

AIDS: Genesis and Resolution

by
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Prologue

In *The URANTIA Book* the Life Carrier states, "But throughout all of this biologic adventure our greatest disappointment grew out of the reversion of certain primitive plant life to the prechlorophyll levels of parasitic bacteria on such an extensive and unexpected scale. This eventuality in plant-life evolution caused many distressful diseases in the higher mammals, particularly in the more vulnerable human species." (*736) To portray the relevance of this event to late twentieth-century society, I have chosen to discuss the acquired immune deficiency syndrome. The advent of nuclear weapons has permanently altered man's confrontational limits. Similarly, the AIDS virus changed the rules of intimate contact forever. Society is visibly shaken by these events, because working with mind alone, without spirit, our fear of self-destruction is ever greater than our hope of self-preservation and survival. As a student of *The URANTIA Book* and a physician, I will draw on its teachings and attempt to answer two questions central to the AIDS issue. What is the genesis of the epidemic? And what is a path to resolution?

only RNA, and thus must be converted back into DNA before it can be integrated into the host genetic core structure. This is accomplished by an unusual enzyme known as reverse transcriptase (RTase).

Prior to 1975, scientists supported the Central Dogma of Crick put forth by Dr. Francis Crick (of Watson and Crick fame who discovered the double helix structure of DNA). Simply stated, the DNA code functioned as a one-way street. DNA was translated into RNA, which then coded for specific proteins resulting in biologic activity. In 1975 Dr. David Baltimore put this theory to rest by discovering this enzyme, reverse transcriptase, which would turn RNA back into DNA (Figure 1).

Once HIV has infected the human host, it attaches to a specific receptor on the cell membrane of its target cell, the T4 lymphocyte. The virus then uncoats its protein covering. Its genetic material, RNA, then enters the cellular cytoplasm and by employing RTase is reverse transcribed to DNA. This proviral DNA is then integrated into the host cellular DNA. A cellular event then triggers the viral DNA replication to mRNA, the production of proteins, and the eventual assembly into a mature virus. Multiple viral particles then bud from the cell surface, and cell death then ensues.

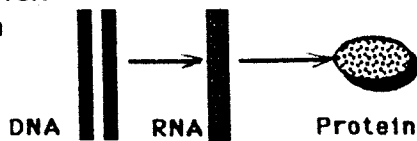
The origin of HIV is obscure. Some believe it was transmitted by the African green monkeys, while others think its structure is too dissimilar to cross the species barrier. Most likely it has been associated with man for a long time, and more recently has been recognized to cause disease states.

HIV is transmitted through blood, sex and birth. Casual contact is virtually impossible. People are encouraged to avoid any exchange of bodily secretions, but tears and saliva have a very low if not negligible risk. Safe sex is encouraged, but there is no such thing as safe sex. There is safer sex. Our blood supply is now safe, but only after 50% of the hemophiliacs have been infected. The risk of infection with birth is 60%, with a needle stick 1%, and with a blood transfusion 95%. The risk of one sexual encounter is unknown, but the pattern is one of multiple exposures over a period of time.

The T4 lymphocyte orchestrates the human immune response. As T4 cell death increases, a global immunologic defect ensues. This may take from 2 to 8 years. AIDS is often preceded by AIDS Related Complex (ARC). This is characterized by weight loss, night sweats, fever,

Molecular Biology

Central Dogma of Crick
Forward Translation



AIDS Virus

Reverse Transcription

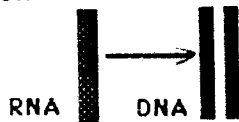


Figure 1.

Introduction

AIDS is caused by a retrovirus, commonly known as HIV (the human immune deficiency virus). Viruses are particles with biologic potential containing only an outer protein coat and an inner core of genetic material, either DNA or RNA. This genetic material must gain access to the nucleus of the cell and integrate itself into the host genetic material. It then directs the cellular machinery toward its own replication and transmission. HIV contains

diarrhea, and lymphadenopathy. AIDS is then diagnosed with the appearance of Kaposi's sarcoma and/or opportunistic infections, e.g., pneumocystis pneumonia. There is no known cure, and many believe the vast majority of those infected will eventually be diagnosed with AIDS (Figure 2).

