

KEYS TO SURVIVAL

Staying healthy with HIV means getting good treatment early

by Subhuti Dharmananda, Ph.D.

The concept has been developed in the popular press—and in the minds of millions—that becoming infected with HIV means that a person will necessarily die of AIDS. In reaction to this impression, a few individuals have sought to demonstrate that HIV is not the cause of AIDS, thus trying to break the necessary connection between a positive HIV test result and the development of AIDS. But the assumption, in that unlikely scenario, is that AIDS is a necessarily fatal disease.

Thus far, most scientific evidence supports the contention that HIV is the primary factor leading to development of AIDS. But, at this time, there is no convincing evidence that HIV infection or AIDS is necessarily fatal. To the contrary, there is growing evidence that potential survival time under the influence of HIV is not much less than when HIV is absent. This assertion may seem odd when one knows so many people who have died from complications of AIDS, but support for this view is growing. HIV infection is increasingly being described as a chronic or manageable disease.

In the United States, to the best of our knowledge, the spread of HIV began in 1978. We are thus in the 16th year of HIV-related disease in this country. By repeated surveys and evaluations, it has been determined that there are now about 1 million people in the United States infected with HIV. According to medical records, about 205,000 people died from complications of AIDS from 1981 until the end of 1993. Thus, up to this point, about 1.2 million people in the United States have been infected, and about one in six (16 percent) have died. The current (early 1994) toll of the disease is some 60,000 deaths per year, or about one in sixteen (6 percent) of those infected. Most of the individuals who have succumbed are those who were infected early in the epidemic and received little treatment (or poor treatment) during the time they were infected.

Treatment for HIV and AIDS was essentially absent for the entire first half of this 16-year period. The opportunistic infection pneumocystis carinii pneumonia was fatal in more than half of all occurrences in 1986, yet it is rarely fatal today, just eight years later. There were virtually no treatments with nutritional supplements, with Chinese medicine, with DNCB, DHEA, IL-12, or other substances that have since been tried and been shown to be promising (there is still very little treatment with these), and there were no nucleosides (e.g., AZT, ddI, ddC) and little or no prophylactic therapy. Those who died prior to 1988 were basically untreated for the disease, and many of those who have died in the six years since were treated too late or treated inadequately to have a life-saving effect. In other words, death from complications of AIDS has largely been the result of lack of treatment or a long delay in beginning therapies that are helpful. The same situation existed earlier with other diseases—such as early-onset diabetes—that were almost always fatal until the disease was understood and a rational treatment developed.

For those who receive adequate treatment, and especially those who receive it early enough in the disease process, the prospects of staying healthy with HIV and living long with HIV are quite good. While there will always be a few who will succumb to any disease (even common flu is the cause of death for thousands each year who are not infected by HIV), there is well-founded hope for most of those now living with the virus. The main reasons why AIDS can still prove fatal, with our current state of knowledge, are:

The majority wait too late to begin treatment. The effects of HIV infection over time are some-



PHOTO BY LINDA KLEWER

An acupuncture session at the Institute for Traditional Medicine

what similar to the effects of aging—it is almost as if the aging process (as it affects the internal organs, endocrine system, and immune functions) is speeded up by the infection. Just as one can recover from illness more quickly and more completely in youth than in old age, so, too, one can recover health from HIV's negative impact more quickly when treatment is started early. In a recent survey of over 2,600 gay and bisexual men, more than half did not know their serostatus. Of those who knew they were HIV positive, one-third did not pursue standard health care options, such as finding a doctor to work with them on their HIV condition, getting regular testing to determine their health status, or beginning antiviral therapy if their CD4 counts were in the appropriate range. One deterrent to early intervention has been a fear of interaction with the medical system. Yet, health-promoting approaches, such as ingesting herbs and nutritional supplements in convenient form, and receiving acupuncture and massage treat-

ments, are reasonable methods of therapy that are relatively inviting, once a person learns of them.

There may be poor management of the therapies. This can occur because the medical doctor or team involved is inadequately trained or motivated, or because the individual with the HIV infection does not follow recommended protocols or lacks the will to survive through adversity.

