DOCUMENTATION OF MISREPRESENTATION BY CENTERS FOR DISEASE CONTROL (CDC)

Malariatherapy for Neurosyphilis and Lyme Disease

The Centers for Disease Control (CDC) has made statements concerning malariatherapy that are misleading and scientifically inaccurate. I enclose indisputable documentation for this charge. May I request that your staff review this material in the interest of patient care, as well as for maintaining scientific integrity in a U.S. government agency.

Malariatherapy was effective and safe for treating neurosyphilis. Dr. Roper, Director of the CDC, claims, without any scientific basis, that malariatherapy for neurosyphilis was variable, unpredictable and dangerous. He thereby denies research or treatment of Lyme disease with malariatherapy.

APPENDIX I A: Four letters of 1986 and 1987 from the CDC to me offering to obtain malaria (Plasmodium vivax) and provide technology for malariatherapy for cancer patients. These letters were based on a meeting at the CDC affirming the effectiveness of malariatherapy for neurosyphilis. As stated in their letter of May 29, 1987, the CDC enclosed reprints going back to the 1950's, as background for malariatherapy.

APPENDIX I B: Letter of Nov. 19, 1990 from Dr. Dennis of the CDC stating: "Reports that CDC endorses this practice (inducing malaria) for the treatment of any disease, or has entered into collaboration with Dr. Heimlich or others to supply Plasmodium vivax for use in the treatment of Lyme disease are false." That is at best a half-truth, as evidenced by Appendix IA.

Antibiotics frequently could not traverse the blood-brain barrier. Malariatherapy enhanced penetration of drugs into the brain by producing hyperemia of the meninges, and is still recommended for neurosyphilis resistant to antibiotics (Bruce-Chwatt, L.J. Essential Malariology. 2nd Ed. New York. John Wiley, 1985.)

APPENDIX II A: Letter from Dr. Roper, Director of the CDC, to Henry J. Heimlich, M.D., Sc.D. (HJH) June 18, 1991, citing a 1970 "book," his only reference that "all such fever therapies were hazardous, unpredictable, and generally unsatisfactory" and that "fever therapy disappeared with the advent of penicillin."

APPENDIX II B: HJH response of June 27, 1991 to Dr. Roper. "You refer to a 1970 'book' on venereal diseases to confirm your belief that malariatherapy was 'ineffective' in neurosyphilis. According to the authors, it is a monograph, not a book, and it contains no more than five sentences about malariatherapy. Not one of those sentences is documented with a reference. You quote one line about fever therapies from those few sentences, but omit the following words that precede that line '...some positive gains were achieved by fever therapy (particularly in neurosyphilis)...'

"The second line you quote from the monograph is that 'fever therapy disappeared with the advent of penicillin.' That statement is not true. In my letter of February 26, 1991, I sent you documentation that your own organization, the U.S. Public Health Service, provided inocula for the injection of malaria into tens of thousands of neurosyphilis patients, ending in 1965, 20 years after the advent of penicillin.

"Dr. Roper, you choose to ignore the 36 references in the 1984 scientific paper 'The Malariatherapy of Neurosyphilis' by Professor Eli Chernin, Harvard School of Public Health, and the 29 references in my publication in the New England Journal of Medicine. These documents prove the effectiveness and safety of malariatherapy used to treat neurosyphilis for 60 years, as does the fact that Wagner-Jauregg won the Nobel Prize for discovering that treatment."

The CDC is literally charging that its own parent organization, the U.S. Public Health Service, provided an ineffective, hazardous, and unpredictable treatment for tens of thousands of neurosyphilis patients over a period of 30 years.

Dr. Roper claims in an August 1991 publication, "Therapeutic trials (of malariatherapy for neurosyphilis) were not carried out following strict scientific guidelines." That statement, another charge against the U.S. Public Health Service, is completely false.

APPENDIX II C: The definitive 1984 review "The Malariatherapy of Neurosyphilis" by Professor Eli Chernin, Harvard School of Public Health, and HJH letter of December 31, 1990, providing information from Chernin's paper to the CDC, clearly refuting their claims. The quotations that follow are from Chernin's paper.

Prior to malariatherapy, "1,559 paretics were admitted to St. Elizabeth's in Washington, DC, and 77% soon died." In two other studies, "80% of 1,500 untreated paretics died within four years of onset, as did 60-70% of paretics treated with

arsphenamine and heavy metals. Among malaria-treated paretics, however, the case fatality rate usually did not exceed 5-10%." Johns Hopkins Hospital, two U.S. Public Health Laboratories, and the Horton Laboratory in Epsom, England, where 10,000 patients received malariatherapy, were the best known research centers. (Their studies were controlled, and the decision to grant Wagner-Jauregg the Nobel Prize for his discovery of malariatherapy was based on sound scientific studies.)

