DR. MED. HORST KIEF

Londoner Ring 105, 67069 Ludwigshafen
Tel.: 0621-66936-0, Fax: 0621-66936-36

Ozone and The Auto-homologous Immune Therapy in AIDS Patients

Summary of Presentation

Part I

Ozone is the second strongest natural oxidizing substance known. This triatomic blue gas was found by Dr. Schonbein in approximately 1832 by passing air through a primitive generator system. Today ozone is extensively used to deactivate biological molecules, for the production of microbiological and pharmaceutical agents, dissinfection and deodorizing, in filling bottles with mineral water, fish and seafood, is added to industrial cooling water, air dissinfection, pharmaceutical packing, photochemistry, protein synthesis, air and space research and development, added to swimming and cure thermal pools, water and sewage use and is used in medicine, micro-biology, meterology and microclimatology.

The human organism has been exposed to an oxygen-rich atmosphere since thousands of years and has developed distinct enzymatic mechanisms that aid in the neutralization of certain harmful radicals which are produced by the contact of ozone with organic substances. Ozone, though, if administered in the proper dosage and concentration, will exert virucidal, fungicidal and bacteriocidal actions without any side-effects. Furthermore, ozone exhibits a host of positive extra- and intracellular metabolic effects which allows this substance to be used in a wide spectrum of illnesses and diseases.

If ozone is applied in dosages and concentrations that are too high, it will have detrimental effects on the organism. Therefore we undertook a transmission and scanning electron microscopical examination in collaboration with the University of Heidelberg Medical, Department of Anatomy and Cell Biology, of human whole blood cellular fractions exposed to different concentrations and pressures of ozone. The micrographs illustrate a diletarious effect of cellular components at ozone concentrations of 90 ug/ml and greater under normobaric and hyperbaric conditions.

Ozone can be administered in the form of blood washings (intra-venous), intramuscular, intraarterial, subcutaneous perfusions and by means of external and internal insufflations. Ozone therapy is given for conditions such as circulatory disorders, cardiac disturbances, ENT and CNS maladies, migranes, cancer, bacterial, fungal and virus diseases and AIDS. Elderly patients request ozone for reconvalescence and "low energy".

Part II

It has been established that there is an intermediate step in the production of ATP, namely as a means of an ADP ozonide which assists ADP to form ATP. Therefore ozone intervenes in one of the most central metabolic processes for the production of energy. Due to this and other stimulatory metabolic immune-enhancing actions, it is found to have fortifying effects on cancer and AIDS patients.

Ozone by means of secondary processes produces activated oxygen radicals such as superoxide anions and hydroxy-peroxides, the latter of which are indispensible for stimulating the human immune system. This fact led Dr. Kief as the first to administer hyperbaric ozone "blood washings" to AIDS patients. His results were excellent in increasing the T4 cell count and the T4/T8 ratio in 15 patients over a time period of 65 days.

The Auto-Homologous Immune Therapy (AHIT) is a form of autohemo therapy derived from the patient's own blood and urine. Certain cellular and liquid fractions are extracted and thereafter cultured, split, stimulated, and activated with ozone and many other natural substances. AHIT or the auto-vaccine is returned to the patient in order to stimulate the formation of anti-antibodies which are directed against auto-antigens, the latter of which are often found in increasing amounts in many disease processes. The AHIT medication can assist in normalizing the stimulatory helper cells. This leads to a healthier balance of the immune system. Furthermore, this auto-vaccine has also been scientifically found to strongly stimulate biological response modifiers which trigger the immune system to fight against auto-immune, immune deficiency diseases and antigens in general.

The AHIT medications are given in the form of drops and small injections, both of which can been carried out by the patient at home. There are absolutely no side effects from AHIT due to its preparation with natural substances. The therapy is carried out for 6-12 months. This auto-vaccine is given to patients suffering from asthma, neurodermatitis (especially for children), excemas, arthritis, allergies, MS, AIDS, cancer and for rejuvinational purposes.

Part III

International literature on experiments conducted on the killing effect of ozone on HIV were offered from Freedberg and Carpendale (Ozone Inactivates Extracellular HIV at Non-cytoxic Concentrations) and from Wagner (The Effects of Ozone on HIV in Experimentally Infected Human Blood). Thereafter statistics were offered concerning the application of ozone and the Auto-homologous Immune Therapy (auto-vaccine) to AIDS patients at the Kief Clinic (Ludwigshafen) and Sacher Clinic (Frankfurt) where Dr. Kief monitors and supervises the ozone and AHIT therapy to those patients. From the Kief clinic 30 of 51 patients were found to have 2 or more T cell subpopulation values. Patients were found in all stages of the Walter Reed and CDC classification and were treated for a mean time of 130,5 days, max 1.522 days and min 77 days, Q3 = 324 days and Q1 = 52 days were found to have increased their T4 count from 217 to 273 (see graph 1). The T4/T8 ratio also increased from .33 to .35 (see graph 2). 134 patients from the Sacher Clinic using the same Kief protocal were observed for a mean time of 332 days, max = 1.792 days, min = 1 day, Q3 = 581 days and Q1 = 138 days. The Kief and Sacher patients were statistically evaluated (164 patients) and resulted in a minimal T4 cell decrease from 330 to 289 (see graph 3) and the T4/T8 ratio from .36 to .34 (see graph 4). A breakdown of 51 patients of the Kief Clinic was carried out in order to assess the mean time of observation in patients in each stage of the Walter Reed and CDC classification and the corresponding percentage of patients that have died or survived during ozone and the auto-vaccine therapy. Survival function analysis (Kaplan-Meier Estimator) for each stage in the Walter Reed ad CDC classification was also offered.

