A Process of Awakening**

Humankind is rapidly awakening to a new level of understanding that will discriminate between false and correct information. We are living in a time where scandals can no longer be concealed from the public eye. Whatever may be the truth about any subject, it will eventually dominate in collective consciousness. People will simply know from within themselves what is right and what is wrong. The AIDS phenomenon is one of today's great challenges that can urge someone to search for the solutions to his problems within. Andrew, who was my first AIDS patient, made this realization almost instantly.

When I met Andrew 5 years ago, he was a young homosexual with fully developed AIDS symptoms. He was emotionally unbalanced, depressed and extremely sensitive. He lived in Athens, where, in his opinion, nightlife was the only thing "worth living for." First, I motivated him to become a "day person" again. The Ayurvedic routine, cleansing procedures, improved nutrition, daily meditation, etc., soon improved the multiple lesions on his skin, steadily increased his T-cell counts, and what he felt was most remarkable, improved his appetite and digestion. With all that, his joy of living returned, but the new kind of joy was quite different to what he had ever before experienced. It was the joy of waking up, of appreciating the sun, nature, and day life, rather than clubs, drugs, and nightlife.

When I met Andrew a few years later, he was completely free of all signs of AIDS. He was used to the idea that he was still HIV positive, and with the understanding I was able to provide him with about this virus, it wasn't even important anymore whether he had antibodies against it or not. What he knew was that he had overcome AIDS, which was most essential for his self-esteem and happiness. The stigma of HIV was no longer a matter of disgrace to him. Andrew had changed from being a victim of a disease (that didn't exist) to a person worthy of love, appreciation and recognition. This is what AIDS can do. It can awaken a person to live with deeper sense of self-appreciation, love, dignity and purpose.

## **Two Major Remedies:**

### **Miracle Mineral Supplement (MMS)**

#### **Nature's Most Powerful Healer of Malaria, Cancer, Diabetes, AIDS, Hepatitis and More**

All major diseases have these three things in common: 1. the immune system is weak and depleted; 2. the body is overwhelmed with toxins and waste matter; 3. there is a massive presence of pathogens (infecting agents) in the body, including parasites, viruses, bacteria, yeast, fungi, etc. One mineral substance—sodium chlorite—may have the most balanced and immediate effects on all these disease-causing factors. Apart from the topics already discussed, the main requirements for healing diabetes, cancer and heart disease and most other serious and minor illnesses are as follows:

1. Neutralize the toxins and poisons that weaken the immune system and feed pathogens.
2. Strengthen the immune system to remove all pathogens and keep them at bay.
3. Kill off all harmful parasites, viruses, bacteria, fungi, molds, yeast and eliminate them from the body

To be successful, all this has to occur at the same time.

The product Miracle Mineral Supplement (MMS) is a stabilized oxygen solution of 28% sodium chlorite (not “chloride”) in distilled water. When a small amount of vinegar, lemon or lime juice is added to a few drops of MMS, chlorine dioxide is created. When ingested in this form, the chlorine dioxide instantly oxidizes harmful substances, parasites, bacteria, viruses, yeast, fungi, and molds, etc. within a matter of hours, while boosting the immune system by at least ten times. By doing so, MMS has shown to remove, for example, any strands of the malaria and HIV viruses from the blood within less than 24 hours in nearly every

person tested. MMS has also been successfully used for any other serious illness, including Hepatitis A, B & C, diabetes, Typhoid, most cancers, herpes, pneumonia, food poisoning, tuberculosis, asthma, influenza.

The following is a quote from a book by Jim Humble, the discoverer of MMS and the author of the book, Breakthrough....Miracle Mineral Supplement of the 21st Century:

“While first developed to address Malaria in Africa, it has now been shown to address any disease condition that is directly or indirectly related to pathogens. There is documentation of over 75,000 cases of Malaria being overcome in Africa. Often in as little as 4 hours all symptoms are gone, and the patient is tested clear of Malaria. It is now known that MMS can be used to overcome the symptoms of AIDS, Hepatitis A, B & C, Typhoid, most cancers, herpes, pneumonia, food poisoning, tuberculosis, asthma, colds, flu and a host of other conditions. Even conditions not directly related to pathogens seem to be helped due to the huge boost to the body's immune system, for example, macular degeneration, allergies, lupus, inflammatory bowel disorders, diabetes, snake bites, abscessed teeth and fibromyalgia. Please note that MMS doesn't cure anything, but rather it allows our body to heal itself. Notice how I carefully step around the words ‘cure’ and ‘heal’, even though that is what is really happening.”

