

May 28-29, 2018
London, UKRoland Maes, Med Case Rep. 2018, Volume 4
DOI:10.21767/2471-8041-C1-001

TB BLOOD TESTS REVISITED

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“1 Indian dies of tuberculosis every minute” as late as August 1, 2017. Tuberculosis kills one person every 18 seconds, worldwide.

What has been done, -and not done-, to achieve this result? Who recommended the policy that generated this disaster? It shouldn't be contentious that an organization or an academic set up to give you advice should have to be told that the advice has to be good for you. An adversarial relationship with the truth about tuberculosis materialized as early as the 1950's with the inexcusable, appalling promotion by the WHO of the BCG vaccine known by the WHO to be iatrogenic and ended up in an unmitigated disaster with the Revised National Tuberculosis Control Program (RNTCP) initiated by India in 2011. The present communication focuses on tuberculosis blood tests. Counseled by Mc Gill University and WHO, the Indian Ministry of Health banned in 2012 the use, import, sale and manufacture of antibody-based blood tests for TB. Yet, the All India Institute of Medical Sciences (AIIMS) published in 2017 the results it obtained by a blood test for TB that it had developed. These results are identical to those obtained by the Anda TB test banned in 2012. This absolute identity in results proves the accuracy -and also the usefulness and value- of the banished product. The ban was a dishonor for the Indian Ministry of Health, a sin against science and medicine, and a felony for the Indian TB patients and their physicians abruptly deprived of an exceptionally useful diagnostic and prognostic tool.

Where is the war on TB heading to?

Knowledge of the past allows building informed opinion and affects how we respond to a contemporary issue. The book “Is tuberculosis our new challenge?” (Lambert Academic Publishing,

2016) 1 exposes how special interests rigged the TB care system for six+ decades, worldwide. The TV channel ARTE denounced on April 4th 2017 (“The WHO in the claws of lobbyists?”) the corruption of the TB section of the WHO, to the detriment of patients. Yet, doom is not imperative for Tuberculosis: the dismal past and alarming present should not specify the future. There are means available that may help in the immediate turn. For example, the food supplement pau aspido (Parabolic biologicals) stimulates very efficiently in a non-specific way the immune defenses of the organism. This immunotherapy works, is without side effects, is affordable and the above-mentioned publication demonstrates how beneficial such a boost may be for TB patients. It was proposed to WHO in 2014 and snubbed. For the sake of the patients, use it without delay, right now. It will help save many lives tampered with an overdose of crippling specific drugs. We need a revolution in TB care but this will occur only in a major crisis when we will recognize that the war on TB, if pursued along the lines now followed, is lost.

Biography

Roland Maes was born in 1935 in Belgium. After acquiring a degree in zoology at the Catholic University of Louvain (Belgium), he studied virology at the Max Planck Institute for Virus Research (Tübingen, Germany) and at the Wistar Institute of Anatomy (Philadelphia, USA). He moved thereafter shortly to Brussels (European Headquarters of Travenol) and then to Strasbourg, where he was active at the Richardson-Merrel Research institute. He resolved to create his own company in Strasbourg, working mainly on the development of diagnostic tools for tuberculosis and on alternative medicine. This occupation put him in close contact with developing countries of the Asian and African continent. R. Maes is the author of numerous scientific publications.”

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