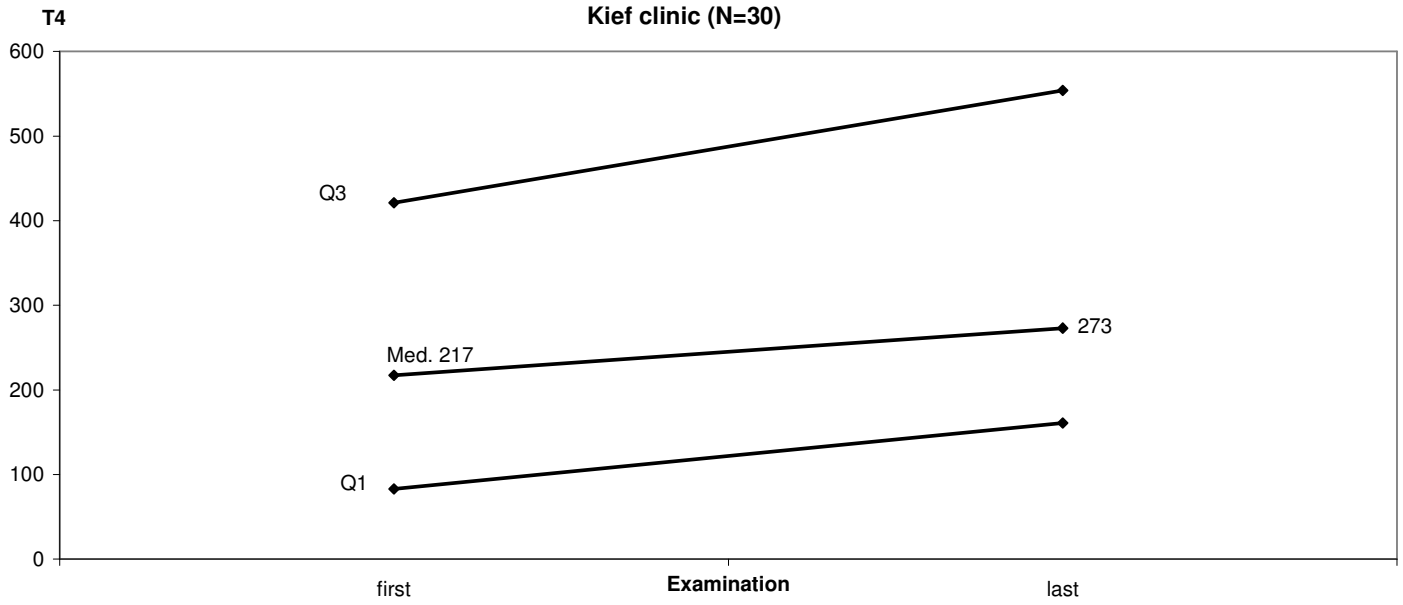
A comparison of the T4/T8 ratio on 30 patients from the Kief Clinic receiving ozone and the auto-vaccine protocol were compared to 20 patients from the University of Frankfurt School of Medicine who received conventional treatment (AZT, etc.) over a mean observation time of 251 days (Kief) vs. 363 days (Frankfurt) showed an increase in the T4/T8 ratio of Kief from .324 to .352 vs. .293 to .223 with a significance of .337 and .020 respectively (see graph 5). Case studies of the course and development of several patients were also shown. The effects of the Kief protocol on Kaposi Sarcoma lesions were discussed.

Part IV

In order to demonstrate the efficacy of ozone and the auto-homologous immune therapy on the immune and other systems, Dr. Kief showed before and after pictures of patients suffering from different cancers, endogenic ecxemas (neurodermatitis), the results of clinical parameters of asthma, arthritis, allergy and patients suffering from auto-immune diseases.