“Separate tests conducted by the Malawi government produced 99% cure results for malaria. Over 60% of AIDS victims treated with MMS in Uganda were well in 3 days, with 98% well within one month. More than 90% of the malaria victims were well in 4 to 8 hours. Dozens of other diseases were successfully treated and can be controlled with this new mineral supplement.”

The inventor believes that this information is too important to the world that any one person or any group should have control. The free e-book (digital book) download gives complete details of this discovery. Please help make sure that it gets to the world free. There are many medical facts that have been suppressed and this invention must not be added to that list. The name of the e-book is The Miracle Mineral Supplement of the 21st Century. You can download it (for free) or ask a friend to download and print it for you if you don't have a computer. The web site address is [www.miraclemineal.org](http://www.miraclemineal.org). Jim Humble's book tells the story of the discovery, and how to make and use it. I recommend every person to read it. Jim has no personal, vested interest in making MMS available to the

world, except to end disease and poverty. Currently, MMS can be purchased from [www.globallight.net](http://www.globallight.net), Toll free phone: 888.236.2108 (USA) GLN@GlobalLight.net.

## **Ojibwa Herb Tea—8-Herb Essiac**

### **One Remedy for All Ailments?**

Ojibwa Indian herb tea is a 280-year old Native American Indian root and herb tea remedy made in “1700’s” by the Ojibwa Indian medicine society. Ojibwa people used it to survive a small pox genocide started by the early European settlers.

Native Americans have since used the tea formula to cure all types of cancers, type I and type II diabetes, liver infections and other liver/gallbladder conditions, tumors, arthritis, gout, asthma and other respiratory ailments, obesity, high blood pressure, elevated cholesterol, fibromyalgia and chronic fatigue syndrome, ulcers, irritable bowel syndrome (IBS), kidney and bladder disorders, sinus congestion, influenza (flu) and chest colds, measles, mumps, chicken pox, small pox, herpes, diarrhea, constipation, lymph edema (fluid retention) heart disease, allergies, skin disease, auto immune diseases such as Lupus, AIDS, Lyme disease, addiction to alcohol, drugs, tobacco, etc., clinical depression, and many more. It is an excellent remedy for ending the immune deficiency so typical in all AIDS diseases.

**Blessed Thistle is used for digestive problems such as gas, constipation, and upset stomach. This herb is also used to treat liver and gallbladder diseases.**

**Burdock Root is a mild diuretic. It increases the production of both urine and sweat, potentially making it useful in treating swelling and fever. Burdock Root might play a role in preventing liver damage caused by alcohol, chemicals, or medications. The exact reason for this protective effect is not known, but it is thought to involve opposition of a chemical**

process called oxidation, which occurs in the body as a natural function of metabolism. Although oxidation is a natural process, that doesn't mean it isn't harmful to the body! One result of oxidation is the release of oxygen free radicals, which are chemicals that may suppress immune function. Antioxidants such as Burdock Root may protect body cells from damage caused by oxidation.

Kelp is a sea vegetable that is a concentrated source of minerals, including: iodine, potassium, magnesium, calcium, and iron. Kelp as a source of iodine assists in making the thyroid hormones, which are necessary for maintaining normal metabolism in all cells of the body. This increases energy levels and helps make it easier to maintain a healthy body weight. Kelp is the most nutrient-dense of all the Native Ojibwa Tea ingredients—and it isn't found in four herb formulas.

Red Clover is a source of many valuable nutrients, including: calcium, chromium, magnesium, niacin, phosphorus, potassium, thiamine, and vitamin C. Red Clover is also one of the richest sources of isoflavones (water-soluble chemicals that act like estrogens and are found in many plants). The isoflavones found in Red Clover have been studied for their effectiveness in treating some forms of cancer. It is thought that the isoflavones prevent the proliferation of cancer cells and that they may even destroy cancer cells.

Sheep Sorrel is a rich source of oxalic acid, sodium, potassium, iron, manganese, phosphorous, beta carotene, and vitamin C. This Native Ojibwa Tea ingredient is a mild diuretic, mild antiseptic, and a mild laxative.

