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AIDS CONTROLLING SYSTEM

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Characteristics of lymphatic system which may affect AIDS virus has been analysed.

It is observed that AIDS virus infection is determined by low cance 'thic ability of the organism. It is assumed that rehabilitation of canceroly ability of organism by ordinary methods wil cease the disease and eli inate the infect on.

:y words — Cancer, AIDS.

Անալիզ · է ներարկված մարդու լիմֆատիկ համակարգերի առանձնահատկությունը, որոնք կար ազդել AIDS վիրուսի ակտիվացման վրա։

Հայտնաբերված է, որ AIDS-ով վարակվածությունը որոշվում է օրգանիզմի ցածր կանցերոլիտիկ հատկությամբ։

Ենթադրված է, որ հայտնի մեթոդներով օրգանիզմի կանցերոլիտիկ հատկության վերականգնումը կդադարեցնի հիվանդությունը և կվերացնի վարակվածությունը։

Анализировались особенности лимфатической системы, которые могут влиять на активацию вируса HIV.

Обнаружено, что инфицируемость HIV определяется низкой канцеролитической способностью организма.

Предполагается, что восстановление канцеролитической способности организма известными способами прекратит заболевание и ликвидирует инфицируемость.

In connection with the spreading of the virus, a question rises concerning the principles of the latent period of the illness and the reasons of turning the infection into obvious forms immunodeficit (this is what it is called nowadays) and accompanying its secondary infections and the sarcoma of Kaposha [2, 6, 7, 9, 11].

Today the question of the primary basis of the virus reproduction is very important in a healthy organism. Certain peculiarities of the infection show that their basis can be the absorptive cells and the microflora of the intestine and the genitals. Unfortunately, the question about the microflora, their direct and feed-back connections with the organism and between themselves is weakly developed.

It is known that the microflora of the intestine, the lymphocytes, the blood serum various tissues have cancerolithic properties. The cause of these properties is not known. They reduce in patients with cancer. They are reduced in case of other diseases as well and at an advanced age but to a lesser extent [8, 10]. For a long time this phenomenon has not been used for diagnostic and prophylactic purposes. Nowadays these properties of lymphocytes and bacteria are used for an early diagnosis of the malignant neoplasms [3, 8].

When maturing the absorptive cells in the divided epithelia, a recharge of their basolateral membrane from a negative into a positive sta-

te takes place [5]; that is apical membrane spreads all over the cell. Then they are lizised by the parietal microflora. This is their symbiotical function. But since the cancerous cells also have a positively charged membrane and originate from the absorptive epithelial cells which are able to reproduce in the lymphocyte system when they get into this system, the ability towards lizis of cancerous cells of normal microflora remains. And this very factor determines their cancerolithicity. This property is manifested only for the malignant cells [8, 10]. For the non-malignant cells the picture is different. Here the absorption occurs from the apical side and not from the basolateral one. In that case for the non-malignant tumours (outward growth) the flow of disturbances must follow from the inside of the connective tissue and the lymphatic system.

What is the function of the cancerolithicity of the lymphatic system? Doesn't it mean for transforming not only the products of the absorption but also the lizis of the absorptive cells which stop existing in the endothelial barriers and other cells?. Do not the representatives of the cancerolithic microflora of the intestine interfere in these processes as well, which are often observed in the inner environment of the organism?

"The respiratory explosion" of the small lymphocytes preceding their activation points to a recharge. Transition from a glicolisis to breathing is one of the signs of the membrane recharge [5]. In non-organic colloids in the same solution only the mycelia of one sign can exist. The cells in the lymphatic system, symbionts and so on can be charged differently. They must be spatilly demarcated (parital and the cavital microflora, regular elements of blood, the structure of tissues, roselleformation and so on), and a difference of potentials must appear like, for example, the transmembrane difference of the potentials in epithelia. If there are no active lymphocytes — a sign of a cancerous process according to Govallo B. I. [3], there won't be any demarcation which is observed by the author or a difference of potentials or cancerolithicity. In normal conditions in follicules large lymphocytes are surrounded with smaller ones. The demarcation of differently charged cells (a peculiar symbiosis) and the bacteria (peaceful or antagonistic) is of paramount importance as it determines the structure of the biological systems and the correct functioning of the absorption and the secretory structures and the inner medium of the organism.

As has been established on the gnotobionts, the normal microflora accelerates the exchange of cells of the absorptive epithelia, increases the activity of the hydrolitic and absorptive systems; produces biologically important substances; controls the maturing of the central and lymphoid organs; keeps a high bactericidal, cancerolithical, inflammatory capability of the blood serum and the tissues, the phagocytary activity of the macrophags and Lymphocytes, water-salt interexchange, interchange of gases, metabolism of various substances and so on [10, 12]. "The abnormal microflora", on the contrary, may be an activator of neoplasms and so on.

