Research & Reviews: Journal of Nursing and Health Sciences

What is AIDS - A Disaster?

Eswari P*

Annamacharya Institute of Technology & Sciences, Rajampet, India

Review Article

Received Date: 10/09/2016
Accepted Date: 11/09/2016
Published Date: 18/09/2016

***For Correspondence**
Eswari P. Annamacharya Institute of Technology and Sciences, Rajampet, India, Tel: 7036739976.

E-mail: eswaribpham@gmail.com

Keywords: Body hyperthermia, HIV, AIDS issue

ABSTRACT

In this article the writer dissects the circumstance in solution in the battling against AIDS. The creator proposed another unique hypothesis of the starting point, course and treatment of this sickness, which, in any case, the worldwide academic group is making an effort not to break down by any means. The creator was first on the planet, who proposed a strategy for precise analysis of AIDS and technique for its treatment utilizing the full human's body hyperthermia. On this strategy the creator has the world need as of May 22, 1989.

INTRODUCTION

He question that is the title of the article, somebody will appear to be exceptionally bizarre. Be that as it may, how about we not to flurry to make a hasty judgment [1-5]. For AIDS patients and for those, who erroneously got such an analysis, it is unquestionably an incredible disaster. In any case, there is another side - those experts who treat individuals from AIDS. For those doctors, who treat other individuals from AIDS, it oien transforms into joy, into the "desired trough", from which they can sustain themselves amid all their life's. It is known, that the human's treatment of AIDS can keep going long, such treatment requires a considerable measure of cash from the patient and the treatment is for the most part closures with the demise of the patient [6-10]. For such a passing specialist as a rule does not hold up under any obligation. Hen he precedes generally as prior treat other individuals from AIDS and keeps on getting great cash for it [11-20].

Furthermore, this procedure is vast, just on the grounds that the experts have no the definite hypothesis of AIDS and additionally solid, safe technique for its treatment. His indicates us rehearse. In any case, what's happening with the therapeutic scholars? For their hunting down intends to battle AIDS they get great pay rates. Be that as it may, would they say they are near a complete arrangement of the issue of AIDS? For reasons unknown they are exceptionally a long way from the full tackling of this issue. Additionally, Pokrovsky (MD, Professor, Head of the Laboratory of Epidemiology and AIDS Prevention of the Research Institute of Epidemiology and the Federal 6cientific and Methodological Center for the Prevention and Control of AIDS), for instance, said gruffly: He issue of AIDS is not determined and won't be comprehended". On the off chance that we begin from the hypothesis, which is utilized by virologists and microbiologists, things being what they are Pokrovsky is completely right: the issue of

AIDS in a general sense can't be explained by their techniques. Does this imply the issue can't be settled by any means? It worked out this is not so: the issue is resolvable, but rather it is totally reasonable just by different techniques, which the infectionists or microbiologists don't have. Additionally, the issue of AIDS has as of now been fathomed by me actually in 1989 [21-30].

For my work, I got no any stipends and no assistance by any means. I was and I am a lone researcher. I have adherents in Russia. For instance, tests of MD V.P. Chekurov (Moscow) and of MD Suvernev (Novosibirsk) completely affirmed the legitimacy of my AIDS hypothesis. In any case, their needs (licenses) have been issued much later [31-40]. He question emerges: if the AIDS issue has as of now been fathomed, then why do as such numerous therapeutic experts still are taking care of and taking care of this issue (or imagine, that they are explaining)? For this there are a few reasons, the principle of which is extremely basic - it is exceptionally productive for them: to take care of this issue indefinitely and get pay rates for it, all things considered they would prefer not to see the issue fathomed. On the off chance that the issue will be perceived as tackled the subsidizing of multi-billion dollars for its answer instantly will be ceased [41-50]. In the meantime numerous doctors, who along thusly got their logical degrees and fabricated their whole professions on the treatment of AIDS, arranged entire their life, simply will stay without their work [51-55].

The genuine researcher varies from a coincidentally human in science by the consistent quest for learning, by the steady development forward in the arrangement of exploratory issues. On the off chance that somebody of the partners turned in front of you in tackling the issue, you ought to promptly to inspect his answer [56-60]. Along these lines you can keep yourself at the front edge of science. Furthermore, what do we have, all things considered? In the course of recent years I have sent a few thousand letters toward different columnists, daily papers, restorative foundations, the Academies of Sciences and to the individual experts, whose work is identified with the theme of AIDS. I didn't send duplicates of the letters - to each individual I tended to by and by. In every letter I alluded to my examination papers and two to my logical monographs. In these articles and books I demonstrated my entire hypothesis in subtle element and depicted the entire history of my exploration. I have depicted my patent hunt, which demonstrated that as of May 22, 1989 I have the world need in the strategy for AIDS treatment with the hyperthermia of entire human body. All references in my letters elude just to the autonomous from me investigative sources [61-70].

