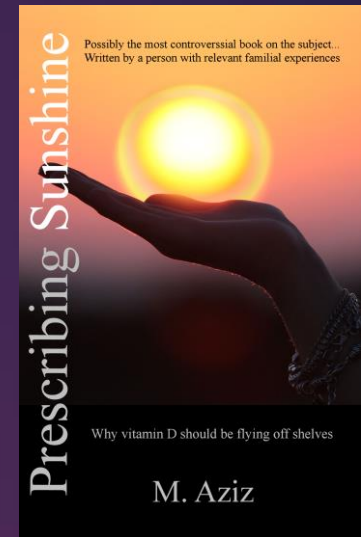


Fear of the Light: How vitamin D science supports* HIV/AIDS scepticism



BY M. AZIZ, AUTHOR OF *PRESCRIBING SUNSHINE: WHY VITAMIN D SHOULD BE FLYING OFF SHELVES* [PRESCSUN.COM] & BLOGGER FOR IMMUNITY RESOURCE FOUNDATION [IMMUNITY.ORG.UK]

The WHO are AIDS denialists... HIV/CS4!

“...the World Health Organization, have actually scrapped the term ‘AIDS’ altogether, instead referring to ‘clinical stage 4’.”

‘6 HIV facts to shout about’, *Avert*, 2018
avert.org/news/6-hiv-facts-shout-about

Table 1. WHO clinical staging of established HIV infection

HIV-associated symptoms	WHO clinical stage
Asymptomatic	1
Mild symptoms	2
Advanced symptoms	3
Severe symptoms	4

WHO case definitions of HIV for surveillance and revised clinical staging and immunological classification of HIV-related disease in adults and children, Geneva: World Health Organization, 2007
who.int/hiv/pub/guidelines/HIVstaging150307.pdf
(p.18)

What is vitamin D?



- ▶ Not actually a vitamin but a hormone-like substance that is produced when sunlight hits cholesterol in the skin
- ▶ Stereotypically understood to be essential to bone health, having been identified as the cure for rickets
- ▶ The form natural to humans is called D3. A previously-patented, costlier and inferior version, derived from plants is D2
- ▶ Being recognised as a powerful immunomodulator - our bodies are full of vitamin D receptors that utilise the bodily-converted active form

Why?

- ▶ Life would not exist on Earth without the Sun, which our planet revolves around and which has an effect on our climate
- ▶ In the way plants use photosynthesis to create chemical energy, we use light energy to make vitamin D for bodily processes
- ▶ Plants require water, nutrients from soil and sunlight to thrive - similar to us
- ▶ Indigenous skin colour lightens with latitude (why Africans are black, Middle Easterners are brown and northern Europeans white). Lighter skin is a benefit in less sunny climate

Why D deficiency is a type of AID

- ▶ The endogenous antibiotic cathelicidin optimises innate (non-antibody) immunity. It depends on vitamin D to be produced.
- ▶ D deficient individuals will rely almost exclusively on adaptive (antibody) immunity to deal with pathogens
- ▶ Many (but not all) HIV-attributed diseases are also vitamin D deficiency or insensitivity-enabled diseases, e.g. TB, pneumonia, salmonella, general bacterial infection
- ▶ Sub-official HIV-related conditions, e.g. osteoporosis (attributed to HIV and sometimes ARVs) are classic vitamin D deficiency illnesses
- ▶ Predisposes but does not guarantee illness, which is an alternate explanation to HIV elite controllers
- ▶ As an immunomodulator, if vitamin D is lacking, the obvious consequence is a compromised immune system open to illnesses pinpointed to HIV, and others

