

Edward J. Mills

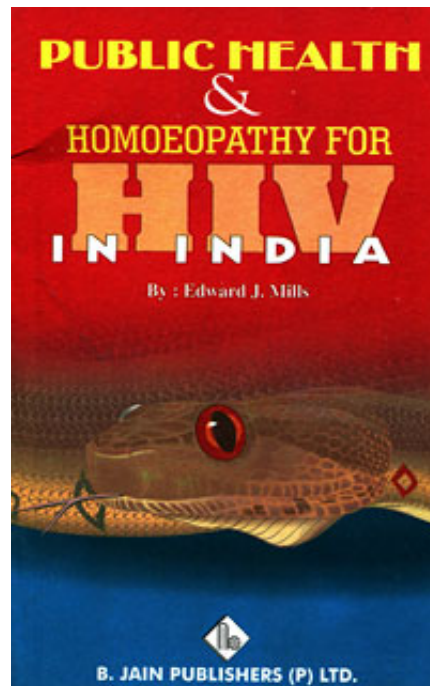
Public Health and Homoeopathy for HIV in India

Reading excerpt

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

of [Edward J. Mills](#)

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TREATMENT

8.1 Conventional/Allopathic Medicine

At present there is no cure for HIV infection or AIDS. A number of drugs have been created which can suppress the HIV progression, thus improving longevity of life. More recently, protease inhibitors, have managed to check the progression of the disease resulting in extended lifespan prognosis and increasing the quality of life. The drugs neither restore the immune system nor destroy the HIV already in the cells. Many individuals suffer side effects as a result of the intense chemotherapy; anemia, nausea, malaise, insomnia, depression, and even as serious as hepatitis and prominent skeletal features result from the drug regimen. Many patients take as many as 26 tablets per day, often to counteract the side effects of others. While this is by no means condemning the scientific and ethical breakthroughs that have come about through these drugs, we must wonder if they can, at times, cause as much damage as good.

Nevertheless, the expensive drug regimes can be called an opulent luxury of living in developed countries, such as Canada, U.K., Scandinavia, where the government is willing

to provide the drugs to the patients. It may well be suggested that the larger pharmaceutical corporations are overlooking their charitable duties by demanding the high prices for the desired drugs. Rarely can these drug regimens be afforded in developing countries. In India, the drug AZT costs a monthly 30'000Rs (\$1050 CAN), impossible for an the average HIV patient who earns a monthly 1000Rs (\$35 CAN). For the few who do manage to acquire the money, the length of time that they receive the drugs can put themselves and their families into financial ruin. It is for this reason that a cost- effective alternative must be found.

The standard care in developed .nations for PLWHA is combination therapy using multiple antiretroviral drugs. This is normally initiated with one protease inhibitor and two reverse transcriptase inhibitors, once the CD4+ T lymphocyte count is less than 500 /uL, or the patient is symptomatic. It is assumed that the best results are found if the combination therapy is started early and aggressively. Therapy can bring CD4 counts up substantially from very low levels. However, as has been noticed, new syndromes associated with the immune restabilization are appearing, thus long term results may be detrimental. Many of the newer drugs have unknown side effects that can themselves be devastating. For example, Indinavir can result in renal calculi, hyperbillirubinemia, and abdominal pains; Ritinovir, statistically showing the highest incidence of side effects, has been linked, to nausea, vomiting, diarrhoea, fatigue, circumoral paresthesias, anorexia, elevated triglyceride, creatinine, and transaminases levels; little is known about Nelfinavir^{boxvi}.

For the wealthy few who can afford antiretroviral drugs in the likes of India, combinations are not a possibility. The luxury of financial access to anti-retroviral drugs is limited to the above

mentioned drugs, normally used in monotherapy. It is observed that in monotherapy, drug resistance is inevitable. Major trials by the Concorde group^{lxxxvii, lxxxviii} and the AIDS Clinical Trials Group (ACTG) 019 protocol^{lxxxix} have shown that the benefit of monotherapy in delaying disease progression in asymptomatic patients was small and temporary.

8.2 Ayurvedic Medicine

Ayurvedic medicine is not often understood in the western world and it is often the case that it receives undue respect as people simply assume that as it has stood the test of time, surely it is a substantial therapy.

Ayurveda has been practiced in India for several thousand years and is believed to be a system of medicine derived from the gods. Ayurvedic doctors attend school for five and a half years, learning subjects such as anatomy, physiology, pathology, pharmacology, and surgery, as well as their various therapies. Ayurveda is based on the therapy of cleansing the body and then allowing for balancing to occur.

