Journal of
HIV/AIDS & Infectious Diseases

Research Article Open Access

Complete Elimination of HIV Hidden in Carriers of the Intestinal Tract After Overcoming the Infection. New Medicine

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Received Date: June 03, 2024 **Accepted Date:** July 03, 2024 **Published Date:** July 06, 2024

Citation: Vladimír Zajac (2024) Complete Elimination of HIV Hidden in Carriers of the Intestinal Tract After Overcoming the Infection. New Medicine. J HIV AIDS Infect Dis 11: 1-6

Abstract

Every virus is a parasite that cannot exist on its own and is fully dependent on its host. This is the basic condition of its existence. It is fully dependent on the host and thus it is - a living cell. What kind of living cell? It was found that the carriers of BLV and the new coronavirus are commensal bacteria of the intestinal tract. HIV carriers are bacteria and yeasts of the intestinal and respiratory tract.

Keywords: HIV Carriers; HIV; Intestinal and Respiratory Tract; Bovine Leukosis Virus (BLV); Antibodies

Introduction

When working with the bovine leukosis virus (BLV), in addition to monitoring the infection by detecting antibodies against the virus, was also investigated the mechanism by which the infection is transmitted from sick animals to healthy ones. After many years of observation in stables, it was concluded that the virus is transmitted to healthy animals by bacteria [data not published]. This assumption was experimentally tested and confirmed by the results.

Subsequently, the idea was elaborated on the HIV model in the laboratory of prof. Flossie Wong-Staal (UCSD, USA) funded by an NIH grant. The project continued after more than ten years. A cohort of bacteria isolated from the gastrointestinal tract of 54 Slovak and American HIV/AIDS patients and a cohort of bacteria and yeast from the throats of 72 Cambodian and Kenyan HIV-positive children were gradually prepared [3-14]. PCR products were synthesized using primers from all major parts of the HIV-1 genome: gag, pol and env in 85-90% of those tested. On the other hand, PCR products using the above primers were identified in respiratory bacteria and yeast *Candida albicans* in 35% of Cambodian and 38% of Kenyan HIV-positive children. Synthesized PCR products of tested patients were sequenced. An average of 90% homology with HIV-1 isolate HXB2 (HIVHX2CG) was detected.

The samples were further tested for expression of a bacterial HIV-like protein using MAB against HIV-1 p17, p24, p55, gp41 and gp120. By using MAB against HIV-1 proteins p17 and p55, the protein with the molecular weight of 55 kDa was detected in samples of both cohorts tested. Using MAb against HIV-1 specific protein gp41, the protein of 41 kDa was identified in 30-35% of samples from children patients from Kenya and Cambodia and in 75% of samples from American and Slovak patients. Use of Mabs against gp120 was detected the corresponding protein only in Candida species protein extracts from Cambodian and Kenyan HIV positive children. These differences may suggest diverse bacterial evolution in various geographical areas.

Subsequently, rectal swabs were taken from people who had overcome infection with the new coronavirus. The RT PCR test found that 83% of infected people have the coronavirus in carriers in the intestinal tract, more than four weeks after overcoming the infection [15-19]. In many cases, carriers containing the virus can penetrate the intestinal tract, settle for months or years, multiply and mutate. If immunity is weakened, the virus can enter the body and infect the infected person and others. These results confirmed that many, if not all, viruses can be carried by bacteria, yeast or other unicellular organisms.

HIV, after transmission to a person, travels further to the cells of the recipient's hematopoietic system. After the contact of the viral tentacles with the CD4 receptor, the virus penetrates the recipient cell and begins the process of tissue destruction. Once the virus is eliminated in the target hematopoietic cells by conventional treatment approaches such as HAART and activation of the immune system, the infection is suppressed and the patient can be declared cured. The virus leaves the hematopoietic system after this therapy. However, carriers containing HIV can penetrate the intestinal tract, settle for months or years and multiply under optimal conditions. The vast majority, practically everyone infected, has a weakened immune system and therefore must take antiviral drugs even after therapy, so that the virus in carriers cannot enter the body from the intestinal tract, infect it again and infect other individuals by excreting HIV from the mouth, nose, but also from the anus in the stool.