Slippery Elm Bark has been used as a poultice for cuts and bruises, and also for aching joints due to gout or other causes. Besides being native tea ingredient, this herb is also used to alleviate sore throats. Slippery Elm Bark is found in many lozenges that claim to soothe throat irritation. Since a sore throat and a cough are often linked, Slippery Elm Bark has also been used in cough remedies. It also regulates the elimination process of digestion, easing both constipation and diarrhea.

Turkish Rhubarb Root this detoxifying herb is world-famous for its healing properties. Rhubarb Root purges the body of bile, parasites, and stagnating food in the gut by stimulating the gall duct to expel toxic waste matter. It

**has been shown to alleviate chronic liver problems by cleansing the liver. Rhubarb Root improves digestion and helps regulate the appetite. It has also been shown to help heal ulcers, alleviate disorders of the spleen and colon, relieve constipation, and help heal hemorrhoids and bleeding in the upper digestive tract.**

**Watercress is High in Vitamin C, Watercress is used as a general tonic, and its bitter taste is thought to regulate the appetite and improve digestion. It can be used to alleviate nervous conditions, constipation, and liver disorders. Watercress is a popular cough and bronchitis remedy. It contains a remarkable substance called rhein, which appears to inhibit the growth of pathogenic bacteria in the intestines. It is believed that rhein is also effective against Candida albicans (yeast infection), fever and inflammation, and pain.**

**Caution: As with other sources of food and remedies that contain soluble fiber, such as slippery elm bark, Ojibwa tea can interfere with the absorption of other medicines within the gut if they are taken at the same time. As such, take prescription medications at an alternate time to consuming this tea.**

One company, sells this tea formula under the name Essiac tea <http://www.premium-essiac-tea-4less.com>. Another one, Nature's Alternatives.com, sells it as "Native Essense™ Plus dry tea," available on the internet. For those who wish to purchase these herbs separately, the exact breakdown of herbs (ratio) is available at this web page:

<http://www.biznet1.com/p2699.htm>. This site also sells the Ojibwa tea in larger quantities.

## ABOUT THE AUTHOR

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Andreas Moritz is a medical intuitive, a practitioner of Ayurveda, Iridology, Shiatsu and Vibrational Medicine, a writer and an artist. Born in Southwest Germany in 1954, Andreas had to deal with several severe illnesses from an early age, which compelled him to study diet, nutrition and various methods of natural healing while still a child.

By the age of 20, Andreas had completed his training in Iridology – the diagnostic science of eye interpretation – and Dietetics. In 1981, he began studying Ayurvedic Medicine in India and completed his training as a qualified practitioner of Ayurveda in New Zealand in 1991. Rather than being satisfied with merely treating the symptoms of illness, Andreas has dedicated his life's work to understanding and treating the root causes of illness. As a result of this holistic approach, he has had astounding success with cases of terminal disease where conventional methods of healing proved futile.

Since 1988, he has been practicing the Japanese healing art of Shiatsu, which has given him profound insights into the energy system of the body. In addition, he devoted eight years of active research into consciousness and its important role in the field of mind/body medicine.

Andreas Moritz is the author of *The Amazing Liver & Gallbladder Flush* (formerly, *The Amazing Liver Cleanse*), *Timeless Secrets of Health and Rejuvenation* (formerly, *The Key to Health and Rejuvenation*), *Living Without Judgment* (formerly, *Freedom from Judgment*) *Cancer is Not a Disease* (NEW – September 2005), and *It's Time to Come Alive* (formerly, *It's Time to Wake Up*).

During his extensive travels throughout the world, he has consulted with heads of state and members of government in Europe, Asia, and Africa, and has lectured widely on the subject of health, mind/body medicine and spirituality. His popular *Timeless Secrets of Health and Rejuvenation* workshops assist people in taking responsibility for their own health and well being. Andreas runs a free forum “Ask Andreas Moritz” on the popular health website [Curezone.com](http://Curezone.com)

(5 million readers and increasing).

