

HIV/AIDS: My 18 years of Experience

The first case of HIV was treated way back in 1984. This male patient, 24yr, had presented with multiple and tender enlarged lymph glands. Hot pt. Homosexual. He was given *Lachesis* as constitutional. *Lachesis* got confirmed, when, after taking the case, pt was asked to wait outside. While we discussed the case, he put his ear to the door, demonstrating graphically his suspiciousness. *Lach* 30 and *Tub* 1M 1/month. *Lach* was gradually increased to weekly then 4 hourly over a period of time.

There was a dramatic decrease in size of glands, tenderness and generals, followed by slight aggr when glands which became more tender. The remedy was stopped till the patient settled. It was then resumed with vigour. With every repetition, the glands enlarged and then went down more.

FOLLOW-UP :6-8m later- Much better. He was free of all the symptoms and had gained weight. He was already diagnosed as HIV and was under reporting to the Medical Association too. After all the Subjective and objective symptoms had disappeared, he reported back at the Medical Association. They just dismissed him saying that there was an error in Diagnosis in the first place!! But the glands did not lie! This was our first success. Later we had several types of cases of various dimensions and stages of disease, as well as diverse presentations of symptom totalities. Acute Infections respond beautifully to Homoeopathic remedies. Patients Susceptibility generally responds very well to Dynamic Homoeopathic remedies, but the chronic disease remained untouched. Acute cold, cough, fever even Koch's cases responded well in the preliminary stages. We thought that we were making some error in our

approach. If the patient with Acute can be so improved, why not chronic? Now in most cases, by the time the chronic stage set in, the patients had no outward symptoms and were asymptomatic.

Appreciation was possibility of Tubercular miasm and therefore the confusing Totality.

So we decided to try a similar Therapeutic Strategy, as we had done successfully in Homoeopathic treatment of Leprosy.

The peculiar nature of AIDS disease and its capacity to undermine the hosts immune system, presents various permutations and combinations of Miasmatic interpretation of the totality and need for intercurrents like *Tuberculinum*, *Thuja* and *Syphillinum*.

THE ACUTES: *Ars*, *Hep-s*, *Phos*, *Merc-i-f*, *Podo*, *Croton-t*, *Antim-tart* came up for consideration. Most cases required 4 hourly repetitions.

When there was debilitating diarrhoea = *Arsenic* came up frequently. With cold and cough- *Hep-s*. These are the main 2 Remedies in the acute phase, I decided to pursue with and that too 4 hrly.

So far general health is better with normal functioning and the acutes get controlled well, there is sense of well being, but serologically patient remains positive. This has been the case so far except in that first case, which was an exception rather than the rule. I have not been able to repeat the result. 150 cases currently treated at last count.

It is also observed that cases where the infection was contracted during transfusion or surgery are the most difficult to treat. In advanced cases sometimes even the acutes don't respond. In fact in some cases there is hardly any response to Homoeopathic remedies.

In some of the cases there is no impact, not even of palliation.

So at the moment we are using the technique of trying to stimulate the susceptibility by repeated doses of acute remedies till aggravation. During the aggravation, pos-



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sibly the aroused susceptibility may be able to deal with the Virus.

Tub repeated: 1/w or 1/2w. CONSTITUTIONAL: 1/w
Where constitutional is clear it is given 1/w and gradually HS then TDS

In one set of patients only weekly schedule is followed. We have started keeping selected patients in the ICR Palghar Hospital for monitoring of susceptibility response. *Silicea* appeared to be a frequently encountered constitutional.

Timid, fearful (yet adventurous?) or does it have an inherent weakness in its constitution to get HIV? This has to be explored.

LIFE SPACE: In most cases, family reactions have not been as negative, as we would have expected with this stigma. Family tries to give lot of emotional support in majority of cases, even spouses are quite understanding except in terminal stage, which is difficult to handle. They seem to take a mature view and the attitude is that they have to try to do whatever possible.

We have received cases from all strata of society — rich-poor, educated non-educated, with diverse ethnical background.

