

FELIX: VICTIM OF SCIENTIFIC FRAUD



Parkinson's the Truth

Felix is the name given by vivisector Tipu Aziz to a macaque monkey whom he intends to conduct brain experiments on.

Felix will live the rest of his life behind bars in a cage that is barely big enough to hold him. In this life, he will be 'trained' to do tricks for a reward, and will be punished if he fails. He will have electrodes implanted deep into his brain. Felix will experience years of abuse, fear, and loneliness. Then at the end of that abuse he will be put to death.

The Home Office licence granted for the long-term experiments on Felix allows the infliction of severe/substantial suffering. The experiments on Felix are part of Tipu Aziz's programme of research into Parkinson's Disease (PD).

Tipu Aziz claims that experimenting on animals will enable advances in treating PD. However, nothing could be further from the truth. Aziz also claims that he has pioneered techniques that alleviate some of the symptoms associated with PD. Once again these claims are a hoax and an elaborate plan by Oxford University and Aziz to claim credit for the pioneering work of others that have not used animals in their medical research.

Want to know the truth? Then read on.

Understanding and treating PD

PD can't be studied in animals because they don't develop PD. PD was never really understood until 1960. An Austrian team lead

by Oleh Hornykiewicz performed autopsies on human PD patients at the University of Vienna. The knowledge at this point – established by autopsy - was that this very specific, human illness, was caused by a very specific part of the human brain degenerating. The substantia nigra, part of the brain found in the basal ganglia, was badly affected. This was never likely to be uncovered in animals, who don't have a comparable basal ganglion. As an expert explains, animal models "do not reflect the complexities of the human basal ganglion." [1]

The vagueness of the animal model

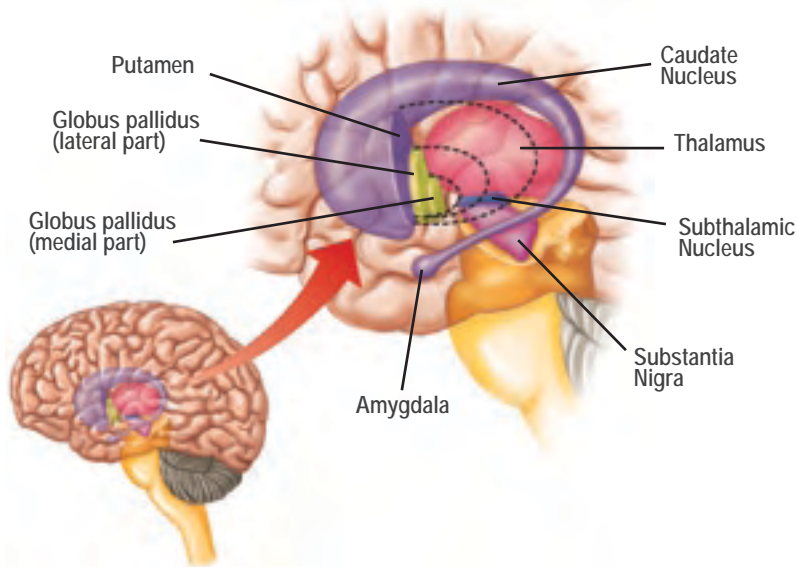
Animal researchers are using animal models that bear little resemblance to the human condition.

The technique of applying a by-product of synthetic heroin (known as MPTP) creates the best animal model available, although the animals often still have control over their motor functions and they recover without any treatment. [2] To claim this is a good model for a complex condition that subtly affects an organ as intricate as the human brain is ludicrous.

Given that animals are a failed method, how has progress been possible against PD? As for the overwhelming majority of illnesses, progress has been due to a combination of study of patients, autopsy, the use of technology, and a helping of luck.

Deep Brain Stimulation

The thalamus is a two part brain section that has many important functions. Before the



Hornykiewicz discovery, surgery was used to control PD by removing both thalami. This had limited success, but it was in attempting this type of surgery, known as a thalamotomy, that a more striking method was discovered.

Deep Brain Stimulation (DBS) is a treatment for PD that Aziz has often claimed as his own discovery. This is a lie. DBS enables patients to activate electrodes surgically implanted in their brains which calm the symptoms of PD. This treatment was in fact pioneered by a French doctor, A.L. Benabid working at Grenoble University Hospital and was discovered by accident whilst he was working with human patients. He used a wrong frequency by mistake while using electrodes to aid a thalamotomy. Observing the effect, he studied it further before using low-frequency electrodes on a seriously ill patient. It was successful and has been used around the world. The technique owes nothing to animal experiments and could only have been discovered in humans. [3]

Tipu Aziz, who specialises in researching human movement disorders by artificially inducing symptoms on monkey brains, has openly claimed on numerous occasions that the treatment of deep brain stimulation given to Parkinson's sufferers owes everything to his research on monkey brains and could not have been made in any other way. However, according to PubMed records, Dr A.L. Benabid and his surgical team published their paper entitled "Combined