After taking up residency in the United States in 1998, Andreas has been involved in developing a new innovative system of healing – Ener-Chi Art – which targets the very root causes of many chronic illnesses. Ener-Chi Art consists of a series of light ray-encoded oil paintings that can instantly restore vital energy flow (Chi) in the organs and systems of the body. Andreas is also the founder of Sacred Santèmony – Divine Chanting for Every Occasion, a powerful system of specially generated frequencies of sound that can transform deep-seated fears, allergies, traumas and mental/emotional blocks into useful opportunities of growth and inspiration within a matter of moments.

## **Other Books, Products and Services**

**By The Author**

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### **Timeless Secrets of**

### **Health and Rejuvenation –**

Breakthrough Medicine for the 21st Century (500 pages)

This book meets the increasing demand for a clear and comprehensive guide that can help make people self-sufficient regarding their health and well-being. It answers some of the most pressing questions of our time: How does illness arise? Who heals, who doesn't? Are we destined to be sick? What causes aging? Is it reversible? What are the major causes of disease and how can we eliminate them?

Topics include: The placebo and the mind/body mystery; the laws of illness and health; the four most common risk factors of disease; digestive disorders and their effects on the rest of the body; wonders of our biological rhythms and how to restore them if disrupted; how to create a life of balance; why to choose a vegetarian diet; cleansing the liver, gallbladder, kidneys and colon; removing allergies; giving up smoking naturally; Using sunlight as medicine; the 'new' causes of heart disease, cancer and AIDS; and antibiotics, blood transfusions, ultrasounds scans, immunization programs under scrutiny.

*Timeless Secrets of Health and Rejuvenation sheds light on all the major issues of health care and reveals that most medical treatments, including surgery, blood transfusions, pharmaceutical drugs, etc., are avoidable when certain key functions in the body are restored through the natural methods described in the book. The reader also learns about the potential dangers of medical diagnosis*

*and treatment as well as the reasons vitamin supplements, 'health' foods, light products, 'wholesome' breakfast cereals, diet foods and diet programs may have contributed to the current health crisis rather than helped resolve it. The book includes a complete program of health care, which is primarily based on the ancient medical system of Ayurveda and the vast amount of experience Andreas Moritz has gained in the field of health during the past 30 years.*

## **The Amazing Liver &**

### **Gallbladder Flush**

A Powerful Do It Yourself Tool to Optimize your Health and Wellbeing

In this revised edition of his best selling book, *The Amazing Liver Cleanse*, Andreas Moritz addresses the most common but rarely recognized cause of illness – gallstones congesting the liver. Twenty million Americans suffer from attacks of gallstones every year. In many cases, treatment merely consists of removing the gallbladder, at the cost of \$5 billion a year. However, this purely symptom-oriented approach does not eliminate the cause of the illness, and in many cases, sets the stage for even more serious conditions. Most adults living in the industrialized world, and especially those suffering a chronic illness such as heart disease, arthritis, MS, cancer, or diabetes, have hundreds if not thousands of gallstones (mainly clumps of hardened bile) blocking the bile ducts of their liver.

This book provides a thorough understanding of what causes gallstones in the liver and gallbladder and why these stones can be held responsible for the most common diseases so prevalent in the world today. It provides the reader with the knowledge needed to recognize the stones and gives the necessary, do-it-yourself instructions to painlessly remove them in the comfort of one's home. It also gives practical guidelines on how to prevent new gallstones from being formed. The widespread success of *The Amazing Liver & Gallbladder Flush* is a testimony to the power and effectiveness of the cleanse itself. The liver cleanse has led to extraordinary improvements in health and wellness among thousands of people who have already given themselves the precious gift of a strong, clean, revitalized liver.

## ***Lifting the Veil of Duality –***

### **Your Guide to Living without Judgment**

“Do you know that there is a place inside you -- hidden beneath the appearance of thoughts, feelings and emotions – that does not know the difference between good and evil, right and wrong, light and dark? From that place, you embrace the opposite values of life as One. In this sacred place you are at peace with yourself and at peace with your world.” Andreas Moritz

In *Lifting the Veil of Duality*, Andreas Moritz poignantly exposes the illusion of duality. He outlines a simple way to remove every limitation that you have imposed upon yourself during the course of living duality. You will be prompted to see yourself and the world through a new lens – the lens of clarity, discernment and non-judgment. And you will find out that mistakes, accidents, coincidences, negativity, deception, injustice, wars, crime and terrorism all have a deeper purpose and meaning in the larger scheme of things. So naturally, much of what you will read may conflict with the beliefs you currently hold. Yet you are not asked to change your beliefs or opinions. Instead, you are asked to have an open mind, for only an open mind can enjoy freedom from judgment.