The intoxication of the lymphatic system by the substances of the external media puts it out of action. Most probably the helpers are put out of action first of all, because it is they that are affected by the AIDS virus. In a precancerous process a clearing up of the functins the cells of the lymphatic system of which continue to perform is of particular interest. The intoxication puts out the action of active cells as well. The latter washed clean off the blood plasm, resume their activity [4], thus stating the intersystemic distortions.

The organism cannot yet, by an unknown reason, decrease the tension of intoxication, though the reason is, perhaps, simple and to clear it up there are enough facts today. The lymphatic system is put out of action, but the patients with cancer rarely have infectious diseases and other diseases either disappear or deaden. Doesn't the tumour take the function of the lymphatic system to destroy the infection and the substances of the external media globally without preliminary sensibilization, thus prolonging the life of the organism?

Thus, the traditional notions about destroying the cancerous cells by cytostatics is incorrect. As to the restoration of the lymphatic system to fight against the cancerous cells, which we have been ineffectively trying to do for a long time. It is not clear yet whether it is possible to realize it generally. The lymphatic system is not meant for this. It can do this function if it is restored, but for this purpose it is necessary to abolish the endogene intoxication. Abolishing the conditions of the tumour existence will lead to its lysis and restoration of the lymphatic system and correspondingly performing functions which are not finally known to us yet. It is obvious that a high cancerolithic activity of the intestine and the lymphatic system is a pledge of effective absorption and use of food, which must be received, perhaps, from the sources having a high cancerolithic factor as well. In this respect the organisms having been subjected to a radiation exposure are of particular attention, because this exposure results in the disappearance of the cancerolythic microflora. It is not clear why they, beeing negatively charged lose their properties at low radiation exposure.

The AIDS is preceded by a virus infection through blood, intestine or genitals further infecting various systems but not catastrophically reproducing in the lymphatic system (maybe in certain cells, at certain periods of their vital functions). Such a state can keep for many years, reducing the cancerolythic capability of the parietal microflora (environment, nutrition, narcotics, irradiation and so on), and it is already low with the masses of people, animals [8] and perhaps in the plants as well the precancerous state comes, a disturbance of integumentary and other functions of epithelia, intoxication of the lymphatic system, origine of discomfort and various diseases and later on forming a direct channel from the external medium into the lymphatic sytem a basis for the origin of tumour. So there is the case of at least a transplantational immunodeficit (it is not yet known to what extent, but it can be stated already [8], at the same time finding out if infection is always possible) and

only then the illness starts. The viruses find a new basis for reproduction in the macrophags, helpers leucosis cells, glia and so on, provoking serious diseases and very often the consequences in the form of sarcoma of Kaposha [7] will appear later on.

A question rises: why does the illness very often end with a sarcoma of Kaposha? Doesn't this mean that epithelial malignant cells are affected by the virus as well and tumours will not originate and the dit sappeared helpers will disturb the correct functioning of endothelia of the veins and the lymphatic system and as a result—sarcoma of Kaposha, distruction of veins. All this may cause difficulties in determining the test of malignancy, because in case of the affected external barriers, malignan tumours alleviating the intoxication will not originate. The lyzis of the cancerous cells will be determined by the virus. The illness is taking a very serious course, because all the barriers are in fact affected. Perhaps among the affected cells are those which have stopped existing to the epithelia, certain representatives of symbionts of the digestive tract microflora, pneumocyts, which then into virulent forms.

To kill the virus means to destroy its membrane at the least. Bul the membrane belongs to the leucosis cell which we have not yet learned to destroy. And is it really necessary to do so? Restoration of a high cancerolythic index with the parietal microflora, for example, by the cliches of bacteria by Karapetians, in combination with a speciadiet, activising the systems which control the cancerolithicity of microflora and then transfers it into the inner medium, that is the use of epithelia of restoring actions prevent the outbreak of the illness, and taking into account the famous fact of self-healing liquates the vir us in organism. The destruction of the virus because of its changeability by traditional ways, as it is khown, is delayed (like the case with the virus of the grippe). The preliminary affection of the leucosis cells, helpers (already transformed, their radioresistancy must be decreased) puts the question of their peculiarities. Of course these peculiarities exist taking into account their specific functional prescription. It is not known yet whether this is connected with the charged state, hence the biochemical composition, or it is connected with the environment where they live. All this raises a general question concerning the affection by the viruses of certain phenotypes of cells of different systems depending on their functional state (type of differentiaation in favour of positively charged state or of negative charged state). Probably there must exist one type of viruses activated in the precancerous state of the organism causing a wide range of illnesses. One of them is the virus of the AIDS. Another type of viruses is activated at high (medium?) cancerolythic index of organism. For example, the virus of hepatite B [1].

