Brief History of AZT:

AZT was FDA approved early 1987, but for over two prior years it was provided in unannounced trials at NIH. With its actual use beginning in 1985 and its universal acceptance in 1987, deaths from Aids soared, with dosages of 1,200 mg to as high as 1,800 mg per day for typical adults. Beginning late 1991, with two reports claiming 300 mg were less toxic but equally effective at combating HIV, daily dosages were lowered.

However, the absolute numbers of those treated soared due to the new 1993 U.S. definition of Aids. This definition decreed low white blood cell counts combined with being HIV antibody-positive were sufficient to advise patients to begin AZT. Thus lowered dosages did not result in lowered deaths, as they were offset by much greater numbers taking AZT, until 1995.

Mortality began its steep fall in 1995 after enough patients died, and less numbers were left in the patient pool to succumb quickly to the lower-dose toxic AZT therapies. However, beginning in late 1996 HAART became widely instituted following David Ho's "hit early, and hit hard" strategy that he claimed would effectively combat new HIV infections. Significantly, and a little incredibly, HAART's daily adult regimen raised AZT back to a daily 600 mg, added 300 mg of lamivudine (3TC, a nucleotide analogue), topped with a huge dose of 2,400 mg of a protease inhibitor called Crixivan.

In concert with ever-expanding HAART use, U.S. annual deaths leveled off to flat-line at 17,000 in year 2000, continuing to the present. What has been widely known in Aids-specialist circles is that at least 50% of what are listed as Aids deaths have been, since the institution of HAART, due to liver, pancreas, heart, and other organ failures - *not* to what are listed as Aids diseases. Thus, HAART became ever suspect as a failed therapy.

In July 2006, HAART's AZT and protease inhibitors were formally and astoundingly dropped, with great ballyhooing of the new "one-a-day" pill comprising a combination of 900 mgs of three nucleoside/nucleotide/non-nucleoside transcriptase inhibitors.

After nineteen years of proclaiming AZT to be the wonder drug for those having ”HIV antibodies”, AZT has been without comment consigned to the garbage bin, its demise in the name of patient convenience and not a word mentioned as to its clear lethal toxicity.

Recent death tallies following the July 7, 2006 changeover to the "one-a-day," devoid of AZT and protease inhibitors yet with the other metabolic poisons, are currently unknown.

Compiled by David Burd, a science consultant and writer with over 25 years professional experience in intellectual property law, including several as a U.S. patent examiner in medical technology.