Orthodox vs dissident claim of D benefits

Orthodox

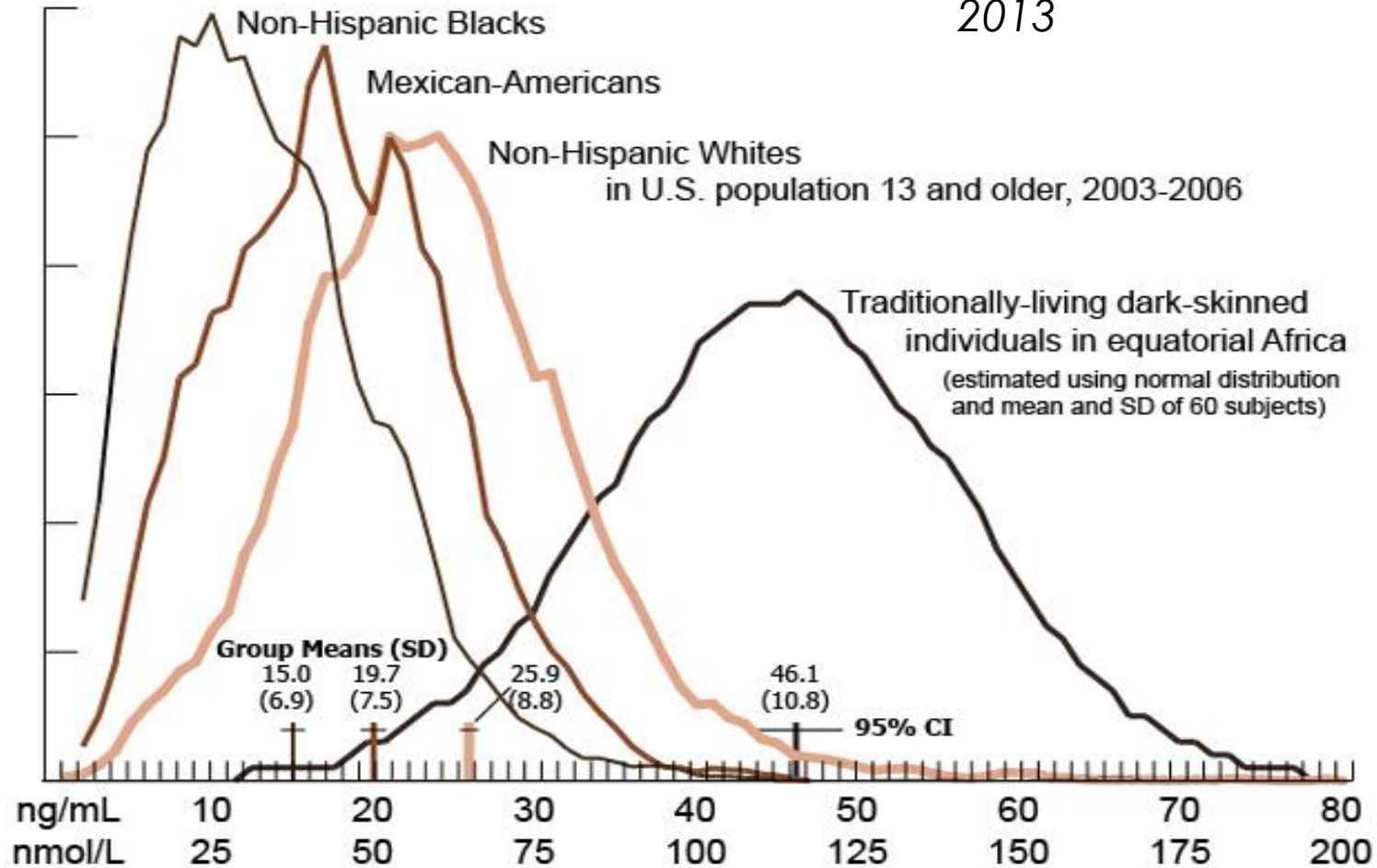
- ▶ Thought to fight HIV
- ▶ Not everyone with suboptimal D levels (most of world population) tests HIV+ [*but not everyone with an AIDS-defining illness tests HIV+ either*]

Chicken or egg first?...
Immunodeficiency or HIV-positivity first?

Dissident

- ▶ D deficiency is an independent state of immunodeficiency
- ▶ Higher likelihood in darker skin (e.g. blacks, Latinos) explains higher rate of resultant HIV-positivity rather than morality
- ▶ Most (all?) HIV-positives have suboptimal levels of vitamin D and health outcomes improve with supplementation

