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HIV/AIDS, SUFFERING, DEATH, SCIENCE, AND RESPONSIBILITY

BY

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I have been requested by the Chairperson, on behalf of the Portfolio Committee on Science and Technology, to address the Committee on the progress of research we have made on "alternative methods of finding a solution to HIV/AIDS".

Supposing there is a bubonic plague that is killing people on a massive scale, similar to the Black Death of the 14th century (1347-1351) in Europe, which killed more than one third of the population within a decade. Due to extensive and deep underdevelopment and poverty, Africa is also now prey to the

onset and spread of diseases which are crippling and killing her population on a scale almost similar to the disaster of the Black Death.

Supposing, indeed, that there is a complex of diseases which are killing countless people in villages and townships of the land, such as we see in many countries of Africa. There is, therefore, a national or Continent-wide crisis, similar to a War Crisis which gave rise to Winston Churchill as Prime Minister of England in 1940.

Supposing, further, that amidst this national crisis, this Health Crisis, about twenty to thirty people of the hosts who are sick, in a certain village or township, ate a particular orange, and thereafter showed signs of getting better, regained normal life, and escaped death, while hosts around them were dying or getting crippled.

Note that this is happening in the streets, villages and homes, not in laboratories.

The question which arises is this: **As Government, as Public authorities, are we not going to be ethically and morally compelled by this curious event, to focus specially on this particular orange, which seemed to bring about such pleasing news and results of saving infected people from dying and becoming cripples from the terrible disease?**

Are we not going to mobilize resources and scientists to focus especially upon this peculiar orange, and fast-track such investigations, so that we may know as quickly as possible whether we have a much better weapon for conquering this disease than any weapon currently in existence?

As Government, as Public Authorities, are we going to go along with the insistence of scientists and other economically interested parties, that sick people should not be given this orange until scientists, in their normal pace and routine,

following their normal, established, time-consuming methodology, have completed their studies?

In National Emergencies, such as was the urgency in World War 2, certain amendments are made to the sequence and steps, route and routine, of the methodology of science, **so as to reach the conclusions of the investigation as soon as possible. Scientific research, on urgently needed products for waging war, is not conducted in the same manner in which it is conducted in normal times of peace.**

Anyone interested in knowing more about that should study the process of the mobilization of scientists, and the search for the Atom Bomb in the United States –the "Manhattan Project".

With regard to the Health Crisis in Africa, with regard to the complex of diseases called HIV and AIDS, we are precisely in the same War or National Crisis situation such as existed in the USA

and Europe during World War 2. Accordingly, there must be some changes and modifications in the route, pace, and steps taken to develop mighty weapons for winning the War. There must be amendments to the methodology of science dictated by the War situation or by the National Emergency.

This is the pressure of circumstances, and the logic of circumstances of a National Emergency, which has led us to look for "alternative methods of finding a solution to HIV/AIDS". This is what has led us to the gigantic, unrecognized resource in our midst, namely African Traditional Medicine. This gigantic resource is unrecognized by modern, official Medical Science in our country.

On the basis of the evidence available, to all of us who want to see, I am convinced that there is far greater promise of the emergence of a solution of HIV and AIDS using as foundation African

Traditional Medicine, than from within the framework of modern Western Medicine.

Before we can use this enormous resource of African Traditional Medicine, we have to change our incorrect attitudes to both African Traditional Medicine and to modern Western Medicine.

When Europeans conquered Africa, they labeled all the knowledge, philosophy, and science of Africa superstition, ignorance, or rubbish. Accordingly, European or Western so-called scientists were in the main never interested in conducting scientific research on any aspect of African thought, including African medicinal knowledge. Consequently, African traditional medicine was armed with nothing but what I call "Walking evidence". Westerners cannot reject or condemn African traditional medicine simply because there is no evidence about its efficacy coming from Blood Pathology Laboratories –when they are the ones who were driven by racism not to allow the study of African traditional medicine. "Over 80% of Black patients visit the traditional healer before going to the doctor and the hospital. No record is available for those patients who are restored to good

health by the traditional healer without visiting the hospital and/or the medical practitioner." (M. V. Gumede, M. D., Traditional Healers: A Medical Doctor's Perspective, Johannesburg, Skotaville, 1990, p. iii)

What is "Walking Evidence"? Imagine a person in a rural village, or township, who is bedridden, ill with some dreaded disease. Imagine that someone brings to the sick person a herbal mixture, which the patient drinks, and subsequently experiences the reversal and disappearance of the symptoms of the dreaded disease, and the person is ultimately able to return to normal life and go back to work. Wholesale dismissal of such evidence as "hearsay" cannot be allowed all the time. This is some form of impressive evidence, even though there are no results from a Blood Pathology Laboratory. This is what I call "Walking Evidence."

