

# IMT: A POTENTIAL CURE FOR AIDS

A Proposal For Funding

Privileged and Confidential

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Submitted by

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# Confidentiality Statement

Given the wide public recognition of Dr. Heimlich, any release of information concerning his involvement in this project would result in an avalanche of interest which we wish to avoid until IMT is clinically validated. We also request that the reader maintain the strictest confidentiality concerning this proposal and the identities of members of the project team.

## The Aids Epidemic

AIDS is one of the most tragic problems to confront contemporary society. According to Reuters World News Highlights (September 13, 1992), over 6,000,000 people have been infected with HIV in Africa alone, and over 800,000 Africans currently have AIDS and are expected to die from it.

The number of Africans infected is expected to reach 15,000,000 by the end of the year. A similar epidemic is underway in India, and in fact, AIDS has become a devastating problem throughout the world.

According to a 1991 report published by the Agency for Health Care Policy and Research of the U.S. Dept. of Health and Human Services, the cost in 1991 of treating Americans infected with HIV is \$5.8 billion and it is forecast that this will increase 21 % each year between 1991 and 1994 when \$10.4 billion will be spent.

The costs in terms of human suffering is incalculable, and yet, despite additional billions of dollars spent in laboratory research, no definitive cure has appeared even on the horizon.

## IMT and AIDS

Dr. Heimlich has never been convinced that drugs will cure AIDS, since there is no known drug cure for any viral disease, including the common cold. In addition, Albert Sabin, the renown polio researcher, stated in a recent news report (September 16, 1992) that any effort to prevent the spread of AIDS through a vaccine is doomed. HIV (or whatever unknown substance that causes AIDS) kills by destroying the body's production of immune substances, enabling secondary lethal infections to go unchecked. The answer to curing AIDS is to stimulate the HIV-positive patient's immune system to produce immune substances that are capable of destroying the HIV virus.

The technique of deliberately giving a disease to cure or prevent another disease is well known in the history of medicine. Examples include cowpox vaccination to prevent smallpox, and Sabin live polio vaccine to prevent polio.

IMT (Induced Malaria Therapy) consists of inoculating a patient with a curable form of malaria (usually Plasmodium vivax) to cure another disease that is otherwise incurable. It was pioneered by Wagner-Jauregg who was awarded the Nobel Prize in 1927 for his discovery that IMT cured neurosyphilis (syphilis of the brain).

Research studies conducted at UC Berkeley, Walter Reed Army Institute of Research, and Heidelberg University, independently demonstrated that malaria induces production of various immune substances, including interleukins and tumor necrosis factor.

These reports stimulated Dr. Heimlich's interest in the possible use of IMT for AIDS patients and, in a continuing search of the medical literature, he discovered two important studies indicating that malaria had overcome HIV infections.

At the 1990 conference on AIDS in Florence, Italy, a study was presented by researchers at a children's hospital in Zaire. The team followed 112 children, aged 2 to 12, who had symptomatic AIDS. Of the 112 children, 41 also had malaria and 71 did not.

At the end of two years, 25 (35%) of the 71 children with AIDS and no malaria were dead. During the same time period, the 41 children with malaria and AIDS were all living-and well.

The significance of these findings were not appreciated by the research team since their primary interest was in malaria. They noted that 14% of children with malaria die in two years, and that therefore, HIV had somehow helped treat the malaria. To Dr. Heimlich, however, the significant result is that none of the malaria- infected AIDS patients died.

A second significant study, published in the New England Journal of Medicine, was carried out in Venezuela by researchers from the University of Nebraska. They reported that a group of Venezuelans with malaria were seropositive for HIV antibodies, but never developed symptoms of AIDS.

Again, the researchers were interested only in malaria and concluded that the malaria may have produced HIV antibodies. The actual significance is that malaria had overcome HIV infection and prevented the development of AIDS.

