

Medicine by John Grauerholz, M.D.

New herpes virus found in Africa

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While politicians and public health officials continue to fiddle, the AIDS conflagration is spreading in new, and unexpected, ways which more and more confirm the original 1974 predictions of economist Lyndon H. LaRouche and his Biological Holocaust Task Force. According to an article published in the *Sunday Express* of London, a new herpes virus capable of infecting T-cells could be involved in many AIDS cases as a direct cause or co-factor.

In a conversation with Prof. Walter Becker, of the Stellenbosch University in Cape Town, South Africa, about the new Human T-Lymphotropic Herpes Virus (HTLHV) causing AIDS-like disease, whose discovery was attributed to Becker, he confirmed the report, and added:

The new herpes virus was found in two patients showing "otherwise unexplainable illnesses." Both were whites, one from Cape Town and the other a Norwegian living for many years in Central Africa, an earlier member of U.N. peacekeeping forces. The former showed no sign of HIV infection; the latter had apparently picked up HIV from his African wife. The Cape Town man had hairy-cell leukemia which mysteriously did not respond to treatment, leading to suspicion of AIDS. No signs of HIV were found; but instead a herpes virus was found in electron micrographs of lymphoid tissues. The Norwegian was found to be infected with HIV, but also a herpes virus was found, again associated with T-cells, which Becker thinks caused his illness.

Becker reported that he had repli-

cated the new virus in T-cell cultures and that "it shows exactly the same cytopathic effects as the AIDS virus," and is definitely different from the B-cell trophic herpes virus discovered by Gallo et al. last year.

Becker stressed the following points: 1) Assuming that the two isolated viruses are the same, as appears to be the case, *the geographical separation of the two cases would suggest that the new virus is already widespread in Africa.* 2) Since the new virus appears to be immunosuppressing, it may already be involved at least as a co-factor in many AIDS cases. 3) We should expect that the new HTLHV virus is *more infectious* than the ordinary AIDS virus HIV, especially by casual contact including saliva. 4) We should take the possibility of rapid spread of this new virus very seriously. 5) If HTLHV is involved in many AIDS cases, then this may open up new possibilities for treatment.

The most immediate task, Becker stressed, is to get laboratory probes out to test for prevalence of the new virus. U.S. AIDS researcher Robert Gallo, he said, is keeping the probes for his B-trophic herpes virus secret. Becker stressed the need to find out if HTLHV is involved in AIDS cases.

In a discussion with a British virologist who works in Lyon, France, this scientist said he had not heard of the new virus yet, but "there is nothing inconceivable about the idea of a T-cell trophic herpes virus, just as Gallo found one that infects B-cells. Most herpes viruses are selective, tending more toward B-cells than T-cells. So, for example, the Epstein-Barr virus

attacks B-cells. Some of these herpes viruses, particularly herpes simplex, are "incredibly variable."

This virologist thought it "quite conceivable" that viruses other than HIV could cause AIDS-like syndromes of T-cell malfunction. When asked the question, "Why are we seeing within a short period of time the appearance of a series of new viruses attacking the immune system—the lentiviruses HIV, HIV2 in humans, the new feline AIDS virus, and the new herpes viruses," he volunteered the idea that "something else is happening, *some environmental element*, which is causing these viruses, which probably were dormant before, to become active. It could be anything from some pollution of the environment, to a change in background radiation, or even psychosomatic factors. Who knows?" Asked for a known example of activation of dormant virus, he cited the case of certain chicken retroviruses which are normally endogenous (incorporated in normal cell genetic material), but whose emergence in the form of infective and replicating virus can be triggered by poisons or other extreme stress.

This is yet another confirmation of the prediction by LaRouche's Biological Holocaust Task Force, that the conditions of impoverishment enforced in Africa, and other developing sector areas, would not only lead to resurgence of the classic epidemic diseases but would result in the evolution of new diseases in large immunosuppressed populations. The current epidemic of AIDS and chronic mononucleosis-like disease, associated with chronic infection by some strains of herpes viruses, which now appears widespread in the United States also underlines the prediction that such pestilences, like the cholera pandemics of the last century, would not remain confined to their area of origin.