

May 1997 Issue | Ronald Glasser, M.D.

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Welcome to *Functional Medicine Update* for May 1997. On side 1 of this month's tape, we will deal with new aspects of viral illnesses and their control and review a series of new clinical perspectives on antioxidants. On side 2, we will include a Clinical Focus on insulin insensitivity and discuss some new thoughts on weight management.

Welcome to *Functional Medicine Update*[™] for May, 1999. It is a privilege to be with you, act as spokesman for colleagues around the world, and share insights into the evolution of health. I sometimes have a feeling of great responsibility about the accuracy, clarity, and excitement in the research, clinical discoveries, and breakthroughs. I hope that tone comes through in this month's issue of *FMU*.

I often get letters, and I thank those subscribers who communicate your desires, likes, and dislikes about *Functional Medicine Update*[™]. I recently received two interesting letters from individuals who have been successful in the process of functional, healthy aging. Both are retired physicians I have known for many years. Their comments are noteworthy relative to making life transitions. The first letter is from Dr. Bayard Coggeshall (February 1999), a retired pediatrician and a long-standing *FMU* subscriber. He writes:

"As a pediatrician now living in a retirement community and witnessing results of the aging process, cause and effect deserve reflection. It influences my counseling efforts in a community clinic in Dover, New Jersey from the pediatric viewpoint.

"A journey of 41 years in pediatric practice followed by participation as a volunteer in the Dover (NJ) Community Clinic involved a gradual change in both focus and conviction. Following, a few markers, or events, are mentioned which for me illuminated the way.

INTERVIEW TRANSCRIPT

Ronald Glasser, M.D.

JB: Dr. Taylor, I welcome you to *Functional Medicine Update* as an individual whose background is in central nervous system drug design work and, over the past eight years, in AIDS research. How did you get involved in this work, moving from your training and background as a drug designer in pharmacokinetics, pharmacodynamics, and computational pharmacology into the exciting work with

selenium and AIDS?

WT: That's a big question. I appreciate being here, and I enjoy the opportunity to get some of this information out to an informed audience. My background, as you said, was in CNS pharmacology. I became interested in why molecules work, why some drugs work effectively against certain receptors, and so on. Those skills appeared to be needed in terms of some of the AIDS drug development, and I started working on AZT-like compounds, nucleoside analogs, asking why some are effective inhibitors of the virus and many are not. That work ultimately led me into the field of computational biology, in which we try to predict what proteins are encoded in certain genomes and what kind of functions and particular structure they have. I started looking at drug resistance in antiviral nucleosides and the possible relationship of the RNA structure of HIV to sites of mutation in the viral genome. That process led me to make some fairly significant and interesting discoveries.

In essence, we discovered some structures called RNA pseudoknots in the RNA of the virus. That, in itself, was of interest. Where these pseudoknots were located was interesting; but because pseudoknots can be involved in a process called frameshifting, in which new genetic regions can be opened up for translation into protein, we had to ask if this could relate to some new protein coding potential in HIV.

Part of that story was that we found these regions had been ignored in the past because there were stop-codons in this region, or several regions. People had thought that anything up there would be junk. It turns out that stop-codons don't always mean stop, and one of the stop-codons also encodes selenocysteine, an amino acid that incorporates selenium. So there we have the basis, in a nutshell, of discovering a possible selenium link with HIV.

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