

ROLE OF HOMOEOPATHIC THERAPY IN HIV + ve THALASSAEMICS*

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Introduction

Regional Research Institute for Homoeopathy at Bombay has undertaken the "Research studies in HIV infection with Homoeopathic Treatment" since June 1989. Till October, 1993 this institute has registered 186 cases of different risk groups and observed some important clinical features of different stages vis-a-vis haemato-logical and immunological variations. Out of 186 cases there are 12 cases of thalassaemics under the category of recipients of blood transfusion. The observations of homoeopathic treatment in this group of HIV + ve subjects are also summarised in this paper.

Material and Method

Twelve (12) cases of thalassaemics who are also HIV + ve were treated with homoeopathic medicines and periodical review was made to assess the clinical, haematological and immunological status. Apart from these, the annual consumption of blood and rate of haemoglobin fall were also compared with pre-study levels.

The *homoeopathic system of medicine* was formulated by Dr. Hahnemann and its therapeutic value was ascertained by the application of drugs upon the healthy human being. In prescribing the remedy the constitution of the individual patient plays an important role.

The *constitution* is potentially determined at the beginning of life i.e. at the moment of fertilization. This individual constitution and its response patterns are fixed one in different circumstances. These reflexes pertaining to the whole individual we call it as "general symptoms". Therefore, in Homoeopathy selection of drug is primarily based on only those symptoms that make the individual condition as unique and simultaneously descriptive of wholeness of the individual.

Observations

The observations are three fold namely, *clinical haematological and immunological*. The different

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changes are tabulated in the Tables 1 to 4. Some significant findings were presented in graphical form.

Under the clinical status, the pre-treatment clinical condition is the basis of study and the changes observed during the study were evaluated taking into consideration the period of infection. The stages have been defined as per CDC classification.

TABLE-1 **Clinical Status**

Age Groups	No. of Cases	Duration of ¹ HIV infection	Clinical Status as per CDC Classification
Below 10 yrs	5	2.8 yrs (AVG)	
a) 1-5 yrs	1	2.0 yrs	Asymptomatic
b) 5-8 yrs	3	2.5 yrs	Asymptomatic
c) 8-10 yrs	1	4.0 yrs	P.G.L.
10 yrs to 20 yrs	6	3.6 yrs (AVG)	
a) 10-12 yrs	1	4.0yrs	Asymptomatic
b) 12-15 yrs	3	2.7 yrs	Asympt.(2)PGL(1)
c) 15-18 yrs	1	4.0 yrs	Asymptomatic
d) 18-20 yrs	1	5.0 yrs	Asymptomatic
20 yrs above	1	5.0 yrs	Asymptomatic

1. The Period of infection is approximately calculated.

The *haematological study* was carried on QBC II haematological system wherein haemoglobin level, agranulocyte and granulocyte counts, platelet counts etc. were estimated and considered for review of the haematological status. The average values obtained in the cohort is presented in the following Table-2.

TABLE-2 **Q B C II-Haematological Details**

Age Groups	No. of cases	Total WBC /cu.mm.	Granulo- cytes /cu.mm.	Agranulo- cytes /cu.mm.	Platelet counts /in lacs
Below 10 yrs	5	17555	10000	7728	2.66
a) 1-5 yrs	1	34750	19720	15550	5.54
b) 5-8 yrs	3	11167	6632	4535	1.29
c) 8-10 yrs	1	6750	3650	3100	1.17
10 yrs to 20 yrs	6	10597	6404	4305	2.43
a) 10-12 yrs	1	7466	4633	2833	2.45
b) 12-15 yrs	3	8057	4194	3863	1.81
c) 15-18 yrs	1	7900	5140	2760	1.51
d) 18-20 yrs	1	19416	11650	7766	3.98
20 yrs above	1	5666	3733	1933	1.62

All the 12 cases are under regular transfusion of packed red cells at Regional Blood Bank, Bombay. The pre and post transfusion levels of Haemoglobin before and during study and the mean Annual Haemoglobin before and during the study are summarized in the following Table-3.