CASE 1:

Female 24, forced into prostitution at 16. She managed to get away from the Brothel. Got married to an Elderly Man, a divorcee. She was living happily, but had kept her son with the parents. Once she went to the local GP for some acute complaint, who diagnosed HIV and commented that she may not survive long. She was devastated. Husband found her weeping and talking of suicide. Husband took a practical stand with a firm belief in God. If there is illness, then there must be a cure also. He talked to Doctors. Friends attempted to find about the disease. There was no cure in Allopathy. He decided to explore alternative systems and was referred to the author. He took this sensible stand but on other hand hassled her: saying my life is ruined. His family did not like this marriage because of the child. Now pushing him for second marriage. Friends also

tease him. He is a caring father, had put the child in convent school. But he wants to have his own child, so threatens divorce. At that, the patient gets cross and says will stop eating and stop treatment or check weight. Typical *Sil*, *Tub* and *Hep-s*

In beginning, she lost weight- about 9 kgs in 2 months during the episode of fever, and then later she gained wt. No other illness except pyorrhoea, and fungus in mouth which is better by *Hep-sulph*. Rx Diagnosed HIV since 3-4 years Western blot +ive. She had presented with high fever not responding to Allopathic treatment. She is under Homoeopathic treatment for last 3 yrs. Still very much healthy. Husband not affected though he had unsafe relations with her for some-time. But has been advised to have no more children. He has to face the society for not producing a child. People look at him as if the fault is with him? Pt spoils her health + adamant nature- stops eating. Fights with his parents. If he goes to parents, she will page him, calling him back under any pretext. She feels Mother will instigate him to leave her. He feels he is a laughing stock.

In village she was known to be timid. Now she is ADAMANT, resentful, won't eat. Does not mix, Husband feels bad- I am responsible. Blames wife for not being bothered whether child ate or not. Though Husband says, I have nothing to do with the child, yet he is involved.

CONSTITUTIONAL: Reasons for selecting *Silica*:

Adamant	Cross
Timid	Chilly patient.

ACUTE TOTALITY corresponded to *Hepar-sulph*
Under this combined action, she has kept well

CASE 2:

A girl from higher middle class Brahmin family. A Graduate, parents arranged the marriage to a promising but unemployed youth. Husband started his own business with her parents help and is successful. But Husband is lazy, arrogant, selfish and very promiscuous, even with maidservant! Continues extra marital relations.

Child HIV-ve but patient has full blown AIDS. Husband died of HIV in a pathetic condition with Tuberculosis. He had erratic treatments. She presented with Herpes Zoster which was treated successfully with *Ars-alb* and then *Hepar-sulph*. She recovered in very short time. Then she was asked to write history. She wrote the history in a crude language, descriptive, graphic, on legal size paper. Whenever she complained of husband's behaviour, he would say he was forced to marry her – as her father lured him with financial assistance for business. He wanted to marry a beautiful girl.

CONSTITUTIONAL *Silecea*

ACUTES: *Ars-a* 200, *Hep-sulph* 200

INTERCURRENT: *Tuberculinum* 1M weekly.

A very quiet and enduring person; she did not want to be a burden to her parents.

She was falling frequently ill with fevers, diarrhoea and constant fatigue. She had lost about 10 kgs in 4 months and still continues to loose wt. Since under Homoeopathic treatment, she has no more acute complaints and has gained 12 kgs. There is sense of well-being and positive outlook towards life. After the initial shock of husband's death, she has started own business. She is now financially independent, occupied and feels competent to take care of the child.

Therapeutic Strategies followed:

INTERCURRENT: *Tub-b* 1M weekly

CONSTITUTIONAL *Silecea* 30 weekly

ACUTES: *Hep-sulph* 200 4 hourly.

Tub 1M weekly

Silecea 30 HS – BD- TDS

Silecea 200 HS – BD- TDS

Acute SOS.

REASONS for SILECEA

Proud. Non-complaining

Anxious. Timid but Determined.

Chilly. +

Hepar Sulph as acute.

CASE 3:

37 yr female, Muslim (Kerala), married since 13 yrs having 1 brothers and 2 sisters, she being the middle sister. She had 1 son-12yr in the 6th std; one son died at 51/2y. She has 1 daughter 10 studying in 4th std.

Under Homoeopathic treatment since August 96. During the course of treatment, she had pleurisy in 1997 took allopathic treatment. Diagnosed HIV +ve.

Was keeping well and had no complaints since Sept 2001. Fever intermittent High fever < evening 104 F with Chills > after *Hepar-sulph* 200 4 hourly

