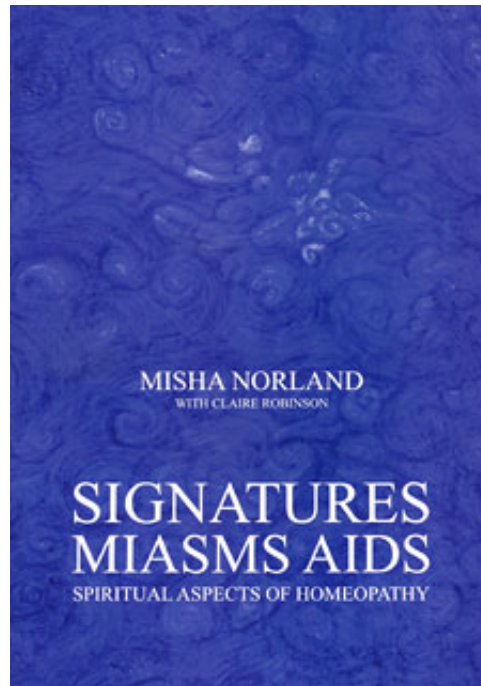


Norland / Robinson Signatures, Miasms, AIDS

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CHAPTER 19

AIDS—THE DISEASE AND THE MIASM

It is generally thought that the disease AIDS is primarily transmitted through sex, with secondary routes of intravenous drug use and blood transfusions. AIDS results in a failure of the immune system, our last line of defence against morbid influences. The skin, the mucous membranes and organs such as the liver and gut act as a physical barrier, but when they are breached, the immune system is the final dynamic boundary. When it fails, the results are catastrophic. The breaching, or rather the failure of barriers and boundaries is the central theme of the AIDS nosode and indeed of the whole miasm.

Sex is about as close as our physical and emotional experience can get to dissolving the boundary that separates us from others, because penetration is a voluntary or involuntary breach of our personal boundary. By definition, other venereal diseases like gonorrhoea and syphilis spread through sexual intercourse, and like AIDS, thrive in situations of sex with multiple partners. However, AIDS is unlike these other diseases in that it breaches the integrity of centre of the cell, the nucleus. Thus it is by far the most difficult to treat.

If a man has what he wants, or for societal or religious reasons suppresses his libido, he does not go looking for sex elsewhere. If a man is chronically dissatisfied because he is looking for something that he cannot have, and, in an attempt to plug the hunger gap, tries to find it with multiple sexual partners, venereal organisms have a field day. The question is, what is the gap he is trying to plug?

Love, sex, and power

Everyone wants to experience unconditional love in a simple and open way, but the world is deficient in this commodity. Our Psoric need drives us to desire love and sex (suppression of libido is the purely Psoric

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expression) and our Sycotic instability leads us to seek love and sex outside of one relationship.

While gay lifestyles are becoming increasingly accepted, many gays still feel sidelined and outcast. This builds upon Psora, adding a Syphilitic descant of aversion. Love becomes doubly conditional because not only is it contingent upon fulfilling expectations within your immediate group, but you and your friends are ostracised. This is the psychological and spiritual platform on which the AIDS miasm is mounted: the Syphilitic elements of feeling outcast, dirty, and contaminated; and the Psoric element of separation from the source of love.

Heterosexuals are not ostracised, but they have the same needs, and certain societies have allowed for promiscuity. In some African countries whose men have multiple sexual partners, whole tribes are being wiped out by AIDS.

If it is the mark of your manhood to have many, you have given up on love in favour of power. The man with the power to attract many women is the envy of other men: his standing is represented by his harem. As we all know, power and love are a pair of opposites. An absence of love (Psoric) in part drives AIDS, but a love of power (Syphilitic) may place the disease in tribal Africa as well as in gay communities. A gay man is commonly referred to as a queen, denoting superior status as well as sardonically commenting on his mannerisms. A queen is the most powerful and elevated member of society.

From the homeopathic point of view, it is hard to resist the association of queens with Platina. Platina has bold type rubrics like "love of her own sex". Also the remedy lies upon an axis of distancing self from others by becoming taller and better than them, versus isolation feelings; of sexual power versus degradation and dirtiness (*Complete Repertory* has 20 rubrics referring to dirtiness).

AIDS and the iniasms

From the point of view of miasmatic analysis, Tuberculosis and AIDS are similar. AIDS patients commonly succumb to tuberculosis. Certainly both diseases are associated with youthful deaths—it is not unusual for our talented rebels, writers and musicians, to be whisked away in the full

bloom of their creative output. Both diseases represent a marriage of Psora and Syphilis. In the case of tuberculosis, the homeland (Psora) has been destroyed (Syphilis). In the case of AIDS, the destruction (Syphilis) is of the personal boundary (Psora).

The story of AIDS and its discovery is bound up with the gay communities in San Francisco and Manhattan. Here, casual sex with multiple partners had been the rule. This is an attempt at an impossible union, too much thinning of the boundary. As well as providing a pathway of infection, this lifestyle has resulted in frequent venereal infections and associated allopathic treatments, which tend to weaken the immune system. A hunger for intimacy expressing in 'perverted' form in superficial unions may be associated with low self-esteem (and its compensation of arrogance) and feelings of isolation. Witness the gay community and its still common exclusion from most heterosexual society. Gay stands for "Good as you!" With the arrival of AIDS-related symptoms, a pervading sense of desperation and destruction entered the picture—the Syphilitic note.