Chernin continues: "Boyd (1949) reports, 'Many years of treatment (of tabes) can usually be shortened a great deal by the early use of malariatherapy. In an analysis of 396 cases of tabes, the Cooperative Clinic Group (1938) found that of seventy-five patients who failed to obtain serologic improvement from intensive (drug) therapy, 35% were further improved after malaria treatment.'"

"The strongest data on malariatherapy were reported or cited by Moore (1941) who emphasized, as had Wagner-Jauregg in 1922, that 'The probability of complete remission stands in direct relationship to the duration of paretic symptoms before treatment. The earlier treatment is given, the more likelihood of a favorable outcome.' Thus, malaria given within two months of symptoms produced 90% remissions, within six months about 80%, and within six to twelve months, only 20%; after two years, fever therapy resulted in 10-20% remission. 'This is a convincing demonstration', wrote Moore (1941), 'of what is after all no more than is to be anticipated. Treatment of any nature cannot be expected to revivify dead brain cells'."

Boyd's Malariology states that of untreated syphilitic optic atrophy patients, 65% were blind in three years, and 10% more went blind thereafter. Of the malaria-treated patients, only 18% were blind at the end of three years, and subsequent observation revealed that no decrease in normal visual acuity was observed in these patients following this treatment and an observation period of three years. In addition, malariatherapy benefited 50% of syphilitics with eighth nerve deafness. (The above provides predictability of both response and duration of remission.)

Chernin's conclusions: "Several related points on the historical landscape of malariatherapy deserve mention: (i) on average, malariatherapy was less expensive and produced clinical improvement more frequently and more rapidly than did the best drug treatment. (ii) 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 thousand of patients treated...It is not hard to imagine the almost certain fate of

the thousands of paretics who would have sickened horribly and died but for malariatherapy."

During the years 1932-1972, the U.S. Public Health Service withheld treatment from 399 black men with late-stage syphilis, and followed an additional 201, who were free of the disease, as controls. This tragic 40-year 'Tuskegee study' was ultimately the responsibility of the CDC. The mortality rates, due to complications of the syphilis, were significantly higher than the controls. Hundreds of references can be found in the book Bad Blood by James H. Jones.

Chernin's historical review was supported by NIAID, U.S. Public Health Service, and "honors Dr. Martin D. Young a leader of America malariology on his 75th birthday."

APPENDIX II D: 1961 publication by Dr. Martin D. Young entitled "The National Institutes of Health Laboratory at Columbia, South Carolina." This laboratory was founded in 1931 by the National Institute of Health, U.S. Public Health Service "for the purposes of perfecting methods of the use of malaria in the treatment of neurosyphilis and of studying the biology of malaria." Dr. Young headed that laboratory from 1941 to its closing in 1965. "Some 20,000 neurosyphylitic patients have been inoculated or subinoculated with strains of malaria maintained and furnished by this laboratory." (Pg. 55) Drs. Young and Chernin also list other NIH laboratories and the Johns Hopkins Hospital as sources of malaria for treating neurosyphilis.

APPENDIX II E: Letter of March 26, 1991, from Dr. Martin D. Young, now Research Professor, University of Florida, Gainesville, describing absence of malaria relapses after malariatherapy and agreement with Chernin's article. The CDC contacted Dr. Young but never mentions his opinions or papers.

It is well established that many Lyme disease patients suffer from chronic disabling symptoms that are incurable by presently used methods.

APPENDIX III: Dr. Alan C. Steere, discoverer of Lyme disease, and his group report in the New England Journal of Medicine, November 22, 1990, that 37% of Lyme disease patients suffering from neurological disease do not respond to I.V. antibiotics or have recurrence of Lyme disease in less than six months after antibiotic treatment. Dr. Steere and others have proven that the patients are, indeed, suffering from chronic Lyme disease not cured by antibiotics.

An American medical research institution, Intersearch Institute, Mr. Eric Rippel, President, is making the arrangements in a Central American country, on a nonprofit basis, for malariatherapy for otherwise incurable disabled Lyme disease patients. The Board of the agency includes department heads from the medical colleges of Yale, Duke, University of Alabama, the Pasteur Institute, etc. Laboratories screening the blood for inoculation of malaria are carrying out the same analysis to rule out AIDS, hepatitis, and other diseases as in the United States. On December 5, 1990, the U.S. Department of Health and Human Services issued a release stating that due to such screening, the blood supply is safer than in any other time in the history of transfusion, therefore, Haitian and African blood can be used in the U.S. for transfusion.

American patients who had chronic disabling Lyme disease documented by tests carried out in the United States have shown partial or complete recovery of far advanced Lyme symptoms and disability that had not responded to years of antibiotics given by prominent, highly qualified Lyme disease specialists. An investigation of the CDC is warranted to determine why Dr. Roper has arbitrarily rejected research and treatment of Lyme disease with malariatherapy, based on his false and unscientific premise that malariatherapy was ineffective for neurosyphilis.

Henry J. Heimlich, M.D., Sc.D.
President
Heimlich Institute