Our personal views and worldviews are currently challenged by a crisis of identity. Some are being shattered altogether. The collapse of our current World Order forces humanity to deal with the most basic issues of existence. You can no longer avoid taking responsibility for the things that happen to you. When you do accept responsibility, you also empower and heal yourself.

*Lifting the Veil of Duality shows you how you create or subdue your ability to fulfill your desires. Furthermore, you will find intriguing explanations about the mystery of time, the truth and illusion of reincarnation, the misleading value of prayer, what makes relationships work and why so often they don't. Find out why injustice is an illusion that has managed to haunt us throughout the ages. Learn about our original separation from the Source of life and what this means with regard to the current waves of instability and fear so many of us are experiencing.*

Discover how to identify the angels living amongst us and why we all have light-bodies. You will have the opportunity to find the ultimate God within you and discover why a God seen as separate from yourself keeps you from being in your Divine Power and happiness. In addition, you can find out how to heal yourself at a moment's notice. Read all about the "New Medicine" and the destiny of the old medicine, the old economy, the old religion and the old world.

***It's Time to Come Alive!***

**Start Using the Amazing Healing Powers of Your Body, Mind and Spirit Today!**

In this book, the author brings to light man's deep inner need for spiritual wisdom in life and helps the reader develop a new sense of reality that is based on love, power and compassion. He describes our relationship with the natural world in detail and discusses how we can harness its tremendous powers for our personal and humankind's benefit. *Time to Come Alive* challenges some of our most commonly held beliefs and offers a way out of the emotional restrictions and physical limitations we have created in our lives.

Topics include: What shapes our Destiny; using the power of intention; secrets of defying the aging process; doubting - the cause of failure; opening the heart; material wealth and spiritual wealth; fatigue – the major cause of stress; methods of emotional transformation; techniques of primordial healing; how to increase health of the five senses; developing spiritual wisdom; the major causes of today's earth changes; entry into the new world; twelve gateways to heaven on earth; and many more.

**Cancer is Not a Disease!**

Discover the Hidden Purpose of Cancer, Heal its Underlying Causes, and Let Your Body Take Care of the Rest

This latest book by Andreas Moritz may rock or even dismantle the very foundation of your beliefs about the body, health and healing. It offers the open-minded reader concerned about cancer a radically different understanding of what cancer really is. According to Andreas Moritz, cancer is a desperate and final attempt by the body to stay alive for as long as circumstances permit – circumstances that are, in fact, in your control.

Today's conventional approaches of killing, cutting or burning cancerous cells offer a mere 7% "success" rate for cancer remission, and the majority of the few survivors are "cured" for just a period of five years or less. In this book, you will discover what actually causes cancer and why it is so important to heal the whole person, not just the symptom of cancer. You will also learn that cancer occurs only after all other defense mechanisms in the body have failed, for obvious reasons. A malignant tumor is not a vicious monster that is out to kill us in retaliation for our sins or abuse of our body. As you will find out, cancer is not attempting to kill the body; to the contrary, the cancer is trying to save it. However, unless we change our perception of what cancer really is, it will continue threatening the life of one out of every two people. This book opens a door to those who wish to become complete again, in body, mind and spirit.

**Topics of the book include:**

- Reasons that coerce the body to develop cancer cells
- How to identify and remove the causes of cancer
- Why most cancers disappear by themselves, without medical intervention
- Why radiation, chemotherapy and surgery never cure cancer
- Why some people survive cancer despite undergoing dangerously radical treatments
- The roles of fear, frustration, low self-worth and repressed anger in the origination of cancer
- How to turn self-destructive emotions into energies that promote health and vitality

- Spiritual lessons behind cancer

## **Simple Steps to Total Health!**

With co-author John Hornecker

By nature, your physical body is designed to be healthy and vital throughout life. Unhealthy eating habits and lifestyle choices, however, lead to numerous health conditions that prevent you from enjoying life to the fullest. In *Simple Steps to Total Health*, the authors bring to light the most common cause of disease, which is the build-up of toxins and residues from improperly digested foods that inhibit various organs and systems from performing their normal functions. This guidebook for total health provides you with simple but highly effective approaches for internal cleansing, hydration, nutrition and living habits.

