HIV/AIDS: UNANSWERED QUESTIONS

Questions discussed inside...

C. Nedu
HIV/AIDS: UNANSWERED QUESTIONS

Inside . . .
HIV/AIDS: Who Next

WHAT WE ALREADY KNOW

NATURE OF COMPLICATIONS SURROUNDING THE HIV/AIDS SCOURGE

- Problem of the Stigma
- Different Attitudes Towards Sexuality
- Political Tussle
- Economical Purposes
- Legal Conditions
- Social Reasons

HOPE IN SIGHT

- Traditional and Herbal Approaches
- Gene Therapy
- Transitive Remedy
- From Nature
- Re-definitive Measure
- Unexpected Dimension
- Religious and Psychological Impact
- Control Programmes

UNANSWERED QUESTIONS ON HIV/AIDS

1. Why is it that despite preventive campaign programmes and the use of condoms by some, even prostitutes, HIV infection remains in the increase, especially in Africa?

2. As is Characteristic of viruses, is it possible for HIV to become activated if later introduced in a suitable host, after inactivation outside or in non-conducive medium, and then infect?

3. If mosquitoes or other insects cannot transfer HIV biologically, can they transfer it mechanically?

4. What amount, concentration, and/or quality, of HIV in a suitable medium can infect?

5. Under what conditions is oral contact with an infected person risky; without a sore in the mouth, is there any risk of HIV transmission, even in genital-oral contact?

Over 25 of such questions discussed inside . . .

L. Nedu
The world remain
Men live and die
Organisms live and die
Living and non-living
Animate and inanimate
Live in mutual contrast
In peace and in war
Defines sickness and health
All have to do with life
Living and struggling to live
Keeping existence busy
Life continues

Aims of this Publication:

1. To remove the stigma placed on the sufferers by our immediate society.

2. To make those yet free not to take it for granted that they could be infected.

3. To broaden the outlook on the hope in sight.
HIV/AIDS: UNANSWERED QUESTIONS

© Delizon Publishers

DELIZON PUBLICATION

All rights reserved.

E-mail: info@delizonpublishers.com
Preface
Forward
Table of Content

Chapter One:
WHAT WE ALREADY KNOW

Chapter Two:
NATURE OF COMPLICATIONS SURROUNDING THE HIV/AIDS SCAURGE

- Problem of the Stigma
- Different Attitudes towards Sexuality
- Political Tussle
- Economical Purposes
- Legal Conditions
- Social Reasons

Chapter Three:
UNANSWERED QUESTIONS ON HIV/AIDS

Q1: Despite preventive . . . and condom . . . infection remains in the increase..
Q2: Infection later in suitable host after inactivation in unsuitable medium . . .
Q3: Mosquito transfer AIDS mechanically if not biologically . . .
Q4: What amount, concentration, and/or quality . . . infect . . .
Q5: Without sore . . . risk of oral transmission . . . genital-oral contact . . .
Q6: Contraction through lacerations or sores on the groin or laps . . .
Q7: Some people do not contract the virus despite exposure . . .
Q8: Other effects of HIV apart from causing AIDS . . .
Q9: Carrier stage longer in some people than in others . . .
Q10: Some who are infected with HIV do not develop AIDS . . .
Q11: Other causes of AIDS apart from HIV . . .
Q12: Relationship between HIV and other similar viruses . . .
Q13: When the suckling baby is at risk of contracting HIV from an infected . . .
Q14: Abortion or D&C increase the risk of infection from mother to unborn . . .
Q15: HIV positive infants become HIV negative few months later . . .
Q16: ELISA and Western Blot Paper tests compared to the viral load counter . . .
Q17: Potentially liable individual to HIV infection exposed but not infected . . .
Q18: Organs of the body and glands the HIV reach . . . effects on them?
Q19: AIDS wipe out whole family with grownups . . . method of infection . . .
Q20: Envelope proteins of HIV change their antigenic properties rapidly . . .
Q21: Local or traditional HIV/AIDS therapy . . .
Q22: Use of double condom . . . condom accidents or failures . . .
Q23: Right of infected persons in the labor market . . . boss suggests withdraw . . .
Q24: Several exposures . . . contracting the virus through negligible means . . .
Q25: American, European, African patients . . . variation in effects with races . . .
Q26: Ever been cured of HIV/AIDS . . .

Chapter Four:
HOPE IN SIGHT

- Traditional and Herbal Approaches
- Gene Therapy
- Transitive Remedy
- From Nature
- Re-definitive Measure
- Unexpected Dimension
- Religious and Psychological Impact
- Control Programmes
PREFACE

My first interest in the ambiguity surrounding the Human Immunodeficiency Virus (HIV) and the development of the Acquired Immune Deficiency Syndrome (AIDS) arose when I offered the two preliminary medical courses in the University – Genetics and Parasitology. It was then that I came across the idea of gene sequencing and the special characteristic of viruses, with special concern for the AIDS virus.

One of the strange things I discovered was that while this virus cannot be transferred by non-body related fluids, it equally does not just get destroyed when introduced into these non-body fluids, and even when introduced into certain disinfectants. It takes about 10 minutes to inactivate the virus with 10% household bleach, 50% ethanol, or 0.5% lysol. Also, it surprised me to know that a needle stick with contaminated blood could infect while insect vectors could not.

The Lecture Note on Parasitology by Dr. N. Ivoke, reads in part: "There is growing concern that in rare circumstances transmission may occur particularly through contact with saliva, other casual contact with HIV infected persons, or insect vectors. There is, as yet, no evidence linking HIV transmission to these casual conditions." Many more discoveries about HIV/AIDS, its pathogenesis and pathology, keep presenting us with more complications and unanswered questions despite the ravaging impact of the epidemic.