It is established that the virus does not attack malignant cells Hela and ascyte Erlich carcinoma, a fact that contradicts to the statement of author concerning principles of malignant cells in the first turn [6]. What is the reason of that?

Simultaneity, independence and interconnection of functioning and damage of cell and humoral immunity causes on appearance of various types of pathologies and tumour cells.

An analysis has shown that two lipid-protein monolayers of plasmatic membranes may be charged completely or pies by pies in different ways and have individually their receptors for different effects.

For neoplasms:

1. Both monolayers are positively charged [5] — sarcoma 45 and others (apical membrane of enterocytes, antenna of rod without influence of light, antenna of cone at the light influence, disenergization of mitochondria and so on);

2. The internal layer is negatively charged (internal medium of the cell is "normal" and the virus does not inhabit), external layer is positively charged – the second type of malignant tumour cells — Hela, ascye Erlich carcinoma, etc. (human erythrocyte);

3. Internal layer is positively charged, the external is negatively charged — the non malignant tumours.

4. Both monolayers are negatively charged — highly differentiated tumour cells, but tumours were not identified (axon, antenna of cone without influence of light, antenna of rod after light influence, enerhization of mitochondria). Hence one may conclude that there exist maximum and minimum of oncolythicity for both types of immunity. Outside of them — tumours. Out of norm — different diseases. Today arises urgent need to elaborate methods cell phenotypes and their organells. All above mentioned types of cells are detected experimentally in tumours.

Thus, a unibiological principles of existence of two interconnected systems having separate genetic maintainance in norm and in pathology is beeing revealed with their own intracellular messengers and effectors cAMP, cGMP, ATP, etc.), electrolytes, ER, metabolism type (respiration, glycolysis), intracellular effectors etc.

A principle is observed in neonatal period. Positively charged state of membrane outside monolayer converts into negatively charged one and a new conformation of antigen complexes are formed (return to embryonal antigens in cancer, multistageness of decoding of antigens— macrophages, helpers, effectors through recharges, complete readiness to eliminate transformed cells). Similar phenomena occur when acetylcolinestrase appears on postsynaptic membrane in the case of its echarging to positively charged state.

One can suggest that in the fixed state antigens of general complex of histocompatibility and simbiont bacteria of first seeding are found. Hence the duration of maintenance of translocational immunity and definite profile of symbionts through feedback connections with lymphatic system.

While there exists an opportunity to introduce tolerancy against different bacterial antigens, even to pathogenic ones (healthy carrierity), for antigens of tissue compatibility it is succeeded only in the embryonal state for the time being. In postnatal period in pure look of gnotobionts it cannot be successful [12]. Is there any possibility to unfix cell immunity and introduce new antigens? It could be shown by thorough study of formation of cell immunity.

So, the nature provided us with a chance to restore the healthy state of epithelium and then the whole organism through food allowance and contamination of healthy symbionts.

The cancerolythic parietal microflora composes a united system with T-lymphocytes, thymus (a representative of epithelium in blood producing system) and external monolayer of cell membranes. Freund E. and Kaminer G. (1933) have discovered the cancerolyticity of intenstine microflora Karapetians have extracted pure cultures of that bacteria [8], which facilitated their further investigations.

B—Lymphocytes are connected with cavital microflora of intestine and internal monolayer of cell plasmatic membranes through lymphoid channels leading to intestine. The cavital microflora in normal state mus possess with lytic properties against non-malignant tumour cells and must undergo variability in lythic properties allowing to carry out diagnostics of humoral status of organism also.

It is necessary to use not only cancerolytic bacteria but healthy ones from the cavital microflora also for treatment and prophylaxis o malignant tumours such as sarcoma 45. These bacteria must be extracted and thus a healthy symbiosis in the intestine may be established. The efficiency of the treatment and prophylaxis (high cancerolyticity of internal medium of the organism would not tolerate infection by HIV etc) of AIDS would be higher if B—system would be restored. There exists a probability of its damage because multifacial AIDS is very often accompanied by tuberculosis. Tuberculosis without AIDS is characterised by an average cancerolitic ability indicating that B—system is damaged.

The problem of not T- and not B-lymphocytes remains uncertain. Do they have connections with the microflora of gastro-intestinal trac and other ones? And what kind of connections exist between various symbionts and the organism?

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