EVALUATION OF HOMOEOPATHIC THERAPY IN THE MANAGEMENT OF HIV DISEASE*

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Introduction

The human immunodeficiency virus (HIV) which causes acquired immune deficiency syndrome (AIDS) is a retrovirus having tropism for T4 (CD4) lymphocytes, monocytes, macrophages and cells of central nervous system. HIV infection is clinically characterized by insidious deterioration of the host immune system resulting into deficient or even lack of immune response as the infection progresses. This makes the infected individual susceptible to a number of opportunistic infections and malignancies which are rarely seen in healthy individuals, nervous system derangement and finally death.

Homoeopathic medicines have been reported to be effective in the treatment of simple viral infections viz. influenza, measles, chicken pox, herpes simplex etc. Clinical observations over the years do indicate that homoeopathic medicines enable the sick individual to effectively react to the infective organism and do not produce any undesirable toxic side and after effects as are being attributed to conventional anti viral agents. However, therapeutic efficacy of homoeopathic medicines in retroviral infections need to be evaluated in a detailed perspective. A few studies conducted in United States of America and United Kingdom suggested that homoeopathic medicines help in checking progression of the HIV disease and increase survival rate. The CCRH undertook a study to ascertain whether homoeopathic medicines alter the natural course of disease in HIV infected individuals. The initial results indicated that homoeopathic medicines may be used as effective therapeutic agents in the management of asymptomatic as well as related clinical manifestations. To evolve a logical and valid conclusion, the CCRH has recently undertaken a double blind randomized placebo controlled clinical trial of Homoeopathic medicines in HIV disease. The study is in the initial stage. It will be some time that the results of the current study are evaluated and reported. Thirty cases registered under the pilot study and who are continuing treatment with a regular follow-up for the last 3 - 4 1/2 years have been randomly selected for discussion here.

Method and Material

Thirty (28 male and 2 female) HIV infected patients, including 3 infected with HIV-2 only , were registered under the study during the period from February, 1993 to November, 1994 (Table -1). The diagnosis was confirmed by serological assays viz. enzyme linked immunosorbent assay (ELISA) and either a repeat ELISA or Western Blot, a supplementary assay.

The patients were from both asymptomatic and symptomatic stage of the HIV infection and were classified into various categories using Centers for Disease Control (CDC) classification system (Table -2).

Prior to the inclusion of the patients into the study, their CD4 / CD8+ T cell counts, a universally accepted prognostic marker of HIV disease and also a parameter for the assessment of therapeutic effects, were obtained by using FACS Count system (Table -3). Pre-entry immunologic and haematological investigations were carried out between 9 - 11 a.m. in order to rule out any variations. These were taken as baseline values. The case history with regard to the clinical presentation, if any, the constitutional attributes, both mental / emotional and physical , and familial and past history of illnesses or any traumatic experience was obtained and recorded. Informed consent of the individual patients were also obtained. Homoeopathic medicines were selected on the basis of the totality of the presenting signs and symptoms and constitutional attributes of the indi-

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vidual in case of patients with symptomatic HIV disease and on the basis of constitutional attributes and familial and past history of illnesses, in case of asymptomatic HIV infected individuals. In a few cases where clinical presentation appeared to be characteristic, the prescription was based on characteristic feature(s) alone. Repertorisation was made through HOMPATH software.

Homoeopathic medicines in centesimal-scale potencies varying from 30 to 1M were used (Table-4). Thirtieth potency was used 3 doses / day; 200 once a day and 1M potency once a week. Medicated globules were used to administer the medicine.

The patients were asked to report for clinical review at least once every month. The immunologic and haematological investigations were normally repeated every six months except for cases where the clinical status warranted an early review.

Table 1
Age and Sex Distribution

Age Group (in years)	Total	Male	Female
1 - 5	1	-	1
6 - 15	1	1	-
16 - 25	4	4	-
26 - 35	18	17	1
36 - 45	6	6	-
Total	30	28	2

Table 2
Clinical Status of the Subjects at Registration

Clinical Status	Total	Male	Female
Asymptomatic	11	10	1
Persistent Generalized Lymphadenopathy (PGL)	9	9	-
AIDS related Complex (ARC)	8	8	-
AIDS	1	1	-
Paediatric Symptomatic	1	-	1
Total	30	28	2