graph 1, see text

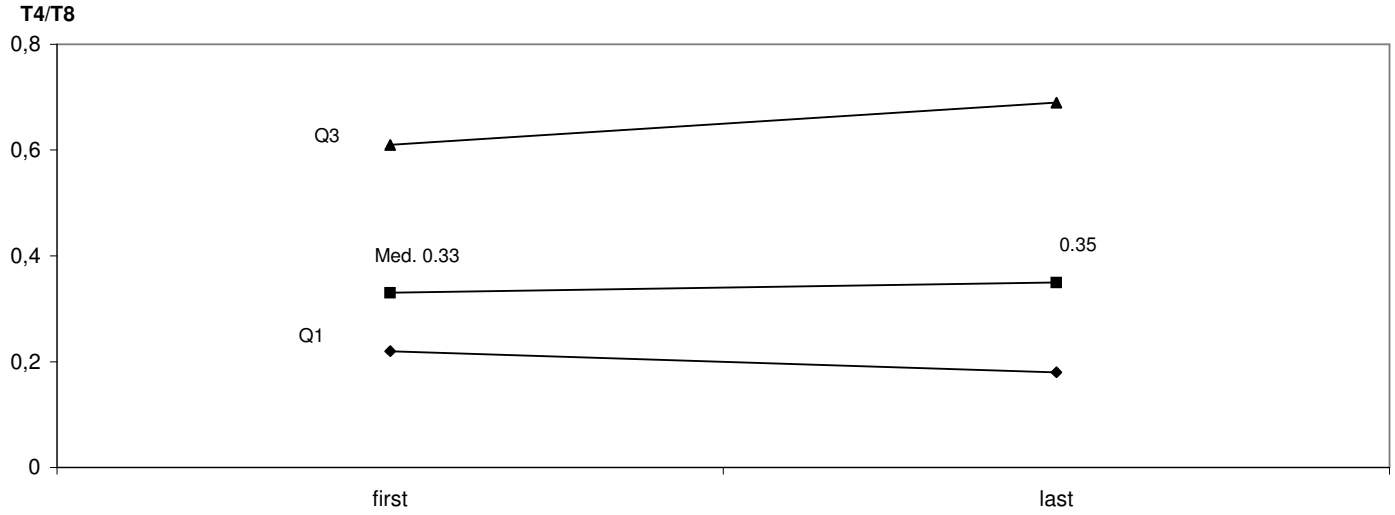
T4 values
Median and Quantiles
Kief clinic (N=30)



Patients with two or more Values were included in this analysis

T4/T8 ratio
Median and Quantiles
Kief Clinic (N=30)