The book's three parts cover the essentials of total health – Good Internal Hygiene, Healthy Nutrition and Balanced Lifestyle. Learn about the most common disease-causing foods, dietary habits and influences responsible for the occurrence of chronic illnesses, including those affecting the blood vessels, heart, liver, intestinal organs, lungs, kidneys, joints, bones, nervous system and sense organs.

To be able to live a healthy life, you must align your internal biological rhythms with the larger rhythms of nature. Find out more about this and many other important topics in *Simple Steps to Total Health*. This is a “must-have” book for anyone who is interested in using a natural, drug-free approach to restoring total health.

## **Heart Disease No More!**

Make Peace with Your Heart and Heal Yourself

Less than one hundred years ago, heart disease was an extremely rare disease. Today it kills more people in the developed world than all other causes of death combined. Despite the vast amount of financial resources spent on finding a cure for heart disease, the current medical approaches remain mainly symptom-oriented and do not address the underlying causes.

Even worse: There is overwhelming evidence to show that the treatment of heart disease or its presumed precursors, such as high blood pressure, hardening of the arteries and high cholesterol, does not only prevent a real cure but can easily lead to chronic heart failure. The patient's heart may still beat, but not strong enough to feel vital and alive.

Without removing the underlying causes of heart disease and its precursors, there is little, if any, protection against it. Heart attacks can strike regardless whether you have had a coronary bypass done or stents placed inside your arteries. According to research, these procedures fail to prevent heart attacks or reduce mortality rates.

*Heart Disease No More, excerpted from the author's bestselling Timeless Secrets of Health & Rejuvenation, puts the responsibility for healing where it belongs, that is, to the heart, mind and body of each individual. It provides you with the practical insights about how heart disease develops, what causes it and what you can do to prevent and reverse it for good, regardless of a possible genetic predisposition.*

## **Diabetes - No More!**

Discover and Heal Its True Causes

According to this bestselling author, diabetes is not a disease; in the vast majority of cases, it is a complex mechanism of protection or survival that the body chooses to avoid the possibly fatal consequences of an unhealthful diet and lifestyle.

Despite the body's ceaseless self-preservation efforts (which we call diseases), millions of people suffer or die unnecessarily from such consequences. The

imbalanced blood sugar level in diabetes is but a symptom of illness, not the illness itself. By developing diabetes, the body is neither doing something wrong nor is it trying to commit suicide. The current diabetes epidemic is man-made, or rather, factory-made, and, therefore, can be halted and reversed through simple but effective changes in diet and lifestyle. Diabetes - No More provides you with essential information on the various causes of diabetes and how anyone can avoid them.

To stop the diabetes epidemic we need to create the right circumstances that allows the body to heal. Just as there is a mechanism to become diabetic, there is also a mechanism to reverse it. Find out how!

**All books are available as paperback copies and electronic books  
through the Ener-Chi Wellness Center.**

**Website: <http://www.ener-chi.com>**

**Email: [andmor@ener-chi.com](mailto:andmor@ener-chi.com)**

**Phone: (615) 676-9961 or (864) 848 6410**

## **Sacred Santémomy – for Emotional Healing**

Sacred Santémomy is a unique healing system that uses sounds from specific words to balance deep emotional/spiritual imbalances. The powerful words produced in Sacred Santémomy are made from whole-brain use of the letters of the ancient language – language that is comprised of the basic sounds that underlie and bring forth all physical manifestation. The letters of the ancient language vibrate at a much higher level than our modern languages, and when combined to form whole words, they generate feelings of peace and harmony (Santémomy) to calm the storms of unrest, violence and turmoil, both internal and external.

In April 2002, I spontaneously started chanting sounds that are meant to improve certain health conditions. These sounds resembled chants by Native Americans, Tibetan monks, Vedic pundits (Sanskrit) and languages from other star systems (not known on planet Earth). Within two weeks, I was able to bring forth sounds that would instantly remove emotional blocks and resistance or aversion to certain situations and people, foods, chemicals, thought forms, beliefs, etc. The following are but a few examples of what Sacred Santémomy may be able to assist you with:

- Reducing or removing fear that is related to death, disease, the body, foods, harmful chemicals, parents and other people, lack of abundance, impoverishment, phobias, environmental threats, the future and the past, unstable economic trends, political unrest, etc.
- Clearing or reducing a recent or current hurt, disappointment or anger resulting from past emotional trauma or negative experiences in life.
- Cleansing of the Akashic Records (a recording of all experiences the soul has gathered throughout all life streams) from persistent fearful elements, including the idea and concept that we are separate from and not one with Spirit, God or our Higher Self.