There are estimated to be 1.0 to 1.5 million Americans infected with HIV. 50,000 cases have been reported and one-half of these are dead. It is estimated that by 1991, 250,000 people in the U.S. will have suffered the mortal effects of the disease.

Epidemiology

The AIDS epidemic is distinctive from other pandemics of the Western world in that it has been initiated by ideology and consolidated by social patterns. By contrast the bubonic plague was initiated by exploration and consolidated by commerce; and tuberculosis by industrialization and urbanization, respectively. Comparison will explain why the spread of AIDS is more closely related to the spread of TB than the bubonic plague (Figure 3).

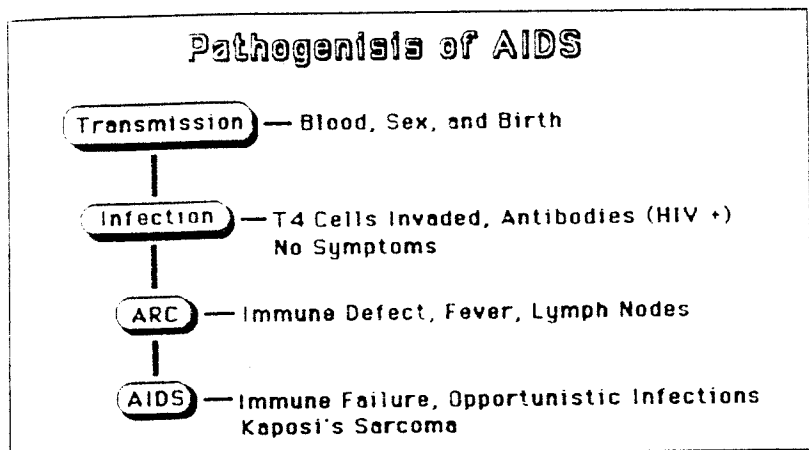


Figure 2.

Union, but some speculate military adventurism in many epidemic areas has led to increased infection rates at home.

Pattern #2 resulted from policies of post-colonial African nations, which led to desertification of the Sahal and the massive influx of refugees to urban centers. The Sahal can support only a limited pastoral population where the nomads lived in balance with the land on marginal resources. Policies of the new African nations constructed the nomads, and the land was quickly exhausted. These people moved to the cities in search of a livelihood. The combination of unemployment, prostitution, and chronic disease in



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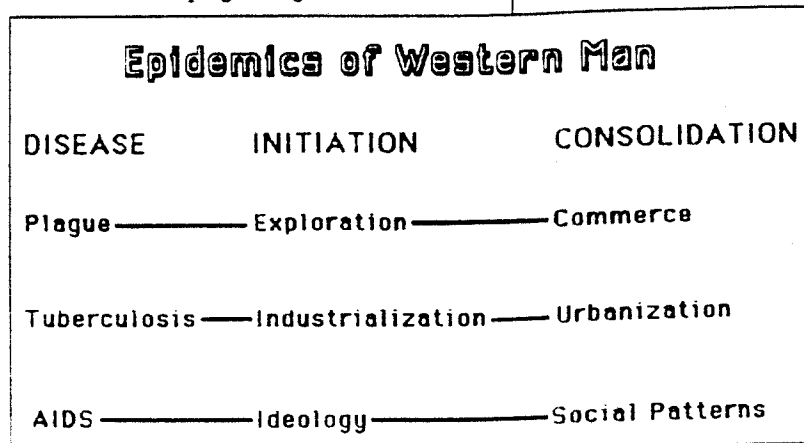


Figure 3.

There are two major patterns and a third emerging pattern of epidemic spread by AIDS in the world. Pattern #1 involves Western Europe, North America, some areas in South America, Australia, and New Zealand. Homosexual/bisexual men and intravenous drug abusers are the major affected groups. Pattern #2 involves Africa, the Caribbean, and some areas in South America. Heterosexuals are the main population group affected. Pattern #3 began to emerge in the mid-1980s and involves Asia, part of the Pacific region, the Middle East, Eastern Europe, and some rural areas of South America. Both homosexual and heterosexual transmission is just being documented. Little information is available concerning the Soviet

central African urban centers fueled the AIDS epidemic.

