

# Edward J. Mills

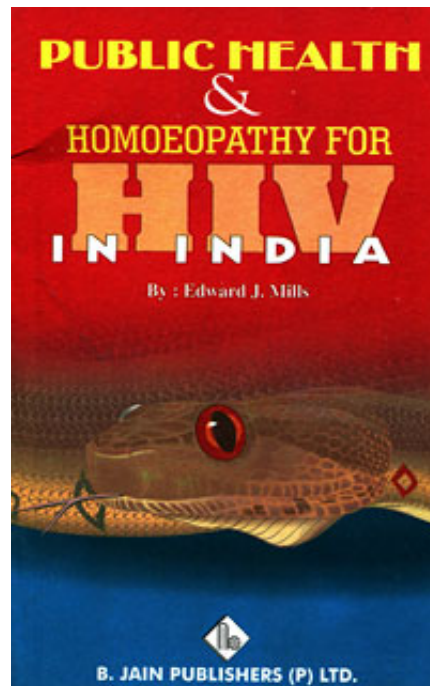
## Public Health and Homoeopathy for HIV in India

Reading excerpt

[Public Health and Homoeopathy for HIV in India](#)

of [Edward J. Mills](#)

Publisher: B. Jain



<http://www.narayana-verlag.com/b6019>

In the [Narayana webshop](#) you can find all english books on homeopathy, alternative medicine and a healthy life.

Copying excerpts is not permitted.

Narayana Verlag GmbH, Blumenplatz 2, D-79400 Kandern, Germany

Tel. +49 7626 9749 700

Email [info@narayana-verlag.com](mailto:info@narayana-verlag.com)

<http://www.narayana-verlag.com>



# PREFACE

The project that is included in the following pages was conducted in India between 1999 and the year 2000. The first portion of this book focuses on Public Health issues regarding the education of the population and medical community, and the acceptance of people living with HIV and AIDS. The latter portion of the book deals with the homoeopathic approach to case-taking and prescribing in HIV. These recommendations are based on the observations of many physicians all over India.

The aim of this book is not to become a text source for treatment, but rather to stimulate interest and compassion for the treatment of this disease. It has often been my observation that we must reread what we know about this disease and forget what bias we have developed as a result of hearsay . Homoeopathy has much to offer individuals diagnosed as HIV+, and treatment commencing during the asymptomatic period may be able to provide good health for years to come. It is most certainly my opinion that constitutional treatment can provide the best results, particularly during the asymptomatic periods. Of course, the experience of the physician will oftentimes determine what approach is required in a case.

Many hypothesize a cure for this disease through homoeopathy. In all of my investigations, I have never seen an individual turn seronegative. I wish that we could perform miracles like that, but we will have to settle for smaller miracles.

(vii)

*"To save life doomed to be lost is Divine  
To save life diseases beyond repair is Superhuman.  
To make an attempt to save is Human"—Make it more clear*

<sup>1</sup> Master. F. J.

# INTRODUCTION

## 1.1 Problem Statement

The pandemic of Human Immuno Deficiency Syndrome (HIV) and Acquired Immuno Deficiency Syndrome (AIDS) has not been limited to nationality, sex, age, and socioeconomic status. HIV, the retrovirus causing AIDS has infected tens of millions of people worldwide, in developed and developing nations. The disease is truly pandemic as no continents are spared. Although AIDS was first recognized in San Francisco in 1981, earlier cases have been discovered using retrospective analysis to have occurred in Canada in 1979, and further back in Africa<sup>iv</sup>. The fact that symptoms of AIDS are usually the initial indicator of HIV infection would lead us to believe that the number of AIDS cases presently noted is but a fraction of things to come. The real measure of the disease is the number of people infected with HIV; which we will never be able to fully know as mass screening is likely impossible, due to cultural and financial restraints<sup>v</sup>.

Now that nineteen years have passed since the discovery<sup>iv</sup>, the pandemic proceeds relentlessly. Up until 1999, 43'347 cases exist in Canada<sup>v</sup>, while numbers soar in countries where the

risk factor of promiscuity may be more acceptable, such as in Sub-Saharan Africa<sup>vi</sup> where the incidence is surpassing 1'814 per 100'000 and may be as high as 30% in Zaire. Many countries, where the diagnosis of HIV infection would result in stigmatizing and nonacceptance, such as India, there are many in individuals refraining from testing to avoid the diagnosis.

While public education in several countries, such as Canada, has begun to reduce the incidence", the HIV infection still thrives in areas where literacy and access to information are compromised. High rates of HIV infection are now reaching new communities and countries, often with great rapidity. The explosion of HIV has only recently reached South East Asia, particularly in Thailand, Burma, and India"; all of which have thriving and legalized sex industries. It can be assumed that AIDS did not, in fact, only arrive in Asia during the late eighties, rather that public and medical ignorance, allowed the progression of infection to go unchecked. HIV is now reaching as remote areas as Fiji, Papua New Guinea, and Samoa. It is likely that this infection will have massive global implications affecting not only the physical and psychological status of populations, but also leading to significant economic devastation.