SCR recording during Palghar Admission. Dec 2001

Location	Sensation & Pathology	Modalities AF < >	Accompaniments
Immune system since 4 months. For 2 mnths continuous daily. In between > ³ 1 wk. Before 1 mnt then again Last 2 months I : S Sudden rise within 1-2 hr Prodrome	Fever ² At 4 pm starts with 100 and goes to 102 F at around to 9 pm. Fever with mild chilliness; has to take one covering and fan off. Perspiration profuse ¹ Wets the clothes ³	< ² 4 pm to < ³ 8 pm for 2 mths < ² Metacin with in ½ hour. After taking 1 tab crocin.	
	Leg pain ⁺ Shivering of whole body ⁺		For initial 2 mnths Left sided vertex and

			temporal region severe headache ² with sensation as if head would burst, burning and heart sensation in head
During heat (15 days)	Dryness of mouth ²		
	Thirst ++ed ² 1 glass frequently Bodyache ² Desire to pressure Weakness ² Trembling of hands ²	< ² Night and evening > ² pressure	
F: 1-2 t/Day 1-2 mnths daily 1 week 2 mnths back once Abd Epigastric 2-3 days 6-7 mnts	Cough bouts' Sputum' - white, yellowish' Dry' - difficult Haemoptysis' Pain' mild to Mod Breathlessness'	<' after eating not fixed time < exertion for expectoration < lying down < climbing up 2 upstairs <' ^ coughing <' a talking > Rest	
3 months	Imbalance Sensation ' No H/o fall	<' while walking	
4 months	Black outs Giddiness '	< on getting up from sitting posture	
Last	Loose motion ' yesterday 3 times. Today once		
2 mnths	App ++ ed ' Esp lunchtime		
Month	Stomatitis '	> ² tab Zogoon	
4-5 mnts	Fungal infection ' h/o		
Tongue	White discolouration App decreased ² Taste - inspid ² Bitter '		
H/o 10-11 days	Fever with severe chills ²	< ² 2 am	
Same 20 days	Fever with severe chills ²		
RS 1/12/99	High grade fever with chills	< ² 10 am	
Left side	Pleural effusion with HIV +ve		Bodyache < ³
1 mnths	Urine has to wait before urination		

APPEARANCE: Stocky² Cracks Soles < + Winter Wounds healing delayed H/o Suppurations +

HAIR: Loss² before/after illness⁺. now growing again⁺

VISION: 4 number 3-4 yrs

MOUTH: Brownish discoloration 3 yrs

TONGUE: Brownish-Blackish discoloration – 3 yrs

PERSPIRATION: Partial: Face², neck⁺, chest²

DIGESTION: Appetite², Hunger², Taste, Insipid²

AVERSIONS:

CRAVING: Indigestible things in childhood Sour², Sweets²

ELIMINATIONS: Satisfaction: 1-2 days once

MENSTRUAL function: LMP-27/11/2001

MENSES: Regular, Cycle 30 days, Duration 3 days

Flow Colour: Red⁺

Concomitants: Before: 10-12 hrs Dysmenorrhoea-mild and backache⁺ mild for 1 day. After >³

Marriage After: 7-8 yrs – irritable + BM

Regular: Red⁺

Leucorrhoea: H/o Occasionally. Mild

Colour: White⁺ Watery⁺

Obstetric History: Para: 3

Induced at 6 wks, once before Nephrectomy operation ½ month

Morning Sickness⁺: 5-6 months in all pregnancy

Oedema⁺ leg.

Particulars of each pregnancy:

FTND –3. 2nd died at 5 ½ months- pneumonia at home in village attended by Doctor.

LIFE SPACE:

Patient (Pt) is a 37 years old, obese, fair-complexioned lady. Her ancestors were originally from South India, who had settled in Maharashtra. Her childhood, till 20 yrs, was spent in village near Alibag. She had 1 elder sister, 1 younger brother. Father used to take care of the farming at Village. They were initially staying in a joint family, with two step-Pateranl and one real Uncles. Relationships among them were very good. It was only during the property dispute after the marriage of uncle, that they separated. Because of the dispute, Fa got very angry and left village, left his share of property and came

to Bombay. Fa also had a sweet meat shop. This break-up happened 10-11 years after pt's marriage. Pt described Fa as very angry by nature. Pt used to fear him. In childhood, he was very strict regarding religion and conduct of girls in the family. He imposed many restrictions- once Da is 12 yrs she cannot come in the front room of the house. Pt was a very obedient child, would never answer back her Fa. Afterwards he mellowed down and now is very liberal with education etc. So she never received any beating from Fa. Other siblings [pt's elder sister] used to answer back and receive beating from Fa. But pt was his pet, got whatever she wanted, all wishes fulfilled, Fa used to take care of pt. Even pt's Mo was afraid of him, whenever Fa would get angry on Pt. Pt would immediately start crying-so Fa would cool down and start laughing. She felt like going out but for the restrictions from Fa. Whenever Fa used to go out, pt would go out and play, climb on trees, etc. Pt is educated till VIIth Std. She was average in studies and wanted to study further. She had failed once, when her GMo expired-as father did not allow her to go school as guests had come and father did not want girls to go out of the house in front of guests. After VIIth she was not allowed to go to school as she was 12 yrs old. There was one teacher who was very strict and used to hit, pt used to fear him. She got married at 20 yrs, with her cousin who stays in Bombay. After Fa's dispute with uncles, Fa also came to Bombay and started sweet meat shop in Bombay. Pt's husband is a very simple and straightforward person. He was not financially well off. Pt's father then took him along in his business. She had 1 son 12 yrs old and 1 daughter who is 10 yrs. Both are good in studies. She is anxious about her children-whether she will be with them for long. When she came to know about her ? of HIV, she started weeping. She wept a lot. Husband was more hurt and he also wept. Pt's family members also were affected and started praying to God.

