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Paul K. Brontson, M.D.
1 Tib Street, #202
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Dear Dr. Brontson:

I am writing you regarding my review the topic of malariotherapy and HIV infection, which we discussed on an earlier date. After careful and thoughtful consideration, my impressions are as follows:

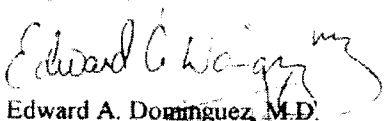
1. I am quite concerned about the safety of malriootherapy, despite the fact that it has been reported to be quite safe. It must be noted that malriootherapy has been used for the treatment of neurosyphilis (JAMA 1992; 268: 516-19), but not without occasional side effects. Malariotherapy and hyperthermia have also been advocated as adjuvants to conventional cancer therapy by some phsycians (Medical Hypotheses 1981; 7: 43-49). However, well controlled studies of such therapy are lacking. Further, I am significantly concerned about administering a pathogenic organism to an already immunocompromised person, one in whom even the more mundane infections may have tragic consequences.
2. I am aware of no data that support malariotherapy in HIV infection. I understand that proponents of this therapy use several published articles as the scientific basis for such an approach (New Engl Journal Med 1991; 325: 105-109, and, 1982; 314: 647-8). A careful review of these publications, however, will reveal that what is being discussed is the lack of impact of malria on the development of AIDS, which is quite a bit different from an improvement on the development of AIDS. The reason this is of interest is that HIV survives in macrophages and monocytes during its latent (or dormant) phase. Malariotherapy markedly stimulates theses macrophages to produce the various mediators of fever, and theoretically could also stimulate HIV replication (i.e. progression to AIDS) in patients who are asymptomatic.
3. AIDS is admittedly both a unique and treacherous illness. It has led the medical community to seek the support of not only governmental agencies but also philanthropic organizations and individuals as well as corporate sponsors to finance the battle against it. While this is necessary in order to arrive at a timely answer to this scourge, we cannot

afford to forsake the scientific method at large in pursuit of this lofty goal. Our precious resources should be spent on well-organized studies founded in scientific fact, affording maximum benefit with as little risk as possible for our afflicted volunteers.

The study which you have described to me is extremely adventurous. I fear, however, that extrapolating the ostensible efficacy of malariotherapy in diseases such as syphilis and Lyme's disease - diseases that are caused by two very closely related bacteria, and are not associated with a fulminant course - is fraught with peril for those participating in it. While I applaud the zeal and fervor of those wanting to assist in the quest of a cure for AIDS, I cannot condone this study as it stands. Finally, I must reiterate my overwhelming concern in infecting severely compromised patients with a known virulent pathogen.

I hope you find this summary useful and I appreciate your inquiry. Please let me know if I may be of further assistance. I am,

Respectfully,

A handwritten signature in cursive script, appearing to read "Edward A. Dominguez".

Edward A. Dominguez, M.D.
Assistant Professor of Medicine
University of Nebraska Medical Center