AIDS
Community

AIDS COMMUNITY
Consolidated Reply

Query: Traditional Cures for HIV, from SHELTER, (Experiences)

Compiled by E. Mohamed Rafique, Resource Person; research provided by Seema Kochhar, Research Associate.
14 March, 2006

Original Query: Dr. Gopal Krishnan, SHELTER, Calicut.
Posted: 18 February 2006

My name is Dr. Gopal Krishnan and I run a counselling, testing and treatment center at Calicut in North Kerala since 1999. Though Kerala is the most literate state we did have famous cases of people in the garb of healers dispensing untested cures for HIV. However, due to the action of the positive networks with support from others, this was challenged by filing appropriate legal suits. Notwithstanding these incidents I would like to examine the role of Indian traditional medicines and herbal remedies like Indian Homeopathy, Ayurveda, Unani, Siddha, and other indigenous systems of Medicine in India in control of HIV, Tuberculosis (TB) and other Opportunistic Infections (OI). So, I would like to know from members especially Researchers, Health Care Practitioners, Health Care Workers, PLHIV as well as those who have attended, cared and supported PLHIV, the following:
1) Based on their experience, what is most effective in HIV, TB and OI from these traditional systems of Medicine in India?
2) Published studies and documents already available on Traditional Cures and treatment of HIV, TB and OI.
3) Documented examples of collaboration between the various systems of traditional medicine and mainstream health practitioners about the care and referral of AIDS patients that has been well accepted by PLHIV.

Responses were received, with thanks, from:

1. **A. R. Ramasubbu, Nagercoil, Tamil Nadu.**
2. **S. Sridhar, Positive Association's Network, Erode, Tamil Nadu.**
3. **K. A. Natarajan Male, PWDS, Gobichettipalayam-, Erode Dist, Tamil Nadu.**
4. **B. K.Sharma, Gwalior Childrens Hospital Charity (U.K.)**
5. **E. Mohamed Rafique, Resource Person, AIDS Community.**

6. **Ashok Row Kavi, Humsafar Trust, Vakola, Mumbai (Response 1) (Response 2) (Response 3)**
7. **P. Kousalya, Positive Women Network (PWN+), Chennai.**
8. **Jaya N., UDAAN trust, Ghatkopar (E), Mumbai.**
9. **Padmaja, Positive Women Network (PWN+), Chennai.**

Summary of Responses

This query sought to ascertain the knowledge of Community members on the effectiveness or otherwise of traditional medicines on treating HIV. Responses included views on these medicines, and generated concerns from members about untested and questionable cures.

While no traditional medicines could definitively claim to "cure" HIV, contributors did mention the availability of a range of unverified treatments used by PLHIV. The most definitive source mentioned was the essay, 'Life beyond the Westerns', based on a collection of numerous abstracts providing scientific scrutiny of most of the well-known Traditional and Alternative medicines. A report issued by the Government Hospital of Thoracic Medicine in Chennai showed how allopathic doctors studying traditional medicines using scientific methods, demonstrated prolonged viral suppression – though not a cure - in a few patients. On the other hand, alternative therapies that had failed scientific scrutiny, for reasons varying from lack of efficacy to direct toxicity were Vitamin C, Kombusha Mushroom, Bitter Melon, Daan Herbal Medication, Compound Q, AL-721, Meditation and Oral Interferon.

The beneficial effects of a host of life-saving Ayurvedic drugs in other diseases for example like hypertension, had now been extensively studied, their active compounds separated and analyzed, and their efficacy proved by replicable well-documented studies. The main drawback highlighted with respect to other traditional medicines was that they were not normally subjected to the same rigorous testing as allopathic treatments, and so it was difficult to substantiate the claims made. For instance, the U.S. had recently banned two famous Ayurvedic drugs because they had high content of mercury and heavy metals; other purported AIDS cures had been found to have steroids in their formulations. Members expressed a pressing need – even to the extent of offering financing – for a proper study of any traditional medicine proved to cure HIV by accepted medical standards.

In this regard, the feeling was that people in the garb of healers providing untested cures for HIV have further widened the gap between modern and traditional systems of medicine. Responses showed that in spite of a Supreme Court order against advertisement of untested medicines, there were websites and organizations that continued to sell these drugs. Several suggestions were offered by members to deal with these deceitful practices, including blocking the offending websites, or circulating petitions for the arrest of people selling un-tested drugs. Another category of complaints concerned other countries using India to experiment with untested drugs without an Internal Review Board sanctioned by the ICMR (the US National Institute of Health and "Yogaprabhava" was mentioned). People who work for the care and support of PLHIV seemed to bear the onus of bringing these issues to the notice of the Government.

Indian traditional medicines, especially in rural areas, were often the mainstay of HIV and AIDS treatments. The support of traditional healers was indisputable for educating people about treatment preparedness and in ensuring post-treatment follow-up and adherence. Respondents said that more of a synergy is required, with traditional medical systems playing more of care and support role thereby complementing support services instead of competing in the realm of cure.

Related Resources

Tamil Nadu
Government Hospital of Thoracic Medicine, Chennai. Padmaja, PWN+)
Prof S. Rajasekaran, Superintendent, Government Hospital of Thoracic Medicine, Chennai, has studied the application of Siddah Medicines to PLHIV. In all HIV infected individuals and AIDS sufferers who do not have overt neural HIV disease, three Siddah drugs are effective when used in combination with Opportunistic Infection (OI) controlling drugs. They are Rasagandhi Mezhugu, Amukkara Chooranam and Nellikkai Lehyam. The formulations made according to the "The Siddah formulary of India", I edition, published by the Govt of India, Ministry of Health and Family Welfare, 1988 was reported safe. There are no side effects noticed in over 35,000 patients who have received these drugs since 1992. The Researchers claimed that these drugs reduce viral load, increase CD8 and CD4 cells besides symptoms control and increase in body weight. As of now **these drugs are not capable of a cure**. Prolonged viral suppression has been achieved in a few patients. Intermittent therapy is yet to be tried. Siddah drugs alone without OI drugs have not been tried in these patients.

