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November 27, 1991

The Honorable James O. Mason, M.D.
Assistant Secretary, Health and Human Services
Hubert H. Humphrey Building Room 716G
200 Independence Ave. SW
Washington, D.C. 20201

Dear Dr. Mason:

May I bring to your attention a matter concerning Dr. William Roper, Director of the Centers for Disease Control (CDC). Contrary to all known scientific data, the CDC is denying chronic, disabled Lyme disease patients an opportunity for the only treatment proven to overcome their symptoms. The problem I am reporting is not a matter of scientific differences, but of a government agency covering its errors. Please see attached letter to Dr. Roper.

The Heimlich Institute of Cincinnati and the Intersearch Institute of New Jersey have been engaged in malariatherapy research for treatment of disabled advanced Lyme disease patients who have not responded to years of treatment with intravenous antibiotics. The cost of the ineffective antibiotic therapy and hospitalization for a patient is as high as \$300,000 per year.

Malariatherapy is a method that was effective and safe for the treatment of neurosyphilis in patients who did not respond to antibiotics. Dr. Wagner-Jauregg won the Nobel Prize for discovering that malariatherapy cured neurosyphilis. Tens of thousands of neurosyphilitics were successfully treated with malariatherapy by the U.S. Public Health Service from 1931 - 1965. Twenty of those years were after the advent of penicillin, because antibiotics could not cross the blood-brain barrier to kill the spirochetes that cause syphilis. Malariatherapy was discontinued after neurosyphilis was wiped out.

Attached to this letter is my correspondence published in the New England Journal of Medicine on April 26, 1990, indicating why malariatherapy can be equally effective for treating Lyme disease.

For some reason, the CDC, using scientific half-truths, has been attempting to deny the American public this treatment or further research into it. Oddly, Dr. Roper bases his objection to malariatherapy for Lyme disease on the false premise that such treatment was ineffectual for neurosyphilis. He is, thereby, literally charging the U.S. Public Health

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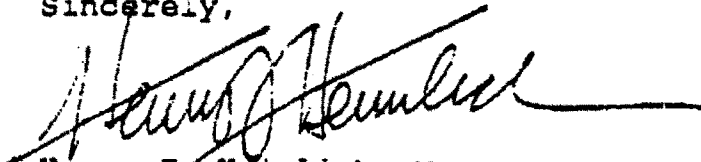
Service, his own parent agency, with having used an ineffective and hazardous medical treatment on tens of thousands of Americans for a period of 30 years. His charge is not true, because malariatherapy was the only method that successfully treated neurosyphilitics who did not respond to antibiotics. It should be noted that, on the basis of the success of malariatherapy for neurosyphilis, the C.C. , in 1986-87, offered to provide me with malarial blood in order to treat cancer patients.

Documentation is enclosed that confirms these facts:

This matter is additionally pertinent since there were 50,000 new cases of syphilis in the U.S. last year, many in late stages. We have already been contacted by neurosyphilis patients who have not benefitted from antibiotic treatment. Malariatherapy will, undoubtedly, have to be reactivated, not only for Lyme disease, but for neurosyphilis as well. The CDC offers no other method for treating the many Lyme disease or syphilis patients who do not respond to antibiotics.

I am available to provide further data and to establish contact with Lyme disease patients who have been successfully treated with malariatherapy.

Sincerely,

A handwritten signature in cursive script, appearing to read "Henry J. Heimlich", written in black ink over a white background.

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

Enclosures



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BRIEF HISTORY OF MALARIATHERAPY

1927: Wagner-Jauregg was awarded the Nobel Prize for his discovery that malariatherapy cured neurosyphilis (syphilis of the brain) His clinical data was first published in 1918.