Pattern #1 resulted from a mixed acceptance of the gay population and the subsequent gathering in urban enclaves for group identity. The Gay Movement took shape in the late 1960s encouraged by a more permissive society and by a growing notion in the scientific community that homosexual behavior is biologically based. A societal evolutionary growth process which should have taken much longer and should have included obligations along with freedoms was attempted overnight. Thus, self-restraint gave way to self-expression, and into this milieu of overrapid growth the AIDS virus was introduced and flourished. There-

"50,000 cases have been reported and one-half of these are dead."

CON UN CREDITO INSTANTANEO LE PODEMOS DAR HASTA 5 MILLONES

Para que pueda hacer realidad ese proyecto con el que sueña. Sin esperas ni papeleos. INSTANTANEAMENTE. Lo podrá pagar como prefera: tiene hasta 5 años para hacerlo. VENGA Y COMPROBELO.

Figure 4.

fore, AIDS is presented as two distinct focal expressions arising from similar underlying social patterns (Figure 4).

Resolution

At present the prospects for a cure or a successful vaccine are concealed beyond the horizon. The virus changes its spots too rapidly for a conventional vaccine. (This is not new, because vaccines to malaria and schistosomiasis have been unsuccessful.)

Patient trials have thus far failed to develop immunity. AIDS treatment currently focuses on

ESTRO INSTANTANEO CONCEDEER MILLONES CREDITO INSTANTANEO 5 millones a 5 años

the resulting opportunistic infections with antibiotics. An anti-retroviral agent, azidothymidine (known as AZT and blocks RTase), is given with some success to those with AIDS and more recently to those found to be HIV positive. Other antiviral mechanisms are being investigated, e.g., an oligonucleotide probe to trick the virus into producing an inactive offspring.

Immune modulation is an area holding great promise. In a small clinical trial, methionine-enkephalin (an endorphin) has been administered showing enhanced immunity. For those HIV positive, immune enhancement is encouraged with stress reduction, nutrition, and exercise. Today we stand at the limits of our medical vision offering the same advice to one infected with HIV we gave to a patient infected with TB in 1900. A true cure awaits major breakthroughs in knowledge about viral behavior and immunology.

The victory over AIDS will be through efforts at containment and prevention rather than a specific scientific or clinical thrust. Resolution can be gained by drawing on two archetypal experiences in our national consciousness. First, the medical community must shed the illusion this disease resembles the bubonic plague. Similar characteristics of epidemiology and infection make tuberculosis a more appropriate model for disease control. TB became widespread with industrialization and urbanization, and it was controlled by public health measures and suburbanization. Likewise, AIDS was encouraged by a more permissive society and then grew within the resulting new social patterns. And AIDS will be controlled through education, monogamy, and community assimilation. Of note, TB is a disease whose medical treatment has grown to maturity, and its persistence in the world is now a direct result of social factors. Similarly, even if a cure for AIDS were discovered tomorrow, the social patterns supporting the epidemic would render efforts at control disappointing.

Second, our social scientists should recognize uncontrolled promiscuity and IV drug abuse as addictive behavior, and should look to our experience with alcoholism through Alcoholics Anonymous as a model for individual and group rehabilitation. To my mind, the secular religious approach in AA is the most powerful path to transformation in our society today. In essence, the thrust should move beyond clean needles and safe sex toward a higher spiritual meaning for one's life. Because, just like the alcoholic, the risk for AIDS is also life long (Figure 5).