Maharashtra
Dr. Geeta Bhave, Abstract 22484, Maharashtra. (From Dr. E. Mohamed Rafique, Resource Person)
An eight-year study in India has attempted to demonstrate the benefits of an antiviral-free regimen involving 460 HIV-positive participants (Abstract 22484). This included follow-up sessions in which participants received information and counselling from 1988 to 1996 on alternative approaches such as positive attitude, yoga, vegetarian diet, vitamins, a minimum of complementary medicines (bash flower, copper, zinc, and aspirin), and a cessation of alcohol and tobacco use. Participants (82 percent male, 18 percent female) experienced weight gain (75 percent gained between 2 and 8 kg), a CD4 count of greater than 500 cells/mm3 (in 85 percent of those studied), and a 4 percent incidence in tuberculosis. Additionally, the study reported six deaths, two of which were HIV-related, two accidental, and two due to suicide. According to abstract co-author Geeta Bhave, ethics and inconsistent access to T-lymphocyte assays prevented a more controlled study. "I could not ethically conduct an eight-year study using a control group that would not receive any of the medicines when there is very little access to anything," Bhave told. Despite the lack of such controls or baseline information, its merit is in providing an approach to delaying disease progression in populations which cannot access antiviral medications.

Related Resources

Recommended Documents

Supreme Court Stops Fraud (From A.R. Ramasubbu, Tamil Nadu)
People's Union for Civil Liberties
http://www.pucl.org/Topics/Human-rights/2002/pil.htm

Documents the case against T.A. Majeed who prescribed spurious herbal medicines containing steroids to treat HIV positive persons.

Update on Application of Siddah Medicine to HIV/AIDS (From Padamja, Positive Women Network, Chennai)
Prof S. Rajasekaran, India.
http://education.vsnl.com/thoracic/sidupd.html

Shows how Traditional Medicines can be studied under scientific methods by Allopathic doctors for the benefit of PLHIV

From Dr. E Mohamed Rafique, Moderator

Health, Hope and HIV
http://www.yogajournal.com/health/581.cfm
Stacie Stukin, August 2001.

The article shows how with the help of yoga HIV positive people are living a healthier life.

Yoga as Physical, Emotional Therapy for People Living With HIV/AIDS, Other Chronic Diseases
http://www.thebody.com/kaiser/2005/dec15_05/yoga_hiv.html
Kaiser Family Foundation, December, 2005.

It examines how people AIDS are increasingly choosing yoga classes to help reduce discomfort caused by medication side effects and pain

Life beyond the 'Westerns'
Mark Katz and M.D. & Glenn Gaylord, August 1998.
http://www.thebody.com/apla/aug98/western.html

Examines alternative treatments therapies for HIV as well as analysis some of the research conducted in this area.

From Seema Kochhar, Research Associate

Alternative Therapies for HIV treatment
Source: Life Positive Online Magazine.
http://www.lifepositive.com/Body/body-holistic/AIDS/hiv-treatment.asp

It shows how alternative therapies in conjunction with conventional medicine may offer additional opportunities for persons living with HIV/AIDS

Traditional healers Treat AIDS Patients
World Bank, 2004
http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/AFRICAEXT/EXTINDKNOWLEDGE/0,,contentMDK:20669541~menuPK:1742700~pagePK:64168445~piPK:64168309~theSitePK:825547,00.html

This toolkit shows how traditional healers in Tanzania have used herbal remedies to treat over 5000 AIDS patients of the opportunistic infections related to HIV/AIDS

Resource Person

Dr. S. Rajasekaran
Contact: thoracic@vsnl.com Superintendent, Govt Hospital of Thoracic Medicine, Tambaram Sanatorium, Chennai. Phone +91-044-2241 0441, +91-044-2236 8450 Fax +91-044-2236 8568

His studies on three Siddha drugs on over thirty thousand PLHIV show reduction of symptoms without cure.

Dr. Geeta G. Bhave
Contact: samvedangb@rediffmail.com SAMVEDAN, Modern Pathology Lab, 63 Dr. Ambedkar Road, Mammabai High School Building, Chinchpokli (E), City: Mumbai-400 033 Phone: +91-22-23726179

Bhave along with her team of counsellors attend to helpline calls and has a holistic approach to the HIV pandemic.

Recommended Websites & List Serves

(From Seema Kochhar, Research Associate)

The Alternative Medicine Homepage
http://www.pitt.edu/~cbw/altm.html

Contains links and literature review on alternative therapies and HIV

Forestry Community, Food and Agriculture Organisation of the United Nations
http://www.fao.org/forestry/foris/community/main/viewthread?thread=1202

This thread provides access to discussion on subjects of traditional medicine and herbal remedies as they relate to HIV/AIDS

Dr. A. R. Ramasubbu, Nagercoil, Tamil Nadu.

One of the places where the famous case of T. A. Majeed and Fair Pharma is well chronicled is http://www.pucl.org/Topics/Human-rights/2002/pil.htm a web page of the People's Union for Civil Liberties. What I would like to point out here is that in spite of a Supreme Court order to stop advertisement of any kind related to untested medicines there are numerous sites that I came across that specifically argue the benefits of Immuno-QR for 'Immuno-Deficiency' like T. A. Majeed's own web sites like http://www.fppvtl.org/index.html and http://www.fairpharmacochin.com/killer.htm as well as many International ones like: http://go4worldbusiness.com/cosrc/view/products/productdetails.asp?objid=173986&prd=34899 and http://www.srilankabusiness.com/etrade/fppvtl.htm where online and offline ordering can easily be done.