This is potentially valuable data to genuine researchers. There is data about some of these patients, since some patients actually visited physicians, clinics, and hospitals. This data is available for study as historical record by scientists. Research can be done moving backwards to these cases, and research can also be done moving forward, to establish the toxicity/non-

toxicity of these mixtures, to Protocols, to laboratory tests, and to clinical studies.

There is enough Walking Evidence indicating that African Traditional Medicine is a base out of which can be developed certain mixtures which show powers of controlling AIDS, similar to ARVs, however without observable bad side-effects. There are credible reports of alternative methods of controlling AIDS which have helped certain infected individuals. This Walking Evidence needs to be followed up and studied scientifically without prejudice, fear, or favour.

There is Traditional Healer, Mr. Gwala, from Ndwedwe, near Durban, who has produced a Herbal mixture called UBHEJANE, which seems unique in its powers, according to both Walking Evidence as well as Laboratory results within the methodology of modern Western medical research. From the very beginning of my encounter with the producer of UBHEJANE, I have convinced Mr.

Gwala that we must take a path which shall tell us and the world whether or not there is scientific validity to UBHEJANE using the very strict methodology of Western science itself.

We received assistance, initially, from the National Research Foundation. A Protocol was formulated by Professor Sam Mhlongo and Dr. Patrick Maduna, of MEDUNSA, and we got very critical, small funding, to pay for the MEDUNSA study, from Professor Bongani Khumalo, who at that time was Chairperson of Transnet; and from Ms. Nthobi Angel, who was CEO of a wing of Mvelaphanda. Dr. Lorna Madurai and Mr. Gopaul, Heads of Global Clinical and Viral Laboratory, in Durban, also have some evidence regarding the effectiveness of UBHEJANE in dealing with AIDS. Dr. Gqaleni, of the University of KwaZulu/Natal, is amongst us; he will inform the Committee about the involvement of the UKZN Medical School in research on UBHEJANE.

The **Non-toxicity** of UBHEJANE was established by the MEDUNSA study, and was confirmed by the laboratory study which was done by Dr. Gqaleni.

There are a few Medical doctors, too, who have observed the condition of AIDS patients who opted to take UBHEJANE, and they testify about the effectiveness of the mixture in reversing the symptoms of AIDS. One of these medical doctors is Dr. Ntlopi Mogoru, practicing in Tshwane, who showed me files and results of laboratory tests on AIDS patients voluntarily taking UBHEJANE. There are cases of AIDS patients whose CD4 counts improved markedly, and whose Viral load results read undetectable.

There is an experienced Nursing Sister, who has been an HIV Sister for 5 years, in the Umsunduzi Muicipality area, who has been monitoring AIDS patients who have opted to take UBHEJANE. She kept records, and has written a report on her

experience with AIDS patients and UBHEJANE. I shall report on two cases, from the Sister's document:

Patient 1:

> Started ART treatment September, 2005. After 3 months he developed side effects, came to clinic, was referred to the hospital, was then changed to another Regime. His CD4 count was 102…In November 2005 his condition deteriorated. Went back to the Dr. a number of tests were done, it was confirmed his liver was damaged. He was asked to stop the drugs…It was November 2005 the patient started using …uBhejane…and continued with primary prophylaxis and management of opportunistic infections. His CD4 count was still 102…he came on monthly basis for routine check-up together with his (BJ) and according to Routine Vital Signs the patient was promising. In Feb 2006, his CD4 cnt was surprisingly at 145…Unfortunately we do not do viral load in our institution, but clinically and on Routine check-up he was extremely improving. In March 2006 he went back to

work but still coming on monthly basis and taking…(BJ)…It was the 3rd of June 2006 his CD4 count was Amazing it was 575…Wow! What a relief, patient still on monitoring.