- Setting the preconditions for you to resolve your karmic issues not through pain and suffering, but through creativity and joy.
- Improving or clearing up allergies and intolerances to foods, chemical substances, pesticides, herbicides, air pollutants, radiation, medical drugs, pharmaceutical byproducts, etc.
- Undoing the psycho-emotional root causes chronic illnesses, including cancer, heart disease, MS, diabetes, arthritis, brain disorders, depression, etc.
- Resolving other difficulties or barriers in life by “transforming” them into the useful blessings that they really are.

**To arrange for a personal Sacred Santémomy session with Andreas Moritz, please follow the same directions as given for Telephone Consultations.**

(See fees under “Telephone Consultations)

### **Ener-Chi Art**

In collaboration with Dr. Lillian Maresch, Andreas Moritz has developed a new system of healing and rejuvenation designed to restore the basic life energy (Chi) of an organ or a system in the body within a matter of seconds. Simultaneously, it also helps balance the emotional causes of illness.

Eastern approaches to healing, such as Acupuncture and Shiatsu, are intended to enhance well-being by stimulating and balancing the flow of Chi to the various organs and systems of the body. In a similar manner, the energetics of Ener-Chi Art is designed to restore a balanced flow of Chi throughout the body.

According to most ancient systems of health and healing, the balanced flow of Chi is the key determinant for a healthy body and mind. When Chi flows through the body unhindered, health and vitality are maintained. By contrast, if the flow of Chi is disrupted or reduced, health and vitality tend to decline.

A person can determine the degree to which the flow of Chi is balanced in the body's organs and systems by using a simple muscle testing procedure. To reveal the effectiveness of Ener-Chi Art, it is important to apply this test both before and after viewing each Ener-Chi Art picture.

To allow for easy application of this system, Andreas has created a number of healing paintings that have been “activated” through a unique procedure that imbues each work of art with specific color rays (derived from higher the higher dimensions). To receive the full benefit of an Ener-Chi Art picture all that is necessary is to look at it for less than a minute. During this time, the flow of Chi within the organ or system becomes fully restored. When applied to all the organs and systems of the body, Ener-Chi Art sets the precondition for the whole body to heal and rejuvenate itself.

### **Ener-Chi Ionized Stones**

Ener-Chi Ionized Stones are stones and crystals that have been energized, activated, and imbued with life force through a special process introduced by Dr. Lillian Maresch and Andreas Moritz -- the founders of Ener-Chi Art.

Stone ionization has not been attempted before because stones and rocks have rarely been considered useful in the field of healing. Yet, stones have the inherent power to hold and release vast amounts of information and energy. And, once ionized, they exert a balancing influence on everything with which they come into contact. The ionization of stones may be one of our keys to survival in a world that is experiencing high-level pollution and destruction of its eco-balancing systems.

In the early evolutionary stages of Earth, every particle of matter within the mantle of the planet contained within it the blueprint of the entire planet, just as every cell of our body contains within its DNA structure the blueprint of our entire body. The blueprint information within every particle of matter is still there – it has simply fallen into a dormant state. The ionization process "reawakens" this original blueprint information, and enables the associated energies to be released. In this sense, Ener-Chi Ionized Stones are alive and

conscious, and are able to energize, purify and balance any natural substance with which they come into contact.

By placing an Ionized Stone next to a glass of water or plate of food, the water or food becomes energized, increasing digestibility and nutrient absorption. Ionized stones can also be used effectively in conjunction with Ener-Chi Art – simply place an Ionized Stone on the corresponding area of the body while viewing an Ener-Chi Art picture.

## **Potential Uses for Ionized Stones**

### **Drinking Ionized Water**

Placing an Ionized Stone next to a glass of water for about half a minute ionizes the water. Ionized water is a powerful cleanser that aids digestion and metabolism, and energizes the entire body.

