

HIV, AIDS & Homoeopathy: Pot Purie

There has been an inexorable increase in the number of cases of AIDS in recent years throughout the world, more particularly in India. Though considerable research is on, an ultimate solution, just as in cancer, has not been found. AIDS has surpassed cancer in creat-

ing panic and hopelessness in patients and relatives. Once diagnoses of HIV positive is established, the prognosis is certain- AIDS and death. Like lepers, AIDS patients are treated as outcasts, which adds to their misery. Harris Coulter points out that there is still no clear and conclusive evidence to suggest that HIV can cause AIDS and there are a number of cases, which were diagnosed as having AIDS without having HIV infection. Coulter has put forth the hypothesis that there is a definite link between AIDS and Syphilis. His rea-



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sons:

- a) Two-thirds of people with AIDS show a positive syphilis serology and most others showed a false negative.
- b) The picture found in ARC (AIDS related complex) /AIDS is also found in secondary and tertiary syphilis and even PCP (Pneumocystis carinii pneumonia, an infection) and Kaposi's
- c) Syphilis affects the immune system by shrinking the thymus gland where the T-helper cells mature. The titers show depressed T4 cells and macrophages in syphilis infected humans and animals.
- d) An aggressive penicillin treatment of AIDS reduces symptoms and increases the number of T4 helper cells

Coulter further says about 50% of syphilis cases and about 50% of AIDS cases can be found in male homosexuals in US and Western Europe, whereas both the diseases are evenly distributed amongst male heterosexuals in Africa. Syphilis has been suppressed since penicillin therapy was applied and several untreated cases may be there. With penicillin therapy, he argues, that there has been a decrease in the number of acute cases but an increase in latent and often asymptomatic but infectious syphilis cases.

Coulter therefore advises, "Each AIDS patient should be tested for treponema palladium histologically and/or in liquor; or other parameters (blood cells, immunoglobins, liver enzymes etc), which get specifically changed under secondary and tertiary syphilis. This is an effective way of diagnosing syphilis. During the course of treatment (homoeopathic, naturopathic, or typhoid vaccine or penicillin) the negative syphilis serology changes to positive, by restoring the syphilis affected immune systems. A correct diagnosis of syphilis may reduce the number of AIDS patients."

-AIDS AND SYPHILIS, HARRIS COULTER, USA

Many HIV positive may be without symptoms, but the diagnosis itself places them in an "immuno-suppressive

situation". And they will cling to any straw for hope of recovery. One long-term survivor of AIDS is reported to have said: "For those of us residing in the 'kingdom of the sick' it is hard to explain to those who are healthy, that HOPE is like the air we breathe- so essential for survival.

Psychoneuro-immunology (PNI) research has come up with the concept of 'positive coping' as a crucial factor in survival of AIDS patients. Avril Baker and three others in an article have quoted Solomon and Temoshok (who are supposed to have originated PNI) defining survival strategy for these patients as under:

- a) An acceptance of the diagnosis without believing that AIDS is an automatic death sentence.
- b) A willingness to take responsibility for their own healing and make major changes in their life-styles as advised.
- c) A passionate commitment to life, a sense of the meaning and purpose of life and an ability to identify the goals of survival.
- d) A good, open and healing relationship between themselves and health care providers, being neither passively compliant, nor reactively defiant.
- e) Drawing strength from the previous experiences, of meeting cured individuals and overcoming crises in their lives.
- f) Meeting and talking with other people with AIDS in a supportive environment, getting and giving information and support, being altruistically involved with similar patients.
- g) Being assertive.
- h) Sensitivity to their own needs and a willingness to nurture themselves.
- i) Physical exercises.
- j) Ability to communicate their concerns.
- k) A personalized means of coping that is believed to have beneficial health effects.

EXTRACTED FROM WORKING AND LIVING WITH AIDS AND HIV- BY AVRIL BAKER AND OTHERS.

The above emphasizes the strong mind-body connec-

tion and how a very positive mental outlook will help these patients cope with their serious illness and survive as long as possible with minimum discomfort.