**Table 1. HIV Infection First Reported by Countries**

Country	Year	Country	Year
Bangladesh	1989	China	1985
India	1986	Japan	1985
Nepal	1988	Singapore	1985
Sri Lanka	1986	Canada	1981
Thailand	1985	USA	1981
Pakistan	1987	Source: Park™	

In many western countries, such as Canada and US, HIV had initially been considered a disease primarily affecting intravenous drug users, blood product recipients, commercial sex workers (CSW's), and homosexuals. However, this has proven to be a misunderstanding of monumental proportion as women are now a growing segment of the infected population and can, in turn, pass the infection on to an unborn child<sup>xiii</sup>. In developing nations however, heterosexual activities accounts for 75% of transmission, both male and female. Women represent 40% of the estimated infected population<sup>1TM</sup>. The common cause is infidelity by the partner or the female being involved with the enormous commercial sex trade.

The projected infant and child deaths from AIDS may increase child mortality rates in developing countries by as much as 50%, thereby eradicating the gains made in the recent past related to child survival rates. It is estimated that by the year 2000, 10 million children will be infected worldwide as a result of materno- foetal infection and blood product transmission."

**Table 2. Global Trend of HIV Infection in 1999**

Mode of Transmission	Percent
Sexual Intercourse	70-80%
Materno-Foetal	5-10%
Needle Sharing by Drug Users	5-10%
Blood Transfusion	3-5%
Accidental Needle Sticks by Health Workers	<0.01%
Source: UNAIDS <sup>TM</sup>	

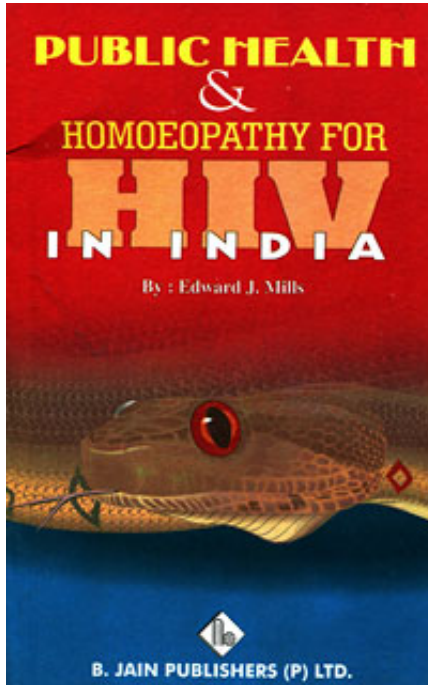
## 1.2 Historical Approach

Epidemiologists and health researchers still debate the origin of the HIV. Theories abound that it is a botched invention targeting certain groups: Africans, homosexuals, drug users, etc.<sup>vii</sup>. This conspiracy theory is likely untrue, and is only detrimental to the health of the PLWHA, as they feel victim of moral blame. A more likely explanation is that the virus existed undetected for many years in isolated villages of Africa. As a person can harbor the virus for many years before death and rural African villages have always had short life expectancies and high levels of infections that kill at an early age, the virus could have been infecting persons for a long time without notice. A further theory, and now somewhat accepted, is that the virus had sprung from infected monkeys to humans, as the viruses in the monkeys are genetically similar to that of human beings\*<sup>TM</sup>. The virus is linked closely to the Simian Immunodeficiency Virus (SIV) seen in monkeys. It is not likely that other animal immunodeficiency lentiviruses such as EIV (equine), FIV (feline), and BIV (bovine) crossed into humans as these are species specific, unlike SIV<sup>xix</sup>. However, it must be noted that HIV-2 is more closely linked to SIV. It is speculated that the use of monkey blood in sexual stimulation, male blood for males, female blood for females, inoculated onto the pubic region in traditional superstitions provided the likely initial exposure. It is interesting to note that it was first in Cameroon that scientists discovered new strains of the virus, now reaching over thirty, that can often escape detection with standard ELISA testing. However, the belief that HIV began in Africa goes on to further stigmatize the situations there.

Retrospective investigations have been carried out on stored sera and other materials which were collected from different countries. A sample taken from Zaire, 1959, revealed HIV-1

Antibodies. AIDS was also the suspected cause of disease in a Norwegian family in the 1960's, and then death in 1976. However, the earliest case discovered is in the death of an English seaman from Manchester in 1959<sup>xx</sup>. There is no evidence that this man had been to Africa. One may, in fact, assume, as a result of the deaths, that HIV may have begun in the 1930's. It is likely that many deaths went unrecognized.





Edward J. Mills

[Public Health and Homoeopathy for HIV in India](#)

217 pages, pb  
publication 2000



More books on homeopathy, alternative medicine and a healthy life [www.narayana-verlag.com](http://www.narayana-verlag.com)