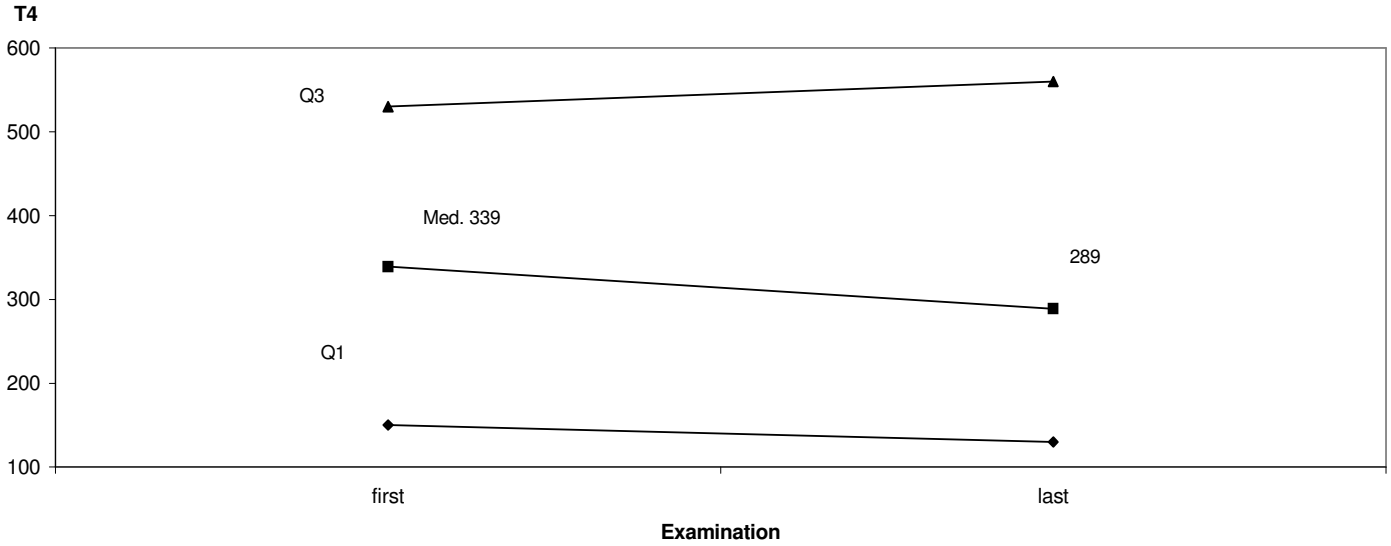
graph 2, see text



Patients with two ore more Values were included in this analysis

graph 3, see text

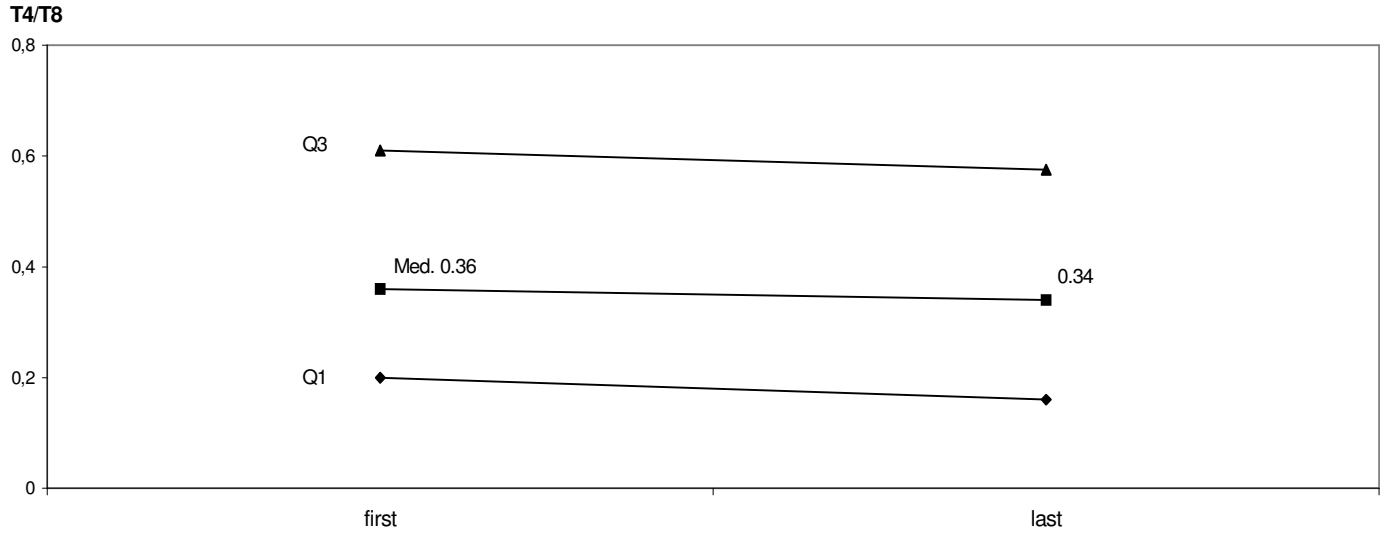
T4 values
Median and Quantiles
Kief and Sacher Clinics (N=164)



Patients with two ore more Values were included in this analysis

graph 4, see text

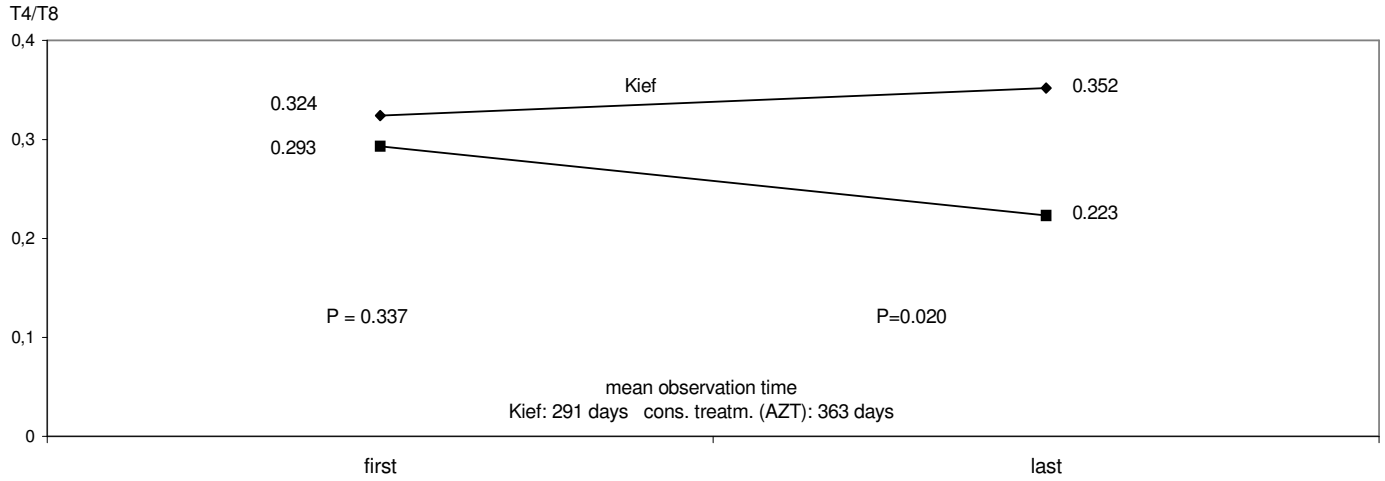
T4/T8 ratio
Median and Quantiles
Kief and Sacher Clinics (N=164)



Patients with two ore more Values were included in this analysis

graph 5, see text

T4/T8 ratio
AHIT in comparison with no AHIT
Kief Clinic (N=30) vs. conservative treatment (AZT) (N=20)



Examination

Patients with 2 ore more values were included in this analysis (p-value oft the Wilcoxon U-test)

Classification of 30 patients analyzied from the Kief clinic

Frankfurt Model

HIV	LAS	ARC	AIDS
2	9	12	7

Walter Reed

Stage	1	2	3	4	5	6
	3	7	3	3	7	7

Centers for disease control

I	IIA	IIB	IIIA	IIIB	IVA	IVB	IVC	IVD
	7	3	2	10	1	2	3	4

Time of observation (days)
Kief clinic (N=30)

Mean		290.87
Std	Dev	404.50
100%	Max	1522
75%	Q3	324
50%	Med	130.5
25%	Q1	52
0%	Min	17

Patients of the Kief clinic
Stage: Frankfurt

Frequency Percent	dead	alive	Total
HIV	0 0.00	1 100.00	1
LAS	0 0.00	7 100.00	7
ARC	1 4.55	21 95.45	22
AIDS	10 47.63	11 52.38	21
Total	**11**	**40**	**51**