Note: There are four different parasites that cause human malaria, one of which is difficult to treat; the other three are rapidly 100% curable with ordinary antimalarial medication. Malariatherapy consists of inducing a curable form of malaria, generally Plasmodium vivax, to cure another disease that is otherwise incurable. After a few weeks, the malaria has cured the other disease, at which time the malaria itself is cured with standard antimalarial medication. Malaria acts in this capacity by inducing production of immune substances, including interleukins and tumor necrosis factor (TNF).

1931-1965: United States Public Health Service (USPHS) provided malaria blood for inducing malariatherapy, which resulted in curing tens of thousands of neurosyphilis patients. A 1961 publication, entitled "The National Institutes of Health (NIH) Laboratory at Columbia, South Carolina," by Martin D. Young, Sc.D., described how this laboratory was founded in 1931 by the National Institutes of Health, USPHS, "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. He reports, "Some 20,000 neurosyphilitic patients have been inoculated or subinoculated with strains of malaria maintained and furnished by this laboratory." Dr. Young also lists other NIH laboratories and the Johns Hopkins Hospital as sources of malaria for treating neurosyphilis. Malariatherapy was discontinued in the United States in 1965 because neurosyphilis was essentially wiped out. The famous Epsom Laboratories, near London, continued malariatherapy until 1975. Early penicillin treatment for syphilis after the 1940's prevented new cases of neurosyphilis from developing. Antibiotics, however, were unsuccessful in curing neurosyphilis due to the blood-brain barrier; therefore, malariatherapy continued for 20-30 years after the onset of antibiotics.

1984: Professor Eli Chernin, Harvard School of Public Health, with support from the USPHS, published an historic review of malariatherapy treatment, citing 36 references. 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 thousands of patients treated ... It is not hard to imagine the almost certain fate of the thousands of paretics (neurosyphilitics) who would have sickened horribly and died but for malariatherapy."

Note: Dr. Chernin's historical review "honors Dr. Martin D. Young a leader of American malariology on his 75th birthday." Dr. Young is at present (1992) Research Professor, University of Florida, Gainesville. The CDC contacted Dr. Young relative to malariatherapy for Lyme disease but never refers to his opinions or papers. A letter from Dr. Young to Dr. Heimlich, March 26, 1991, confirms his favorable opinion of malariatherapy for Lyme disease.

1986-1987: The Centers for Disease Control (CDC), under Dr. James O. Mason, Director, offered to provide Dr. Heimlich with blood from American malaria patients to inject into cancer patients, based on the proven effectiveness and safety of malariatherapy for the treatment of syphilis, and the ability of malaria to produce immune substances. (Four letters from the CDC to Dr. Heimlich are attached.)

1990: Dr. Heimlich published "Should We Try Malariotherapy for Lyme Disease?" in the April 26, 1990 issue of The New England Journal of Medicine, citing 29 references.

Note: NEJM editors initiated new spelling= malariotherapy.

November 19, 1990: The CDC, under Dr. William L. Roper, Director, widely disseminated a letter that states: "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." The carefully worded half-truth of that statement is obvious, i.e., the CDC did offer to supply Plasmodium vivax to Dr. Heimlich for the treatment of cancer (Cf. enclosed CDC letters).

June 18, 1991: Letter from Dr. Roper, Director of the CDC, to Dr. Heimlich says that "all such fever therapies were hazardous, unpredictable, and generally unsatisfactory." Dr. Roper cites a 1970 "book," as his only reference to support his statement. Dr. Heimlich's response, June 27, 1991: "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)...'"

March 18, 1992: Dr. James O. Mason, Assistant Secretary for Health, refuses to support malariotherapy for the treatment of Lyme disease, but provides no scientific evidence to support that decision.

Note: In 1990, there were 50,000 new cases of syphilis in the United States, the highest number in history, even prior to antibiotics. Many patients are in late stages and resistant to antibiotics. 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 either do not respond to I.V. antibiotics, or have recurrence of Lyme disease in less than six months after antibiotic treatment. The CDC offers no method for treating patients with either syphilis or Lyme disease who do not respond to antibiotics.

Letters and references documenting the above history are available on request.