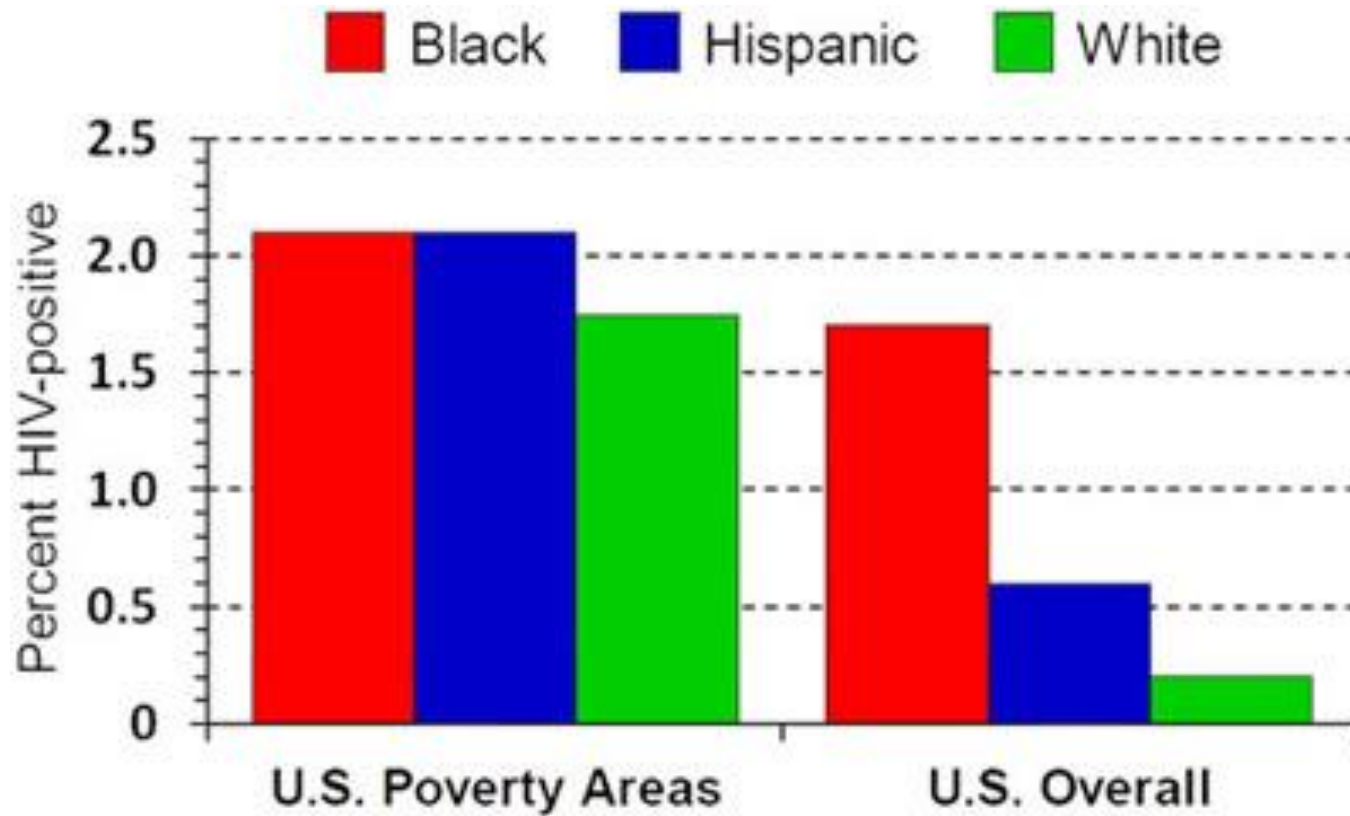
Credit:
vitamindcouncil.org,
2013



Distribution of serum 25-hydroxyvitamin D levels in four populations

100% of each group lies below its line. Smoothed by averaging each set of three adjacent data points.

D levels by
skin colour
(USA),
2003-2006



HIV Prevalence Rate, by Race/Ethnicity, USA (2006)

CDC: Data Sources: NHBS-HET-1 2006–2007 and U.S. HIV Prevalence Estimates 2006

Pregnancy: D deficiency or HIV?

- ▶ D deficient mothers produce antibodies to their foetus (and perhaps pass them on) as half the genetic material is unfamiliar to their immune system, which is not optimised at the innate level. These flag as HIV-positivity.
- ▶ Exclusive access to mother's milk reducing HIV-positivity risk is best explained, at least in part, by access to vitamin D-sufficient (if not optimal) reserves. Makes no sense under orthodoxy.
- ▶ HIV+ women have increased risk of pre-eclampsia whereas D-sufficient women have reduced risk.
- ▶ Vitamin D sufficient children have better health outcomes, in absence of any other issues and regardless of temporal or chronic HIV-positivity

Haemophilia connection

- ▶ D levels in haemophilic children have been “underappreciated”
- ▶ Osteoporosis is a common problem in haemophiliacs
- ▶ Kidney disease is a common ailment of haemophiliacs which would have an effect on conversion of reserves to active form
- ▶ A 1973 case of a haemophiliac found vitamin D-resistant rickets
- ▶ The effects of antigen overload from impure Factor VIII could have been mitigated by an optimal D level