Patient 2

She started at the clinic in January 2005, that was the discovery of her status. Her CD4 count was 450…She was on Prophylaxis management and visited the clinic for monthly check-ups. On July was attacked by PTB, she started Rx, her CD4 count dropped…to 340…She continued with both Prophylaxis and TB Rx but her condition was on and off. Clinically she needed follow up. On September 2005 she continued with TB Rx and along the way developed anamea, her Hb was 5g%, referred to hospital for transfusion, was chased away with iron supplement. She got weaker and we were both left in a belt of no destination as her CD4 count did not qualify her for ARV treatment but was clinically very weak. It was mid September 2005 when she started the (BJ)

> with Prophylaxis and TB treatment. In December 2005 she came for discharge in TB Rx. Third CD4 count was done and was 566…Clinically was doing extremely well, but continued with prophylaxis and (BJ) mixture. Fourth CD4 count was done in June 2006 and was 1026…, exciting, hence I was tempted to test HIV status but I did not tell her for security reasons. Using Smart Quick Test, tested her, it was a shock to see her negative…It was a very exciting case for the month and very much challenging.

There is some significant indication from Walking Evidence that Gwala's UBHEJANE and Khumalo's ZIFOZONKE are effective in counteracting or canceling bad side-effects of ARV, as well as of Chemo-therapy. This should be followed by careful scientific studies, to confirm or deny such indications.

In many homes, streets, and villages of KwaZulu/Natal, Mpumalanga, Gauteng, and Eastern Cape, there is substantial

Walking Evidence that **UBHEJANE** is very effective in counteracting HIV and AIDS, improving CD4 counts, and reducing Viral loads down to undetectable. This is legitimate, valid evidence, which should be the starting point of research by scientists to confirm or deny the effectiveness of the herbal mixture.

Let us accept that there are two types of evidence in Medical Science, 1) evidence coming from laboratories and observations by qualified scientists, including medical doctors, and, 2) Walking Evidence, in line with that old proverb: the taste of the pudding is in the eating! These two types of evidence must speak to each other, without one posing as superior to the other.

U**Bhejane** is most likely the most impressive of a number of mixtures from African Traditional Healers which exhibit remarkable powers of counteracting AIDS, and restoring very sick people to normal life –all this, seemingly without bad side-effects.

U **Bhejane** is the most remarkable, as of now, because of the impressive, available evidence gathered, so far, from representatives of the Western scientific community, as well as from the communities and homes in the form of Walking Evidence.

As Public Authorities, I suggest we should intervene, to initiate and mobilize speedily the process of the communication of the two types of evidence available, regarding the control of AIDS, and officially incorporate the methods of healing this disease from tested and tried African Traditional Healers into the Health-Care Delivery System of the country.

People overly influenced by the Western model of science must have a change of heart, and abandon their negative prejudices against African Traditional Medicine. If there are **oranges** from the House of African Traditional Medicine, which seem to bring relief

to illnesses which currently defeat Western Medicine, we must focus especially on those oranges.

In a National Emergency, or War situation, such as exist with regards to the complex of diseases around AIDS, Government and Public Authority need to mobilize resources, in scientific expertise and finance, to fast-track the study of such mixtures from African Traditional Medicine. The search for the truth in the context of a National Emergency requires the modification and amendment of pace, sequence, steps, route and routine of the methodology of scientific research prevailing in peacetime. To accommodate African Traditional Medicine, the paradigm of Western science, itself, must be re-examined and amended.

At this moment, there seems to be a war of terror waged against any proposal for treating HIV and AIDS which departs from the orthodox line of treatment coming from dominant pharmaceutical interests in Western economies.

Some public officials have been injected with fear, preventing them from looking tolerantly at anything but the orthodox line.

The MEDUNSA study of UBHEJANE was scheduled to continue, on a much larger scale, in KwaZulu/Natal. A request was sent to the Provincial Department of Health of KZN for permission to begin the study in the Province. That was over a year ago. No one wants to approve the process in the line leading to the approval of the Study. I can only conclude that there is fear, because of the terrorism to which I alluded.

We need to pursue these scientific studies as soon and as fast as possible, so that we can relieve our people of the suffering and deaths accompanying these diseases; and so that we can relieve our economies and Government budgets of the heavy and dangerous weight of HIV and AIDS. South Africa has chance to make history in the field of Medicine, as far as the treatment of HIV and AIDS

is concerned. To paraphrase the famous hymn, and Winston Churchill in the gravest moment of National Emergency in the life of Britain: **Be ye men and women of valour.**