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## The toxin concept in the aetiology and treatment of patients suffering from HIV/AIDS

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In order to appreciate the rationale behind the "Toxin Concept" in the aetiology, clinical manifestations and therapy of AIDS, it is necessary to appreciate the following information. Being HIV positive only implies the presence of the appropriate antibody's to the invasion of the human body by the H I Virus. This is not in itself a disease, but rather the body's immune response to the presence of this virus. An analogy would be the deliberate, well planned and coordinated inoculation of children to produce the appropriate protective antibody without manifestation of the disease in question, for example, Measles. These antibodies cannot and should not be destroyed in an endeavour to "get rid of the virus". Patients who are HIV positive but without any evidence of a compromised immune system, should not undergo any form of therapy which may be harmful to this process as designed by "nature". In contrast to the above, AIDS is the disease protocol in which the immune system has been destroyed, which would result in a progressive disease which may be fatal. Therefore, it is only AIDS patients who require the appropriate therapy to overcome this life threatening disease. Our treatment of AIDS is centred on restoring the body's depleted immune system, so as to overcome the invading H I Virus. This is achieved by removal of the toxin which is responsible for the body's immune system being compromised. A normal blood count after the required period of antitoxin treatment is evidence of the success of this modality or treatment. Usually within a period of 6-9 months, patients have shown significant improvement in their health and their ability to lead normal lives. Once the latter has been achieved, the treatment is discontinued. At no stage was ARV medication used in the treatment of the patients with AIDS. The above concept has been proposed and carried out by me as an independent medical syndrome investigator.

### Biography

Arnold Mervyn Levin has received his Diploma in Occupational Health from the University of the Witwatersrand in Johannesburg. He has joined private medical practice including treatment of patients who were HIV positive and suffering from AIDS. He is currently involved in occupational health and a Medical Advisor to private medical health services. He has experience in medical and non-medical and has much authorship and published many papers.

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