TABLE-3 Haemoglobin Levels

Age Groups	No. of cases	Transfusion				Mean Annual	
		Mean pre Hb%	Mean Post Hb%	Mean Pre Hb%	Mean Post Hb%	Hb%	Hb%
Below 10 yrs	5	8.40	9.10	10.7	11.8	9.85	10.40
a) 1-5 yrs	1	5.60	7.60	9.50	12.2	7.55	9.90
b) 5-8 yrs	3	9.30	9.50	10.1	10.7	9.70	10.10
c) 8-10 yrs	1	10.30	10.3	12.6	12.5	11.40	11.40
10 yr to 20 yr	6	9.30	9.70	11.3	11.5	10.30	10.68
a) 10-12 yrs	1	9.60	10.3	12.0	12.3	10.80	11.30
b) 15-18 yrs	1	8.75	9.10	9.70	10.7	9.12	9.92
a) 15-18 yrs	1	8.85	9.30	11.0	11.2	9.90	10.20
b) 18-20 yrs	1	10.30	10.4	12.7	12.0	11.50	11.30
20 yrs above	1	8.10	8.20	9.60	10.2	8.85	9.20

To evaluate the *immunological status* of the HIV +ve subjects, periodical assessment of the CD4 and CD8 values is essential in order to review the status and progression of HIV illness. The CD4 and CD8 was assed at an interval of 6 months to monitor the result. Here, out of 12 cases, 4 cases were repeated for CD4 & CD8 estimation. The results were evaluated in contrast to non-treated HIV +ve thalassaemics (control).

TABLE-4 Immune Profile

Age groups	No. of cases	CD4 Cells		CD 8 Cells	
		in %	Absolute /cc.mm.	in %	Absolute /cc.mm.
Below 10 yrs	5	39.0	1815	39.2	1767
a) 1-5 yrs	1	35.0	3696	40.0	4024
b) 5-8 yrs	3	43.0	1341	36.5	938
c) 8.10 yrs	1	40.0	881	44.0	970
10 yrs to 20 yrs	6	33.5	985	45.6	1559
a) 10-12 yrs	2	30.6	1022	53.0	2180
b) 12-15 yrs	1	55.0	889	43.0	632
a) 15-18 yrs	1	30.0	480	30.0	480
b) 18-20 yrs	2	32.0	1218	42.5	1237
20 yrs above.	1	34.0	328	36.0	348

Homoeopathic Therapy

The following three medicines were prescribed according to the indications mentioned below :

1. **Lachesis**: It was prescribed in 200 and 1M potency in 8 cases. The indications are :

Haemorrhagic tendency.
Purpura. Thrombocytopaenia.
Bleeding from gums with swelling.

Sore throat: very painful < pressure, touch, swallowing. Tonsils congested.

2. **Phosphorus**: This was prescribed in 30,200 and 1M potencies in two cases. The indications are :

Haemorrhagic tendency.
Epistaxis.
Tendency to catch cold.
Drowsiness.
Debilitating diarrhoea.
P/H of Jaundice.
Fearfulness.
Frightful dreams.

3. **Calcarea iodatum** : This was prescribed in 200 and 1M potencies in two cases mostly on constitutional basis. Enlarged lymph-nodes were also found in these cases.

Disussion

1. Out of total 186 registered cases, 12 cases i.e. 15.5% are thalassaemic patients comprising of 10 cases (83%) Thalassaemia major and 2 cases (17%) Thalassaemia minor.

2. Pre and Post transfusion haemoglobin levels during treatment were compared with the values of before treatment and change in reduction of rate of falling haemoglobin was observed.

3. The normal range of annual blood consumption is 220-300ml/kg/yr. whereas our observation among different age groups after regular homoeopathic treatment are : a) below 10 years: reduced from 226 to 219ml/kg/yr; b). between 10-20 years: reduced from 209-178ml/kg/yr and c) above 20 years: consumption remains same as 140ml/kg/yr.

4. Immunological status in between the non-HIV thalassaemic and untreated HIV thalassaemic was compared and gross abnormality in CD4 & CD8 values are observed in untreated HIV thalassaemic patient.

5. On repeat immunological assessment in 3 cases CD4 level is elevated and in 1 case it is maintained. In 3 cases CD8 level has shown reduction and elevation in one case.

Conclusion

Based on the above observations, we may conclude that Homoeopathic Therapy plays a vital role to arrest the progression of HIV infection, maintenance/improvement of immunological status and helps in stabilizing the Annual Blood consumption and Rate of Haemoglobin fall in Thalassaemia.