



Study on efficacy of Homoeopathic preparation *Tubaid* (AIDS Nosode) in management of HIV-AIDS

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ABSTRACT: HIV-AIDS is the most dangerous disease the world is facing today. WHO estimates a cumulative total of over 40 million people infected by the year 2000. So far, there has been no definite treatment in Allopathy for this disease. AIDS is immune depletion supreme. Homoeo-pathy offers restoration of health by restoring the depleted immunity.

INTRODUCTION

This article is the result of clinical experience of using a new preparation, ie *Tubaid*. In February 2008 we prepared this medicine from the serum of a severely ill and dying HIV positive patient and potentized it at 30, 200, 1 M centesimal potency.

Dr Harimohan Choudhari in his book 'Indication of Miasm' states that Nosode of AIDS is absolutely necessary in these cases. As curative and preventive remedy against this dreadful disease. AIDS Nosode will be a dependable weapon against AIDS as *Syph* against syphilis, *Carc* against cancer, *Tub*, *Psor*, *Medo*, etc against tubercular, psoric and sycotic miasm. So homeopaths have nothing to worry or feel bewildered about with any so-called "new" disease. Rational and Dialectical application of homoeopathic

principles and doctrines, based on infallible laws of nature, in any disease state (acute or chronic, old or so-called "new"), since the same curable condition has to be cured with hom treatment.

In 1994, Nikos Zervos (Physician from Greece) potentized HIV antibodies and the preparation produced was named HIV.

In cooperation with Abdul Hafeez, a physician from India, who looked after patients *pro bono* for religious reasons in the city of Morogoro in Tanzania, they administered the HIV preparation to 21 patients.

The preparation was administered for six months, from September 1998 to the end of February 1999 and the results of the process were the following:

A total of 21 patients received the homeopathic remedy named HIV. Five patients were lost, as they did not return for examination; 3 of them died; 8 of them remained HIV positive but showed clinical improvement and 5 were found to be HIV negative and clinically healthy.

In April 1999 a Dutch physician administered the homeopathic remedy HIV to another 7 patients in a city 200 km from Morogoro. After 2 months, he announced that 3 of the 7 patients were found to be HIV negative and clinically healthy.

GEORGE LOUKAS was impressed by the results of Zervos' work and thought that if a homeopathic remedy were to be made with blood from patients at the final stages of the disease, and ad-



ministered to patients at the terminal stages of AIDS, the latter might show a better response. Loukas discussed the issue with **DR PAWAN CHANDAK** and asked if the idea could be tried out. It would be ideal if blood of all blood groups could be taken from patients at the terminal stages of AIDS. Unfortunately, it was difficult for this to take place at the time, so blood was taken from a dying patient with TB and AIDS. The remedy was prepared by '**Homoeopathic International**' Pharmacy of Calcutta in 30, 200, 1M centesimal potencies. The preparation was named *Tubaid*. Dr Pawan started administering the remedy to patients and recording results.

The planned was to give *Tubaid* 30 potency, in weekly repetition for the first 3 months, 200 potency at 15 day-interval repetition for the next 3 months and then 1M in monthly repetition.

Since AIDS is related to an immunity disorder, there is an urgent need to correlate Homoeopathic success in AIDS cases with improvement in immuno-modulatory activities.

Total 72 cases are being studied since June 2008 including some cases treated with the ART management. After detail homoeopathic case-taking we prescribed *AIDS Nosode* at 30 potency to all cases in prescribed weekly doses.

Various parameters are set to find the changes in the patient's condition. (1 to 19 parameters)

METHODS AND MATERIAL

Patients are evaluated through detailed Hom case-taking finding the origin, development and progress of the disease with six modification of a complete symptom.

Since patients are of a poor economical status, they can't afford costly investigations modalities and also treatment. So we are giving free treatment to patients. Food habits of patient are also of low quality. Many patients have been separated from their families and neglected by Society. The living conditions are dirty, poor hygienic condition, lack of employment, lack of nutritional food support. Patient's are so poor

that they cannot afford 2 meals/d for their family.

Most serious thing we observed about 12 Jeevan Rekha (Child Care Centre) children that in this month they had not received their regular food from concerned Care Taking Organizations nutrition related health problems resulted.

Only our medicines like *Tubaid* plus Multivitamins are insufficient. Special care and support is needed.