Gays who have multiple partners are more at risk of exposure to venereal disease and hepatitis and resulting allopathic drug treatments. Gays are also more likely than other groups to use recreational drugs such as amyl nitrate, which heightens sexual orgasm. Such assaults severely compromise the immune system, which in turn predisposes them to AIDS. Anal sex too provides an easy route for infections to invade, as the thin membrane of the rectum is easily torn.

In Africa, additional causes of under-functioning immune systems may be malnutrition and poverty. Currently, Africa is experiencing a series of wars, which lead to dispossession (Tubercular miasm) and the ripping apart of tribal and family boundaries (AIDS miasm).

AIDS—an introduction to the disease

The organisms which cause opportunistic infections in AIDS patients are present in humans all of the time, the difference being that healthy immune systems do not provide an 'opening' for their proliferation. Infections common in the latter stages include *Candida albicans*, herpes simplex, herpes varicella zoster, cytomegalovirus, pneumocystis carinii, cryptococcus, toxoplasmosis, cryptosporidiosis, histoplasmosis and

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salmonella. It is noticeable that with the exception of salmonella—a virulent bacteria which causes severe gastro-enteritis—the organisms are parasites and fungi. In Stage 5 (Ward Reed Classification System) fungal infections of the mouth, vagina, anus and skin are common; in Stage 6, inroads occur at a much deeper level including lungs, brain, liver and bone marrow. Another condition commonly found in a virulent form as an AIDS-related complex is Kaposi's Sarcoma, normally a rather benign skin malignancy characterised by purple lesions.

In simple terms, the body's defence system becomes susceptible to infiltration by the alien organism (HIV) which acts to shut down the mechanisms maintaining the balance between the inner and outer world. The immune system ceases, over time, to work on behalf of the whole. The organisms which are normally present in humans cease to be held in check and states of chronic infection become the rule rather than the exception.

The mechanism of the Human Immunodeficiency Virus

In the early 1980s, researchers in France and America found a retrovirus that was later called HIV (Human Immunodeficiency Virus), which was associated with AIDS. Retroviruses infiltrate the cell and subvert its genetic mechanism to procreate themselves.

RNA is usually a messenger molecule that transfers the genetic code from the DNA in the cell nucleus to the ribosomes where proteins are built up according to the DNA blueprint. HIV contains small pieces of RNA which work in reverse: they alter the DNA.

This raises an important point about how miasms evolve. If we accept the model of miasms developing over the centuries as diseases become more suppressed and go deeper into the organism (with Psora being the simplest and earliest, and Cancer and AIDS being the most complex and 'civilised'), we can appreciate that AIDS affects the most fundamental level of life, the genetic structure itself.

In HIV infection, the virus enters T4 cells in the blood. Once inside the cell the virus releases an enzyme, reverse transcriptase, which causes small pieces of RNA in the virus to produce a relatively short length of DNA. This piece of DNA becomes part of the infected cell's genome

and starts producing RNA, which will in turn become part of a new virus. In this process the host T4 cell, a leukocyte which has an important role in the working of the immune system, is destroyed and the whole system is compromised.

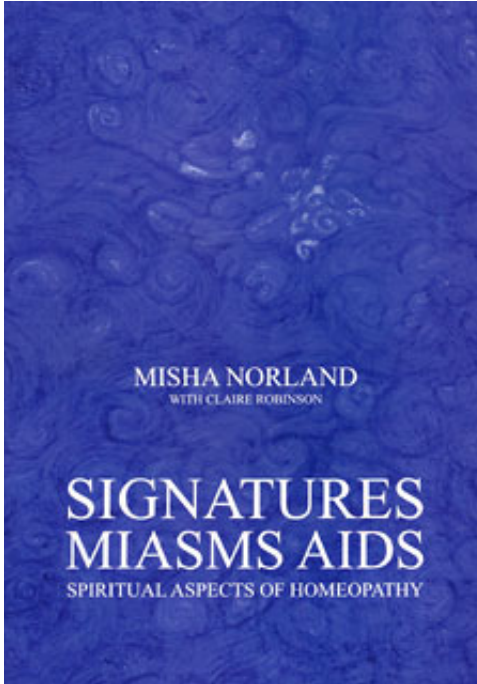
Not everyone is convinced that HIV is the real cause of AIDS. Harris Coulter is one of many who have questioned the link. Those most likely to get the disease are also those with broken-down immune systems, either through conditions such as haemophilia, or through the abuse of drugs and a history of allopathically treated venereal disease. The issue of whether HIV causes AIDS has become impossible to analyse as the presence of antibodies to HIV has now become the definition of AIDS. Thus patients with HIV antibodies dying of pneumonia are classified as a dying of AIDS, while those without the antibodies are classified as a dying of pneumonia. Note that this debate does not affect the integrity of the homeopathic AIDS nosode as it was made not from an isolated virus but from the blood of a man who died of AIDS.

A brief history of the disease

The first AIDS cases appeared in Manhattan and San Francisco in the US. In 1981 a few unexplained cases of *Pneumocystis carinii* pneumonia (PCP) appeared in apparently healthy young men in metropolitan areas of the USA. PCP is a rare form of parasitic pneumonia that previously had only been seen in the very old and very young or in those with compromised immune systems—usually through malnutrition or immuno-suppressant drugs.

Doctors were also reporting an increase in the number of cases of Kaposi's sarcoma, a rare form of skin cancer that had also only been known in people with weakened immune systems. Again, this condition was appearing in fit young men. The only connecting factor between these patients was that they were almost exclusively gay and predominantly promiscuously gay.

The appearance of opportunistic infections in apparently healthy young men was called Gay Related Immune Deficiency, GRID. By the end of 1983 there had been more than 2,500 cases in the USA and all over the developed world.



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