Can there be no mystery patient - sting operation whereby he is brought to book again? I wonder why such sites can't be blocked when many countries can block all pornographic ones?

S. Sridhar, Positive Association's Network, Erode, Tamil Nadu.

http://www.clinicaltrials.gov/ct/show/NCT00276991 talks of enrolling 2000 patients "in therapy and study of 'Yogaprabhava' effectiveness and progressive immunity with diet and life style" to be conducted by Traditional Alternative Medicine Research, India. This is sponsored by National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health US. The principal Investigator is Ramakrishnan Madusoodanan with Tel: +914772270926 and e-mails: madhusoodanan_ramakrishnan@yahoo.com tamrc_in_org@yahoo.co.in and the address of the proposed institute given is: Hospital of Integrated Research Site (HIRS) Chain Roomed Hospital-New, Palakkad, Kerala, India

Can members from ICMR on this list inform me whether 'Yogaprabhava' has been cleared for testing 'effectiveness and progressive immunity with diet and life style' in Indian PLHIV? Are the PLHIV Networks been informed of this?

K. A. Natarajan Male, PWDS, Gobichettipalayam, Erode Dist, Tamil Nadu.

Traditional Cure is more prevalent in the rural areas of our country than in the urban. Here Care and support of AIDS cases is all about using the resources and structures already in place. In such rural settings the Traditional healers can become a good part of the Continuum of Care. The strategy is to train and empower the traditional healers in those areas they could be proficient in and to leverage their reach over the otherwise hard-to-reach groups so that it benefits the program. This is the key role they have not only in areas like HIV counselling and AIDS Care but also in STI treatment as well as in DOTS. Personally, I believe that this is a resource and an opportunity that we have not utilized to a great extent.

Ideally, Traditional Healers can become actively involved in providing or supporting counselling services for HIV-affected families, as well as education and awareness that is so much a vital part in Treatment preparedness and Adherence. As most of the Traditional Healers by nature tend to be 'holistic' in their approach, are good listeners, non-judgmental and patient they would fit well into the role of Counsellors. Thus, with proper HIV, STI and DOTS sensitization, training and dialogue the Traditional Healers can be part of the solution, as they are in very few districts in India, and not the perceived part of the problem.

However, there are many places in India where Traditional Cures are the one and only mainstay of AIDS treatment. For example Gandeepam claims that they "are treating 200 patients" by its web page http://www.gandeepam.org/aids.htm "with majority in stage I and II and with ten patients in the chronic stage". Definitely there is a need for a tie up with Allopathic Medical systems for HIV testing and CD4 counts, timely referral of patients when they are eligible for ARV treatment. Gandeepam and other traditional Medical Systems can support in treatment preparedness education and in ensuring post-treatment follow-up and adherence. Such a synergy can be achieved if Alternative and traditional medical systems join in the Care and support role more, by complementing Support services instead of competing in the realm of Cure.

Dr. B. K.Sharma, Gwalior Childrens Hospital Charity (U.K.)

Thanks for these suggestions and information. In India, we see many people making all sort of claims to make themselves popular or for selfish gains. If these claims are true and can be proved with viral counts or documented results before, during and after treatment, we should promote such methods to benefit others, otherwise we should not be a party to them. I will like to know of any persons who has been proved cured by such methods and shall bear expenses for doing a proper study. I have asked some of such claimants for their help and cooperation for such a study, but I am yet to receive any proof for such claims. These people who make such large claims, are not able to provide a single name or details of persons having been cured for doing a retrospective study but become abusive and aggressive rather than cooperating or providing any data for such a study.

Dr. E. Mohamed Rafique, Resource Person, AIDS Community.

http://www.thebody.com/apla/aug98/western.html
Life beyond the 'Westerns'
by Mark Katz, M.D. & Glenn Gaylord
August 1998

Exactly one decade ago, at the 4th International Conference on AIDS in Stockholm, numerous reports were presented on the widespread use of **AL-721 (an egg yolk derivative manufactured largely in Israel) and dextran sulfate (a heparin relative obtained frequently from Japan).** Although safe and well-tolerated, both were panned as ineffective. The term "possible cure" -- seven years before the potential of "eradication" shone over the 1996 11th World AIDS Conference in Vancouver -- was used to describe initial reports of success with **compound Q, tricosanthin root**, as they surfaced in 1989. (Although numerous studies were presented subsequently which touted its possible efficacy, the toxicity -- including the reports of neurological deaths in several people with low CD4 counts -- led to its fading from the HIV arsenal.) Successful "holistic" treatments for HIV/AIDS have yet to emerge from the myriad of those studied and tried. Although probably hundreds of substances have been used, the reason for the lack of a standard may fall into any of several categories.

A poster presented on Monday at the conference examined plasma **zinc and copper** levels, and their effect on mortality, in a cohort of gay men (Abstract 12118). The Miami-based study examined measurements of these two minerals in men followed between 1987 and 1991, with a mean of 3.3 years of follow-up. During the study period, 19 participants died of HIV-related causes. There was a statistically significant association between those who died and the presence of either zinc deficiency or a plasma copper to zinc ratio of greater than 1. (Correlations were not found for mortality with copper levels or deficiency). This study is important in further substantiating our knowledge of correlation of mortality with measurable mineral (or vitamin) levels. Some words of caution, however, are appropriate: While statistically significant, the correlation seen here does not prove cause and effect. We do not know what role, if any, the low zinc actually plays in affecting survival. Measurement of vitamin and mineral levels would not likely be covered by most health care insurance. Could it be that people with HIV already ingest adequate amounts but have trouble with absorption or assimilation? Before the potential therapeutic role of zinc or plasma copper could be understood, a double-blind, placebo-controlled trial would need to be done. That said, now would be an appropriate time for such a study to be done!