What motivated the present work, however, is the increasing rate of HIV/AIDS cases in our immediate society despite control programmes, and the fact that the ailment has transgressed every human boundary. Children above the age on perinatal infection, and below adolescence have been infected. Also, in Churches and other moral settings, and among non-hemophiliacs or homosexuals, the disease thrives. Even doctors and other health workers who are supposed to know more are infected and even die of the ailment. The AIDS scourge has wiped out married couples aged mothers and pregnant women, including innocent children! Finally, everyone is beginning to agree that there is actually a rampaging disease called AIDS.

Questions have to be asked with concern for a generation that must look up to medical science for help, and more especially to God for deliverance. Of course AIDS is no longer a mere moral issue. Its complications do not just concern the medical science. The aspects of concern are now economical, medical, moral, social, political, legal, and other aspects of life. We must address certain unanswered questions, starting from what we already seem to know and the approaches to a possible solution.

In this book, we do not claim to have the absolute answers. We throw light where possible, presenting you with doctors’ comments and other views on the issue. We hope therefore that this will bring about a turning point in our approach to dealing with the problem of HIV/AIDS.

L. Nedu
The Author
Chapter One

WHAT WE ALREADY KNOW

Medical research has already put in so much since the AIDS virus was discovered in 1981. Some of the findings became facts, while some remained mere speculations or suggestions for further research. For example, the suggestion that AIDS originated from Africa is seen by many analysts as a claim politically or racially meant to pin down the scourge on the dark continent. Fred Eno calls it “...giving a dog a bad name in order to hang it.” The paper: HIV/AIDS: Implication for National Development, observes that “if not for prejudice, what makes the place of origin so important as to thwart it from where it was first found, USA?” In page 316 of General Microbiology by Prescott et al, the suggestion that HIV/AIDS originated in Africa and then spreading to Europe and the United States of America was made without mentioning that it was first noticed among American Homosexuals.

The reason it was suggested that this disease originated from Africa was because sub-Saharan Africa has the highest incidence of HIV infections and because a related virus, the simian T-lymphotropic virus III (STLV-III) has been isolated from African Green Monkeys. The fact, however, that cases of HIV infection keep increasing in Africa till today has shown that the predominance may not be related to the origin.

Going further from origin, medical research has made us to know that the AIDS virus is a retrovirus of the lentivirinae family. There are two types, HIV-I and HIV-II and the HIV-II is less virulent and has a longer latent stage. We also know that the virus is transmitted by contacts with body fluids via routes of blood, sex, and birth. Millions are already infected, and most of those infected will develop AIDS.

Once the virus enters the body, it depletes the T-helper cells that assist other immune system cells of the body in fighting infections. Following the decline of the T-cell population, the infected person who is now immune deficient becomes open to opportunistic infection a situation that degenerates to become AIDS. The infectious diseases may include recurrent and long lasting diarrhea, pneumonia, ulcerative lesions of herpes simplex or Herpes Zoaster, and tuberculosis. Cancer, weight loss, rashes and recurrent fever are other symptoms that may occur, including brain defects.

Diagnostic methods have been developed, including the initial ELISA Screening procedure to detect the AIDS antibodies and the confirmatory Western Blot Procedure that involves the isolation of individual viral protein to test if the antibody will recognize specific antigen. Treatment include the use of several antiviral drugs that prolong the life of the patient essentially by slowing down the progression of the disease or by interfering with either the propagation of the virus, or the replication of the initial infected cells, in the host. Many preventive and control programmes exist and vigorous research to find a cure continues.

There are many more things we know about HIV/AIDS, including those not documented but widely believed, like the claims of cure by traditional or miraculous means, and the newest discoveries yet to be popularized, but the greatest concern here is with the
questions left unanswered. Most of these question related to means of transference or contraction, possibilities of a cure, and wrong definitions/prior misconceptions, are left unanswered due to partly failure to obtain answers by medical research. It is also be due to pride of profession or national identity, fear of the unknown future, politics and economical reasons, and even pretence in order to avoid a severe response from the masses. Even the discrepancy between a too social western class and the conservative ethical or religious African class on issues of sexuality, has a way of affecting the discussion among those entrusted with approaches to the control of the HIV/AIDS scourge. In our immediate society, these complications surrounding the HIV/AIDS have contributed in trouncing the successes in its control.
Chapter Two

NATURE OF THE COMPLICATIONS SURROUNDING THE HIV/AIDS SCOURGE

Problem of the Stigma
Definitely, if HIV/AIDS were not emphasized as a sexually transmitted ailment, we would have had fewer problems in evaluating it. After all, there are other killer-diseases that have no cure, yet they are not dreaded as much as AIDS. People hide the ailment because of the stigma associated with it. But statistically, about 30% of those with AIDS did not get it from sexual means. That is, for every three or four persons you see with AIDS, one might not have gotten it through sexual means!

Different Attitude towards Sexuality
The tussle between the promoters of sex and the conservatives on sex, who are both in the forefront of the AIDS prevention campaign, sometimes results in different opinion in regards to means of contracting the disease. The former recommends the use of condoms and guarantees oral sex as risk free as long as there is no sore in the mouth. The later recommends abstinence, and warns that even deep kissing could be a means of HIV transferance. Today, many cannot say if kissing presents a risk to HIV infection. The argument between the moralistic and the liberal on whether or not abstinence is possible among youths seemingly influences the recommendations of certain safe sex measures as a resort. Many questions are therefore left unanswered as to why this measures are either safe or not. Also, the Church and other religious bodies, which are supposed to be major agencies for awareness, do very little as they may not agree with the recommended approaches for prevention and even treatment of HIV/AIDS.

Political tussle
Data on prevalence of AIDS are said to have been distorted, as this affected immigration and emigration from the