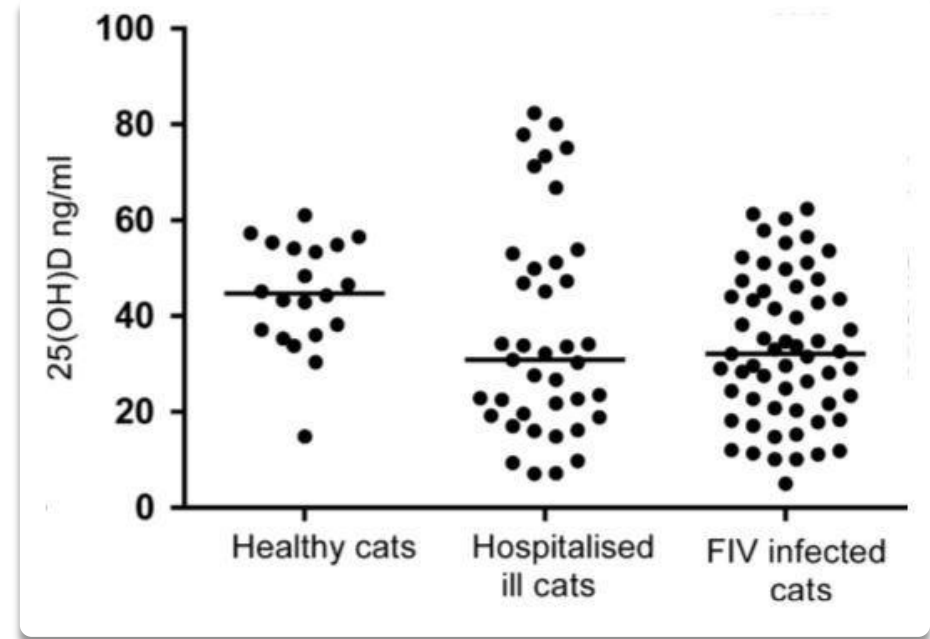
Chemsex and male-male intercourse

- ▶ Chemsex, a notable problem in MSM, elicits HIV-positivity by the direct threat from illicit substances rather than their causing a lax in safe sex precautions
- ▶ Anal douching for hygiene could cause damage to vitamin D receptors in the gut (the hub of our immune system) which regulate beneficial bacteria. This damage would require the consumption of probiotics to compensate for the damage (e.g. Tony Lance hypothesis)
- ▶ Dr. Marco Ruggiero's work with GcMAF is concordant as that substance is derived from vitamin D-binding protein whose job is to deliver vitamin D to where it is required

IVs in other animals, e.g. cats

Study of 59 'FIV-infected' cats and 59 'uninfected' cats (39 unwell and hospitalised)

"Cats which were FIV infected had significantly lower 25(OH)D concentrations compared to healthy control cats." *Vitamin D status in cats with feline immunodeficiency virus*, *Vet Med Sci.*, 2015, **PMID: 27398223**



Deficiency and insensitivity causes

Deficiency

- ▶ Indoor living
- ▶ Clothing
- ▶ Sun cream (especially chronic usage, e.g. white people in Australia)
- ▶ Climate mismatch (e.g. dark skin in most seasons in northern Europe)
- ▶ Obesity (D gets trapped in fat)

Insensitivity

- ▶ Liver or kidney disease (preventing conversion of D into the active form called 1,25D); can be from substance abuse
- ▶ Damaged vitamin D receptors (leading to insensitivity in the area damaged)
- ▶ Malnutrition (e.g. magnesium enables D to work properly)

Diagnosing and treating D deficiency

Diagnosing

- ▶ If you're feeling ill and/or your lifestyle suggests you're vitamin D deficient, ask your healthcare provider for a **25D blood test**. Make sure it's **not** a 1,25D test as that does not measure reserve levels.
- ▶ A **reasonable optimal level is 150 nmol/L (60 ng/mL)** – avoid (reversible) toxic level of 370 nmol/L (150 ng/mL)

Treating

- ▶ Supplementation (D2 works but D3 is better and cheaper); a good starting dose is **5000 IU** – 12x more than the classic RDA
- ▶ Regular sunbathing, where possible
- ▶ Tanning beds (those that provide UVB radiation, not tanning UVA) or indoor UVB lamps

Caution

- ▶ If taking supplements, you should test at least once a year. Some recommend several times a year
- ▶ Sufferers of a disease called sarcoidosis should avoid D as it is utilised against the body
- ▶ Pale skin not used to sunning has a higher chance of burning, so seek shade after 20-30 minutes of initial exposures
- ▶ Peak vitamin D production occurs around midday when the Sun is highest in the sky, other times would be inadequate

Summary

- ▶ Vitamin D is crucial for immune system function
- ▶ Orthodoxy believe vitamin D tames HIV. Dissidents should argue that D deficiency is an AID itself
- ▶ Explains - albeit imperfectly - the racial disparity in HIV-positivity
- ▶ Mothers with sufficient D pass on an optimal immune system rather than inhibit a HI virus
- ▶ Severe vitamin D deficiency is common amongst haemophiliacs
- ▶ Damage to vitamin D gut receptors from anal douching could cause intestinal dysbiosis
- ▶ Insensitivity needs to be considered as well as deficiency



Thanks: to Dr. Christian Fiala, Joan Shenton, Martin Barnes

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