Patients of the Kief clinic
Stage: Walter Reed

Frequency Percent	dead	alive	Total
1	0 0.00	2 100.00	2
2	0 0.00	9 100.00	9
3	0 0.00	9 100.00	9
4	1 20.00	4 80.00	5
5	0 0.00	7 100.00	7
6	10 52.63	9 47.37	19
Total	**11**	**40**	**51**

Mean Time of observation
Patients of the Kief clinic
Stage: Walter Reed

Frequency Mean Time	dead	alive	Total
1	0	2 548	2
2	0	9 981	9
3	0	9 505	9
4	1 1383	4 529	5
5	0	7 574	7
6	10 509	9 301	19
Total	**11**	**40**	**51**

Mean Time of observation
Patients of the Kief clinic
Stage: Frankfurt

Frequency Mean Time	dead	alive	Total
HIV	0 	1 236	1
LAS	0 	7 546	7
ARC	1 1383	21 728	22
AIDS	10 509	11 360	21
Total	**11**	**40**	**51**

Mean Time of observation
Patients of the Kief clinic
Stage: CDC

Frequency Mean Time	dead	alive	Total
II	0 	10 688	10
III	1 1383	22 623	23
IV	10 509	8 341	18
Total	**11**	**40**	**51**

Patients of the Kief clinic
Stage: CDC

Frequency Row Pct	dead	alive	Total
II	0 0.00	10 100.00	10
III	1 4.35	22 95.65	23
IV	10 55.56	8 44.44	18
Total	**11**	**40**	**51**

Time of observation (days)
Kief and Sacher clinics (N=164)

Mean		413.71
Std	Dev	355.55
100%	Max	1792
75%	Q3	581
50%	Med	332
25%	Q1	138
0%	Min	1