## The AIDS Treatment Project

We propose to treat 10 HIV positive patient volunteers utilizing IMT. Subjects accepted for IMT treatment will travel to our Texas facility for further evaluations and preliminary laboratory studies, and then to our nearby Mexican facility where IMT will be administered.

We have had an active IMT program in Mexico City for treating Americans and other Lyme disease and cancer patients for several years. Recently, we have established an additional clinic in a Mexican city a few minutes from a city in Texas specifically to conduct IMT for AIDS patients.

Our Mexican team has on hand the benign form of malaria, and we are ready to proceed with the treatment of AIDS patients pending funding.

The methods of treatment we will use are well established from the more than 60 years that IMT has been used. Our team has also gained experience from successfully treating Lyme disease and cancer patients in Mexico and China during the past five years.

Each HIV positive patient will receive an inoculation containing malaria parasites. Malaria fever typically occurs every other day. On the first day fever occurs, the patient will be admitted to the medical facility. After 10 to 14 fevers (20 to 28 days), antimalarial medications will be administered. In all the years that IMT has been utilized, there is not a single report of a failure to cure this deliberately induced malaria.

After the second day of antimalarial treatment, the patient will be permitted to return home to Los Angeles. They will be followed closely and periodically reevaluated by members of our Los Angeles team.

### Conclusion

Given our successful experience in utilizing IMT for Lyme disease and cancer, we believe that IMT represents a highly promising cure for AIDS. We expect that the HIV virus will be destroyed by the enhanced immunity induced by IMT, and that the patients will be cured.

It is our hope that this project can be completed before the end of 1993, and that the AIDS scourge will soon be ended. Your active support of this work is most appreciated.

## Project Staff Members

**Henry J. Heimlich, M.D.**, Principal Investigator, has been credited with saving more lives than any other living person. Tens of thousands of lives have been saved by the Heimlich Maneuver, and he is also well known for his many other scientific accomplishments, including the Heimlich Operation, The Heimlich Micro Trach, and the Heimlich Chest Drain Valve. He has received numerous awards, honorary degrees, and commendations including the Albert Lasker Award, the American Academy of Achievement Golden Plate Award, and enshrinement in the Engineering and Science Hall of Fame.

**David E. Bresler, Ph.D., LAc.**, Clinical Director, is the co-director of the Century City Hospital Pain Control Center in Los Angeles, the former Director of the UCLA Pain Control Unit and former Adj. Asst. Professor of Anesthesiology, Gnathology and Occlusion, and Psychology in the UCLA Schools of Medicine, Dentistry, and the UCLA College of Letters and Sciences. He has been a pioneer in conducting scientific research regarding the clinical effectiveness of acupuncture and guided imagery, and has authored over 100 scientific articles and books.

**Edward A. Patrick, M.D., Ph.D., FACEP**, Medical Director, Heimlich Institute. Before becoming a medical doctor, Dr. Patrick received a B.S. and M.S. in Electrical Engineering at M.I.T. He went on to receive his Ph.D. from Purdue University. After completing his M.D. at Indiana University School of Medicine in 1974, Dr. Patrick (tenured professor of Electrical Engineering at Purdue University) specialized in emergency medicine. Dr. Patrick is a board certified Emergency Medical Physician, and a Fellow of the American College of Emergency Physicians. As past President of I.E.E.E. System, Man and Cybernetics Society and a Fellow of the I.E.E.E., he has authored over 200 papers in medicine and engineering.

**Harry Gibbons, M.D., M.P.H.**, Consultant. Dr. Gibbons has an international reputation in the field of public health. It is through his professional relationships with public health authorities in Mexico that we were able to establish the clinics in which IMT is being carried out.

The complete Curricula Vitae of our staff, including members of our Texas and Mexico teams are available on request.