Alternative therapies and their outcomes
Vitamin C Studies not done, likely due to widespread availability of substance
Kombusha Mushroom Studies not done; perhaps lack of interest
Bitter Melon Studies started by halted
Daan Herbal Medication Studies done but not controlled
Compound Q Studies showed toxicity
AL-721 Studies showed lack of efficacy
Meditation Difficult to quantify data
Oral Interferon (kemron) Results controversial

Traditional Chinese medicine: the rising sun
A 12-week placebo-controlled trial of Chinese herbal therapy published in the Journal of AIDS (1996, issue 12:4), did not show a statistically significant difference in outcomes (the authors themselves indicate that while lack of efficacy is one possible explanation, so might a study lasting only 12 weeks be insufficient to truly gauge potential efficacy). At this conference, a poster reaffirmed the increasing popularity of Chinese herbal therapies in San Francisco, where the well-known Quan Yin Healing Arts Center is located (Abstract 22483). One of that city's five acupuncture clinics which are funded by its Department of Public Health, Quan Yin reported a steady increase in the number of unduplicated clients served. Thus, the services are being utilized to a much greater extent (from 1990 to 1997, a 713-percent increase!), and proportionately so by people of color (and women as well). According to abstract co-author Carla Wilson, men tend to utilize acupuncture services more to address such concerns as neuropathy, sinusitis, hepatitis C, diarrhoea and other GI disorders, while women tend to utilize herbal medications for treatment of gynaecological and GI disorders.

Were these truly complementary therapies (employed in addition to pharmaceutical medications) or were they used instead of pharmaceutical medications? Were outcomes measured (clinical, virological, immunological) in the patients who received therapies? Indeed, to what extent are blinded and controlled studies even possible with **acupuncture, moxibustion, massage, Qi Gong, herbs** and other Chinese therapies?

(+)-calanolide A
In keeping with the conference's "Bridging the Gap" theme, a study of (+)-calanolide A, demonstrates an interesting crossover from plant-derived medications to synthetically produced therapies.

(+)-calanolide A is a naturally occurring non-nucleoside reverse transcriptase inhibitor (NNRTI) that has been synthesized and tested in vivo during a small Phase IA single escalating dose study of 47 HIV-negative subjects (Abstract 12216). Results of the study indicate that (+)-calanolide A is well tolerated, with a minimum of adverse events. Divided into five cohorts of doses ranging from 200 to 800 mg, subjects experienced such adverse reactions as dizziness, taste perversion, headache, nausea, vomiting, diarrhoea, dyspepsia, abdominal pain, pharyngitis and rash, although only the dizziness and the nausea were shown to be related to the study drug. Additionally, the drug was shown to be well absorbed, have a 15-20 hour elimination half-life, cross the blood-brain barrier, and have in vitro synergism with other antiretrovirals.

A derivative of **Calophyllum lanigerum**, a tree found in the swamp forests of Malaysia, (+)-calanolide A has been made into a synthetic due to the difficulty in finding more trees from which to sample. In fact, it was reported in 1993, before the reality of such a synthesis existed, that all hope was lost because the original tree could not be located. What a difference five years make! It was the conclusion of the study that further clinical investigation is warranted. A Phase IB study has been slated for the fall to examine toxicity levels using HIV-positive participants. We

could be witnessing the evolution of a "complementary" therapy into what may possibly be a full-fledged NNRTI.

India: where nature calls...

An eight-year study in India has attempted to demonstrate the benefits of an antiviral-free regimen involving 460 HIV-positive participants (Abstract 22484). This included follow-up sessions in which participants received information and counselling from 1988 to 1996 on alternative approaches such as **positive attitude, yoga, vegetarian diet, vitamins, a minimum of complementary medicines (bash flower, copper, zinc, and aspirin), and a cessation of alcohol and tobacco use.** Participants (82 percent male, 18 percent female) experienced weight gain (75 percent gained between 2 and 8 kg), a CD4 count of greater than 500 cells/mm3 (in 85 percent of those studied), and a 4 percent incidence in tuberculosis. Additionally, the study reported six deaths, two of which were HIV-related, two accidental, and two due to suicide. According to abstract co-author Geeta Bhave, ethics and inconsistent access to T-lymphocyte assays prevented a more controlled study. "I could not ethically conduct an eight-year study using a control group that would not receive any of the medicines when there is very little access to anything," Bhave told us. Despite the lack of such controls or baseline information, its merit is in providing an approach to delaying disease progression in populations which cannot access antiviral medications.

Survey says!

Many surveys presented asked participants if they used such complementary therapies as **mega dose vitamins/minerals, herbs, and metabolics** in addition to their prescription medications (Abstract 42327). One such survey was completed by 112 patients of University of California at San Francisco HIV-Gastroenterology-Nutrition Clinic. Of the 53 people who reported use of complementary therapies, a statistically significant higher CD4 count average of 353 cells/mm3 was seen versus an average of 229 cells/mm3 for the non-users. The survey also showed significant increases in body cell mass and serum albumin levels, concluding on the basis of these markers, that users of complementary therapies were healthier than those who took prescription medications alone.

A similar pattern of usage was demonstrated in an Italian survey of 1,312 people living with HIV/AIDS. In this survey, 473 (36.1 percent) of the respondents reported using such complementary therapies as **vitamins/antioxidants, homeopathy, mental techniques and herbal remedies** to address symptoms or side effects from prescribed treatments, and for various quality of life issues (Abstract 42378).