In each of these sources a hefty portion of expert therapeutic commentators commonly checked my data before distributed it. What are the aftereffects of this genuine work? He results of for all intents and purposes none. Every one of my reporters just keeps hush. Daily papers did not put my messages even to the gathering. None of restorative experts offered an explanation to my letters, in spite of the fact that I requesting that they inform me their own supposition regarding the issue. None of known not sources or meetings on AIDS not talked about my technique for treatment of AIDS [71-80].

Besides, later sending my messages with the subject He uplifting news: the issue of AIDS is totally unraveled," I oien accordingly saw the letter of warning, for example, "Your letter was erased without being perused." What does this mean? Are there writers or therapeutic experts, which need to know how you can tackle the issue of AIDS? They clearly, are just inspired by "a procedure of unending battle against AIDS." And they are so used to this procedure, that they even can't envision that the issue of AIDS one fine day can be totally explained. As a consequence of my work, I need to make a pitiful conclusion: genuine fair researchers and correspondents have basically vanished from the world. Here are just those, who "swore steadfastness to the pharmaceutical AIDS mafia and now they dependably watch their vow [81-90].

Maybe, genuine researchers and writers some place, aier, regardless all exist, yet I have not discovered them. My hypothesis of AIDS is as of now completely depicted in my books and articles, so I won't rehash it in this article. I note just that the official diagnostics of AIDS, which is utilized now, is extremely rough. Here are cases, when in one research center you can get conclusion "Helps", however examination in another lab, quickly appears, that you have not AIDS. I have portrayed the definite diagnostics of AIDS in. He sooner restorative experts will take it into administration; the sooner humankind will have the capacity to dispose of AIDS [91-100].

Be that as it may, whether there are among doctors and columnists truly inquisitive and truly genuine individuals? Iespecially trust that such individuals some place are there, and that soon we will think about it. He acknowledgment of my hypothesis of AIDS would empower humankind to spare several billions of dollars. Whether the humanity need it, not for me to choose [101].

REFERENCES

1. Vansovich E. AIDS in Russia is not the same as in South Africa. But much worse.
2. Makarov S. The problem of AIDS May have already solved, World Journal of AIDS.
3. The method of optimal resonance hyperthermia.
4. Suvernev AV, et al. Intensive hyperthermia therapy, Academic Publishing House “GEO”.
5. Makarov S. Physiotherapeutic method of AIDS and cancerous illnesses treatment, Agency of Technical and Scientific Information.
6. Makarov S. Energy and AIDS, Almanac.
7. Makarov S. The problem of AIDS may have already solved, Agency of Technical and Scientific Information (Russian).
8. Makarov S. The problem of AIDS may have already solved, Agency of Technical and Scientific Information (English).
9. Makarov S. AIDS is the disease of chain reaction type, Global Journal of Medical Research.
10. Makarov S. AIDS puzzle was solved, Journal of AIDS and HIV Infections.
11. Makarov S. The problem of AIDS may have already solved, Health of the Russian Federation.
12. Makarov S. Puzzle with the name “AIDS”, LAP LAMBERT Academic Publishing (English).