Patients live within 70 km from Parbhani city. We are taking care of HIV positive children of one Child Care Centre for HIV positive children.

As per Homoeopathic Case-Taking system we take detailed case history including current complaints, past history, family history, general physical examination, such as Pulse, BP, temperature, Wt and systemic examination. History is only as per available sources. Many patients are not willing and many are children and even their care-givers are aware of Hom Case-History formats. So we try our level best.

In Follow-up we have given importance to common parameters like chest pain, cough, Diarrhoea and vomiting, Headaches, Bodyache, Appetite, Wt gain and loss, Vertigo/giddiness, Tiredness/weakness, Joint pains/Muscle pains.

Parameters: After finding similimum 1 to 19 parameters have been set. Patients are evaluated every 10th day of the prescription. Grades are given to state to what extent the patient complaints about Impairment when choosing one action only.

0 1 2 3 4 5 (0 = Not at all.....to5= very much so)

KARNOFSKY SCORE: 100 Normal, 90 Normal Minor symptoms, 80 Normal, moderate symptoms, 70 looks after oneself but can't work, 60 needs some assistance, mostly self-sufficient, 50 Frequent support needed and use of medicines, 40 Disabled, Special care needed, 30 severely disabled, hospital care needed, no acute danger, 20 seriously sick in hospital, 10 dying, 0 dead.



DISCUSSION: As Homoeopathic preparation 'Tubaid 30' (AIDS Nosode) started in weekly doses symptoms started reducing in intensity. Patients started gaining Wt and their appetite improved.

Oral Candidial infection reduced in just one week.

Improvement of Diarrhoea and vomiting.

Itching in herpes skin infection and eruption started reducing in most cases.

Molluscum in most of the cases started reducing.

Herpes complaints also reduced.

Herpes Zooster cured completely.

Patients respond quickly to all skin infection as their skin problems start improving from one week to one month.

Oral Candidial and yeast infection improvement: 100 % in just one week.

CD4 count: 16 Patients who were critically ill came to normal with improvement in oral yeast infection, loss of appetite, diarrhoea and vomiting came to normal in just one month.

Patients respond quickly to all skin infection as their skin problems start improving from one week to one month. But in unhygienic environment it takes time. So we provided good hygienic care and homoeopathic medicinal support which helped us in treating skin infections.

That patient's whose platelet decreased in last month came to normal.

Many patients' CD4 count has been improved. Those patient's whose CD4 count was same means less than 100 even such a less CD4 count patient living normal and healthy life without any problems. There are some patient whose CD4 count is 90, 79, 84 but feeling better and other Clinical results and hematological results like Hb, WBC, RBC within normal range.

Many patients' Haemoglobin came to normal. Due to *Tubaid* those patient who are on ART (Anti-Retroviral Treatment) in which there is chance for hepato-toxicity with disturbed Liver Function Test range in that cases they are re-

sponding well with normal Liver Function and Kidney Function Test. SGOT, SGPT ranges are normal.

In some patient there is recurrent history of pustular skin eruption due to poor hygiene and unclean habit. That was managed later on with good care.

Some patients were having recurrent Indigestion troubles and Diarrhoea due to irregular food habits and coarse foods like Bananas, Biscuits and impure drinking water etc. That was managed now with good Care and Supply of Pure water Facility by our team providing Water Filter as well as Nutritious Foods.

ABSTRACT OF CASES

- WT GAIN: 50 % cases – 1 to 4 kg in 15 days.
- 10 % cases: Wt gain from 3 to 6 kg in 1 month.
- 5 % cases: Wt gain from 6 to 10 kg in 40 days.
- Skin c/c like herpes skin infection, generalized Pruritis, Molluscum: In Herpes 100 % improvement in 15 days; e.g. Herpes simplex, Herpes infection of lips.
- IN MOLLUSCUM: 50 % improvement in 15 days.
- CD4 Count: 21 % improvement in patients after giving *Tubaid* (As per reports till November History).
- CD4 Count: In some Patients 10-20 % improvement in just one month of treatment. Previous CD4: 356, after 1 month: 396
- TB Sputum Test: Negative in just 1 month of Treatment with '*Tubaid*'.
- Diarrhoea: 100 % improvement in one week.
- Cough, Chest pain: 60% improvement in 1 wk
- Cough with evening rise of fever: 100% > in 15 days.
- Abdominal lymphadenopathy: 100 % >.
- Cervical lymph node swelling: 60% > in 3 weeks.
- Muscle pain, Joint pain: 50 % improvement
- Loss of Appetite: 100 % improvement. In all cases appetite and food intake > in 7 days.
- Tiredness, Weakness: 100 % > in both ART and Non ART based cases.