Staging of 134 patients from the Sacher clinic

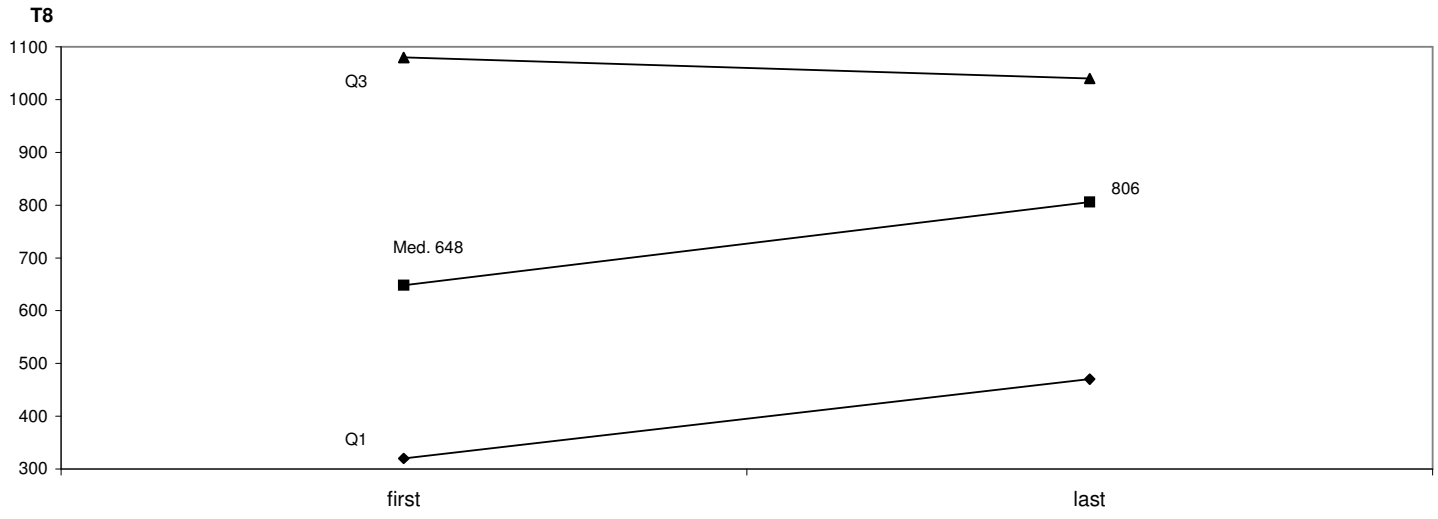
Walter Reed

1	2	3	4	5	6
2	40	46	4	21	21

Centers for disease control

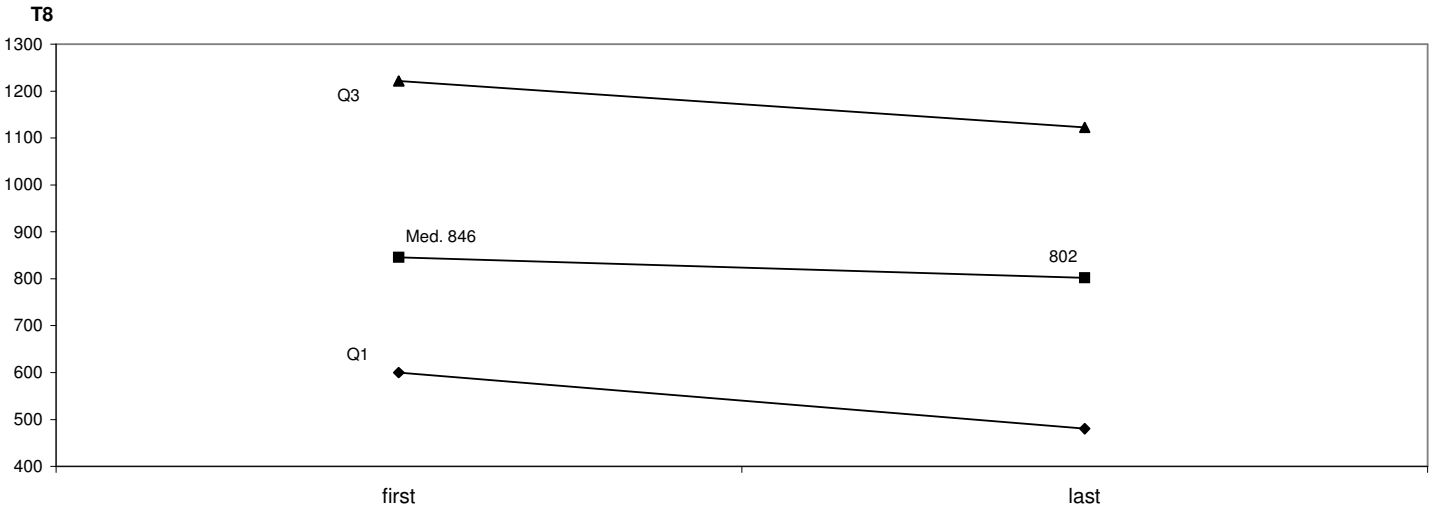
1	2	3	4
2	20	40	72

T8 values
Median and Quantiles
Kief clinic (N=30)



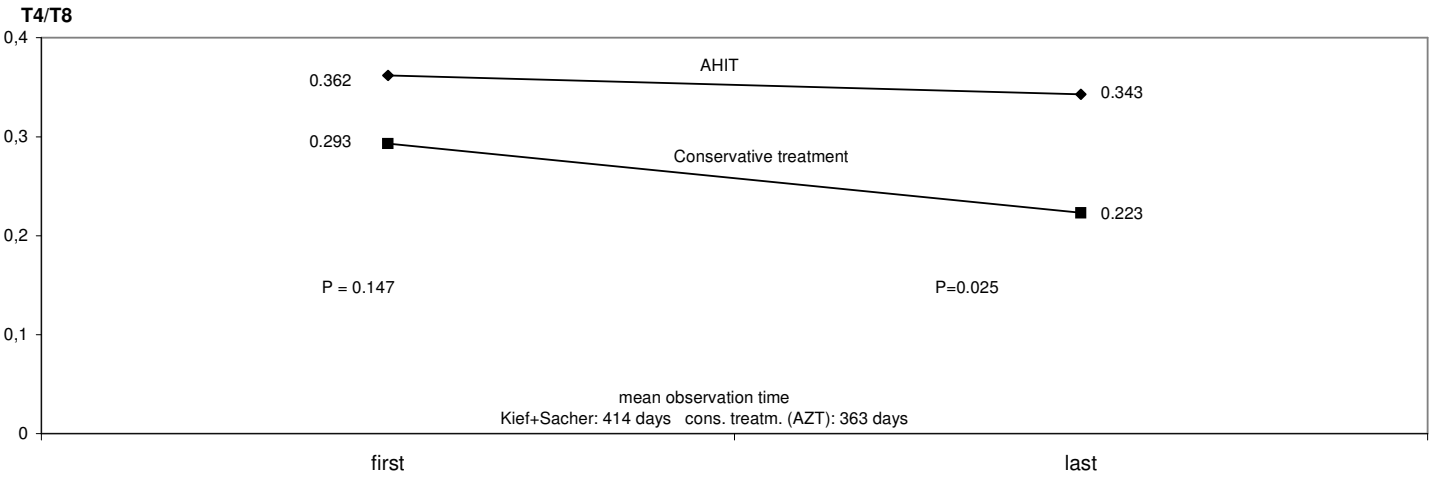
Patients with two or more values were included in this analysis

T8 values
Median and Quantiles
Kief and Sacher clinics (N=164)