### **Eating Ionized Foods**

Placing an Ionized Stone next to your food for about half a minute ionizes and balances it. Even natural organic foods are usually somewhat polluted due to the pollution particles in our atmosphere and soil. Such foods also are impacted by ozone depletion and exposure to electro-magnetic radiation in our planetary environment. These negative effects tend to be neutralized through the specified use of Ionized Stones.

### **Ionized Foot Bath**

By placing Ionized Stones (preferably pebbles with rounded surfaces) under the soles of the feet, while the feet are immersed in water, the body begins to break down toxins and waste materials into harmless organic substances.

## **Enhancing Healing Therapies**

Ionized Stones are ideal for enhancing the effects of any healing therapy. For example, "LaStone Therapy" is a popular new therapy that is offered in some of the innovative health spas. This involves placing warm stones on key energy points of the body, as shown in the picture. If these stones were ionized prior to being placed on the body, the healing effects would be enhanced. In fact, placing Ionized Stones on any weak or painful part of the body, including the corresponding chakra, has healthful benefits. If crystals play a role in the therapy, ionizing them first greatly amplifies their positive effects.

## **Aura and Chakra Balancing**

Holding an Ionized Stone or Ionized Crystal in the middle section of the spinal column for about one-half minute balances all of the chakras, or energy centers, and tends to keep them in balance for several weeks, or even months. Since energy imbalances in the chakras and auric field are one of the major causes of health problems, this balancing procedure is a powerful way to enhance health and well-being.

## **Attach to Main Water Pipe in Your Home**

Attaching a stone to the main water pipe will ionize your water and make it more absorbable and energized.

## **Place In, or Near, Electrical Fuse Box in Your Home**

By placing a larger Ionized Stone in, above or below the fuse box in your house, the harmful effects of electromagnetic radiation become nullified. You can verify this by doing the muscle test (as shown in the instruction sheet of Ener-Chi Art) in front of a TV or computer, both before and after placing the stone on the fuse box. If you don't have a fuse box that is readily accessible, you can place a stone

next to the electric cable of the electric appliances or the power sockets.

### **Use in Conjunction with Ener-Chi Art**

Ionized Stones may be used to enhance the effects of Ener-Chi Art pictures. Simply place an Ionized Stone over the related area of the body while viewing an Ener-Chi Art picture. For example, if one is viewing the Ener-Chi Art picture related to the heart, simply hold an ionized stone over the heart area while viewing the picture. The nature of the energies involved in the pictures and the stones is similar. So if the stones are used in combination with the pictures, a resonance is created which greatly enhances the overall effect.

### **Creating an Enhanced Environment**

Placing an Ionized Stone near the various items that surround you for about half a minute helps to create a more energized and balanced environment. The Ionized Stones affect virtually all natural materials, such as wood floors, wood or metal furniture, stone walls, and brick or stone fireplaces. In work areas, especially near computers, it is a good idea to place one or more Ionized Stones in strategic locations. The same applies to sleeping areas, such as putting stones under your bed or pillow.

### **Improving Plant Growth**

Placing Ionized Stones next to a plant or flower pot may increase their health and beauty. This automatically ionizes the water they receive, whether they are indoor or outdoor plants. The same applies to vegetable plants and organic gardens.

**NOTE: Make any number of ionized stones simply by holding your seed stone against any other stones or crystals for 40-50 seconds. Your new stones have the same effect as the original one.**

## Telephone Consultations

### **For a Personal Telephone Consultation with Andreas Moritz, please**

1. Call or send an email with your name, phone number, address, digital picture (if you have one) of your face and any other relevant information to Andreas.
2. Set up an appointment for the length of time you choose to spend with him. A comprehensive consultation lasts 2 hours or more. Shorter consultations deal with all the questions you may have and the information that is relevant to your specific health issue(s).

**Fees (September 2006): \$110 for 1/2 hour, \$225 for one hour, \$335 for 1 1/2 hours, and \$445 for 2 hours (fees are subject to change).**

**Note: Shorter consultations deal with all the questions you may have and the information that is relevant to your specific health issue(s). For a comprehensive consultation, (if you have a digital camera) please take a snapshot of your face (preferably without makeup) and email it to Andreas before your appointment with him. This can greatly assist Andreas in assisting you in your quest for better health.**

For consultations, and to order Ener-chi Art pictures,

Ionized Stones and other products

**please contact:**

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