Lifestyle factors with negative impact make health and survival difficult. Diet, exercise, smoking and other behaviors that either enhance or detract from health can have a large impact on the progression of any disease. For example, in the non-HIV population, cigarette smoking is associated with a substantial decline in average life span; the impact on the HIV population is believed to be slightly greater. As much as half of the cancers that occur among people in the United States not infected by HIV can be traced to lifestyle factors—exposure to carcinogens is only part of the problem—several behaviors lead to reduced

immune functions that allow cancers to develop. Cancers characteristic of HIV disease, such as Kaposi's sarcoma and lymphoma, are likely to be influenced similarly. Travel has become a potential problem for those with HIV—sitting for hours in a plane can expose one to pathogens, and separation from one's medical providers and health programs, as well as from supportive individuals and a familiar environment, can take a toll. Annoying problems of exposure to new germs or parasites that affect many travelers become critical problems for those with HIV.

Genetic factors. One's genetic background can have an influence not only on basic life span but on susceptibility to developing various life-threatening diseases. Such genetic factors, unlike the other factors mentioned above, cannot be controlled at present.

As reported in a recent retrospective study of a group of individuals known to have been infected by HIV at least since 1978 (because their blood samples had been retained as part of a hepatitis study) and traced by medical researchers, many remain alive 15 years later, this being the group who lived with the infection for the most years without any treatment. For those who were infected later than that, and who have obtained treatment, one may well expect about half (or more) will be alive 20 years later, based on the impact of drugs that have already been tested for a few years. Newer treatments are likely to improve the outlook. Most AIDS-related deaths have occurred in those 30 to 50 years old. As treatment improves—and if measures preventing spread of the disease are successful—those figures will soon be changed to 40 to 60 years old, and perhaps older.

Further, researchers are confident that more effective treatments will be discovered in the next few years that will greatly enhance the outcome. For example, promising trials are now being conducted with a vaccine that can be administered after HIV infection which can aid the immune system in attacking HIV. There have been some cases of seroconversion—that is, transition from being HIV positive to HIV negative—in individuals pursuing either natural therapies or very aggressive medical therapies. New forms of AZT and other nucleosides are being tested which are expected to show improved effects and fewer side-effects. Despite disappointing reports from the Berlin Conference in 1993 and the British-French study of early intervention with AZT, other studies have demonstrated delays of development of AIDS and longer survival from the use of existing drug therapies.

At the Institute for Traditional Medicine, we have noted the rapid progress in the field of natural therapies. The Immune Enhancement Program operated by ITM in Portland has made many improvements in the therapeutics offered since it began in October 1992: Herb dosage has been increased, new formulations added, improved understanding of HIV progression has led to better selection of herb formulas, and there are more methods of administration offered (tablets, granules, topical treatments, retention enema). In addition, nutritional supplements have been provided, information about diet and exercise have been collated and presented, and massage therapy now accompanies acupuncture treatments. Meetings of clinicians to discuss new methods of therapy are held regularly. Formal clinical studies conducted at this site, starting with an evaluation of DNCB and continuing with hormone-modulators and interleukins, enhance medical monitoring of the participants and offer the best possible treatment

Continued on next page

THE STATE OF HIV DISEASE AND AIDS

There is hope, it's just not coming through on the right channel

Many people anxiously awaited the results of the recent international conference on HIV disease and AIDS. According to the news coming out of that conference, there is relatively little data that shows promise in this epidemic. People who are thought to be infected now number in the millions worldwide. In the United States, more than one-third of women infected have not received access to anti-HIV drugs such as AZT. Forty percent of infected women have not even been given antibiotics to fight off pneumocystis carinii pneumonia. HIV/AIDS is growing at an alarming rate among the elderly in the United States. Globally, hundreds of thousands of children are orphaned after their parents die from the complications of AIDS.

In Oregon, a recent report shows 766 new AIDS cases and over 500 people newly diag-

nosed as HIV positive. Projections indicate that there are between 6,000 and 10,000 individuals in the state of Oregon who are HIV positive.

In July, over 150 HIV/AIDS leaders and activists gathered in Dallas, Texas, to address the growing crisis of new infections occurring in gay men, bisexuals and lesbians. This conference was sponsored by the American Association of Physicians for Human Rights. A report was presented on the high rate of new infections among gay and bisexual men, particularly youth and men of color.

The two main factors that keep coming up from the long-term survivors of HIV disease and AIDS are early diagnosis and immune enhancement therapies. With that in mind, the following three articles outline accessibility challenges for youth and men of color, as well as offering real hope to people who are HIV positive.