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Abstract
To assess the role of homoeopathic medicines in the treatment of the HIV infected persons, a study was undertaken by the CCRH at the Regional Research Institute, Mumbai in May 1989. The Individuals enrolled in the study were treated with homoeopathic medicine(s) on the basis of presenting signs and symptoms and their characteristics attributes, both mental/emotional and physical. A checklist was prepared so as to ensure that normal biological functions like appetite, stool, urine, sleep, etc. and appearance of any clinical events attributable to HIV infection were noted at regular intervals. The body weight and other investigations were monitored. A brief case study is presented here to share the information pertaining to the patient prior to the treatment and the changes observed in follow-ups for the period of last 10yrs. The observations made during the study were compared with the events reported to occur in natural course of HIV infection in absence of any treatment. Various points are discussed to make a definitive conclusion.

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CASE RECORD

An HIV Infected Individual Maintaining Asymptomatic Status for Ten Years under Homoeopathic Treatment

S.K. Dey*

To assess the role of homoeopathic medicines in the treatment of the HIV infected persons, a study was undertaken by the CCRH at the Regional Research Institute, Mumbai in May 1989. The individuals enrolled in the study were treated with homoeopathic medicine(s) on the basis of presenting signs and symptoms and their characteristics attributes, both mental/emotional and physical.

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Key words: HIV infection, CD4, Homoeopathic medicine.

Introduction

The understanding of disease process and behavior of human immunodeficiency virus (HIV) have advanced substantially in last 10 years. Presently some sensitive tools are available to monitor the levels of HIV replication in vivo; effective means to gauge the risk of disease progression and also to assess the efficacy of therapeutic regimens.

In 1999, though the highly active anti-retroviral therapy (HAART) was available but not affordable by all who required it; the situation has been changed since the distribution of free anti-retroviral drugs began through government agencies. The drugs are well tolerated in large number of cases, but adverse effects such as gastrointestinal irritation, peripheral neuropathy, lipodystrophy, etc. have also been reported in many individuals on anti-retroviral therapy (ART). The numbers of drug resistant cases are growing steadily. The foremost reasons are non-adherence to treatment, initiation of ART at low CD4 level and high viral load.

In context of non-availability of curative therapy, CCRH initiated an experimental study to find out an alternative solution aiming at prolonging the life and improving the quality of life in HIV carriers. The target group for the study was exclusively the carriers having CD4 count > 250 cells/c.mm.

Normally, in long term follow up of the HIV infected person, various clinical presentations are appearing along with the gradual decline of CD4 cells count. The rate of CD4 cell decline varies from person to person and is not constant throughout different stages of HIV infection. Acceleration in rate of decline of CD4 cell numbers heralds the progression of disease. The presence of clinically active AIDS defining opportunistic infection(s) in the HIV infected subjects indicates progression to AIDS.

Aims & Objective

To clinically control or delay the progression of disease, and to enhance the immune cell function.

Case presentation

Mr. R.P. (Regd. No. 419), Male - 35 yrs came to the OPD on 25th September 1999 with reports suggesting HIV infection. His wife had history of bleeding per vagina during 12 weeks pregnancy. She
had undergone some routine investigations prior to therapeutic D&C and was detected to be HIV positive. He was also tested and found to be reactive to HIV antibodies test by three different enzyme linked immunosorbent assay (ELISA) on 2-09-1999, 3-09-1999 and 9-09-1999 conducted at Dr.R.N.Cooper Hospital, Mumbai. He is married for last five years and has one daughter of 3½yrs (HIV negative). He was referred by counselor to our institute for necessary advice and treatment. He informed that he had history of sexual promiscuity prior to marriage (1995). He was counseled and resteted at the institute for confirmation. He was reactive to HIV antibody. Probable duration of infection was estimated to be over 5 years at the time of enrollment in the study. His weight was 62kgs and initial CD4 count was 333 cells/cu.mm on 25-09-1999.

He was keen to undertake homoeopathic treatment at the institute. He was aware of non-availability of any curative treatment. A complete case history was taken along with the checklist of HIV related appearance of symptoms. The information revealed:

- No h/o weight loss
- No h/o continuous diarrhoea
- No h/o chronic cough
- No h/o continuous fever
- No h/o oral candida
- No h/o opportunistic infection(s)

**Presenting complaints**

- Tiredness with malaise especially in lower extremities after walking.
- Sleep un-refreshed

Both the complaints are recent. Most likely the symptoms were due to anxiety or agony after knowing the HIV status. He was concerned about his family.

