

CASE REPORT

A HIV Infected Carrier under Homoeopathic Treatment.

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Case Summary:

An unmarried male aged 28 yrs working in supervisory cadre in electric supply company reported with HIV + ve report. His blood sample was taken after appropriate counseling to confirm his HIV status. On confirmation, the detail case history was recorded in the SDRP. Some important features were mentioned below-

Suspected mode of infection:

Had exposure with CSW in November 1988 and suffered from urethritis thereafter.

Detection of HIV antibody first time:

He was aware of HIV/AIDS infection from the newspaper. Considering his past exposure he went for HIV antibody screening test in December 1995 and found HIV +ve.

Repetition of ELISA:

He was also confirmed at RRI, Mumbai by ELISA screening test repeatedly. But patient has undergone for Western Blot Test on January 1996 on his own and found reactive to HIV-I.

Other investigations:

CBC, CD4/CD8/CD3 (Refer the tables).
VDRL - Non reactive.
MT- No induration, only erythema seen.
Chest X-ray - No abnormality detected.
ECG - Sinus tachycardia

Probable duration of infection (Total):

About 7yrs at time of first reporting in 1996. Total period counts 17yrs including 10yrs follow-up.

Presenting Complaints:

On confounding with checklist- absence of HIV-related symptoms. No H/o weight loss, wasting, chronic diarrhoea, chronic cough, recurrent fever, any opportunistic infections, etc. were noticed. He only complained about nausea after tightness around waist or after exercises.

Patient profile:

Born in Goa and brought up in Mumbai. Since childhood he is thin and conscious of increasing weight. He even used Inj. Deca-Durabolin in between December '93 to June '94 to increase the weight. He gained some weight thereafter but discontinued after knowing its possible side effects in future. His height - 178cms and initial weight was 48kgs.

A non-vegetarian in food habits and fond of oily, spicy, fried foods, etc. His appetite was good but unable to eat, if delayed. He dislikes sweet and bitter things. His thermal reaction was 'Hot'.

He was mild, emotionally sensitive and introvert in nature. He did not disclose his HIV status to any one. He preferred selective company. Avoid strangers. Acts slowly and cautiously. Intelligent. No complaints about memory.

Past History:

H/o Chicken pox and Jaundice in childhood. H/o Urethritis after exposure. He suffered from jaundice in July'89 (2nd occasion).

Family History:

No significant illness in family. Father (65yrs) and mother (50yrs) both are healthy.

Physical Examination:

Height-178cms, Weight - 48kgs.
Temp-Afebrile, Pulse - 90/minute,
B.P-110/80 mm of Hg.
Tongue moist and faintly coated.

Systemic Examination:

NAD

Diagnosis:

Asymptomatic HIV Infection (Based on clinical, physical, and laboratory investigations).

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First Prescription:

'Homopath' software was used for repertorisation, the following remedies were considered-

i) Lycopodium - 15/9

ii) Sulphur - 15/9

Finally Lycopodium was selected and decided to use in 50Millesimal potency starting from 0/3 (24-01-1996)

Prior to administration of medicine, the patient was counseled about the illness and its possible future developments. He was informed about the treatment availability at that point. Finally he was also informed about the homoeopathic treatment, its probable effects and necessity of the continuous follow-up being stressed.

Observed Changes during Follow-up: (Table -1)

Pre Study Status	Current Study Status	Duration of Infections	Duration of Treatment	Pre Study Body Weight	Current Body Weight
Asymptomatic	Asymptomatic	17yrs	10yrs	48kgs	48kgs

Haematological Assessment: (Table - 2)

Date	Haemoglobin gm%	Haematocrit %	WBC / cmm	Granulocyte/cmm	Agranulocyte/cmm	Diff.Count		Platelet in lacs
						Gran	Agran	
17.01.96	14.9	45.3	4400	2300	2100	52%	48%	1.63
12.06.96	15.0	45.5	10200	5500	4700	54%	46%	3.15
06.01.97	14.5	45.0	6300	3300	3000	52%	48%	3.12
19.06.97	15.1	45.8	6800	3600	3200	54%	46%	2.34
18.12.97	14.9	43.9	7500	4400	3100	59%	41%	2.60
21.08.98	14.2	43.3	5500	2900	2600	53%	47%	2.49
15.07.00	13.7	41.7	7100	3700	3400	52%	48%	2.67
20.08.01	13.5	42.8	5400	2900	2500	54%	46%	2.91
15.11.02	13.6	40.6	8000	4700	3300	58%	42%	2.43
06.04.04	13.1	38.5	8600	4700	3900	54%	46%	2.00
17.02.06	13.2	38.7	6400	3200	3200	50%	50%	0.60

Symptomatic Changes and Medicines used (Follow-up period 10yrs):

He was under regular follow-up since 1996 and his adherence to treatment was commendable one. No major illness was noticed. Lycopodium in 50Millesimal potency was used (0/3,0/5,0/7,0/11 and 0/15) from January 1996 to June 2001. The medicine was repeated as per schedule. Later it was changed to centesimal potency starting from 30th potency and used upto 200th potency in infrequent repetition.

Some minor complaints were observed and indicated medicines were used with effective result, such as - a) cold/cough after cold drinks, in cold climate - Ars.alb, Belladonna; b) diarrhoea due to dietic irregularities - Carbo.veg, Pulsatilla; c) dry

skin patches in feet-Graphities; d) oral ulcers - Merc sol, Acid nitric; etc. The medicines were used in centesimal potency (30 or 200). He suffered from Right sided Bell's palsy in May 2005 just after traveling by bus to Goa. Causticum was used in 30C potency and complete recovery took place.

Discussion:

Clinically no major illness was observed during the follow-up. All the biological functions were normal and he was active to perform all his normal duties. *The current bodyweight (Table - 1)* shows equal to pre-study status but marginal variation of 1-2kgs was noticed in between.

Haematological value (Table - 2) shows gradual lowering of haemoglobin level (within normal

Immunocytometry Results: (Table - 3)

Date	CD4	CD8	CD4/CD8	CD3
17.01.96	484	768	0.63	1347
12.06.96	642	2000	0.32	2806
24.07.96	617	1493	0.49	2251
06.01.97	708	1995	0.35	2775
19.06.97	679	1936	0.35	2822
18.12.97	647	1592	0.41	2439
21.08.98	466	1166	0.40	1716
15.07.00	609	>2000	<0.30	2860
20.08.01	559	>2000	<0.28	2783
15.11.02	705	>2000	<0.38	3175
06.04.04	766	>2000	<0.38	3500
17.02.06	859	>2000	<0.43	3500

ranges) otherwise absolute count and percentage of agranulocytes remains at satisfactory level.

Immunocytometry results (Table - 3) over a period of 10yrs shows CD4 counts fluctuate time to time. Significantly it shows upward trend from the baseline except in August 1998.

Conclusion:

Despite the concerted efforts, no curative and safe treatment of HIV/AIDS is available yet. Currently ART is prescribed to people with HIV who have CD4

cell count = 200/cu.mm. In this perspective our aim is to clinically control the progression of disease and enhance the immune cell function (CD4/CD8) with homoeopathic medicine. Considering the HIV infection a progressive type of illness with lowering immunity i.e. marked by depletion of CD4 cells. This case having 17yrs of infection period shows maintaining upward trend of CD4 cells from the baseline during the last 10yrs. It's a significant observation of effective role of homoeopathic medicine to control the progression.