13. Makarov S. Puzzle with the name “AIDS”, LAP LAMBERT Academic Publishing (Russian).
14. Dobson J. Magnetic nanoparticles for drug delivery. Int J Drug Dev Res. 2006;67:55-60.
15. Piotrkowicz N, et al. 500 kHz hyperthermia assisted HDR brachytherapy in the treatment of recurrent cervical and endometrical cancer in previously irradiated fields. Rep Pract Oncol and Radiother. 2005;10:131-134.
16. Giustini AJ, et al. Magnetic nanoparticle hyperthermia in cancer treatment. J Nano Life. 2010;1:17-32.
17. Lopez MB, et al. Magnetic nanoparticle based hyperthermia for cancer treatment. Rep Pract Oncol Radiother. 2013;18:397-400.
18. Behrouzkia Z, et al. Hyperthermia: How can it be used? Oman Med. 2016;J 31:89-97.
19. Oliveira TR, et al. Magnetic fluid hyperthermia for bladder cancer: A preclinical dosimetry study. J Hyperthermia. 2013;29: 835-844.
20. Mahmoudi K and Hadjipanayis CS. The application of magnetic nanoparticles for the treatment of brain tumors. J Front Chem. 2014;2:1-5.
21. Zhao Q, et al. Magnetic nanoparticle-based hyperthermia for head and neck cancer in mouse models. J Theranostics. 2012;2:113-121.
22. Alvarez-Berrios MP, et al. Magnetic fluid hyperthermia enhances cytotoxicity of bortezomib in sensitive and resistant cancer cell lines. Int J Nanomedicine. 2014;9:145-153.
23. Gobbo OL, et al. Magnetic nanoparticles in cancer theranostics. J Theranostics. 2015;5:1249-1263.
24. Sabale S, et al. SuperparamagneticMFe2O4 (M=Ni, Co, Zn, Mn) nanoparticles: Synthesis, characterization, induction heating and cell viability studies for cancer hyperthermia applications. J Mater Sci: Mater in Med. 2015;26:1-9.
25. Lin M, et al. Recent advances in nanosized Mn-Zn Ferrite magnetic fluid hyperthermia for cancer treatment. J Nanosci Nanotechnol. 2014;14:792-802.
26. Yadollahpour A and Hosseini SA. Magnetic nanoparticle based hyperthermia: A review of the physiochemical properties and synthesis methods. J Pharm Res Allied Sci. 2016;5:242-246.
27. Jordan A, et al. Magnetic fluid hyperthermia (MFH): Cancer treatment with AC magnetic field induced excitation of biocompatible super magnetic nanoparticles. J Magn Magn Mater. 1999;201:413-419.
28. Aerruebo M, et al. Magnetic nanoparticles for drug delivery. J Nano Today. 2007;2:22-32.
29. Ling-Yun Z, et al. Magnetic-mediated hyperthermia for cancer treatment: Research progress and clinical trials. J Chin Phys B. 2013;22:108104 1-14.
30. Turner PF, et al. BSD-2000 approach for deep local and regional hyperthermia: Physics and technology. Strahlenther Onkol 1989;165:738-741.
31. Fatehi D and van Rhoon GC. SAR-characteristics of the Sigma-60-Ellipse applicator. Int J of Hyperthermia. 2008;24:347-356.
32. Cho CH, et al. Regional hyperthermia of the abdomen in conjunction with chemotherapy for peritoneal carcinomatosis: Evaluation of two annular-phased-array applicators. Int J Hyperthermia. 2008;4:399-408.
33. Franckena M, et al. Hyperthermia dose-effect relationship in 420 patients with cervical cancer treated with combined radiotherapy and hyperthermia. Eur J Cancer. 2009;45:1969-1978.

34. Van der Zee J and González González D. The Dutch deep hyperthermia trial: Results in cervical cancer. Int J Hyperthermia. 2012;18:1-12.
35. Turner PF and Schaefermeyer T. BSD-2000 approach for deep local and regional hyperthermia: Clinical utility. Strahlenther Onkol. 1989;165:700-704.
36. Fatehi D, et al. Intra-patient comparison between two annular-phased-array applicators, Sigma-60 and Sigma-Eye: Applied RF-powers and intraluminaly measured temperatures. Int J of Hyperthermia. 2011;27:214-223.
37. Cureley SA. Liver cancer. Springer Science and Business Media. 1998.
38. Iwatsuki S, et al. Hepatic resection for metastatic colorectal adenocarcinoma: a proposal of a prognostic scoring system. J Am Coll Surg. 1999;189:291-299.
39. Fong Y, et al. Clinical score for predicting recurrence after hepatic resection for metastatic colorectal cancer: Analysis of 1001 consecutive cases. Ann Surg. 1999;230:309-318.
40. Moroz P, et al. Targeting liver tumors with hyperthermia: ferromagnetic embolization in a rabbit liver tumor model. J Surg Oncol. 2001;78:22-29.
41. Nagata Y, et al. Clinical results of radiofrequency hyperthermia for malignant liver tumors. Int J Radiat Oncol Biol Phys. 1997;38:359-365.
42. Hasgall P, et al. ITIS Database for thermal and electromagnetic parameters of biological tissues. 2011.
43. Pennes HH. Analysis of tissue and arterial blood temperatures in the resting human forearm. J Appl Physiol. 1948;1:93-122.
44. Sapareto SA and Dewey WC. Thermal dose determination in cancer therapy. Int J Radiat Oncol Biol Phys. 1984;10:787-800.
45. Jordan A, et al. Magnetic fluid hyperthermia (MFH): Cancer treatment with AC magnetic field induced excitation of biocompatible super paramagnetic nanoparticles. Journal of Magnetism and Magnetic Materials. 1999;201:413-419.
46. Chan DC, et al. Synthesis and evaluation of colloidal magnetic iron oxides for the site-specific radiofrequency-induced hyperthermia of cancer. Journal of Magnetism and Magnetic Materials. 1993;122:374-378.
47. Raj K, et al. Advances in ferrofluid technology. Journal of Magnetism and Magnetic Materials. 1995;149:174-180.
48. Hergt R, et al. Magnetic particle hyperthermia: Nanoparticle magnetism and materials development for cancer therapy. Journal of Physics: Condensed Matter.2006.
49. Purushotham S and Ramanujan RV. Thermoresponsive magnetic composite nanomaterials for multimodal cancer therapy. Acta Biomaterialia. 2010;6:502-510.
50. Luo S, et al. Critica l review Clinical trials of magnetic induction hyperthermia for treatment of tumors. OA Cancer. 2014.
51. Murase K, et al. Control of the temperature rise in magnetic hyperthermia with use of an external static magnetic field. Physica Medica. 2013;29:624-630.

