

## SCIENCE

## Aids cure continues to be elusive

Unless scientists "stumble" on a cure for Aids, like in the case of penicillin which opened a new era in the production of anti-bacteria medicines, the human immune deficiency virus HIV will continue to be a major killer and prevention must be continually emphasised.

However, major attempts are being made to "treat" the victims of Aids. In March last year, government authorities in the United States authorised the use of AZT (Azidothymidine) or zidovudine, which, in fact, was developed in the 1960s.

Dr J. P. Horwitz, a researcher in Michigan, US is said to have developed the drug to help in the treatment of cancer but it proved ineffective and was ignored until the emergence of the Acquired Immune Deficiency syndrome.

Researchers found out in 1984 that the drug tended to inhibit the duplication of viruses including HIV in test tubes.

Many countries are now using AZT to prolong the lives of the Aids patients but its side effects

in some cases may hasten the patients' death. However, some clinical researchers say that much depends on how AZT is "administered."

The search for a vaccine or anti-Aids drug has resulted in the utilisation of molecular biology, biotechnology and genetic engineering. The Aids virus is being systematically dismantled into its times bits and if no progress occurs in three years then the world may as well forget "high tech" search for the "cure" or vaccine.

## Indication

Indeed, the recent Third International conference on Aids in Arusha, Tanzania, attended by among others, Robert C. Gallo, one of the discoverers of the Aids virus, is an indication that the world of Aids experts has sobered up after several years of making reckless statements about the disease and Africans.

It is definitely encouraging that other experts are beginning to listen to what our own experts say about the disease, which is claim-

Staff science writer OTULA OWUOR discusses some aspects of the recent international conference on Aids held in Arusha and examines the attempts to tackle the disease



ing the lives in an increasing number of people in many parts of the world.

As said in a previous article in this column, the world was waiting to hear the details about the Zairean anti-Aids drug MM1 said to have been discovered by Professor Z. Lurhuma of Zaire and Dr A. Shafik of Egypt. Unfortunately, Prof Lurhuma was said to have arrived late during the closing of Aids conference in Arusha.

The major criticism against MM1 is that its discoverers seem to evade thorough scrutiny from other experts, some of whom even think MM1 may be fake. However, having directly or indirectly covered activities of leading global Aids, researchers who ended up "misleading" the world

on various aspects of the virus and the disease, I strongly believe the MM1 team should be given a chance to sort out whatever problems they are facing.

Indeed according to the abstract of the paper on MM1, which was to be presented in Arusha, Aids patients who were given 20 injections of MM1 and the usual drugs against opportunistic infections gained energy, had less diarrhoea and fungal infections.

However, the most interesting aspect was the improvement of helper lymphocytes in 80 per cent of the cases.

According to Prof Lurhuma's paper, these observations were made within one year of administering the drug.

This year, a Zairean professor of medicine, Dr Mbowa M. Kalengayi, who had come from a major international Aids meeting in Stockholm, Sweden, told me that he knew about the work of MM1 and it was definitely improving the health of the patients. "It is going to be much cheaper and with no side effects."

## Eliminate

The Zairean medicine may not cure Aids and probably does not eliminate the Aids virus as was alleged, but it may probably be one of the few drugs that seem to prolong the lives of the patients although there are doctors who remain very skeptical of Lurhuma's findings and would be happy to have his results verified by "independent" researchers. The World Health Organisation's Africa regional office in Brazzaville, Congo, has it willing to support further MM1 research.

Attempts to treat Aids are even coming from China where there has been talk about mushrooms that inhibit HIV multiplication.

A mixture of 21 herbs to treat Aids is also coming out of China where the disease is still said to be very minimal.

Theories about the origin of the Aids virus seem to have patered out after attempts to "smear" Africa with the virus failed. However, an alternative hypothesis about HIV was included among the papers presented in Arusha.

A paper co-authored by Dr Glen Brubaker of Shirati Hospital, Musoma in Tanzania, said Aids is not new in the world and that the HIV or Aids virus simply flourishes in already immune depressed patients, without causing the syndrome.

In another instalment, we shall examine attempts by two local herbalists to prolong the lives of Aids victims.

Patients will always try something that might help improve their situation and this is noted in the US where there is a scramble for a compound dextran sulphate from Japan considered useless by medical authorities. But their hope seems to lie in high-tech.