

HOMOEOPATHIC MANAGEMENT OF HIV/AIDS

The truth of the law of nature on which our system is based is being repeatedly verified by the Homoeopaths practicing all over the world. If the symptoms of a given case be known, the law of relation (*Similia Similibus Curentur*) will at once point to the appropriate remedy and we can trust upon this medicine with confidence, even though no such case of disease has ever subjected to treatment by homoeopathic physicians.

HIV/AIDS the most dreaded, most discussed STD of the past three decades, is still out of the reach of Homoeopaths all over the world. The dominant school of medicine having better infrastructure than ours have done many researches and reached at the conclusion that this disease has no therapeutic management. Physicians of our system having no research infrastructures and who depend on the dominant school scientists for the current knowledge about every disease, always dreaded to come forward with any solid evidences about the homoeopathic management of HIV / AIDS.

History

AIDS was first reported June 5, 1981, when the U.S. Centers for Disease Control and Prevention recorded a cluster of *Pneumocystis carinii* pneumonia in five homosexual men in Los Angeles.

Three of the earliest known instances of HIV infection are:

1. A plasma sample taken in 1959 from an adult male living in Kinshasa, today part of the Democratic Republic of the Congo.
2. HIV found in tissue samples from "Robert R.", a 15 year old African-American teenager who died in St. Louis in 1969.
3. HIV found in tissue samples from Arvid Noe, a Norwegian sailor who died around 1976.

Two species of HIV infect humans: HIV-1 and HIV-2, HIV-1 is more virulent and more easily transmitted. HIV-1 is the source of the majority of HIV infections throughout the world, while HIV-2 is not as easily transmitted and is largely confined to West Africa. Both HIV-1 and HIV-2 are of primate origin. The origin of HIV-1 is the Central Common Chimpanzee (*Pan troglodytes troglodytes*) found in southern Cameroon. It is established that HIV-2 originated from the Sooty Mangabey (*Cercocebus atys*), an Old World monkey of Guinea Bissau, Gabon, and Cameroon.

Most experts believe that HIV probably transferred to humans as a result of direct contact with primates, for instance during hunting or butchery. A more controversial theory known as the OPV AIDS hypothesis suggests that the AIDS epidemic was inadvertently started in the late 1950s in the Belgian Congo by Hilary Koprowski's research into a poliomyelitis vaccine. According to scientific consensus, this scenario is not supported by the available evidence.

A recent study states that HIV probably moved from Africa to Haiti and then entered the United States around 1969.

Conventional Treatment

Current treatment for HIV infection consists of highly active antiretroviral therapy, or HAART. Current optimal HAART options consist of combinations (or "cocktails") consisting of at least three drugs belonging to at least two types, or "classes," of antiretroviral agents. Typical regimens consist of two nucleoside analogue reverse

transcriptase inhibitors (NARTIs or NRTIs) plus either a protease inhibitor or a non-nucleoside reverse transcriptase inhibitor (NNRTI).

HAART allows the stabilization of the patient's symptoms and viremia, but it neither cures the patient of HIV, nor alleviates the symptoms, and high levels of HIV-1, often HAART resistant, return once treatment is stopped. Moreover, it would take more than the lifetime of an individual to be cleared of HIV infection using HAART. HAART is thought to increase survival time by between 4 and 12 years. This average reflects the fact that for some patients – and in many clinical cohorts this may be more than fifty percent of patients – HAART achieves far less than optimal results. This is due to a variety of reasons such as medication intolerance/side effects, prior ineffective antiretroviral therapy and infection with a drug-resistant strain of HIV. The complexity of these HAART regimens, whether due to pill number, dosing frequency, meal restrictions or other issues, along with side effects that create intentional non-adherence, also has a weighty impact.

The side effects include lipodystrophy, dyslipidaemia, insulin resistance, an increase in cardiovascular risks and birth defects.

MY EXPERIENCE

I came to this field of treating HIV/AIDS very unexpectedly by attending a male child aged 1 year and 3 months. The child was brought to me during my general practice at Ottasekharamangalam, as the child showed marked reduction in haemoglobin count along with respiratory infection he was referred to Sree Avittam Thirunal (SAT) Hospital, Medical College Thiruvananthapuram. The child was diagnosed HIV positive there. Both parents are also diagnosed HIV positive. Because of the lack of attention from the Doctors and Nursing staff there, they brought the child back to my treatment.

I employed Homoeopathic Medicine after analyzing the symptoms and the child recovered from the respiratory complaints soon. I understood that all the disease condition the child developed thereafter were opportunistic disease of HIV. Due to the good result observed while treating the child, the parents also started Homoeopathic treatment.

The CD4 count of the child showed marked increase from 350 in Oct 2002 to 949 in March 2008. This gave me great confidence and I devoted most of my time in observing and treating HIV/AIDS persons. Next I treated a HIV positive case with oral candidiasis. Then I treated a lady with chronic skin lesion of three and half year duration (the lesion appeared like Kaposi's Sarcoma). She was a positive speaker of KSACS (Kerala State Aids Control Society). Within three months her skin lesions subsided and also her general health improved. This incidence brought many HIV positive persons under my treatment. Now I am working as Consulting Physician under Thiruvananthapuram District Network of People Living with HIV/AIDS which comprise about 450 HIV positive peoples since four years.

In my experience Homoeopathic Medicines are showing miraculous work in containing the opportunistic infections due to HIV/AIDS. Many opportunistic infections-oral candidiasis, skin lesions, respiratory infection and others are very well manageable by Homoeopathic treatment. Here I want to make one thing clear that, the homoeopathic tools I employed were our age-old materia medica, philosophy and the repertories. I have nothing special or new to present before you concerning the management of these cases. I

haven't found any new medicines or developed any other specific routes or shortcuts for the management of these cases. I tried only to individualize each case and had given much importance for antimiasmatic treatment. Also I compelled my patients to follow the diet and regimen as explained in the book "Chronic Diseases" by our master. The medicines that showed efficacy in relieving their symptoms were Nux vom, Sulphur, Psorinum, Merc sol, Syphillinum Thuja, Nitric acid, Medo, Ars alb, Acon, Phos, Tuberc, Carbo veg, Silicea, Rhustox etc. The above experience helped me to reach the following conclusions.

1. Homoeopathic medicines are found highly effective in the treatment of opportunistic infections found associated with HIV/AIDS. This treatment produces no side effects or any deterioration of general health of the patient.
2. Patients who were treated by Homoeopathic medicine showed improvement in CD4 Count and reduction in viral load.
3. Homoeopathic medicines were found effective even in patients who discontinued their treatment due to side effect of ART (Anti Retroviral Therapy).

Now about 450 HIV positive persons under my observation and about 50 of them are using Homoeopathic medicines. About ten HIV positive persons showed marked improvement in CD4 count. I am having the lab reports, still & video pictures with me for proving the above mentioned cases. I hope the authorities may give due importance to the above facts and utilize this great system of medicine for the betterment of peoples living with HIV/AIDS.

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