A shift in the reasons for using complementary therapies was demonstrated in a survey of 96 clinic patients conducted at the Toronto Hospital between December 1997 and February 1998 (Abstract 42379). The survey group, consisting of predominantly gay males over 40 years old with a mean CD4 count of 285/mm3 and a mean viral load of 35,000 copies/ml, reported a higher use of complementary therapies at that time than in the past (88 percent versus 63 percent). Previously, participants had reported the use of **beta-carotene, selenium, and garlic** to increase immunity and prevent the onset of symptoms; they now reported use of **multivitamins, marijuana, and chiropractic care** for general health and well-being. The current use or lack thereof was not related to CD4 counts, viral load, or antiretroviral use.

An interesting demographic survey of Medicaid recipients in Albany, N.Y., showed that out of 992 HIV-positive respondents, approximately 289 (30 percent) used **herbal remedies, homeopathy** or some form of complementary therapy (Abstract 42387). Factors that contributed to the likelihood of a respondent's use of complementary therapies included a college education, race (white and Latino more likely than African-American), a history of substance abuse (particularly crack cocaine), and a poorer perception of one's own health.

Additionally, most recipients spent low amounts of money on complementary therapies, typically at no cost, in a three-month period. Likewise, a Toronto-based survey of 2,500 HIV-positive people showed that 1,825 people (73 percent) had a usage rate of at least one complementary therapy (Abstract 42390).

An even more specific survey than the two above was conducted at the Long Island Jewish Medical Center with 212 of its HIV-positive patients -- 58 percent Latino, 34 percent African-Americans, 60 percent women (Abstract 42391). The findings revealed an 80 percent usage rate of complementary therapies with the following breakdown:

Acupuncture: 25 percent
Non-prescription nutritional supplements: 68 percent
Plant substances (most notably garlic and aloe vera): 44 percent
Herbs (most notably cat's claw): 42 percent
Non-traditional healers: 9 percent
Moreover, the pattern of usage could not be associated with gender, race, or immune system function.

Some not-so-good findings - Not all of the surveys had positive outcomes.
An evaluation of 468 HIV-positive patients of the Infectious Diseases University of Bologna, Italy, showed that while 184 (39.3 percent) of the patients had used at least one complementary therapy during a three-month period, they had a lower adherence rate in taking their prescribed antiretrovirals and OI prophylaxis regimens than the group only on physician-prescribed medications (Abstract 42382). Thus, a one-year follow-up showed an approximate 15 percent drop in CD4 counts, a greater than 0.3 log viral load increase, and the onset of certain clinical complications in the group using complementary therapies.

Finally, an informal survey of Cameroon-based native healers was conducted in an attempt to assess their knowledge of treating HIV and other STDs (Abstract 42372). Eschewing laboratory evaluations, the healers reported using **interview techniques and spiritual examinations** to diagnose their patients. An AIDS diagnosis would be made on the basis of a lack of hygiene or the presence of a curse, although the healers did acknowledge treating certain HIV-related infections -- such as diarrhoea, weight loss, and anaemia -- by using **plant extracts, invoking spirits or requesting the patients make a sacrifice to their ancestors**.

Sample leaflets draped the poster presentation to show what type of outreach the healers conduct. Many of these advertisements contained claims of "curing AIDS." Thus, it was the conclusion of the authors that the healers' practices could be detrimental to other efforts to treat HIV and that they should undergo more proper training. A very good idea, indeed!

It's all about control
Imagine our surprise to find a six-month, randomized, placebo-controlled, double-blind study of a preparation of **35 Chinese herbs**, including **Ganoderma lucidum, Astragalus membranaceus and Curcuma longa** (Abstract 42381). This study was conducted in Europe and the U.S. between February and September 1996, before the widespread advent of HAART. Sixty-eight HIV-positive participants with CD4 counts less than or equal to 500 cells/mm3 and on either stable antiretroviral therapy or none at all were randomized into two groups. By the end of the study, 53 participants remained, after two died. The other dropouts were attributed to the advent of antiretroviral therapy. Unfortunately, there were no significant differences between the study groups, in that CD4 counts declined and HIV-RNA levels remained stable in both arms. Despite a disappointing outcome, the authors concluded that the study's merit lies in the fact that a placebo-controlled trial could be done using Chinese herbs. As cited in the Journal of AIDS

(1996, issue 12:4), an earlier placebo-controlled study of Chinese herbal therapy also yielded no statistically significant outcome in the treated group.

Another controlled study, conducted in India without the benefit of lab values, was presented on the "**Kootikuppala Compound**" (Abstract 42329). This mixture of ancient herbs was tested from August 1996 to October 1997 against a placebo, using 60 HIV-positive participants. Benefits reported included weight gain as well as control of diarrhoea, fever, thrush and cough, whereas the placebo group reported a "deterioration of the general condition" in 80 percent of that study arm. The only reported side effect was stomach bloating in 5 percent of the participants. Due to a lack of access, CD4 counts could not be recorded. Again, the lack of precise data and certain vagaries regarding the symptoms of the placebo group keep this study below the threshold of true science, but the low price and availability of the herbs warrant further and expanded studies, according to the authors.

Refuting past claims made by practitioners of **Siddha** that these herbal medicines can either "cure" or "control" HIV, another comparison study (Abstract 42395) divided 10 participants into two groups. The first group received AZT, 3TC and indinavir or nelfinavir; the others received Siddha medicines, consisting of **Leyham and Rasayanas herbs.** Using HIV-RNA assays, CD4 and CD8 counts at baseline, three months and six months, the group receiving HAART exhibited significant clinical benefits while those receiving Siddha exhibited no changes other than weight gain and increase in appetite. While ceding that the HAART arm produced more significant results, the authors concluded that further studies were warranted.

