

# CASE REPORT

## A HIV infected carrier under Homoeopathic treatment

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### 1. Case Summary

A male married reported at Regional Research Institute, Mumbai for the first time on 24.03.1998. He was HIV antibody reactive repeatedly (3 times) at R.N. Cooper Hospital. His blood sample was collected at this institute for further confirmation of HIV infection. On confirmation of HIV reactivity status, the detail case taking was done in the Standardized Data Recording Proforma. Some important features were mentioned below:

#### Suspected mode of infection

Promiscuity

#### Detection of HIV antibody first time

At R.N. Cooper Hospital on 03.03.1998.

#### Repetition of ELISA

Reactive on 04.03.1998 and 07.03.1998 at R.N. Cooper Hospital. also confirmed on 16.03.1998 at RRI, Mumbai.

#### Other Investigations

Blood VDRL – Non reactive. Sputum examination for AFB – AFB not seen in 3 samples. Stool for Cryptosporidium & Isospora was also negative.

#### Probable duration of infection (Total)

14 years.

#### Diagnosis

PGL Stage (at entry point).

#### Presenting Complaints

- Patient reported with enlarged bilateral cervical lymph glands.

- On confounding with checklist of clinical parameters of HIV related symptoms.
- There was no history of weight loss, wasting,
- chronic diarrhoea.
- chronic cough.
- recurrent fever arise any opportunistic infections.

#### Patient profile

The patient was thin of average height (5'4") with 48 kg. weight. His desires were fish, mutton, green vegetables and warm drinks. He was addicted to Pan, Supari, Tobacco, Cigarette, Tea, Alcohol etc. His thermal reactions were hot. He had disturbed sleep since he was diagnosed as HIV+ve. Thoughts about the disease disturbing his sleep. He was depressed and avoids company. Feels relaxed when he remains alone. Consolation relieves his feeling. He feels guilty about his past act. He studied upto VIII std but active in understanding. There was no memory loss.

#### Past History

This patient were having past history of Bleeding Piles, Chronic Recurrent Headache with Sinusitis, Dermatitis in flexures (seasonal), STD's (1988-89), Jaundice (1995) and Herpes Zoster (1998).

#### Female History

No significant diseases in family.

#### Physical Examination

Height – 5'4", Weight – 48 kgs.

Temp – A febrile, Pulse – 80 minute, B.P. – 120/80 mm of Hg.

Tongue cracked centrally.

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**Observations:**

Observed Changes: (During Follow-up)

Pre Study Status	Current Study Status	Duration of complaints	Duration of treatment	Pre Study Body Weight	Current Body Weight
PGL	PGL	14 yrs.	<6 yrs.	48 kgs.	52 kgs.

## Haematological Assessment

Date	Haemogl Obin gm%	Haemato crit %	WBC/ cmm	Granulo cyte/cmm	Agranulo cyte/cmm	Diff. Count Gran	Agran	Platelet in lacs
06.04.98	10.2	31.4	4300	2400	1900	56	44	2.17

## Immunocytometry Result

Date	CD4	CD8	CD4/CD8	CD3
06.04.1998	300	792	0.38	1224
14.01.1999	548	1221	0.45	1917
17.07.2000	505	1161	0.43	1761
07.10.2002	357	852	0.42	1333
01.03.2004	460	871	0.52	1460

**On Examination**

Bilateral cervical lymphnodes enlarged.

**Treatment:**

First Prescription: Phosphorus 200.

Phosphorus was selected based on the generalities.

Prior to prescription the patient was counseled about his illness and its possible future prognosis. He was informed about the treatment availability at that point. Finally he was also informed about the homoeopathic treatment and its probable effects. Necessity of the continuous treatment and follow-up being stressed.

**Symptomatic Changes:**

In between the bleeding from the piles, cough with expectoration and genital eruptions appeared for short durations. This disappeared after short time. Otherwise all the biological functions remain normal. Patient remain active and performing all his normal

duties. No HIV related progressing marker illnesses were appeared till date.

**Medical Used:**

Other than Phosphorus 200 and 1M, a few medicines such as Hepar sulph 30, Merc. sol 30, Nitric acid 200 were required to use for symptomatic demand for short duration in last 6 years. The last medicine, Sulphur 200 was prescribed for reappearance of genital eruptions.

**Comments:**

Considering the 14 years infection period and keeping the patient fit without any progressive marker illness clinically along with immunological improvement in contrast to base line reading; we observe the positive response of the homoeopathic medicines in gaining weight and improvement in CD4 and CD8 count in this case. We acknowledge the patient's adherence to the study and physician's active support to the patient as well.

The patient is still under study.