The claim that HIV was transmitted to humans from monkeys about 100 years ago has not been sufficiently confirmed. The spread, incubation period, and other symptoms of the Black Death (in 1346) led to the theory that hemorrhagic viruses may have caused the epidemic [1,2]. Based on our results, we concluded that the agent that participated in the epidemic could have been HIV. Our consideration is strongly supported by the CCR5delta 32 mutation which protects against HIV infection and based on mathematical model has been present in the Caucasian population for over 2000 years. The plague ultimately resulted in a reduction in the number of HIV carriers and an increase in the number of CCR5D32 mutations in the Caucasian population to 10% or to 20% in the northern regions of Europe. The lack of an epidemic and subsequent sanitation process

in sub-Saharan Africa prevented the deletion of HIV genetic information from this population, and explains the absence of the CCR5D32 mutation [12-14].

However, if the HIV in the carrier reaches the intestinal tract, the vaccines are not effective there. They are effective only in the target cells of the hematopoietic system. For this reason, a reliable and effective vaccine against HIV has not yet been developed.

The virus can exist in the intestinal and respiratory tract practically without limitation only in a carrier - a bacterium, a yeast, or another single-celled organism. It can exist there for years and can induce repeated infections. This depends on many factors, especially on the state of health of the person, on the quality of his immune system and on the composition of the microflora. If the carrier of the virus is not detected and removed, the infections can constantly recur and the body will not get rid of the virus. By identifying virus carriers and their subsequent elimination, we destroy the virus at the same time. Only in this way can we be sure that the virus is eliminated without the application of expensive vaccines. Based on these results, it was concluded that many, if not all, viruses can be carried and transmitted by bacteria, yeasts, or other unicellular organisms that are part of the microflora. A virus, like a parasite, is not a full-fledged biological form, and therefore it is difficult to fight it. Its main weakness is that it cannot exist by itself, it cannot reproduce, and therefore it needs carriers. Carriers are a complete biological form and can be eliminated.

Material and Methods

A swab is taken from the patient's rectum and a test for the presence of HIV is performed. In the case of a positive result, the swab is transferred to LB, or another more complex growth medium and incubated overnight at 37 degrees. On the next day, ungrown bacteria are diluted on Petri dishes with agar so that we get 15-25 colonies per Petri dish. The bacteria from each colony are transferred to 10-15 ml of growth medium and incubated overnight. On the next day, each colony is tested for the presence of HIV. Colonies with HIV are consequently tested for sensitivity or resistance to several antibiotics. An antibiotic that destroys all HIV colonies is applied to the patient. Ten days after the application of the antibiotic, the rectal swab is tested again. In the case of a negative result, the patient can be considered HIV-free, that is, cured. Testing is repeated regularly. After the antibiotics have worn off, probiotics with prebiotics should be applied. Problems can arise in the analysis of bacteria, because it was found that several strains of bacteria - *E. coli, Proteus mirabilis, Enterobacter aerogenes,* in throat swabs mainly *MR Staphylococcus aureus, Klebsiella pneumonia, Staphylococcus pyrogenes* - like to accept HIV. Finding an ATB that destroys all HIV-containing bacteria may not be easy.

Discussion

By revealing the reservoir of viruses hidden in the carriers in the intestinal tract, it allows the subsequent carriers with viruses to be eliminated and thus prevent further infections. We know very little about the contents of our intestinal tract. No one really examines him. We naively think that our intestinal tract is fine, but it is very likely not so. The intestinal tract is a very important organ - it is on the border of two kingdoms in our body - eukaryotic and prokaryotic. We have to live in symbiosis with the content of the intestinal tract, we cannot exist without it. But there have been big changes here. The use of antibiotics, drugs and medicines created enormous pressure that sensitive microbes mostly did not survive. However, their infinite variability - each bacterium is unique - allowed them to survive. Legally, one bacterium out of 10 million survived, creating a new clone that are resistant. This process is constantly repeated and new resistant forms of bacteria are created. And the original bacteria that lived in symbiosis with the organism, having acquired resistance, lost this ability to a large extent. Their goal - to survive, to adapt to the new situation forced them to forget, to disrespect the host.