**Patient as an individual**

Height – 162cms, Weight – 62kgs; dark complexion, stocky built, etc. HOT patient. He dislikes summer++, likes warm food and cold water, needs fan++, not using covering, etc. Appetite and thirst are normal. He likes fish and meat (2-3 times a week). Aversion - nothing in particular. No food intolerance was noticed. Stool – satisfactory, 2 times/day. Urine – clear and no difficulty in micturition. Perspiration – profuse (whole body) in summer. Sleep – earlier sleep was good for 7 hours, but presently un-refreshing. Dreams – regarding family matters, thoughts, and regular events.

He is sensitive, calm and quiet (mild) in nature and reserved in relationships. He avoids quarrels / conflicts with others and prefers company (tend of family members); tries to understand the problem patiently. Similarly he tries to convince others. Memory is good. Travels to various places for the occupational needs. Studied up to SSC and learnt operational technique of electronics / electrical equipments.

**Life situation**

Born and brought up in Mumbai. He belongs to middle class Gujarati family. His family includes wife, one daughter and parents. Since his HIV positive status was established, anxiety and tension has grown in family. He and his wife were informed about the HIV infection. Subsequently they were also told about the needs of adjustment required for the family life, social relations, etc. The couple understood the situation and agreed to adjust slowly.

**Past history of illness**

- No significant illness in the past. (No STD, TB, Herpes zoster, etc.)

**Family history**

- Father – Pulmonary Tuberculosis treated with AKT, Diabetes mellitus – under regular medication.
- Mother – Healthy, occasional complaints of joint pain.

**Physical examination**

**General examination**

Body weight – 62kgs;
Height – 162cms;
Body Mass Index – 24;
Temperature - Afebrile;
Pulse – 74/minute;
B.P.130/80 mm of Hg.
Anaemia – nil;
Cyanosis – nil;
Jaundice –nil;
Oedema – nil;
Glands (cervical, axillary, inguinal) – not palpable.

**Systemic examination**

RS – No Abnormality Detected (NAD)
CVS – NAD
GIT – NAD
CNS - NAD
Investigation reports

- Elisa for HIV-1: Detected reactive to HIV antibody test repeatedly on 2-09-1999, 3-09-199 and 9-09-1999 at Dr. R.N. Cooper Hospital. Confirmed at RRI on 25-09-1999.
- Western blot – Not done.

CBC

- Hb - 14.6 gms%,
- WBC - 6400/mm³,
- Granulocyte - 2800 (43%), Agranulocyte - 3600 (57%) and Platelet count – 2.75 lakh.
- X-ray Chest (PA view) – Normal study

Diagnosis

CDC Stage II Asymptomatic – A2 stage

Past history of treatment for HIV related symptoms

No treatment of any kind was taken in the recent past.

Evaluation of symptoms

- Mental general – Mild temperament; reserved; desire for company; anxiety about the disease; dreams of regular events.
- Physical Generals - Hot patient; tiredness < exertion; excessive perspiration; desire for fish and meat.
- Particular: Lower extremities, pain < after walking

Miasmatic expressions

Psora is predominant

Selection of medicine

Sulphur - 200 as first prescription based on generalities and miasmatic predominance. To begin a treatment for chronic diseases, it is a good option.

Follow up observation (from September 1999 to August 2009)

a) Patient scrupulously adhered to the treatment for the last 10yrs. The baseline weight was 62kg (1999) and current weight is 63kgs (Aug 2009). Little variation in weight gain was observed in between, such as the maximum weight was 65 kgs.

b) Normal BMI (body mass index) for the Indians is '23'. The patient's BMI at the entry level and current level remain same '24'. No wasting was observed.

c) Overall general condition was stable through out. Actively engaged in professional duties regularly.

d) Some clinical events such as pain in ankle, knee and lower back; common cold and cough after exposure to cold or cold drinks and irregular bowel or indigestion due to some change in diet, but these were infrequent and readily responded to the homeopathic medicine(s). Oral ulcer occurred once in October 2006 and resolved quickly after appropriate homeopathic medicine was given.

e) None of the HIV related complaints suggesting progression of infection to AIDS related complex (ARC) or AIDS was observed.

f) No occurrence of opportunistic infection(s) indicative of AIDS.

g) Individual continued to be asymptomatic at the time of reporting.