Regarding her present state she asked the Physician whether there is any real cure for this disease or you

are giving false hopes. She also enquired about her CD-4 and CD-8 counts. Treating Physician reassured the pt. Pt looked down, seriously with sad face. She also weeps many times alone, so that other are not disturbed. She is a bit fearful, she is afraid of ghosts, *gin*'s even of her own shadow- she trembles with fear

Throughout the interview she was very open and expressive; often lively and laughing. She sat comfortably and frankly answered the questions. But at instances she would become sad and look down with grim face.

EMOTIONAL STATE:

Weepy² -from scolding, when alone³, when thinking about her illness. Anxiety about her illness³

Attachment³ with father – obedient³, insecure³, dependent³.

Fear³ father's scolding, fathers anger, ghosts²

Anxious²ashivering. Worry²about children's future.

Timid³.

INTELLECTUAL STATE:

Imagination² on closing eyes—some cartoons carry her and fly away

DREAMS of water: standing on the edge of sea.

THERMAL STATE:

Fan: S-3, W-0 Draft of air causes bodyache.

Covering: Summer -thin chaddar (sheet) till knees or no covering, Winter-thick chaddar (sheet)

Woolens: + in severe cold Bathing: hot in all season

Over all assessment: C3H2.

PHYSIOLOGICAL FUNCTION:

Gas+ agg by tuvar dal. (gram) Abdomen Heaviness from kadhu (veg)

PAST HISTORY (family-self):

Diabetes mellitus: Mother, Sister

Hypertension: Father, sister

Asthma: paternal grandfather and paternal uncle.

P/h of TB with pleural effusion in 1997 and at 4 yrs age.

PHYSICAL EXAMINATION:

Temp: 102^{0F}, Pulse: 130/min, BP: 110/80, BUCCAL

MUCOSA: bluish blackish discolouration; RS : NAD,

P/A: NAD, CVS: NAD

DIAGNOSIS: ARC (AIDS Related Complex)

INVESTIGATIONS:

1/12/97 3/12/97 24/3/98 23/6/98 24/11/98 12/8/00 3/3/01 20/10/00 21-12-01

	1/12/97	3/12/97	24/3/98	23/6/98	24/11/98	12/8/00	3/3/01	20/10/00	21-12-01
RBC	3.23	4.53	4.32	4.52	4.14	4.87	4.87		
HB 9.46	13.6	12.7	12.6	12.13	9.8	11.4	11.5		
WBC	4,000	10,950	7700	6600	3900				
N.	50	70	48	49	52	77	52	40	
E.	5	2	1	5	8	12	3	2	
L.	45	27	44	38	32	10	44	56	
M.	1	7	8	1	1	2			
MORPHO.	Aniso+, hypo+, Micro+, poikilo+								
ESR	87	19					95	95	
URINE ROUTIN:	Pus cells occ, epith. cells occ.								

	1/12/97	6/12/97	15/12/97	28/12/97
HIV I Blot +ve	Reactive (Elisa)	Western	Neg Elisa	Reactive (W.B)
HIV II	Reactive (Elisa)	-ve	Neg Elisa	Non-reactive.