## Project Budget

### Project Staff

Henry J. Heimlich, M.D.	Principal Investigator	Donated
David E. Bresler, Ph.D.	Clinical Director, LA	Donated
Edward A. Patrick, M.D.	Medical Director, HIF	Donated
Harry Gibbons, M.D., M.P.H.	Consultant	Donated
To Be Appointed	Clinical Coordinator, full time (incl. benefits)	\$56,250
To Be Appointed	Project Secretary, full time (incl. benefits)	\$31,250

### Patient Care Costs

Clinical Care Costs - 10 patients @ \$25,000 (incl. professional fees)	\$250,000
Malaria Donor Costs - 10 patients @ \$3000	\$30,000
Medical Supplies/Disposables	\$18,000
Costs for Disposal of Contaminated Materials	\$7,500

### Projected Costs

Laboratory Equipment, Modifications, and Laboratory Tests	\$50,000
Training Technicians to Safely Handle Contaminants	\$5,000
Information Collection, Analysis, and Reporting	\$20,000
Staff Travel Costs	\$25,000
Consultant Costs	\$15,000

### Administrative Costs

Communications, Equipment, Materials, and Postage	\$25,000
Miscellaneous Administrative Expense	\$5,000

Base Project Costs	\$538,000
10% Contingency	\$53,800
Total Funds Requested	\$591,800

Dr. Heimlich accepts no compensation from the Heimlich Institute Foundation, Inc.

## Questions and Answers

With all of the millions of dollars spent on AIDS research, why have no other investigators yet looked at IMT?

Albert Szent-Gyorgi once said that "discovery consists of seeing what everyone else has seen, but thinking what no one else has thought." Investigators have focused on the implications for malaria, and missed the forest for the trees.

Why haven't you approached the National Cancer Institute and other governmental agencies for funding and support?

We did initially approach the National Cancer Institute in Bethesda, Maryland, for support of a preliminary clinical study. We were told that in order to obtain funding for human clinical trials, we first needed to conduct a series of basic research studies utilizing experimental animals.

Such studies would require millions of dollars, and more than five years to complete. In addition, we believe that the types of viruses utilized to simulate AIDS in animals are not comparable to HIV in humans, nor is the malaria the same. We question the relevance of such studies to human AIDS, and in addition, we do not participate in or support animal research.

For us, time is of the essence, and we believe that patient treatment must be initiated at once. The safety of IMT is well documented, and if it were harmful to anyone, surely the young children involved in the Zaire study would be most affected.

Why are you conducting this project in Mexico instead of the U.S.?

The benign form of malaria we require for treatment is readily available in Mexico. It is currently not present in the United States.

Secondly, the cost of treating each subject in a U.S. hospital for 40 days would be approximately \$100,000, not including professional fees and special laboratory tests. Given the preliminary nature of the treatment, costs would not be covered by a health insurance policy. Thus, we are able to conduct these trials in Mexico at significantly lower cost than in the U.S.

Finally, our Mexico facility provides the advantages of ready participation

by our Texas medical team, and the availability of a fully equipped U.S. hospital in case of emergency. Physicians associated with our facilities in both Texas and Mexico have advanced degrees in Public Health, and are well trained and experienced in treating infectious diseases.

We are already treating American patients with Lyme disease and certain cancers at our facilities in Mexico, and have received all necessary approvals from the Ministry of Health of the Federal Government of Mexico.

How will the patients be chosen?

We are currently in the process of selecting our hospital ten HIV positive patients.

How will you raise funds for treatment?

Time is of the essence, for the sooner a cure is found, the more lives will be saved. While we are considering submitting proposals to various private foundations, non-profit corporations, and AIDS support groups, we are concerned about the length of time required for this process.

Instead, we are hoping that a few private benefactors, in concert with their friends, will provide the funds we need to initiate this project. The Heimlich Institute Foundation, Inc., is a 501(c)(3) non-profit corporation and all contributions are tax deductible.

What if I have other questions?