The limitless willingness of bacteria to accept foreign genetic information, is one of their most basic properties. Receiving new genetic information gives bacteria a better chance of survival, existence and advances them in development. On the one hand, this is a very positive feature, because without it there would be no evolution, without which there would be no human population and no music. Detailed knowledge of how viruses interact with their bacte-

rial carriers at the molecular level is needed. The virus can exist independently in the carrier, but it is quite possible that the viral DNA is integrated into the bacterial genome. On the other hand, bacteria cannot identify pathogens - including viruses - and by accepting them, they become carriers of genetic material that can induce diseases in humans. In such cases, it is necessary to intervene and eliminate pathogens.

This also applies to the most common - the flu virus It attacks people especially in autumn and winter. Where does he go then? This question is very important. Will he travel back to China or Hong Kong on a return flight next October? The virus in carriers does not travel anywhere, it remains in the intestinal tract of the infected and is under the control of the immune system. If the immune system of an infected person is weakened - common colds, illnesses, infections, injuries - the carrier with the virus multiplies, penetrates the infected body and can infect others. This cycle repeats itself every year.

Conclusion

The discovery of the presence of BLV, HIV and the novel coronavirus hidden in carriers in the intestinal tract opened the gate. It is the first direct evidence of viral pathogens localized in our intestinal tract. Detailed knowledge of how viruses interact with their bacterial carriers at the molecular level is needed. The virus can exist independently in the carrier, but it is possible that the viral DNA is integrated into the bacterial genome. It can be assumed that we can have a lot of viral and other pathogens in the intestinal tract and they are the inducers of many diseases. I assume that their elimination will radically improve the health of the entire human population.

The accumulation of carrier viruses in the intestinal tract is constantly increasing as new and new viral infections arrive - see the global capture of large amounts of novel coronavirus in sewage after the epidemic subsides [21,22]. This represents a biological time bomb for the human population in the future. By detecting virus carriers and their subsequent elimination - with antibiotics, drugs and other methods - we also eliminate viruses. In this way, all viral infections can be stopped.

The complete elimination of HIV in its reservoir of the intestinal tract allows the infected to live without accepting antiviral preparations. HIV negativity will enable them to live without suffering and social discrimination.

The stated idea and results can change the situation in most infectious diseases, especially viral ones. We need to act now because the contents of our intestinal tract are constantly deteriorating. It is realistic to assume that there are other pathogens in the tract that cause various diseases, including degenerative ones. Future research in medicine should focus on analyzing the context of the intestinal tract - that will be the New Medicine.

Funding

This work was supported by these grants: APPV-06-46-11, VEGA 2/0096/11 and VEGA 2/0170/13. This publication is also the result of the project implementation: SF ITMS project code: 26240220058 supported by the Research & Development Operational Programme funded by the ERDF.

Disclosure of Conflict of Interest

The authors declare that there is no conflict of interest.

Statement of Informed Consent

Informed consent was obtained from all individual participants included in the study.

References

1. Scott S, Duncan CJ (2004) Return of the black death. Chichester.

2. Duncan SR, Scott S and Duncan CJ (2005) Reappraisal of the historical selective pressures for the CCR5-D32 mutation. J Med Genet, 42: 205-8.

3. V Zajac V, Kovac M, Ciernikova S, Mego M, Rauko P, et al. (2005) Detection of HIV sequences in colon bacteria of AIDS positive patients. Clin. Microbiol Infec. 11: 53.

