Opinion

Instructions for the complete elimination of HIV in reservoirs after overcoming the infection and stopping the further use of antiviral drugs

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Every virus is a parasite that cannot exist on its own and is fully dependent on its carrier. This is the basic condition of its existence. The parasite must have its host, and thus is a living cell. When working with the bovine leukosis virus (BLV), in addition to monitoring the infection by detecting antibodies against the virus, the mechanism of infection transmission from sick to healthy animals was also investigated. After many years of observation in stables, the unconventional conclusion was reached that the virus is very likely transmitted to animals by healthy bacteria. This assumption was experimentally tested by DNA hybridization and the results confirmed this idea (the data were not published, only presented at conferences). Subsequently, the idea was elaborated on the HIV model in the laboratory of prof. Flossie Wong-Staal (UCSD, USA) funded by an NIH grant. The project was completed after more than ten years, a cohort of bacteria isolated from the gastrointestinal tract of 54 Slovak and American HIV/AIDS patients and a cohort of bacteria and yeast from the throats of 72 Cambodian and Kenyan HIV-positive children were gradually prepared [3-14]. PCR products were synthesized using primers from all major parts of the HIV-1 genome: gag, pol and env. Synthesized PCR products of tested patients were sequenced. An average of 90% homology with HIV-1 isolate HXB2 (HIVHX2CG) was detected. Bacterial HIV-like protein expression was detected using MABs against HIV-1 p17, p24, p55, gp41 and gp120.

HIV, after transmission to a person, travels further to the cells of the recipient's hematopoietic system. After the contact of the viral tentacles with the CD4 receptor, the virus penetrates the recipient cell and begins the process of tissue destruction. Once the virus is eliminated in the target hematopoietic cells by conventional treatment approaches such as HAART and activation of the immune system, the infection is suppressed and the patient can be declared cured. The virus leaves the hematopoietic system after this therapy. However, HIV hidden in carriers can penetrate the intestinal tract, settle for months or years.[1–14] The limitless willingness of bacteria to accept foreign genetic information, is one of their most basic properties. Receiving new genetic information gives bacteria a better chance of survival, existence and advances them in development. On the one hand, this is a very positive feature, because without it there would be no evolution, without which there would be no human population. On the other hand, bacteria cannot identify pathogens - including viruses - and by accepting them, they become carriers of genetic material that can induce diseases in humans. In such cases, it is necessary to intervene and eliminate pathogens.

The vast majority, practically everyone infected, has a weakened immune system and therefore must take antiviral drugs even after therapy, so that the virus in carriers cannot enter the body from the intestinal tract, infect it again and infect other individuals by excreting HIV from the mouth, nose, but also from the anus in the stool. Vaccines work in target cells - HIV in blood-forming cells. However, if the virus reaches the intestinal tract, vaccines are not effective there. Because of this reason effective HIV vaccine has not yet been developed, because the main reservoir of the virus is in intestinal tract. A swab is taken from the patient's rectum and a test for the presence of HIV is performed. In the case of a positive result, the swab is transferred to LB, or another more complex growth medium and incubated overnight at 37 degrees. On the next day, ungrown bacteria are diluted on Petri dishes with agar so that we get 15-25 colonies per Petri dish. The bacteria from each colony are transferred to 10-15 ml of growth medium and incubated overnight. On the next day, each colony is tested for the presence of HIV. Colonies with HIV are consequently tested for sensitivity or resistance to several antibiotics. An antibiotic that destroys all HIV colonies is applied to the patient. Ten days after the application of the antibiotic, the rectal swab is tested again. In the case of a negative result, the patient can be considered HIV-free, that is, cured. Testing is repeated regularly. After the antibiotics have worn off, probiotics with prebiotics should be applied. , which are part of the microflora. Problems can arise in the analysis of bacteria, because it was found that several strains of bacteria - *E. coli, Proteus mirabilis, Enterobacter aerogenes,* in throat swabs mainly *MR Staphylococcus aureus, Klebsiella pneumonia, Staphylococcus pyrogenes* - like to accept HIV. Due to the frequent resistance, finding an ATB that destroys all HIV-containing bacteria may not be easy. The presence of the new coronavirus was detected in the intestinal tract of infected individuals, but the carriers have not

yet been identified.[13–18] Based on these results, it was concluded that many, if not all, viruses can be transmitted by commensal bacteria, yeast, or other unicellular or multicellular organisms. After each viral infection, the virus passes into the intestinal tract in the majority of infected people, hidden in carriers that are part of the microflora. A virus, like a parasite, is not completely biological form and therefore difficult to fight. Its main weakness is that it is hosted by carriers. It can be eliminated indirectly - identification of the carrier and its subsequent disposal. The complete elimination of HIV in its reservoir of the intestinal tract allows the infected to live without accepting antiviral preparations. HIV negativity will enable them to live without suffering and social discrimination.

The viral load localized in the intestinal tract is thus constantly increasing worldwide, which represents a biological time bomb for the human population, as it will be the source of an increase in many diseases. In case of weakened immunity, viruses and other pathogens hidden in carriers pass from the intestinal tract into the body and when he finds a suitable location he establishes himself there. The pathogen hidden in the carrier can attack the relevant body for years, 24 hours a day. Its effect will manifest itself years later in the form of a wide spectrum of diseases. So, the gate has been opened. The mentioned results for the first time confirm directly the presence of viruses hidden in carriers in the intestinal tract after overcoming infection. They open a new path in medicine - to carry out a comprehensive analysis of the contents of the intestinal tract. It can be assumed that there we will find a wide range of viruses hidden in carriers established after overcoming viral infections in the past. Future research with subsequent application in clinical practice should be oriented in this direction, which will result in a significant improvement in the health status of the human population. It is a new promising path in the diagnosis and treatment of diseases, including those that humanity has not yet come to terms with, especially degenerative ones, including cancer. It needs New Medicine.

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Conflicts of interest

The author declare that there are no conflicts of interest.

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