A controlled study from Honolulu sought to demonstrate the benefits of self-management and coping skills on the immune system and quality of life of 40 HIV-positive participants (Abstract 42374). Twenty in the random group explored such techniques as **breathing imagery, progressive relaxation, cognitive restructuring**, **problem-solving and education classes**, while the control group received their usual treatment regimens. The study techniques explored appeared to have no direct effect on CD4 values, but the group experienced an improved well-being and enhanced coping skills. This appears to be another study that fails to link the use of alternative skills-building techniques to improved lab diagnostics, but does offer insight into improving quality of life.

A mess of miscellany - Can **massage therapy** alleviate the pain associated with peripheral neuropathy?
A small study, consisting of seven HIV-positive participants with painful neuropathy in the feet and prior experience with other types of pain relief medications, examined the question by providing eight massage sessions between September 1995 and October 1996 (Abstract 42376). Investigators used the Brief Pain Inventory (BPI) to quantify levels of pain prior to occupational therapy massage and upon completion of the eight sessions. Five participants reported a reduction in pain by half (3.2 on a scale of 1 to 7), while one reported a worsening of pain, and the other reported no change. It is important to note that the two non-responders were both diabetics. Thus, the authors of this tiny study concluded that massage therapy may have some palliative effect on non-diabetic, HIV-positive individuals.

An open label study of **PV150896, an herbal formulation**, was conducted in Mumbai, India on 21 HIV-positive participants (Abstract 42385). Surrogate markers included CD4 counts, weight, CBC, liver and renal activity. Although the poster presentation did not contain this information, this one-year study claimed that participants saw elevated CD4 counts, did not experience weight loss, remained asymptomatic, and had normal liver and renal panels. This is another inexpensive, accessible herbal medication that may merit further study.

A broad overview - What can be said about this collection of studies?

If any of them were keeping HIV-infected persons from receiving more widely tested and validated regimens, we (among many others) would not approve. Nevertheless, pharmaceutical companies and ACTG look-alikes are not exactly "invading" developing nations with study designs and randomization protocols.

A word of historical perspective: Not long after the discovery of HTLV-III as the causative agent of AIDS in the early '80s, pharmaceutical companies began a frenzied scramble to find chemotherapeutic agents. One of these -- literally taken from the shelves where it had been laying for more than a decade after "failing" as a cancer chemotherapeutic agent -- was given the name Compound S. In vitro, it suppressed HIV replication. Once tried, it seemed to be effective in vivo as well. This agent -- which might have seemed "alternative" in 1985 -- is known today as AZT.

Ashok Row Kavi, Humsafar Trust, Vakola, Mumbai.

I think this discourse on Traditional versus Allopathic medical systems is crucial for India. We at the Humsafar Trust get at least one query every month from the most diverse set of "investigators" who say they have a magic cure from traditional medical systems for HIV,STI, AIDS and what have you. So, this is for the records. Now a couple of things. First, let's be careful this does not become just another debate with no action.

I myself as a diabetic have experimented with traditional Ayurvedic medicine to lower my sugar levels. It worked, till one day I fainted in the bazaar because my sugar levels had gone down to such low levels where I would have gone into a coma. Thanks to me always carrying glucose cubes, I could have dropped dead somewhere.

The problem with most traditional medicines is that it has not undergone, nor does it understand the concepts for the clinical necessity of testing any particular drug. The rigid methodology enjoined by Western medical systems and mentioned in much of the Charvaka manuscripts are totally missing in the traditional systems where everything is just lifted from ancient manuscripts. There has been no innovation, no research worthy to declare and whatever little there is has been treated as top family secrets. This is a shame!

In Mumbai, this has had major impact on our outreach program. A sister MSM group called Humsaaya has been giving some powder in "pudis" (for packets in Hindi) and gay men and MSM have been complaining to my outreach workers that "you guys only distribute condoms and refer us to your clinics whereas Humsaaya gives us Ayurvedic medicine".

Not only is this a scandal but it borders on the criminal. Because Humsafar then has to pick up the debris when a collapse occurs; for there is no clinical follow-up of the "pudi" given by this organization. We know that one quack at Borivli in North Western Mumbai has grown rich on the gullible HIV+ MSM who not only have to live in dual realities but also face double stigmatizations. We are also tracking some of the organizations getting money from him for "trying out " these pudis. Mumbai seems to be full of these quacks. If one passes Mumbra on the central Railway towards Kalyan and beyond, one sees huge billboards advertising "sure-cure for AIDS" with actual certificates given by some unknown institutes in Delhi about how good the cures are. The Maharashtra Government has moved a bill against "magic cures" but it's just another government legislation. As usual there is no follow-up and not a single prosecution. It's more to intimidate the gurus promising instant cures and is aimed at only one religion.

It is imperative that we find a *via media* because once the WTO is signed much of the allopathic medicine is going to go out of the reach of our masses and we will be thrown to the wolves of Ayurvedic, Unani and the Siddha practitioners with their shades of religious mumbo-jumbo. Shudder!

I suggest the following *jaldi-jaldi*:

- The National AIDS Research Institute in Pune (NARI) be given powers to order confiscation or be permitted to do citizen's arrest of quacks and Ayurvedic, Unani companies or any entities promising cures. Dr. Paranjape or Dr. Mehendale could follow-up on this suggestion to make it see the light of day.
- Specific NGOs/CBOs be given powers to do clinical tests under strict guidelines or IRBs which are monitored by ICMR. Dr. Ganguli could be the Lead Guide or Resource Person.
- State Governments initiate action against some of the quacks to make examples of them and put the fear of God into others in similar practice.
- Prosecute NGOs/CBOs who do not adhere to strict clinical guidelines by having their registration suspended.
- Medical supervision of clinics through surprise checks so that magic cures are not tested secretly on gullible and scared patients.
- Finally the answer to this quackery is most certainly not the air-conditioned clinics and its alleged modern antibiotic overdosing being offered by some funding agencies.