During the last 10 years, the individual has been under study, he has reported with some minor seasonal complaints such as common cold and cough and oral ulcer, but these were infrequent and responded favorably to homeopathic medicines such as Lycopodium clavatum, Rhus toxicodendron, Pulsatilla nigricans, Bryonia alba, and Gelsemium sempervirens prescribed on the basis of presenting signs and symptoms on different occasions.

Follow up investigations – see Table I.

Discussion

In developed countries¹ the average time to development of AIDS after initial HIV-1 infection is about 10-11 yrs in the absence of antiviral therapy. The individual case reported here has already completed 10 years under study and still continuing to be asymptomatic. If we take into account the time when he might have contracted the HIV infection - about five years prior to his enrolment in the study- it would be
around 15 years of infection. Periodical counseling of the patient also seems to have played a vital role in providing psychological support, increasing the confidence level and improving the relationship in family.

Weight loss is a common manifestation of HIV disease and is itself a marker of HIV infection progression. The weight and body mass index in the patient has also remained stable during the last 10 years during which the individual has been under study.

Diarrhoeal disease and malnutrition are frequent complications in HIV infected individual and are associated with quality of life. Other more frequent symptoms are such as anorexia, bloated abdomen, etc. with a tendency to develop malnutrition. But no such symptoms were reportedly by the individual.

Aphthous ulcers are painful blisters on the tongue, mouth, or genitals and observed in about 3% of the people with AIDS. This manifestation was presented only once by the individual which responded to the treatment very quickly.

Opportunistic infections develop in people whose immune system is severely weakened i.e., when the CD4 cell count is low. The bacterial infections and herpes zoster appearing at higher CD4 counts (between 400-300) and other fungal infections such as oesophageal candidiasis, cryptosporidiosis, etc. are likely to occur at lower CD4 count (below 300). The individual reported here had a base line CD4 count of 333/cu.mm. His CD4 count measured periodically showed a fall below base line (320/cu.mm) but were as high as 555/cu.mm (Table-1).

The last time CD4 count was made in March, 2009, it was 372/cu.mm. It suggests that if HIV infection is maintained in asymptomatic stage, the immune system also remains stable and effective response against microbial agent(s).

A graphical comparison has been shown in Fig. 1, between CD4 profile of an untreated HIV infected people (source Mac’s Study, USA) and individual under study. The comparison shows that the CD4 counts steadily fall in untreated HIV infected individuals, whereas the individual under study has defied any such fall in CD4 count over a period of 10 years. Usually in untreated patient the CD4 level gradually falls down with the time, except a small blip within 10 months of start of treatment.

**Conclusion**

The outcome of homoeopathic intervention in the clinical management of HIV infection in an individual may not be statistically significant, but it does indicate that if treated early in an asymptomatic state, homoeopathic medicines may help maintain asymptomatic status for as long as 10-15 years as also maintain immune response to a healthy level.

**Table 1: Results of base line and repeat investigations**

<table>
<thead>
<tr>
<th>Date</th>
<th>CD4 cells/cu.mm</th>
<th>Hb gm%</th>
<th>Agranulocyte Abs.count &amp; percentage</th>
<th>Body weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-09-99</td>
<td>333</td>
<td>14.60gms%</td>
<td>2400 (39%)</td>
<td>62kgs</td>
</tr>
<tr>
<td>14-07-00</td>
<td>320</td>
<td>13.76gms%</td>
<td>4500 (32%)</td>
<td>64kgs</td>
</tr>
<tr>
<td>21-06-02</td>
<td>533</td>
<td>13.26gms%</td>
<td>1800 (36%)</td>
<td>65kgs</td>
</tr>
<tr>
<td>28-11-03</td>
<td>555</td>
<td>14.36gms%</td>
<td>3800 (32%)</td>
<td>64kgs</td>
</tr>
<tr>
<td>28-02-05</td>
<td>477</td>
<td>13.16gms%</td>
<td>2800 (34%)</td>
<td>63kgs</td>
</tr>
<tr>
<td>12-04-06</td>
<td>397</td>
<td>12.76gms%</td>
<td>2800 (29%)</td>
<td>62kgs</td>
</tr>
<tr>
<td>18-03-09</td>
<td>372</td>
<td>15.26gms%</td>
<td>2490 (27%)</td>
<td>63kgs</td>
</tr>
</tbody>
</table>
Fig. 1: Comparison of repeat CD4 counts of the case under study with repeat CD4 counts seen in untreated cases over a period of time as reported in Mac Study, USA.

References
3. HIV congress 2007 Super specialty Round Table Meet Proceedings.
7. http://www.uptodate.com/patients/content/