	27/01/98	24/3/98	24/6/98	24/11/98	24/4/01
CD4	166 (713_+414)	264	299	310	260
CD8	2070 (882+_486)	1658	1717	1883	10.5% (45-65)
CD4:CD8					29.07 %(35-65)
					720
					1 : 2.76(1:0.36)

	1/12/97	25/11/00	3/3/01	23/10/01
WIDAL	-VE	-VE	-VE	-VE

OTHER INVESTIGATIONS:

1/12/97: USG Upper Abdomen: hepato-splenomegaly, left minimal pleural effusion with a patch of consolidation in left basal region

X ray chest: 1) In homogenous opacity seen in left basal region with obliteration with left costophrenic angle. Suggestive of consolidation with minimal pleural effusion

2) Widening of superior mediastinum in both Para tracheal regions suggestive of mediastinal lymphadenopathy

3/12/97: Pleural fluid examination: yellow, hazy, coagulum present, wbc:1120, rbc:1600, P-44%, L-56%, Serum proteins (total)-3.5 Gms% S. creatinine: 1.2 mg %, BUN:17. G6PD:N

5/2/98

HIV-1RNA QUANTITATIVE;35.0 KEQ/ML

12/8/01 13/8/00

AFB sputum.-ve -ve

22/6/01: USG abdomen & pelvis: fatty liver, left nephrectomy.

6/6/01: Bilirubin: t-0.3, d-0.1, I-0.2// total proteins-7.8, alb-3.2, globulin-4.6,

SGPT:26 SGOT:36 Alk phos-118.5

TOXO-IgG-1.54+ve, IgM-0.26-ve //

RUBELLA:IgG;2.37+ve, IgM:0.47-ve

CYTO: IgG -2.19 +ve, IgM 0.54 -ve//HSV:IgG-2.27 +ve IgM-0.34 -ve

12/6/01:

CXR: Rt minor fissure thickened, Lt middle zone small nodules with linear fibrotic scar

24/7/01 TC:6350, I-39

29/10/01 CXR: NORMAL.

MIASMATIC EXPRESSION:

SYCOSIS: Hypertension in Fa & Si

TUBERCULAR: Diabetes in Mo & Si,

Self Tb (once with pleural effusion), rec UTI after nephrectomy, pneumonitis, fever-4 months.

SYPHILIS: renal calculusàrenal failureànephrectomy.

REMEDY SELECTION

ACUTE: *Pulsatilla, Hepar-sulph, Ars-alb*

REASONS: TOTALITY 1.

CHILLY WITH DESIRE FOR OPEN AIR < EVENING

WEEPY-EMOTIONAL

REL WITH LYCO

TOTALITY 2.

CHILLY WITH SHIVERING

<EVENING

THROAT INFECTION

COVERING HEAD TO FEET. <UNCOVERING

RESTLESS.

TOTALITY 3

RESTLESS 3

THIRST.

DESIRE FOR WARM DRINKS.

CONSTITUTIONAL: *Calc-c/Lyco/Sulph*

REASONS-LYCOPODIUM

C2H

<evening

Dominating gets her way

Determined

Fears

Sulphur

Burning after stool

Burning palms sole

REMEDY RELATIONSHIP (CYCLE *CALC-LYCO-SULPH*)

CALC-CARB

CHRONIC OF PULSATILLA

ACCOMMODATIVE

ATTACHMENT

PHYSICAL TYPE

INTERCURRENT: *Tuberculinum-baccillinum*

REASONS: SYMPTOM COMPLEX

FOLLOW-UP

6-12-01: *Lyco* 200-1

7-12-01 9pm: *Puls* 200-4 hrly + x total 17 doses till 10-12-01- 9pm

10-12-01 11.30 pm: *Puls* 1M-qds.

11-12-01 11 pm: *Tub-b* 1M

12-12-01: *Puls* 1M-2 doses

12-12-01 9.15pm: *Calc-carb* 1M-1

18-12-01: > *Calc-carb* 1M-1 dose

Patient was on *Lyco* 200-1M HS weekly + *Baccillinum* 200 (Fungus Ringworm) SOS from 1996 till Jan 98

After the detection of HIV

Lyco-Sulph-Calc c 30 HS-BD-QDS

Tub 1M weekly

CONCLUSION: Homoeopathy is able to achieve better quality of life. Acutes handled very well without Antibiotics. Pt is able to live a near normal life except in certain severe pathology- eg fungus which is difficult to control with gets better by Allopathic in 4 days and then Hom can help to prevent recurrence.

In most of the cases, we have depended on CD4 and CD8 counts and not the viral load studies as most patients are from middle class and unable to afford the latter.

Results-In case 1 patient is completely symptom-free and in case 2- her CD4 and 8 are above 900.

Since this article is too show the approach, all the exhaustive tests and full follow-ups have not been enumerated.



Remember the five simple rules to be happy:

1. Free your heart from hatred.
2. Free your mind from worries.
3. Live simply.
4. Give more.
5. Expect less.



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SHAKE IT OFF

PLEASE RENEW YOUR SUBSCRIPTION TO NJH FOR 2002 AND ENSURE CONTINUITY OF ISSUES