We welcome any other questions regarding this proposal. For additional information regarding the treatment program, please feel free to contact Dr. Heimlich at 513-221-0002 and Dr. Bresler at 310-455-3634. For other questions, please contact Dr. Joanne Carson at 310-476-1235, Bruce Davison at 818-783-0221, and Lisa Pelikan at 818-783-0226.



## Appendix A A Brief History of IMT

"IMT" refers to Induced Malaria Therapy which consists of inoculating a patient with a curable form of malaria (usually Plasmodium vivax) to cure another disease that is otherwise incurable. It was pioneered by Wagner-Jauregg, who was awarded the Nobel Prize in 1927 for his discovery that IMT cured neurosyphilis (syphilis of the brain).

There are four different parasites that cause human malaria, one of which is difficult to treat; the other three are rapidly curable with ordinary antimalarial medication. To date, there has not been a single case of malaria related to IMT that has not been completely cured, so its safety is well documented.

Between 1931 and 1965, the US Public Health Service provided numerous physicians with malaria-infected blood for EMT which resulted in curing tens of thousand of neurosyphilis patients.

In 1931, the National Institutes of Health founded a clinical laboratory in Columbia, South Carolina, "for the purposes of perfecting methods of the use of malaria in the treatment of neurosyphilis and of studying the biology of malaria."

From 1941 to its closing in 1965, it was headed by Martin D. Young, Sc.D., who reports that "some 20,000 neurosyphylic patients have been inoculated or sub inoculated with strains of malaria maintained and furnished by this laboratory."

Dr. Young is at present (1992) Research Professor at the University of Florida. Gainesville. A letter from Dr. Young to Dr. Heimlich dated March 26, 1991, confirms his favorable opinion of IMT for Lyme disease.

Early penicillin treatment for syphilis after the 1940's prevented new cases of neurosyphilis from developing, although existing cases were not affected since penicillin does not cross the blood-brain barrier. Thus, IMT continued for 20-30 years after the development of antibiotics. IMT was discontinued in the United States in 1965 because neurosyphilis had been essentially eradicated.

The renown Epsom Laboratories, near London, continued IMT until 1975. It is likely that IMT will return since, in 1990, there were 50,000 new cases of syphilis reported in the United States, the highest number in history, even prior to antibiotics. Many of these patients are in late stages of the disease and resistant to even massive amounts of antibiotics due to decreased host resistance and or new antibiotic-resistance strains of syphilis.

In 1984, Professor Eli Chernin at the Harvard School of Public Health published an historic review of DAT. He concluded that "several related points on the historical landscape of malariatherapy deserve mention:

(1) On average, malariatherapy was less expensive and produced clinical improvement more frequently and more rapidly than did the best drug treatment.

(2) The contraindications to malariatherapy, and there were some, must have been carefully observed because records of treatment-related deaths or extreme debility are few relative to the thousands of patients treated... It is not hard to imagine the almost certain fate of the thousand of paretics [neurosyphilitics] who would have sickened horribly and died but for malariatherapy."

Recent research supports the notion that IMT can enhance immune function. It is thought that malariatherapy's effectiveness may be related in part to its dramatic ability to induce production of immune substances, including interleukins and tumor necrosis factor (TNF).

In 1990, Dr. Heimlich published the first contemporary paper on IMT entitled "Should We Try Malariotherapy for Lyme Disease?" in the New England Journal of Medicine (April 26, 1990), citing 29 references. To date, there is no other known method for treating patients with either neurosyphilis or Lyme disease who do not respond to antibiotics.

The remarkable response to IMT for cancer is evident in the pictures of a patient with breast cancer treated in our study currently underway in China.



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## THE HEIMLICH INSTITUTE FOUNDATION, INC.

The Heimlich Institute Foundation, Inc. was originally established as the Dysphagia Foundation, Inc. in New York, New York in 1960. The name was changed to the Heimlich Institute Foundation, Inc. on September 1, 1982.