Table 3
CD4 / CD8 + T cell Counts

Sl. No.	Date	CD4 Absolute	CD8 Absolute	Date	CD4 Absolute	CD8 Absolute
1.	15.11.94	601	1745	13.07.95	624	> 2000
2.	30.10.94	482	927	19.07.95	530	1171
3.	24.10.94	606	778	20.07.95	533	954
4.	27.10.94	684	809	12.07.95	606	1032
5.	26.10.94	166	651	07.07.95	216	648
6.	02.11.94	934	1005	05.07.95	803	983
7.	02.11.94	543	1265	26.07.95	364	1085
8.	16.11.94	471	942	26.07.95	576	806
9.	21.10.94	761	1124	20.07.95	683	944
10.	24.11.94	588	955	28.06.95	494	705
11.	02.12.94	414	1029	13.07.95	492	1320
12.	02.12.94	330	673	19.07.95	349	781
13.	21.10.94	566	596	05.07.95	616	644
14.	23.11.94	412	535	06.07.95	372	573
15.	19.10.94	438	756	20.07.95	439	819
16.	18.11.94	266	1227	19.07.95	182	792
17.	20.10.94	148	553	05.07.95	103	594
18.	18.10.94	445	1071	20.07.95	370	1155
19.	16.12.94	618	961	28.06.95	440	863
20.	16.11.94	501	1437	19.07.95	529	1379
21.	31.10.94	522	1422	28.06.95	502	1883
22.	20.10.94	391	569	06.07.95	396	587
23.	25.10.94	130	327	05.07.95	96	225
24.	15.11.94	402	962	20.07.95	398	1160
25.	19.11.94	301	525	06.07.95	395	580
26.	27.10.94	347	1621	20.07.95	290	1991
27.	21.11.94	612	865	05.07.95	583	942
28.	15.11.94	321	735	28.06.95	547	970
29.	18.11.94	317	1321	29.06.95	357	1952
30.	23.11.94	498	1022	12.07.95	535	1560

Table 4
Homoeopathic Medicines Used

Name	Potency(ies)	No. of Patients
Acid phosphoricum	30, 200	1
Calcarea phosphoricum	30, 200	2
Natrum muriaticum	200 ,1M	2
Nitricum acidum	30, 200	4
Phosphorus	30, 200 ,1M	17
Pulsatilla	30 , 200	1
Syphilinum	200, 1M	1
Tuberculinum	200, 1M	2

Discussion

Thirteen patients have shown increase in the CD4 + T cell numbers varying from 5 - 226 per cu. mm during the course of treatment with homoeopathic medicines for 5-9 months. One patient had an increase of 1 CD4 cell per cu.mm. Ten patients manifested decrease in CD4 cell number by < 75 / cu. mm and 6 showed a decrease of 78 - 179 / cu. mm (Table-3). All the ten patients who manifested a decrease of < 75 in CD4 numbers were asymptomatic. Four of the patients who had reported to be in the ARC stage at the time of registration manifested decrease of > 75 but < 100 / cu. mm during the course of two and a half year of treatment. Another showed a decrease of 131 CD4 cells / cu. mm. One patient who had AIDS at the time of registration had a decrease of 179 in CD4 counts / cu. mm in a span of 2 years and eventually died. Although variation in CD4 + T cell counts at different times during the course of asymptomatic phase of HIV infection is reported, it is not widely noted to vary significantly in case of symptomatic HIV disease wherein these are reported to deplete in number steadily and progressively. Eight of the patients who manifested significant increase in CD4 cell numbers had PGL at the time of entry, 2 had ARC and only 3 were asymptomatic. Regardless of minor variations in CD4 + T cell counts which may occur because of various reasons, including nutrition, environmental and ecological pattern, significant increase in CD4 + lymphocyte numbers under homoeopathic therapy do indicate a possible immune-modulatory role of homoeopathic medicines in HIV infection. This assumes importance in view of the equal emphasis now being laid on the development of both antiretroviral and immune-restorative agents for the management of HIV/ AIDS.

In this series it was seen that 3 of the patients who manifested oral candidiasis (often the first sign of the progression of infection) responded favourably to the homoeopathic therapy and had no recurrence for 4 months at the time of filing this report. Two of the patients manifested persistent diarrhoeal disease (3-5 stools per day), causative organism of which could not be established, responded favourably to Phosphorus and there had been no recurrence till the time of reporting. Available information indicate that opportunistic infections are generally fulminating and tend to recur in patients with HIV disease notwithstanding a successfully treated earlier episode. Also they do not readily respond to the established conventional treatment. The results obtained so far, therefore, suggest a positive role of the homoeopathic medicines also in the management of HIV related clinical conditions. No untoward adverse reactions of homoeopathic medicine(s) were observed during the course of study. A noteworthy observation is that 6 of the patients who had contracted HIV in the late eighties continue to be clinically silent. Here it may be mentioned that in the first 800 cases reported in India, the average time between the initial infection and death was 3-5 years.

Although a small number of patients constituted the series, it underscores the role of Homoeopathic medicines in improving the quality of life and inhibiting or at least delaying progression of infection among HIV infected individuals. These considerations are being accorded importance in the development of effective therapeutic agents for HIV disease.

Conclusion

Role of homoeopathic therapy in the management of HIV infection has been discussed. Observations made during the study to indicate that homoeopathic medicines may be used as immune-modulating agents thereby facilitating delayed progression of infection, prolonged survival and improvement in the quality of life without causing undesirable adverse reactions in HIV infected individuals.