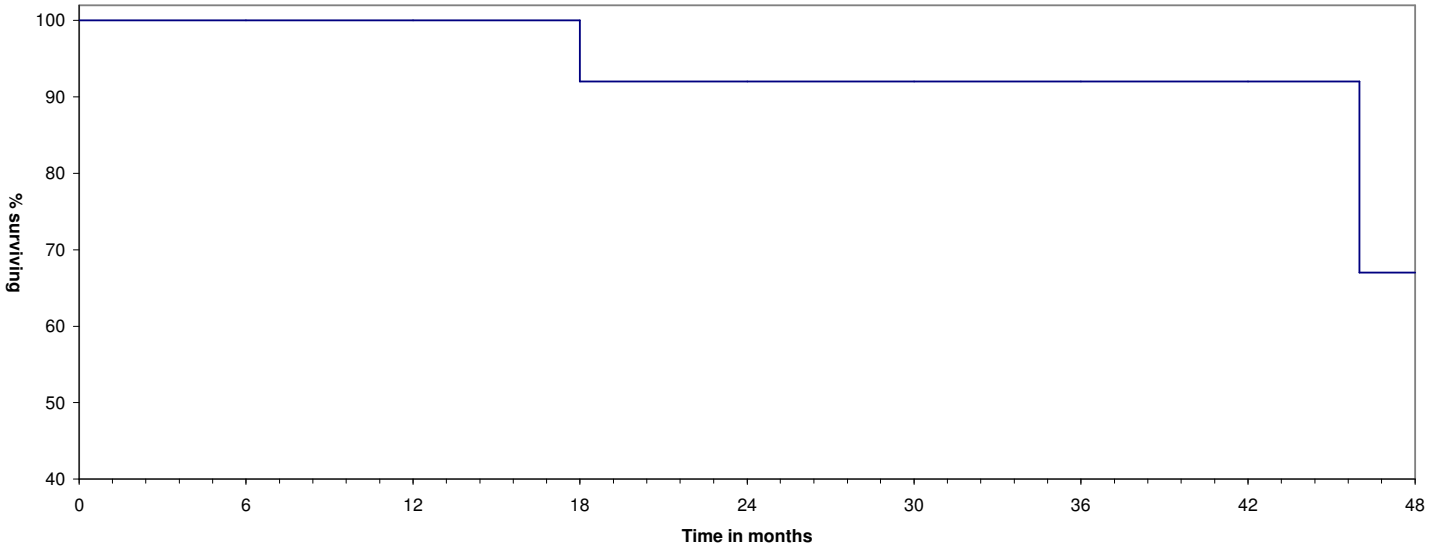
Patients with two ore more values were included in this analysis

T4/T8 ratio
AHIT in comparison with no AHIT
Kief and Sacher clinics (N=164) vs. Conservative treatment (AZT) (N=20)



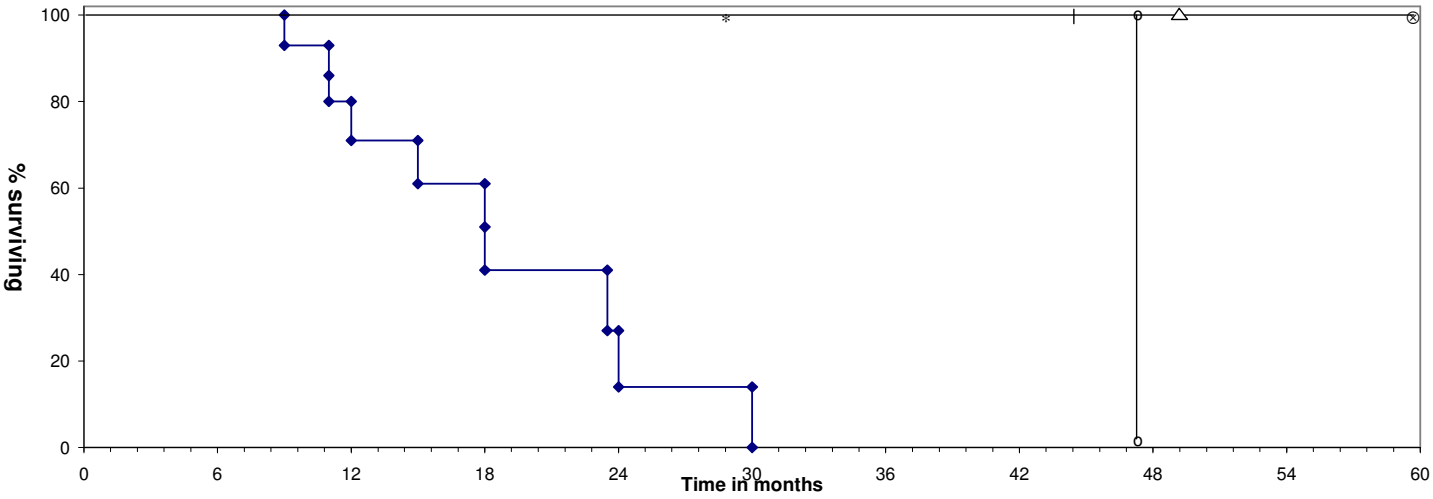
Patients with 2 or more values were included in this analysis (p-value of the Wilcoxon U-test)