(thalamotomy and stimulation) stereotactic surgery of the VIM thalamic nucleus for bilateral Parkinson disease," in 1987, two years before papers bearing the name of Tipu Aziz were published. Aziz's name first began to appear in 1989. [4]

Aziz was even quoted as saying: "I was central to discovering the subthalamic nucleus (STN) as a target for DBS." [5] Is this true? NO. The first paper published on the role of the STN

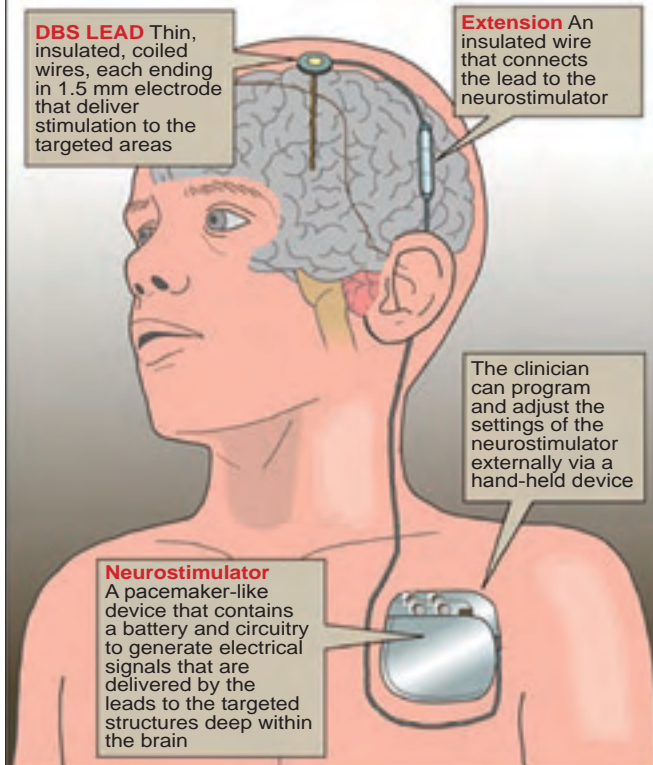
did not involve Aziz at all. Hagai Bergman, Thomas Wichmann, and Mahlon R. DeLong published an article referencing a study done on monkeys whose brains were temporarily damaged using the MPTP method, which concluded that excessive activity in the STN played an important role in the onset of Parkinson's symptoms.[6]

Molecular biologist Prof Claude Reiss, PhD, is also currently researching PD, focusing his studies on prevention, early diagnosis and therapies halting disease progression. He states:

"Prof. Aziz claims that work on DBS in monkeys was critical for preparing surgery in human brains. First, according to PubMed records, Benabid's team studied DBS exclusively in human patients, not in monkeys. Indeed, they contend that 'criteria for DBS success are correct patient selection and precise electrode placement in an area bestowed with critical functions,' like speech.

DEEP BRAIN STIMULATION

The Deep Brain Stimulation system is used to help control tremors and chronic movement disorders. Tiny electrodes are surgically implanted in the brain and are connected via a subcutaneous wire to a neurostimulator (or two, for some diseases) implanted under the skin near the clavicle.



During DBS surgery, which may last for up to 10 hours, the patient is awake and invited to speak, to secure that no damage is made to relevant brain regions.” [7]

Therefore, it seems absolutely clear that the technique of DBS has nothing to do with Tipu Aziz and his animal experiments, and everything to do with the technology, clinical medicine and observation SPEAK and the scientific anti-vivisectionist movement has supported. Deep Brain Stimulation was not discovered by experimenting on non-human animals as the vivisectors would like you to believe.



Comparison of a macaque’s brain (left) to that of an adult human (right). It does not take a scientist to note the obvious differences between the two in both size and complexity. How can we hope to find a cure for a complex, species specific disease by doing the research on such an obviously different structure?

Fraudulent Science

The evidence that animal experiments are bad science and hamper the progress of human medicine is overwhelming and more doctors are coming to the conclusion that vivisection is a deeply flawed scientific practice. Vivisectors want to continue with animal experiments

not because it’s the best form of research but because it keeps them in their chosen career. Worst of all, money that could be funding human-based studies is currently being funnelled into animal research, thus further ensuring that humans suffering from diseases like Parkinson’s Disease can never expect a cure.

According to Dr Reiss:

“Our research is hampered by lack of funding. Research money is limited, the part taken by projects involving animal models, which are from the onset guaranteed to fail, is missing for projects having at least a reasonable chance to contribute progress.” [8]

It’s vitally important, as much for those people suffering from terrible illnesses as for the countless animals like Felix who will suffer and die needlessly at the hands of greedy and arrogant scientists, that the fraud is stopped now.

References

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