4. Zajac V, Mego M, Kovac M, Stevurkova V, Ciernikova S, et al. (2006) Testing of bacteria isolated from HIV/AIDS patients in Experimental models. Neuro Endocrinol Lett. 27: 101-4.

5. Zajac V, Stevurkova V, Matelova L, Ujhazy E (2007) Detection of HIV-1 sequences in intestinal bacteria of HIV/AIDS patients. Neuro Endocrinol Lett. 28: 591-5.

6. Zajac V, Adamcikova Z, Holec V, Hainova K, Stevurkova V, et al. (2011) Chapter in a book: Microbes, viruses and parasites in AIDS process. Editor: Vladimir Zajac. Printed in INTECH. 375-90.

7. Zajac V, Matelova L, Liskova A, Mego M, Holec V, et al. (2011) Confirmation of HIV-like sequences in respiratory tract bacteria of and HIVpositive pediatric patients. Med Sci Monit. 17: 154-8.

8. Hainova K, Mego M, Wachsmannova L, Adamcikova Z, Stevurkova V, et al. (2013) Microflora of intestinal and respiratory tract in AIDS process, J Antivir Antiretrovir. 15: 1-6.

9. Hainova K, Adamcikova Z, Ciernikova S, Stevurkova V, Krcmery V, Zajac V (2014) Detection of proteins homologous with HIV-1 antigens in bacteria of positive patients - phase II. Neuro Endocrinol Lett. 35: 101-6.

10. Zajac V (2014) The fundamental role of bacteria and yeasts in AIDS progression. J Vaccines Vaccin. 5: 4.

11. Wachsmannova L, Ciernikova S, Majek J, Mego M, Stevurkova V, Zajac V (2016) Internalization property of intestinal bacteria in colon cancer and HIV/AIDS patients. Neuro Endocrinol Letters. 37: 245-0.

12. Zajac V (2018) Evolutionary view of the AIDS process. J Int Med Res, 46: 4032-8.

13. Vladimir Zajac (2020) Can CCR5 delta 32 mutation be a proof of possible HIV participation in the Black Dead epidemic? Journal of Clinical Microbiology and Infectious Diseases 3.

14. Vladimir Zajac (2020) An Overview on the Fundamental Role of Bacteria and Yeasts in AIDS Progression. Current Topics in Medicine and Medical Research, 3.

15. Vladimir Zajac (2020) Elimination ot the new coronavirus and the prevention of the second wave of infection. World Journal of Advances Research and Reviews, 08: 148-50.

16. V Zajac (2020) The Role of Bacteria in Viral Transmission. Japanesse Journal of Gastroenterology and Hepathology, 4: 1-2.

17. Vladimir Zajac (2021) The irreplaceable role of coronavirus carriers in its transmission and in second wave of infection. World Journal of Advances Research and Reviews, 09: 226-8.

18. Anna Liskova, Vladimir Zajac (2021) Identification of a new coronavirus in rectal swabs from persons infected 15-25 days ago. World Journal of Advances Research and Reviews, 10: 356-9.

19. Anna Liskova, Vladimir Zajac (2023) Identification of a New Coronavirus in Rectal Swabs: A Novel Perspectives. Perspective of Recent Advances in Medical Research, 11: 12.

20. Vladimir Zajac (2024) A New Approach to Stopping Viral Infections: Intestinal Tract as The Main Important Reservoir of Viruses Hidden in Carriers After Overcoming Infections. British Journal of Healthcare and Medical Research, 11: 2.

21. Mazzarelli A, Giancola ML, Farina A, Marchioni L, Rueca M, et al. (2021) 16S rRNA gene sequencing of rectal swab in patients affected by COVID- 19. PLoS One, 16: e0247041.

22. Zhang B, Liu S, Dong Y, Zhang L, Zhong Q, et al. (2020) Positive rectal swabs in young patients recovered from

coronavirus disease 2019(COVI D-19). Journal of Infection, 81: e49-52.