

Natural alternatives to the AIDS/ARC conditions

In a four-part series, Dr. Bailey demystifies acquired immunodeficiency syndrome and provides a guide for self-help in combatting the disease.

BY STEVEN BAILEY, N.D.

It seems hard to believe—it was only five years ago that medical science began investigating a new condition called the acquired immunodeficiency syndrome (AIDS). Though AIDS has a

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relatively short history as a recognized disease, the American public has been inundated with information about this condition. The information about AIDS is so great and growing so rapidly that many people feel overwhelmed by it. Many people have asked me for a simplification of this information and a short self-care guide. I hope that the following articles are informative and serve as just such a self-help guide for the prevention and care of the AIDS/ARC condition.

Definition

AIDS is an acronym for acquired immunodeficiency syndrome. Understanding that syn-

drome means "a group of signs and symptoms that collectively indicate a disease or disorder" we can see that AIDS is a disease that involves a number of clinical and symptomatic conditions. The medical definition of *syndrome* does not require that all conditions be present in all individuals with the disease, and AIDS is consistent with this common interpretation. In September 1987 the Centers for Disease Control (CDC) revised and outlined the current definition of AIDS, and a portion of this definition will follow a discussion of common symptoms.

Symptoms

In the early stages, AIDS often resembles many other illnesses, with chronic diarrhea, irregular fevers, swollen lymph glands, frequent infections, fatigue and generalized wasting—as common symptoms. Many conditions have similar symptoms so diagnosis of early AIDS involves a number of clinical laboratory conditions. The most common laboratory indicator has been the HIV (human immunodeficiency virus) antibody test.

As AIDS progresses, symptoms representing more serious conditions of opportunistic infec-

tion begin to present themselves. These conditions are called "opportunistic" because they are normally found only in people with deficient immune systems. The most common forms of these infections involve a darkened tumor which is a cancer called Kaposi's Sarcoma and a pneumonia (shortness of breath, pain with breathing, etc.) called pneumocystis carinii.

CDC definition, clinical findings

The recent redefinition of AIDS by the CDC has many new criteria for diagnosis which include HIV wasting syndrome², presumptive diagnosis as well as a broader range of indicator diseases (diseases that are of an opportunistic nature and are accepted as helping indicate the diagnosis of AIDS). A positive HIV antibody test is considered a major indicator for the diagnosis of AIDS although current CDC criteria allow for the diagnosis with *no positive test* or *inconclusive results*. The combination of a positive antibody test and the presence of one indicator disease now is an accepted criterion for the diagnosis of AIDS. Present indicator diseases include candidiasis of the throat, a herpes simplex lesion that persists for greater than one month, "bronchitis, pneumonitis, or esophagitis for any duration"³ for patients over the age of one month. These indicator diseases are certainly not limited solely to the AIDS condition and the inclusion of them for diagnostic purposes will certainly continue to dramatically increase the number of diagnosed cases in America.

AIDS and the immune system

To understand AIDS, it is helpful to know a little bit about the human immune system. The following section will provide a base understanding of the immune system that will assist you in understanding the various aspects of AIDS.

The active immune system

The immune system is a marvelous composition of a wide variety of the body's cellular and functional components. The white blood cells, the skin and mucous tissues, the thymus gland, bone marrow and the lymph nodes and tissues all have specific functions in a healthy immune system. There are also many less specific elements of the immune system which include adequate nutrition, adequate function of the liver, adrenals, good circulation, heredity and a wide range of secondary influences such as stress, lifestyle and psychological factors.

The white blood cells

The white blood cells (WBCs) account for the majority of what we call the "immune response." These are the cells that identify and combat bacteria, viruses, fungi and protozoans collectively known as "microorganisms." The white blood cells are divided into five groups: the basophils, neutrophils, monocytes, eosinophils and lymphocytes.⁴ The lymphocytes are the cells that are affected in AIDS.

These five cell groups are further divided into two populations: the granulocytes and the agranulocytes. The three granulocytes (eosinophils, basophils and neutrophils) all have granular structures that contain immune chemicals to combat microorganisms. This is called the "cellular immune" response. The agranulocytes (lymphocytes and monocytes) do not have granular structures and the lymphocytes work by the *humoral immune* response, which means releasing chemicals into the blood stream (the Humors) to combat infection. The monocytes are a cell alone as they act as scavengers in cleaning up immune debris and combating on a

cellular level.

The granulocytes are not affected in AIDS as are the lymphocytes and thus these cells can play an important role in suppressing opportunistic infections that are common in AIDS. Some of the things that we can do to strengthen this segment of the immune system will be discussed in the conclusion of these articles.

Lymphocytes and the humoral immune response

The lymphocytes primarily work through humoral immunity although certain *killer* lymphocytes can work at the *cellular* response level. The lymphocytes are divided into two groups, the T cells and the B cells. The T comes from thymus but functionally represent cells that send information to the B cells (we now know that not all T cells are created in the thymus). The B cells are cells that produce chemicals called immunoglobulins which are specific chemicals to combat various microorganisms. It is in the T cell numbers and function that AIDS identifies itself.

The T cells can be likened to advance scouts, who look out for dangers in the form of bacteria, viruses, protozoans, allergens and other parasites. Certain T cells called "memory" cells maintain a memory of previously encountered organisms and immediately begins the immune response which is why we develop an immunity to such conditions as smallpox, measles, whooping cough, etc.

T cells can also create original responses in the event of a new organism entering the blood system or inflamed tissues.

Two other T cell groups exist. These are the helper and suppressor populations. These cells take the information from the scout T cells and either help increase or decrease the production of B lymphocytes, the B lymphocytes being the army that confronts the invading organisms, releasing their chemical weapons.

Another lymphocyte, the "killer" cell, is a recent discovery. This cell appears to work independently, having the ability to confront and destroy organisms on a one-to-one basis.

In AIDS there is a marked decrease in the helper T cells that results in an inability to activate B cells for maintaining acquired immunity to a variety of illnesses. As the number of helper cells decrease, the ratio of helper to suppressor cells becomes inverted and the B cells actually decrease their normal state of involvement. The helper/suppressor ratio is actually one of the best indicators of the state or progression of AIDS. Recently orthodox medicine has come to appreciate this test and M.D.'s are using it much more frequently to monitor the course of AIDS. It is interesting that M.D.'s shunned this test for so long because it truly gives the most useful information in monitoring the early and middle stages of the AIDS population. Coincidentally, unrelated to the AIDS virus, homosexuals, IV drug users and hemophiliacs show inverted helper/suppressor ratios as general populations.

¹ Webster's dictionary

² "Finding of profound involuntary weight loss greater than 10% of baseline body weight plus either chronic diarrhea (at least two loose stools per day for greater than or equal to 30 days) or chronic weakness and documented fever (for greater than or equal to 30 days)." Communicable Disease Summary, Vol. 34, No. 19 September 15, 1987, p. 4 (published by the Oregon Health Division).

³ Communicable Disease Summary, Vol. 34, No. 19, p. 2.

⁴ These names reflect laboratory properties of the various cells, i.e., *Phil* is Latin for love and thus basophils are cells that attract a basic dye in laboratory staining techniques as others attract eosin dye or are neutral to these two dyes. *Cyte* is Latin for cell and lymphocytes are WBCs that do not have granules, or *A*, which is Latin for absent—agranulocytes.

Next month in *Just Out*: Testing for AIDS, prevention and the concept of "health."

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