TREATMENT OF AIDS:

Coulter says, "the most preferred medicine without severe side effects is Typhoid vaccine in very small doses. This method is stated to have been discovered by Salvatore Catapano of USA and is capable of modulating immune responses and of stimulating immune functions. It is reported to have given good results and in 200 patients only one died (*This was the position in 1994 and it is not known whether the same method of treatment is still in vogue now-KV*). The other method is to give *Penicillin* in high doses, which may have side effects.

As regards Homoeopathic treatment, Lawrence Badgley had recommended use of *Typhoidinum* along with a list of other homoeopathic remedies. In an article "Homoeopathy for AIDS" published in March 1987 issue of JAIH, Badgley writes about his experiment on 10 AIDS patients. The method of remedy selection was to introduce pre-selected 30x medicine vials one at a time into the near body field of each patient within a border of approximately 100 cm from the skin, while palpating the patient's radial pulse for the Vascular Automatic Signal (VAS). Based on the VAS reflex and response, single remedies were prescribed. The T-4 cell numbers as well as T-8 suppressor cells were measured before and after the therapeutic trial. In his experiment the T4/T8 ratio showed improvement in some patients. The improvements generally occurred 2-12 weeks after the remedy.

In his experiment, *Typhoidinum* nosode was the most commonly chosen remedy, as the symptoms complex in both Typhoid and AIDS were common: insidious onset of symptoms, weight loss, fatigue, loss of appetite, night fevers, diarrhoea, leukopenia, red purple skin lesions, splenomegaly; cough, bronchitis and delirium. While typhoid evolves over days and weeks, in AIDS these develop over months and years. This similarity,

he found, was great enough to allow the *Typhoidinum* nosode to have similar action in ARC/AIDS patients (as in the use of Typhoid vaccine by allopaths). On the basis of VAS reflex, Badgley identified 27 remedies, which would be useful for treating AIDS patients, the prominent among them being *Badiaga*, potentised *Cyclosporine*, *Typhoidinum* and *Mercurius*. The tentative order of the drugs suggested is *Badiaga*, *Mercurius*, *Cyclosporine* and *Typhoidinum*. Potentised Cyclosporine was included because of its toxic immunosuppressive properties. He suggests that other immunosuppressive drugs including anti-cancer drugs should be homeopathically compounded and tested for their efficacy in such patients. Precision and efficiency of the clinical effort were provided by the VAS method of remedy selection; on an average, examination and remedy selection was completed in 15-20 minutes. Benefit was derived by the patients from both high and low potency of the remedies. Badgley suggests that the use of a remedy at any point of time must ultimately be determined by the VAS method, discussed above.

An association was made between the chosen remedy and the stage in ARC/AIDS complex where the clinical status was found in the patient at the time of administration of the remedy, as under: -

SYMPTOM	REMEDY
White lesions, oral cavity,	
Tongue, or cough or skin lesions	<i>Typhoidinum</i>
Enlarged lymph glands	<i>Cyclosporine</i>
Diarrhoea	<i>Badiaga</i>
General wasting	<i>Kali-carb</i>

Stating that T-cell measurements provide a way for documenting the efficacy of Homoeopathic remedies in these cases, Badgley suggests similar documentation to provide for scientific discussion and assess their efficacy vis-a-vis other forms of therapy. Dr Coulter also refers to this experiment in his article. Unfortunately no recent literature has come to my attention as to whether

homoeopaths are using the above method of treatment in AIDS patients. The use of a nosode is akin to the method adopted by Dr A U Ramakrishnan in treating cancer patients with *Carcinosin* or *Scirrhinum* nosodes along with the constitutional remedy. However both allopathy and homoeopathy have demonstrated the efficacy of typhoid vaccine /nosode as the symptoms complex is the same.

The other method is to take the case as in the normal classical method and arrive at the constitutional remedy and also give the acute remedies to treat the infections or manifestations during treatment. Since these patients are prone to infections acute remedies as and when needed may have to be given.

It is not as if AIDS patients have not been treated by Homoeopaths. But very few cases have been reported in the recent literature. Avril Baker and others in their article referred to earlier have discussed four cases treated by them. They have not given full details of the cases, as the purpose of the cases was to highlight some aspects of the case especially the mental make up of the patient and their response to administered remedy. Three of their cases and one treated by Dr Praful Barvalia are briefly reported below:

CASE 1: LIVING WITH FEAR.