Survival Function
(Kaplan-Meier Estimator)
Patients of the Kief clinic

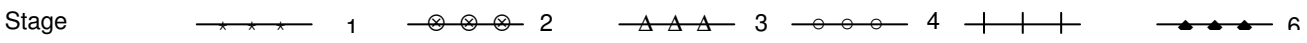


27 patients enrolled in this analysis

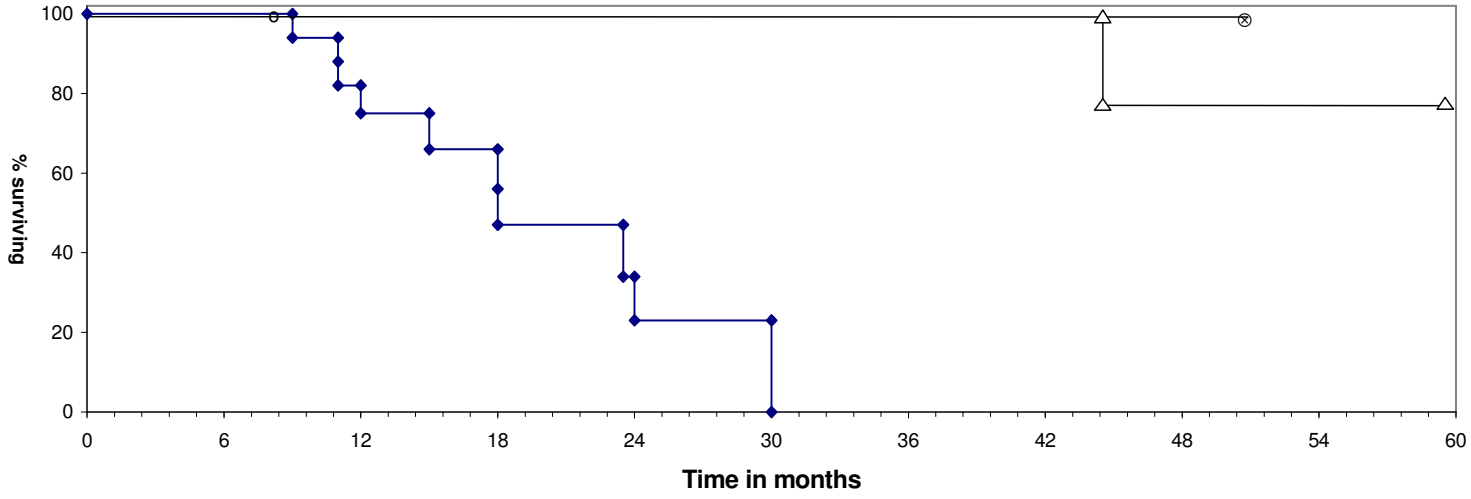
Survival Function
(Kaplan-Meier Estimator)
Patients of the Kief clinic
Stage refers to Walter Reed



51 patients enrolled in this analysis
11 patients dead, 40 patients censored



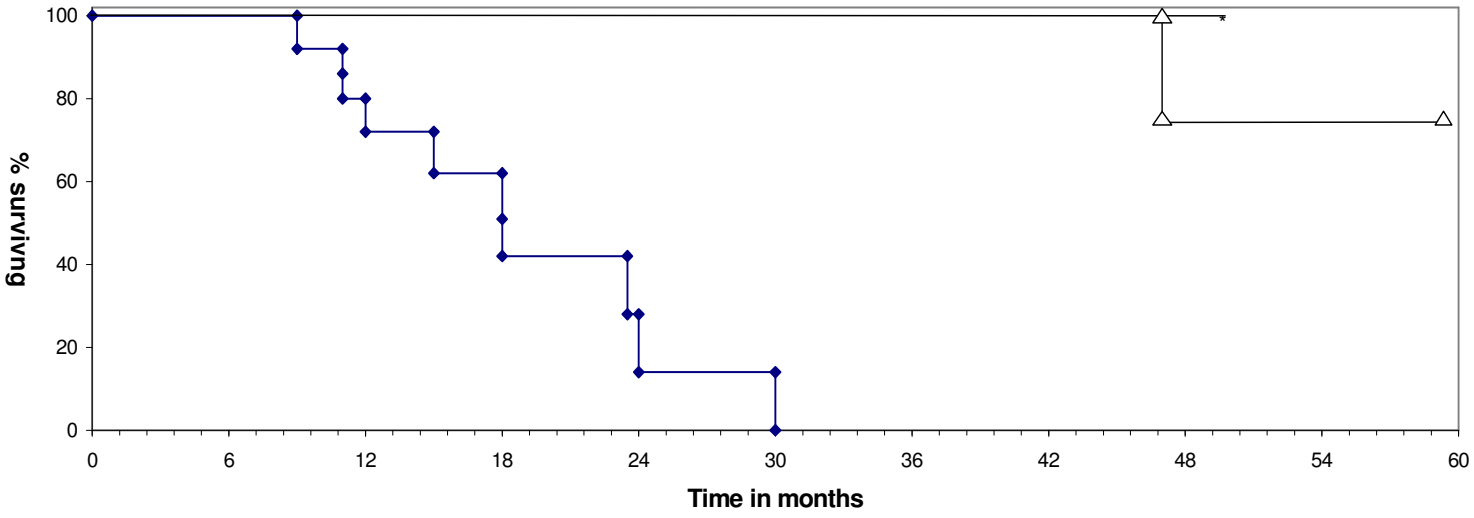
Survival Function
(Kaplan-Meier Estimator)
Patients of the Kief clinic
Stage refers to Frankfurt



51 patients enrolled in this analysis
11 patients dead, 40 patients

Stage AIDS ARC HIV LAS

Survival Function
(Kaplan-Meier Estimator)
Patients of the Kief clinic
Stage refers to CDC



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11 patients dead, 40 patients censored

Stage II III IV