- Oral Candidial and yeast infection improvement: 100 % in one week.
- CD4 count: 16 of one Patient who were critically ill came to normal with improvement in oral yeast infection, loss of appetite; diarrhea and vomiting came to normal in one month.
- Herpes Zoster infection improved completely. 100 %

CONCLUSION: As the project is ongoing, the detailed conclusions are still pending; however, current results are very encouraging.

SOME IMPORTANT CASES

CASE 1: ABC 6/M

COMPLAINTS OF: Pain in abdomen especially in epigastric region < before meals > sleep, after meals. Watery nose < sour foods, cold bath. Recurrent stomatitis.

Breathlessness < exertion.

P/H/O: After 2 months at Centre. Chicken-pox 2-3 years ago.

FAMILY HISTORY: Father: Driver, Mother: ? Koch
APPETITE: Moderate. **DESIRES:** Fruit.

THIRST: Thirsty.

BOWEL: Constipation, no bowel-movement x 2 days.

URINE: Normal. **Sweat:** Scalp

SLEEP: Frightful dreams

Thermal Relationship: Chilly Patient.

GENERAL EXAMINATION: Pulse: 76/min. Pallor: ++.

RESPIRATORY: NAD. **CVS:** NAD.
WT: 13.5 Kg.

TREATMENT: *Tubaid* 30 single dose. SL bd x 1 week
24/07/2008: Aphthae. H/o of abdominal pain with vomiting >. Chest pain < before urination. Stomatitis. No vomiting. Headache. *TUBAID* 30 Single dose.

31/07/2008: Cough with expectoration x 4 days. Chest pain. Breathlessness – slight. Cold coryza since change of weather. Feverish. Pulse: 86/min. Urine: Normal. Bowel movement: one time only. Thirst: Less. No Throat pain. Pain in right parotid region. Abdominal pain since yesterday. No vomiting.

Tubaid 30 single dose. Wt: 14.25 Kg on 03/08/2008. Wt: 14 Kg on 10/08/2008

07/08/2008: Cold, coryza for 3 days. Recurrent cold coryza. Chest pain over sternal region. Sleep on abdomen. Bowel movement – 3 times. Aphthae inside mouth. Improvement in parotid pain. *Tubaid* 30.

14/08/2008: Cold coryza decreased. Chest pain decreased. Pain in abdomen occasionally. Stool decreased. *Tubaid* 30 Single dose.

21/08/2008: Pain in abdomen. Cold coryza decreased. Stool decreased. *Tubaid* 30 Single dose.

28/08/2008: Pain in abdomen especially epigastric region. Chest pain. Slight itching. Appetite: Normal. Thirst: Normal. *Tubaid* 30.

05/09/2008: Improving. No pain in abdomen, cough, chest pain. No muscular pain. *Tubaid* 30 (12/09/2008) Single dose. Wt on 07/09/2008: 16 kg

19/09/2008: Asymptomatic. *Tubaid* 30.

25/09/2008: Asymptomatic. *Tubaid* 30. Single dose.

CASE 2: XYZ. 8/M

COMPLAINTS OF: Pain in both ears. Left eye pain. Molluscum contagiosum on chin. H/O Abdominal pain.

Chronic cough whole day.

Herpes skin infection on upper extremities, lower extremities, on abdomen, behind ear.

Body ache. Joint pain < night





TONGUE: Coated. **STOOL:** Watery 3-4 times.

APPETITE: Normal.

Diarrhea

Diet: Chapatti, Rice

P/H/O: TB in 2007. Took AKT.

Night blindness.

17/07/2008: AIDS Nosode 30 Single dose. Wt: 16 Kg on 20/07/2008.

31/07/2008: Molluscum contagiosum below lips. Small: 2, Large: 2. Herpes infection behind ear decreased. Herpes infection over legs. Diarrhea since morning. 1-2 times. Watery coryza with frontal headaches. Cough. Thirst, Appetite: Normal. *Tubaid* 30 Single dose. Wt: 17 kg on 03/08/2008

07/08/2008: Herpes infection behind ear decreased. Improvement in herpes infection. Molluscum decreasing in size. Diarrhea for 2 days.