52. Bull JM. An update on the anticancer effects of a combination of chemotherapy and hyperthermia. Cancer research. 1984;44:4853s-4856s.
53. Jordan A, et al. Magnetic fluid hyperthermia (MFH): Cancer treatment with AC magnetic field induced excitation of biocompatible super paramagnetic nanoparticles. Journal of Magnetism and Magnetic Materials. 1999;201:413-419.
54. Wust P, et al. Hyperthermia in combined treatment of cancer. The Lancet Oncology. 2002;3: 487-497.
55. Valenzuela R. Magnetic ceramics. In: Cambridge University Press. Cambridge. 1984;191-212.
56. Amiri S and Shokrollahi H. The role of cobalt ferrite magnetic nanoparticles in medical science. Materials science and engineering C. Materials for biological applications. 2013;33:1-8.
57. Airimioaei M, et al. Structural investigation and functional properties of Mg x Ni 1− x Fe_2O_4 ferrites. Journal of the American Ceramic Society. 2014;97:519-526.
58. Mathew DS and Juang RS. An overview of the structure and magnetism of spinel ferrite nanoparticles and their synthesis in microemulsions. Chemical Engineering Journal. 2007;129: 51-65.
59. Hashim M, et al. Study of structural and magnetic properties of (Co–Cu) Fe_2O_4/PANI composites. Materials Chemistry and Physics. 2013;141:406-415.
60. Sanpo N, et al. Sol-gel synthesized copper-substituted cobalt ferrite nanoparticles for biomedical applications. In: Journal of Nano Research. 2013;22:95-106.
61. Sanpo N, et al. Transition metal-substituted cobalt ferrite nanoparticles for biomedical applications. Acta Biomaterialia. 2013;9:5830-5837.
62. Singhal S. Effect of Zn substitution on the magnetic properties of cobalt ferrite nano particles prepared via sol-gel route. Journal of Electromagnetic Analysis and Applications. 2010;2:376-381.
63. Salavati-Niasari M, et al. Synthesis and characterization of copper ferrite nanocrystals via co-precipitation. Journal of Cluster Science. 2012;23:1003-1010.
64. Hanh N, et al. Synthesis of cobalt ferrite nanocrystallites by the forced hydrolysis method and investigation of their magnetic properties. Physica B: Condensed Matter. 2003;327:382-384.
65. Christensen AN, et al. The crystal structure of paramagnetic copper (ii) oxalate (CuC_2O_4): Formation and thermal decomposition of randomly stacked anisotropic nano-sized crystallites. Dalton Trans. 2014;43:16754-16768.
66. Sindhu S and Birajdar D. Structural and magnetic characterization of Co2+ substituted nano structured Copper-Zinc spinel ferrite. IOSR Journal of Applied Physics. 2013;3:33-41.
67. Cerruti M, et al. Effect of pH and ionic strength on the reactivity of Bioglass 45S5. Biomaterials. 2005;26:1665-1674.
68. Arepalli SK, et al. Influence of barium substitution on bioactivity, thermal and physico-mechanical properties of bioactive glass. Materials Science and Engineering. 2015;49-559.
69. Beherei H, et al. Fabrication and characterization of bioactive glass (45S5)/titania biocomposites. Ceramics International. 2009;35:1991-1997
70. Tripathi H, et al. Structural characterization and in vitro bioactivity assessment of SiO_2–CaO–P_2O_5–K_2O–Al_2O_3 glass as bioactive ceramic material. Ceramics International. 2015;41:11756-11769.