The Future

Understanding and analysis reach an end point when one looks upon the children afflicted with AIDS. Helpless to their fate, they are being left orphaned and unloved to die alone in hospital isolation beds. And one is tempted to believe those involved have been forsaken in the scheme of cosmic overcontrol. I am reminded of the words of a Mighty Messenger explaining the Lucifer Rebellion, "We cannot fathom the wisdom which allows such catastrophes." And the Melchizedeks now teach that the good coming from the Satania Rebellion now outnumbers the sum total of evil by a factor of one thousand. From the wisdom of this cosmic holocaust we should take a broader perspective. Realize that not only will the AIDS epidemic serve as a vehicle for social change, but it will also amplify the spiritual quality of planetary evolution. It will serve to unify and further the evolution of medicine, ethics, and religion. In medicine, the AIDS virus will serve as a biologic probe and take us from

an organ system approach through advances in immunology to a holistic and environmental approach. In ethics, a realization of group needs will move us from beneficence and respect for autonomy through solidarity and mutuality to a Jesusonian sense of community. Religion will unify medicine and ethics as the focus shifts from personal ministry toward totality attitudes and an understanding of Trinity function (Figure 6).

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Epilogue

The perfection process of evolution is an interplay between two forces: the personal (human free will) and the prepersonal (the AIDS epidemic). This disappointment of the Life Carriers has again echoed in our time posing a question. Ascending mortals must furnish a moral answer, as individuals with self-restraint and as a society with a larger sense of community. If not, then the answer will be left to the most primordial forces of nature in time of unchecked will and appetite.

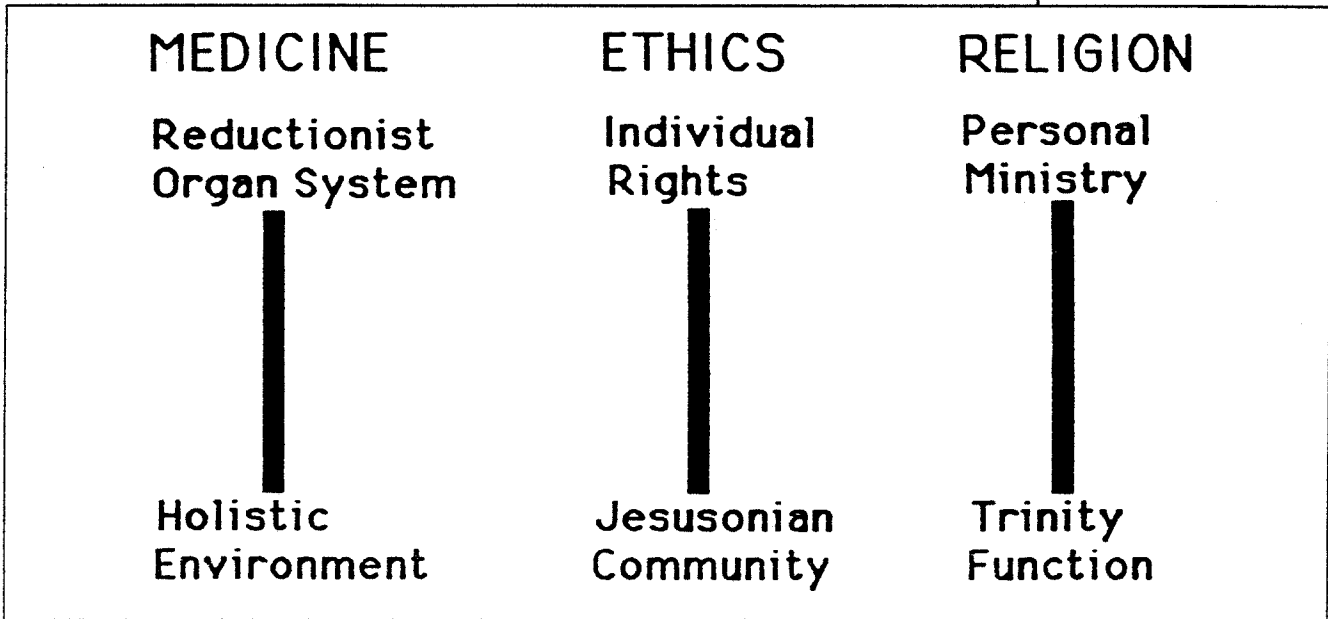


Figure 6.