

THE VITAMIN-MINERAL THERAPY OF AIDS AND CANCER

In therapy of the above diseases one may begin with a dosage of the A and D vitamins which is not much greater than prescribed in therapy of the "ionic calcium deficiency-mal-adaptive diseases", such as chronic asthma, Crohn's ileitis, and rheumatoid arthritis. After two days on that dosage one may increase rapidly, depending on how they are tolerated, until 1/4 to 1/2 or more of the Minimum Toxic Dose of 50,000 I.U. of vitamin D is reached.

In the instance of vitamin A, I believe this M.T.D. of 50,000 I.U. is far too low and instead should be rated as between 100,000 and 150,000 I.U. On this basis, and considering the relatively minor hazards of its toxicity, and the lethal nature of the diseases being treated, one should not hesitate to prescribe this larger dosage.

To minimize gastric intolerance the daily dosage should be taken in a minimum of four, or possibly more doses. Also, they should always be taken with solid food, i.e. toast, and with a minimum of fluid.

PLEASE NOTE: The available Canadian preparations are as follows. US substitutes of D-3, D-2, and analogues likely will be equally effective.

Halibut Liver Oil Caps. available from London Drugs
12831 Horseshoe Place Richmond B.C. V7A 4X5 (604) 272 7400
each of 400 I.U. of D-3
5,000 " A

"Drisdol" in 60 ml bottles available from Sansi
Winthrop, 90 Allstate Parkway, Markam Ontario L3R 6H3 Ph.
1 800 668 7401
each drop contains 200 I.U. of D-2

Injectable D may be available.

A vitamin D analogue Calcitriol is available.

INITIAL PRESCRIPTION: Four times daily, meals and bed time

Halibut liver oil capsules	- - - 2	DOSAGE OF VITAMINS
"Drisdol" drops	- - - - - 6	
Cal-Mag-Zinc (500, 250 and 25 mg)	1	VIT. A - 40,000
(broken up)		
Vitamin E 400	- - - - - 1	VIT. D - 8,000
Vitamin C 500	- - - - - 1	
B. complex	- - - - - 1/2	
Alfalfa	- - - - - 3	

Vitamin B-12 1,000 Mcg/cc one cc sub-cutaneous daily for one week then twice weekly.

GRADUAL INCREASES IN THE DOSAGES OF VITAMINS

The doses may be increased each week by adding two halibut liver oil capsules and six drops of Drisdol daily. These will provide an additional 2,000 I.U. of the D-3 plus D-2 vitamins and 10,000 I.U. of natural vitamin A.

On these increases at the end of the first and second months of those dosages the patient will be receiving:

end of 1st month	16,000	of D	and	80,000	of A
end of 2nd "	24,000	D		120,000	A

The M.L.D. of vitamin D is 50,000 I.U.daily and that of vitamin A is between 100,000 to 150,000 I.U. daily, if given over weeks or months. Toxic changes are entirely reversible once the dosages are discontinued, to be continued later at 1/2 that final dosage.

ANTI-OXIDANTS AND OTHER NUTRIENTS

ANTI-OXIDANTS

Beta carotene 25,000 I.U. one 4 times daily
Picnogenol three 4 times daily

MINERALS

Calcum increased to .5 Gm 4 times daily
Magnesium " .25 " 4 " "
Zinc total daily dosage 50 mg.
Trace minerals 4 times daily.

SALIVARY PH IN CONTROLS, HIV CARRIERS, AND ACTIVE AIDS

The purpose of the following illustration, which is presented without having the occasion to examine a single case of AIDS or HIV carrier, is to illustrate the basis of the defense of the HIV carrier, and how salivary acidity is related to the lung and intestinal diseases, and to cancer, which are part of the AIDS syndrome. Hopefully, this approximation will be meaningful.

I propose that an acidic salivary pH test is an index of the presence of acidifying ancillary adaptive function of organs and systems such as those concerned in respiration, digestion, and carbohydrate metabolism. These are functions which have been autonomically or automatically excited to effect biochemical compensation for chronic cellular deficiency of biologically active calcium, which has been ionized and otherwise transformed by vitamin D. This compensation is effected by increasing the acidity of the cytoplasm of cells to facilitate the hyper-ionization of residual molecular cellular calcium.

Since one of the prime function of that ion may be the intracellular release and transfer of the solar bonding energy of glucose and oxygen which is liberated by oxidation in the mitochondria, possibly by catalyzing the synthesis of ATP, chronic deficiency of that ion will lead to "cell energy starvation" and that to direct cell dysfunction and direct tissue complaints, and physical changes. That starvation, in turn, will lead to the excitation of the above mentioned adaptive functions of physiologically active organs that may be broken down by persisting deficiency to give rise to indirect mal-adaptive diseases of those organs.