71. Chen QZ, et al. 45S5 Bioglass-derived glass-ceramic scaffolds for bone tissue engineering. Biomaterials. 2006;27:2414-2425.
72. Jurczyk K, et al. Titanium–10wt% 45S5 Bioglass nanocomposite for biomedical applications. Materials Chemistry and Physics. 2011;131:540-546.
73. Li P, et al. The effect of residual glassy phase in a bioactive glass-ceramic on the formation of its surface apatite layer *in vitro*. Journal of Materials Science: Materials in Medicine. 1992;3:452-456.
74. Hench LL. The story of Bioglass. Journal of Materials Science: Materials in Medicine 17:967-978.
75. Hoppe A, et al. Cobalt-releasing 1393 bioactive glass-derived scaffolds for bone tissue engineering applications. ACS applied materials & interfaces. 2014;6:2865-2877.
76. Shu ZL. History of drug abuse in China. Shanghai: Shanghai People Publishing House. 1995.
77. McCoy CB, et al. Reawakening the dragon: Changing patterns of opiate use in Asia, with particular emphasis on China's Yunnan Province. Subst Use Misuse. 2001;36:49-69.
78. Lowinger P. The Solution to Narcotic Addiction in the People's Republic of China. Am J Drug Alcohol Abuse. 1997;4:165-178.
79. Naik TN, et al, Intravenous drug users-a new high-risk group for HIV infection in India. AIDS. 1991;5:117-118.
80. Qian HZ, et al. Achumacher JE, Liang S, Shao Y: Impact of methadone on drug use and risky sex in China. J Subst Abuse Treat. 2008;34:391-397.
81. Office on Drugs and Crime, United Nations: 2008 World Drug Report. 2008;1-310.
82. Chu TX and Levy JA. Injection drug use and HIV/AIDS transmission in China. Cell Research. 2005;15:869-888
83. IHRD. Harm reduction developments. New York: International Harm Reduction Development Program of the Open Society Institute. 2008.
84. Kulsudjarit K. Drug problem in southeast and southwest Asia. Ann N Y Acad Sci. 2004;1025:446-457.
85. Liu Z, et al. Drug use and HIV/AIDS in China. Drug Alcohol Rev. 2006;25:173-176.
86. Fu XB, et al. Epidemiological survey on poly-drug abuse in intravenous drug users in Guangdong Province. South China Journal of Preventive Medicine. 2004;30:8-11.
87. Lu L, et al. Drug abuse in China: Past, Present and Future. Cell Mol Neurobio. 2008;28:479-490.
88. Wang L. Overview of the HIV/AIDS epidemic, scientific research and government responses in China. AIDS. 2007;21:S3-S7.
89. UNAIDS. Report on the global AIDS epidemic. Geneva.2004.
90. Wang L, et al. The 2007 Estimates for people at risk for and living with HIV in China: Progress and challenges. J Acquir Immune Defic Syndr. 2009;50:414-418.
91. Bao PY and Liu MZ. Systematic review of HIV and HCV infection among users in China. Int J STD AIDS. 2009;20: 339-405.
92. Ministry of Health, UNAIDS & WHO: Update on the HIV/AIDS epidemic and response in China. 2005.
93. Qian H, et al. Injection drug use and HIV/AIDS in China: Review of current situation, prevention and policy implications. Harm Reduct J. 2006.

94. Zhao C, et al. Drug abuse in China. Ann YY Acad Sci. 2004;1025:445.
95. Zhao B and Liu X. Studies in drug related crime in Beijing. 1993, Beijing: Chinese people's university.
96. Jianhua LT. Challenges for China's present drug detoxification work. China Journal of Drug Dependence. 2004;13:224-226.
97. Wang W. Illegal drug abuse and the community camp strategy in China. J Drug Educ. 1999;29:97-114.
98. Lu L and Wang X. Drug addiction in China. Ann N Y Acad Sci. 2008;1141:307-317.
99. National Narcotics Control Commission (NNCC): Annual Report on Drug Control in China. 2007.
100. Significance and Content of the Narcotics Control Law. Office of China National Narcotics Control Commission.
101. Tang Y, et al. Opiate addiction in China: current situation and treatments. Addiction. 2006;101:657-665.