Watery coryza decreased. Chest – emaciation decreased. Abdominal Girth: 22 inches. 56 cm. *Tubaid* 30 Single dose.

14/08/2008: Molluscum on Rt ear decreased. Molluscum, 2 big, 4 small, tiny.

Diarrhea decreased. Cold coryza. Pain in abdomen decreased. *Tubaid* 30.

29/08/2008: Molluscum decreased. No complaints. *Tubaid* 30 Single dose.

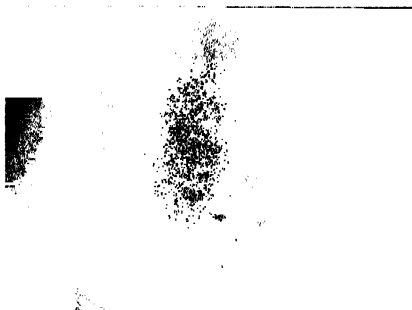
05/09/2008: Molluscum below mandible. No complaints. *Tubaid* 30 (12/09/2008) Single dose

19/09/2008: Hoarseness +3. Cough since a day. Tongue: Whitish spot.

Abdomen – distended. *Tubaid* 30.

25/09/2008: Distended abdomen. Wt: 18 kg. No complaints. Hoarseness and cough decreased. *Tubaid* 30 Single dose.

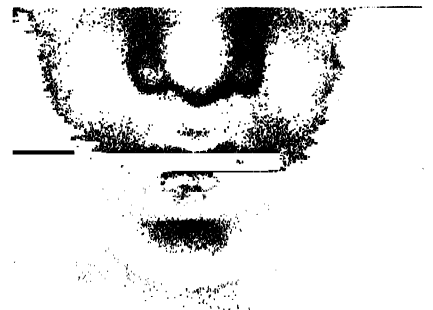
03/10/2008: Asymptomatic. Wt: 18 kg. *Tubaid* 30 Herpes Zoster Before Treatment



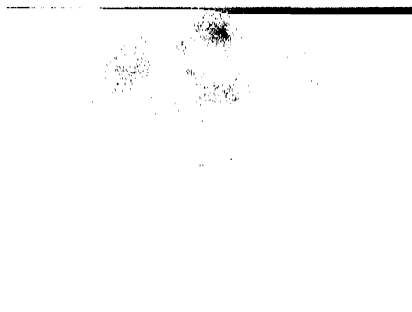
Herpes Zoster Before Treatment



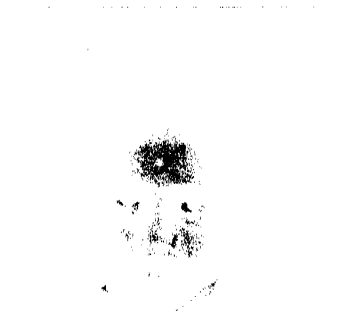
Herpes Labialis during Treatment



Herpes Labialis Before Treatment



Herpes Labialis After Treatment by *TUBAID* 30 in just 15 days



Molluscum Before Treatment



Before Treatment



After treatment see her Molluscum over nose

CASE 3: MC

A HIV positive female critically ill in Stage IV AIDS with intestinal tuberculosis with CD4: 16 only. Oral yeast infection from oral cavity to oesophagus. Weakness, Tiredness⁺, bed-ridden, constant watery Diarrhoea, History of Pulmonary Koch, Husband died from HIV infection, cough with vomiting, Fever, Anaemic, Intestinal TB in Ileal region, thirstless, profuse perspiration. She was brought to the clinic supported by two persons. She is on IV Fluids; she can't eat anything due to yeast infection. On the basis of these complaints

03/09/2008: *Tubaid* 30 single dose

10/09/2008: Improvement in candidial infection. No Diarrhea and vomiting. Fever decreased. Can walk on her own and walked to clinic. Pain in abdomen. Can eat 2 chapattis daily. *Tubaid* 30 Single dose.