Hope this helps this discourse instead of starting a bout of verbal diarrhoea.

P. Kousalya, Positive Women Network (PWN+), Chennai.

I refer to the mail of S. Sridhar on the study of 'Yogaprabhava' effectiveness and progressive immunity with diet and life style" to be conducted by Traditional Alternative Medicine Research, at HIRS in Palakkad. For reference Sridhar's mail is appended below.

I remember seeing Mr. Ramakrishnan Madusoodanan in a religious conference three months ago at Chennai. I have now spoken to him and he says that 'Yogaprabhava' is a "family inherited medicine for chronic conditions like psoriasis, asthma, viral infections like herpes and viral fatal diseases". He has so far treated six PLHIV on this drug and he says it may have an effect on viral load. No adverse effects were noted so far. However when asked the constituents of this drug he just replied like what Ashok had pointed in his mail that it was a "Family secret". Later he conceded that this is called "Kllunk" in Siddha medicine and that it is metal based.

On this study he stated that this would be the largest NIH Indo-US project grant if given. On the Research Process he conveyed that only the willing PLHIV would be registered after consent being taken in writing with signatures and thumb impression. He claims that full information will be given to the patients on the drug. However, now only sketchy information could be got. PLHIV from all age groups will be taken into the study.

For the Technical support and Review of the study it is learnt from him that there would be seven Allopathic Doctors and seven Alternative Medicine Doctors in an Integrated Technical Review Team. He did not mention anything about Internal Review Board (IRB), which has to be cleared

by ICMR in order to protect human beings under going research trials as was stated by Ashok. Nor does there seem to be any Ethical Review Committee.

Jaya N., UDAAN trust, Ghatkopar (E), Mumbai.

It is nice to see people writing about their experiences on alternative therapies. However, our experience has been totally different in this regard.

Udaan has been working with People Living with HIV (PLHIV) providing care and support services through its Drop-in-Centers at Mumbai and Pune respectively. Nutritional supplements and Ayurvedic medicines are also provided through our centers.

I would also like to inform that there are Government hospitals where doctors do recommend Ayurvedic medicines along with ART. In J. J. Hospital and Arcon, Dr. H.B. Singh has been providing Ayurvedic medicines to PLHIV with low immunity. Apparently it has worked well. I remember that he presented his data in the Yuvak Prathistan Conference two years ago.

Our board member, Vijay Nair, is on Ayurvedic medicine for the last twelve years and he is still healthy. Moreover, Mr. Nair has presented his experiences on Alternate therapies in various conferences. In addition, more than 200 of Udaan members have improved on Ayurvedic drugs and records of some of them shows that CD4 from 10 has shot to 400 and even up to 850 while viral loads decreased from 49000 to 7000 only. Thus, all medicines have their own good and bad sides which can be discussed. Ayurvedic medicines might have not worked with Ashokji but yes, it is working with many others.

Another point is that there is a strong need to differentiate between qualified Ayurvedic doctors and the unqualified ones. Between those who are ethical and those who are not. Also I strongly support Research as Ashokji suggested with NARI or any appropriate body which I am sure will give recognition to the effective drugs in Ayurveda.

Ashok Row Kavi, Humsafar Trust, Vakola, Mumbai.

Kousalya, According to me, Mr. Ramakrishnan Madusoodanan should be immediately stopped from playing with lives of PLHIV as per the Supreme Court order on un-tested medicines sold by T. A. Majeed which was mentioned in this list by Dr. Ramasubbu. The only way to bring Mr. Ramakrishnan Madusoodanan to book is an arrest or a warrant to that effect. So, if we say we are working in Care and Support of PLHIV we should all sign a petition for his arrest. Now, I would like to see the numbers in this list, who at the least, say they are working for Care and Support of PLHIV. Rafique, Can some e-stuff like e-petition, poll or survey be done on this topic, so that it is separate from this discussion yet parallel to it?

Practitioners like Madusoodanan with their "family secrets" are the biggest danger to Indian Traditional Medicines. We cannot permit the way some of these people are manipulating the lives of helpless HIV+ people running helter-skelter from pillar to post trying to get treatment under the most trying circumstances. We need to build robust "Care and Support" components into our

Targeted Interventions to cater to this demand. Many of us are already in post-burn-out stage thanks to the scores of people coming to us in the last stage where their CD4 cell counts have fallen below 50 and the syndrome has already set in. Just last week, Humsafar Centre was visited by a thirty-five year old HIV+ MSM who weighs thirty Kilos, has TB and God knows what else and sleeps near a public toilet where his mother brings him food, as the father had thrown him out. Now tell me, what do I do with this man when he tells me that he is given "pudis" by some MSM group? What face do I have when Care and Support components usually mean we have to enroll him in some public hospital when he doesn't even have strength to walk a hundred meters to pass urine and faeces in the toilet? The public hospitals do not admit such persons if not accompanied by a relative because they dirty the bed five times a day. The nursing staff is petrified to do that because they are too over burdened and I can understand. Do I allow him to be 'used' for this un-cleared and un-tested 'Yogaprabhava'? How can we tolerate and allow a NIH experiment to take place without an Internal Review Board (IRB) sanctioned by the ICMR? Has NIH any jurisdiction in India? Is not ICMR closer home? After all it is ICMR that has the locus standi and not NIH. The onus is on us to bring this to the notice of the Government and they are the ones to step in and stop this 'Research'.