Ayurveda translates literally to "the knowledge of long life". Practitioners of this wisdom are called *Vaidyas*. Ayurveda takes a holistic approach to diagnosis where mental and emotional symptoms are as important as physical. Ayurveda is associated with maintaining a balance between the three bodily essences or doshas, *vatta* (*wind-air and space*), *pitta* (*bile- fire and water*), and *kapha* (*phlegm- earth and water*). Vatta represents kinetic energy and is associated with the nervous system and movement. Kapha, which opposes vatta, is potential energy and is associated with lymph and mucous. Pitta mediates between these two forces, governing, digestive and metabolic processes. Balance between the three doshas is essential to

Table 14 : Antiretroviral Therapy

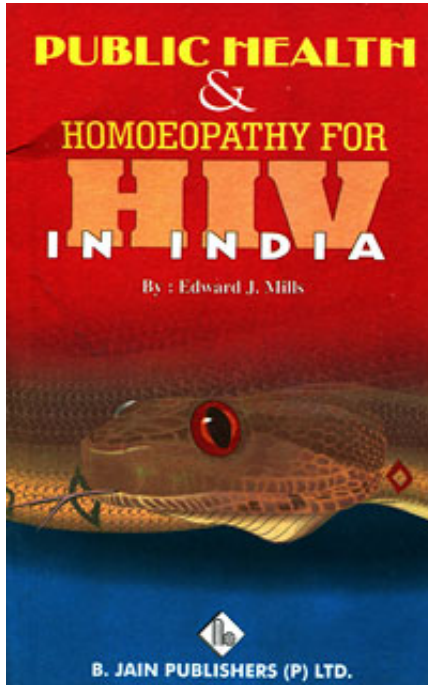
Drug	Indication	Dose	Common Side Effects	Monitoring
<i>Zididuvine (AZT)</i>	<i>CD4 < 300/uL or symptomatic disease</i>	<i>500-600mg orally in divided doses</i>	<i>Anemia, neutropaenia, nausea malaise, headache, insomnia</i>	<i>CBC every 3 months</i>
<i>Didanosine (DDI)</i>	<i>Intolerance to AZT or combined with AZT</i>	<i>125-300mg orally tbd.</i>	<i>Peripheral neuropathy, pancreatitis hepatitis</i>	<i>CBC and differential amniotransferases, potassium, amylase, triglycerides, & monthly neurologic exams.</i>
<i>Zalcitabine (ddC)</i>	<i>Intolerance to AZT or combined with AZT</i>	<i>0.375-0.75mg orally bd.</i>	<i>Peripheral neuropathy, aphtous ulcerations, hepatitis</i>	<i>Monthly neurologic exams</i>
<i>Staduvine (d4T)</i>	<i>CD4 <300/uL and intolerant to AZT/ DDI/ ddC</i>	<i>40-60mg orally daily</i>	<i>Peripheral neuropathy, hepatitis pancreatitis</i>	<i>Monthly neurologic exams, amylase test, aminotransferases</i>

Source: PDR^{xxxxv}

good health, but decadent doshas unbalanced by *Agni (fire)* develop distortions.

Ayurvedic doctors claim that the disease AIDS has been mentioned in the "Sharangdhar Samhita", an ancient Sanskrit manuscript by his Highness Sharangdhar. The name of the disease in the book is "Oja Kisha", and is related to AIDS by virtue of its symptoms, here the reference relates to a disease of kings. The method of treatment for this ailment varies, however, inevitably involves *Panchekarma*. *Panchekarma* is a system of therapies developed to cleanse the body of all impurities, therefore balancing doshas. The different modalities used include induced vomiting, enemas, intense steam, massage, leeching, and shaving the head to allow absorption of medicated oils (See photos 3.1,3.2,.3.3, & 3.4). Many side effects are noted in *Panchekarma*. The patient will later receive oral medicaments and dietary restrictions. Of the cases that I observed in the J.S. Ayurvedic Hospital in Nadiad, Gujarat, few were receiving considerable benefit. It was also interesting to note that a medical system that purports to have a history of dealing with AIDS, this hospital refused admission to HIV+ patients for the In-Patients Department (IPD).

Various combinations of herbs, minerals, and elements are used in the Ayurvedic preparations for boosting the health of PLWHA. 38 different remedies were used in an immunity boosting preparation by a group of Ayurvedic physicians in Karnataka. This preparation costs the patients Rs 1575 (\$56 CAN) per month, plus an additional Rs 500 (\$17 CAN) per litre of oil used in deep massage panchakarma. Ayurveda is a costly treatment but appears to have some efficacy in relieving symptoms in the patients. Research has been sponsored by the WHO in Ayurveda at a hospital in Junagaht, Gujarat; however, no results have yet been published.



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