It is normal for an AIDS patient to be tremendously depressed when he is found to be HIV positive. That was the position of Mr Colin, aged 34, who was diagnosed HIV positive for seven years. Though physically well except for occasional bouts of anal herpes, his main complaint was the mood swings and severe depression. A low CD4 cell count or negative remarks from his doctors would depress him every time.. He developed a habit of scanning the papers and internet for new treatment for AIDS and such news would lift up his spirits. He was taking allopathic treatment along with Homoeopathy. More recently he was shocked and very depressed to learn that his close friend developed AIDS. He avoided meeting that friend as he said he saw himself in that friend and it was terrifying and depressing;

Later he started visiting him and each visit made him more hopeless and depressed. He responded to *Argentum-nit* and later when his friend died he was given *Ignatia* for his grief and later *Arg-nit*. But the patient was unable to cope with negative inputs coming from his environment and the authors say that he would need a more deep acting remedy to cope with this sort of depression and to other infections. Obviously the authors had not found the correct remedy yet for developing PNI.

(Perhaps Bach flower remedies like Mustard and Mimimilus would have helped? -KV).

CASE 2:

In contrast to this patient who was not able to overcome his depression, a woman. Jane, aged 26, diagnosed HIV positive 18 months ago. She worked in a health care center and was a dancer. She had a healthy style and was a vegetarian. She did not take any prescribed allopathic drugs and was doing yoga and physical exercises regularly; gave up alcohol and coffee a year ago. Though she looked well, she had bouts of diarrhoea with recurrent sore throats and swollen glands. She had a history of sexual abuse and bulimia for which she was undergoing counseling. She did not have menses for 5 months for which she was prescribed *Puls 1M*. It improved her energy and after four weeks she had her menses though for one day. But next cycle lasted for 5 days. At that time she got a news that her friend died from AIDS related disease, which depressed her, for which she was given *Ignatia200* She responded well. Since then her periods became regular and she felt energetic. At this stage she decided to make a complete change of career and become a full-time dancer.

In this case the patient was not under full homoeopathic treatment but was provided for the acute episodes; but it clearly illustrates that an HIV + patient may develop a firm determination to live a life which is active and fulfilling, in contrast to the first case where the depression overwhelmed the patient.

CASE 3:

In this case full homoeopathic treatment was given to the patient. Eileen, aged 28, had been HIV positive for the past two years and had suffered from PCP several months ago. Her CD4 count was very low at four (the normal range is 600-1000). She had been under homoeopathic treatment for several months now, during which she was prescribed single indicated remedies. They helped for some time but when she contracted other infections she had to take allopathic treatment for the same. History revealed that she was an intravenous drug user in her teens. Apart from AZT and later Pentamidine she had blood transfusion. She had thereafter night sweats, genital warts and a painful cough, weakness and diarrhoea. Over the next months she responded to *Phos*, *Ars*, *Tuberculinum*, *China* and *Sulphur* but her general health continued to be low. One course of allopathic treatment would be replaced with another and she would have another blood transfusion. But she felt further weakened. It was felt that she would need regular blood transfusion; she also had bleeding gums and mouth ulcers.

At this stage Avril Baker decided to try nosodes. She was given four nosodes: *Carcinosin*, *Syphilinum*, *Medh* and *Tuberculinum* in 200 potency *once* a day on consecutive days after the blood transfusion, to deal with the latent miasms. It was followed by *Nitirc-acid* 30 daily for 5 days.

One week later the ulcers were gone and gums were much better; diarrhoea was under control but she complained of much flatulence and pain in the liver region. Night sweats ceased and she was throwing up yellow mucus for which, apart from an anti-biotic remedy, *Natrum-sulph* 30 daily for 5 days and *Lecithin* 6 twice daily for a fortnight, were given. After 3 weeks the patient reported that her diarrhoea and cough had subsided and her haemoglobin count was normal. She did not test to find her CD4 count and her allopathic doctors were baffled at her quick recovery. At that stage the patient felt more energetic and decided to go on a long holiday leaving, (*No further follow up is given.*

In this case it is difficult to draw meaningful conclusion on the efficacy of using so many nosodes consecutively)

CASE 4:

A very comprehensive case discussion of a case of HIV and AIDS case with the added complication of pancreatitis, was presented by Dr Praful Barvalia in the July–Sept 2000 issue of IJHM journal. A more detailed extract is presented below:

A young lad of 25 yrs hailed from Hyderabad. He discontinued his studies after failing in Xth standard twice. He came to Mumbai and stayed with his brother who was running a family toddy business. As his presence was not needed for the business, his father having expired early, he had lot of free time and he fell into bad company. He was restless and not inclined to work along with his brother in their family business. He became an alcoholic even when he was in Hyderabad, as they had a country liquor business there also, he indulged in unprotected sex with prostitutes; sex and drinks became an addiction, apart from smoking a number of cigarettes daily. In 1991 he was diagnosed VD+ve but continued his ways without bothering. 8 months later he was diagnosed HIV positive. Emotionally the patient appeared quite deficient with no real attachments to any family member except mother. No one could effectively control his behaviour; nor was he inclined to listen to advice to stop drinking and other vices. Whenever the patient felt lonely he would take to drinks and go on a tour. He loved to travel, and there were no money constraints. He never liked to stay in one place for long.

When the doctors told him that because of HIV he would not live for more than 1-2 years he became very depressed and took to heavy drinking again. Taken for counseling and later for homoeopathic treatment. By then he was in an advanced stage. Since one year he had repeated attacks of severe backache especially in the infra scapular region extending to abdomen, followed by yellowish vomiting <³ after eating. Investiga-

tions revealed that in addition to HIV+ ve, he had pancreatitis with associated pseudocyst and mild splenomegaly. It indicated an advanced stage of ARC. Reduced absolute T4 lymphocyte count confirmed a poor state of immunity of the organism.

The case demonstrates that from childhood the patient was ruled by his passions and desires. His restlessness and inability to undertake any responsible activity and zest for travel, happy carefree nature all pointed to Tubercular miasm. His temperament and excessive sex desire showed *Fluoric-acid* and *Calcarea-flour*.

Treatment started with a single dose of *Tub-bov* 200 on 8-4-1994. Repeated every 2 weeks. Within the next 3 months, his respiratory complaints came under control. He had a fever attack then which lasted for 3 days; thereafter *Tub-bov* 1M one dose was given once a week. The cervical glands started reducing.

After 6 months, an acute exacerbation of pancreatitis with fever in morning, excessive thirst, with sweating all over and excruciating backache. He had also colds and nausea. These complaints responded well to *Phos* 200 doses, with some amelioration in his backache. It was felt that *Tub-bov* was no longer indicated except as intercurrent and taking note of the fact that the patient felt very hot, had aversion to milk and had profuse perspiration over head and his basic sexual weaknesses, he was put on *Calcarea-flour* 30, 4 doses a day for several weeks and potency raised to 200 later HS for several weeks with Intercurrent of *Tub-bov* 1M when the patient complained of respiratory illnesses such as

cold, fever and cough. The potency of *Calc-flour* was raised to 1M to tackle acute episodes in October 1997; since then he was kept on *Calcarea-flour* 1M tds and *Tub-bov* 1M one dose every month.

He was followed up for over five and half years Periodical investigations done to monitor the improvement. The T-cell count on 1/9/99 showed: absolute CD4 lymphocyte -360.cmm (normal 200-1127cmm); Absolute CD8 lymphocyte count; 1446cmm (96-1068cmm); his liver was normal in size (he had severe prolonged jaundice in 1990); gall bladder normal and no stones; pancreas normal in shape and echotexture; no focal lesions or calcification; the spleen was minimally enlarged while kidneys were normal in size, with no calculus or hydronephrosis; mild splenomegaly with coarse echotexture. Dr Barvalia assessed the progress of homoeopathic treatment as under: Sonography indicated total regression of pancreatic cyst and biochemical recovery. Though Elisa test showed still HIV positive, his immune status had substantially improved under treatment; there had been no significant acute episodes in the past 4^{1/2} years; There had been a significant change in life style such as giving up of smoking and drinking.

Dr Barvalia concludes: "Judicious use of acute, phasic, constitutional and anti-miasmatic medicines bring about phenomenal changes in susceptibility leading to reversal of pathology even in immuno-compromised individuals."



Mother's Little Helpers