Ashok Row Kavi, Humsafar Trust, Vakola, Mumbai.

Jaya, Thank you so much for talking about the alternative therapies and I am equally glad that Udaan has 200 people taking Ayurvedic medicine. That is indeed a breakthrough. I was very much an observer of Dr. Geeta Bhave, of the Department of Microbiology at KEM Hospital, when she also started giving homeopathic drugs to HIV+ persons. She too claimed what you did. But I do not see any research papers on this subject. I do not see why you cannot submit Udaan papers to NARI for verification through clinical trials. I am extremely relieved that the drug has worked with Vijay Nair who is a friend and colleague in our struggle for MSM rights for years now. However, let us remember that one swallow, a summer does not make. Clinical trials are rigidly monitored and have a set protocol. They require IRBs. I do not know what IRB you have and who is allowing you to administer these drugs to your clients but if it is not done with permission from ICMR or without an IRB, then I must inform you that what you are doing is ethically wrong, however much relief you are giving the HIV+ client.

I would just like to point out to you that this country has been a pioneer in both medicine and surgery. The Charvaka Samhita and some of the surgical practices that we know today have been mentioned there. Traditional Medicine stagnated during the colonial period. Mahatma Gandhi himself said as much. Thanks to the British we started western education through the Universities established in the big cities. If you read the history of the old Bombay Presidency, you will read reports how every village had a pathshala where traditional knowledge was imparted rigidly. Maths, chemistry and physics were integral parts of the curriculum of the great Nalanda University where medicine was also taught. But where is it all now? We have become slaves of Western systems of medicine precisely because we refuse to follow scientific methodology. The result is that even turmeric, one of the oldest known Ayurvedic drug, was nearly patented in the west till our Government protested. The beneficial effects of Turmeric, Garlic, Reserpine, Sena, Digitalis, Vinca, Mint, Menthol and host of other life-saving Ayurvedic drugs has now been extensively studied. Its active compounds have been separated, analyzed, proved by replicable studies that are well documented, the best production methods used for its synthesis, then passed stringent animal and human tests before it was licensed like any other Allopathic drug with finely controlled dosages. So, I do not say that Ayurvedic drugs are not an option. At the same time, we must also remember that two very famous Ayurvedic drugs have been banned in USA because they have high content of mercury and heavy metals in the 'bhasma'. Heavy Metals are only known for their toxicity and caused Renal failures in

repeated replicable studies. Also, many of these purported cures with their "family secret" have steroids which are being increasingly found in their formulations. These steroids work wonders by masking all the signs and symptoms of the underlying disease for years before the final collapse comes. My suggestion is that you *must* ask NARI to help you out with your clients before administering the drugs. I would be afraid otherwise you are playing with lives.

Padmaja, Positive Women Network (PWN+), Chennai.

Contents from the page http://education.vsnl.com/thoracic/sidupd.html by Prof S. Rajasekaran, Superintendent, Government Hospital of Thoracic Medicine, Chennai, is appended. It shows how Traditional Medicines can be studied under scientific methods by Allopathic Doctors for the ultimate benefit of PLHIV.

Update on Application of Siddah Medicine to HIV/AIDS

In all HIV infected individuals and AIDS sufferers who do not have overt neural HIV disease, the following Siddah drugs are very effective.
They are used in combination with Opportunistic Infection (OI) controlling drugs.

1. **Rasagandhi Mezhugu**
2. **Amukkara Chooranam**
3. **Nellikkai Lehyam**

The main ingredients in each drug formulations are:

1. Rasagandhi Mezhugu
48 components including:
Mercury
Sulphur
copper sulphate
Zinc sulphate
Strychnos nux vomica
Withania Somniferum

2. Amukkara Chooranam
8 components including
Withania Somniferum
Elatteria Cardamomum
Piper nigrum
Piper longum
Zingiber officinales

3. Nellikkai Lehyam
17 components including
Emblica officinales
Cuminum cyminum
Glycyrrhiza glabra
Piper longum

The three formulations are made according to the "The Siddah formulary of India", I edition, published by the Govt of India, Ministry of Health and Family Welfare, 1988.
All the three formulations are safe. There are no side effects noticed in over **35,000 patients** who have received these drugs **since 1992** at our Hospital.
These drugs are able to **reduce viral load, increase CD8 and CD4 cells besides symptoms control and increase in body weight**.
The process of preparation of Hg and S make them completely non-toxic to the human being.

Are these Siddah drugs capable of curing AIDS ?
As of now; no; they are not capable of a cure. prolonged viral suppression has been achieved in a few patients.
Intermittent therapy (similar to the so called structured interruption of treatment) is yet to be tried.
Siddah drugs alone without OI drugs have not been tried in our patients.

What needs to be done now ?
A head-to-head comparison of the Siddah drugs with HAART drugs will be required for **comparing efficacy and long term safety**.
We have combined **HAART with Siddah** drugs - there are no side effects and drug-drug interactions.

More Siddah drugs **require to be tested** against:

- Advanced HIV
- Severe wasting form of HIV
- Encephalopathic form of HIV.

Prof S. Rajasekaran, MD, DTCD
Superintendent
Govt Hospital of Thoracic Medicine
Tambaram Sanatorium
Email: thoracic@vsnl.com

Many thanks to all who contributed to this query!

*If you have further information to share on this topic, please send it to Solution Exchange for the AIDS Community in India at aids-se@solutionexchange-un.net.in with the subject heading '**Query: Traditional Cures for HIV, from SHELTER, (Experiences)**'*

Solution Exchange is a UN initiative for development practitioners in India. For more information please visit www.solutionexchange-un.net.in