Purpose: Said corporation is organized exclusively for charitable, educational and scientific purposes including the following: To conduct scientific, cultural and social research into issues of importance to the medical and scientific community and their relationship to social questions; to investigate matters of national and international concern; to carry on research into and education about afflictions of the human body; to provide education of, and dissemination of information to, the public and professionals regarding any of these matters; and further including the making of distributions, for the purpose of accomplishing such purposes, to organizations that qualify as exempt organizations under Section 501(c) (3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law), including the provision, by means of such distributions, of financial assistance for medical, surgical and hospital care of needy persons.

The Heimlich Institute Foundation provides for the continuing pursuit of the diversified work of the world-renowned surgeon scientist, and humanitarian, Dr. Henry J. Heimlich, and our associates and fellows. Dr. Heimlich is probably best known for the Heimlich Maneuver, a technique that has saved the lives of thousands of choking and drowning victims each year. Norman Vincent Peale said that Dr. Heimlich is credited with saving more lives than any other living American. But that is not all. our current research includes:

### A. Heimlich Maneuver

For Choking saves thousands of lives each year.

For Drowning is the first step for saving drowning victims. It expels the water from the lungs. Mouth-to-mouth is of little value when the lungs are filled with water.

Dissemination of medical knowledge to educate the public about the Heimlich Maneuver through lectures, demonstrations, publications, and other media.

For Asthma -- A new research project -- The Heimlich Maneuver overcomes attacks without the need for medication.

Benefiting  
Humanity  
Through  
Health  
and  
Peace

For CPR -- A new research project accumulating data from hospitals around the country that shows the Heimlich Maneuver to save twice as many heart attack victims than does the usual CPR.

- B. Heimlich Micro Trach -- The-state-of-the-art for patients needing oxygen. Provides rehabilitation of patients with emphysema, heart disease, black lung, and chronic obstructive pulmonary disease. Our current research project is in cystic fibrosis. In cystic fibrosis there is a buildup of excess mucus in children's lungs causing death, usually in their teens or twenties, from suffocation due to destruction of the lungs. The Heimlich Micro Trach clears the lungs, enables easier breathing and assists in active mobility.
- C. Lyme Disease -- This debilitating disease is spreading through the U.S. Malariatherapy study and clinical treatment is being carried out in Latin America.
- D. Cancer -- Malaria treatment to induce fever and stimulate immune responses in patients. Study and clinical trial is being carried out in Latin America and China.

Among Dr. Heimlich's other notable concepts and accomplishments are:

- A. Heimlich Operation -- Provides a new esophagus for victims of birth defects or cancer. It was the first time in history an organ had been totally replaced.
- B. Heimlich Valve for Chest Drainage -- Saves the lives of persons with chest injuries. Saved hundreds of lives in the Vietnam War, and it is now being used in emergency rooms and hospitals throughout the world.
- C. Heimlich Method for Rehabilitation of Swallowing -- restores the ability to swallow food after stroke or injury.
- D. Stress Relief: "The Heimlich Method" -- available on videotape.
- E. Dr. Heimlich's First Aid Video for treatment of emergencies.
- F. Condensed version of Dr. Heimlich's book, Home Guide to Emergency Medical Situations -- available with contribution to the Heimlich Institute Foundation.
- G. A Caring World: a lecture program for all times is presented regularly at universities, clubs and corporate meetings.
- H. Medical devices -- new endotracheal tube that prevents scarring and damage to the trachea was introduced in January 1991.

At the Institute, emphasis is on using creative thinking in medicine and life. Each person can create within the limits of his or her knowledge and capability. With this creativity, comes challenge, frustration and controversy. Dr. Heimlich's favorite phrase: "If all of your peers understand what you have done, you are not creative". But when the ideas are proven successful, despite attempts to obstruct them, inevitably truth prevails, and the joys and rewards of your work are insurmountable.

The Heimlich Institute Foundation, Inc. is supported exclusively through private grants and donations from the public. We hope you'll help us in our future endeavors.