12/09/2008: Only pain in abdomen. Advised to take AKT. Homoeopathic T/t given. *Tubaid* 30

01/10/2008: Out of Danger. Improving well. *Tubaid* 30

CASE 4: A Patient aged 40/M, HIV positive in 12/2005 suffering from abdominal Koch's, abdominal lymphadenopathy in Dec 2005, Splenomegaly, Cough < evening, Cough with vomiting, Fever < afternoon, Abdomen is sensitive to touch, tender, thirsty, anorexia, loss of appetite. Mentally patient is depressed, no interest in anything; Indifference to everything, separated from family, living with mother. Lymphadenopathy in abdominal and inguinal region. BP: 90/60, moderate dehydration, weak, can't walk

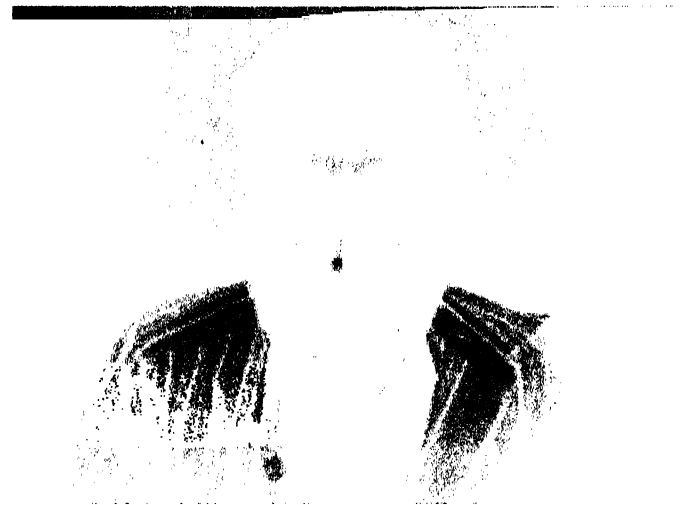
without support, Debility. CD4: 80, Stage IV HIV AIDS, Tuberculosis – positive in sputum test. Wt: 45 kg, Blood Urea: 34, Serum creatinine: 7, Serum Bilirubin: 1.4, ESR: 114.

03/07/2008: *Tubaid* 30 2 weekly doses administered. PL bd x 2 week.

17/07/2008: Abdominal tenderness decreased. Trembling of hands decreased. Generalized weakness decreased. Patient came to my clinic on his own; with no support. Can walk properly, aching pain in extremities decreased, appetite improved, generalized look of patient improved. Lymphadenopathy decreased. Wt: 49 kg. Pulse: 80/min, BP: 110/70 mm hg, cough decreased. Fever decreased. Even after so many drugs like AKT there was no wt gain since 6 months but only after 2 doses of *Tubaid* 30; Wt up by 4 kg. *Tubaid* 200 1 dose.

In just 15 days the general appearance of the patient is improved.

19/07/2008: Now he can walk freely. No pain in



abdomen. Tuberculosis Test – Negative after just one month's treatment. Wt: 51 kg, BP: 114/80 mm hg, Appetite improved, no cold, cough, no headache, no fever, trembling weakness decreased. *Tubaid* 200 Single dose. SL bd x 2 week.

20/08/2008: Improvement. Almost asymptomatic in just 40 days. Wt: 51 kg, BP: 112/80 mm hg. *Tubaid* 200 Single dose. Pl bd x 2 week.



17/09/2008: Asymptomatic. Wt: 53.5 kg. BP: 110/80 mm hg. *Tubaid* 200.

1	ABC	356	586
2	XYZ	140	231
3	V	390	524
4	P D	80	379
5	S N	396	406
6	B D	176	378
7	P K	135	164
8	R K	242	314
9	P I	94	258

CD4 COUNT

HAEMOGLOBIN IMPROVEMENT

SR No	Name of Patient	Hb Before Treatment	Hb After Treatment BY TUBAID
01	Alka Ranveer	9.5 gm ⁰ %	13.8 gm ⁰ %
02	Savitra Puri	9.0 gm ⁰ %	12.4 gm ⁰ %
03	Bimbisar Bansode	11.5 gm ⁰ %	14.6 gm ⁰ %

Tridot Test Results: After giving *Tubaid* following TRIDOT changes occurred.

Sr No	Name of Patient	Before Treatment	After Rx by TUBAID
01	Shubham Nikumbh	Reactive for HIV I and II	Reactive for I only
02	Datta	Reactive for I and II	Reactive for I only
03	Pallavi	Reactive for I and II	Reactive for I only
04	Mayuri	Reactive for I and II	Reactive for I only
05	Charan	Reactive	Weakly Positive for I
06	Vidya	Reactive for I and II	Reactive for I only

CD4 COUNT:CHART

