

## **Complementary Medicine and HIV: A New Age**

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### **Complementary Medicine and HIV: A New Age**

Times were when believers in conventional Western medicine and acolytes of the kind of medicine variously called "traditional," "natural," or otherwise "alternative," snarled at each other from opposite sides of a vast ravine when it came to the treatment of HIV and AIDS. Those on one side sneered at the idea that such "New Age" snake oil could keep HIV-positive people healthy or slow the progress of AIDS. Those on the other side eschewed the often harsh toxicities of the largely ineffective first monotherapies created by Western medicine and took the "natural" route - figuring that, at very least, it would make daily life easier.

Enter protease inhibitors, which, used along with older drugs, have scored Western medicine's first big points against HIV/AIDS. Unconventional therapies have gained renewed popularity in the HIV/AIDS community as vital contributors to side effect management and quality of life for PWLAs. Thus the term complementary medicine is now widely used to describe the role these treatments play in working with, not instead of, a patient's standard drug regimen.

Presented neither as an endorsement nor a denouncement of complementary medicine, but as a service to the many people in the PWLA community who have asked us to cover the subject, this issue of ACRIA Update is both an exploration of and a practical user's companion to the current state of complementary therapies. Guest-edited by Pamela Miles, an independent clinician, educator, writer and researcher in the field of complementary medicine, it starts off with her concise, comprehensive overview of the array of complementary therapies now available- including information on how many of them can be accessed. Then Robert Schmehr, manager of complementary therapy at the HIV/AIDS Center of St. Luke's-Roosevelt Hospital, looks at HIV-oriented complementary therapy "in action" at sites around the country.

We also include an article that explores the relationship between complementary medicine and western medical research-and specifically, why it's so hard for the Western medical establishment to get what it most wants when it comes to complementary medicine and HIV-cold, hard facts about its efficacy. We also include a "short list" of natural remedies for many (often HIV-related) maladies, and a resource page to direct you to more products and services, many free to those living with HIV/AIDS.

No matter what the reader thinks about the value of complementary medicines, a majority of those who subscribe to these treatments firmly believe that they contribute to an increased sense of well-being. We hope you enjoy the issue...and have a happy and healthful summer.

## Editor's Notes

- All material in ACRIA Update is presented for educational and informational purposes only, and is not intended as medical advice. All decisions regarding one's personal treatment and therapy choices should be made in consultation with a physician.
  - CRIA Update refers to all drugs by both their commercial and scientific names upon their first reference in an article. Thereafter in the article, they will be identified with the name by which we feel they are most commonly known, either commercial or scientific.
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## In Memoriam

### David Seidner (1957-1999)

It is with great sadness that we report the death of longtime ACRIA board member David Seidner, who lost his 15-year struggle against AIDS on Sunday, June 6th. In his all-too-brief 42 years, David made a major impact on fashion photography with signature portraits that merged photography with painting. However, it is his strong and ardent advocacy for increased AIDS research that will be most missed by everyone at ACRIA. Although David's death is a sobering reminder that AIDS is still claiming the lives of loved ones, his firm belief that careful science would one day bring an end to this epidemic will continue to guide ACRIA's efforts.

## Complementary Medicine: A User's Guide

*By Pamela Miles*

Before the advent of modern science, traditional systems of medicine made healing available to the world population, with an often surprising degree of sophistication. Forms of surgery were practiced thousands of years ago in Africa and India. Although such procedures did not rival organ transplants, history argues against dismissal of traditional medicine as primitive. Some of the ancient systems, notably Traditional Chinese Medicine, Ayurveda, and Tibetan Medicine, remain intact and available today. Even in present-day New York City, there are populations in which traditional ways have never fallen out of favor.

Currently there is an unprecedented interest in both these comprehensive traditional systems- traditional here meaning rooted far back in different cultures, not "conventional" as in modern Western practices- and in therapies such as massage and aromatherapy that have left their traditional roots and stand alone in today's health care supermarket.

The array of complementary therapies (sometimes called "natural" therapies) is vast, unsystematized, and largely without regulation. Nonetheless, these treatments carry a widening appeal and, especially in the face of chronic illness, merit investigation by both consumers and medical professionals. Although science has made great strides in managing HIV, the epidemic has also highlighted the limits of high-tech medicine. Complementary therapies aim not for cure but for healing; not fixing, but improved well-being.

Traditional approaches can address quality of life and prevention of opportunistic infections, as well as relieve end-of-life suffering. Perhaps most importantly, they usually involve a quality of interaction between caregiver and client that is emotionally satisfying to both, and which engages people in their own care. Patients who are actively involved in their healing often enjoy better outcomes.

From a traditional perspective, health is a state of dynamic balance. Maintained in this state, the body is in the strongest position to carry the burden of infection and process side effects of necessary medications. Each person has a unique state of balance, one that includes all aspects of being and is constantly affected by internal and external conditions. Because the balance is overall, the treatment approach must be holistic and individualized. There is no one-size-fits-all approach in traditional medicines. Treatment plans are customized and then adjusted over time.

What are the cautions in using complementary therapies? Opinions vary. The highly individual treatment plans used for many natural therapies make it difficult to scientifically document their benefit. Many people with HIV don't feel the need to wait for the results of research that may never be done, and turn readily to the comfort and support provided by traditional therapies. Consulting a physician may not be helpful, as doctors frequently are unfamiliar with natural treatments.

Toxicity must always be considered, but is not a great danger with traditional therapies. Deaths linked to herbs are extremely rare and usually attributable to wrong usage. The best protection lies in being an informed consumer, engaging one's primary physician in a discussion of one's options, and using common sense.

### **Reductionism vs. Holism**

In preparing oneself to use complementary therapies, it's wise to start with an appreciation of holism, the underlying philosophy of all traditional medicine. Holistic approaches from all traditions share several perspectives:

1. Every part of life is connected.
2. Each whole is more than the sum of its parts.
3. Healing involves engaging the subtle energy field (which is accomplished through various means in different traditions).

Whereas scientific medicine reduces the body to separate pieces attended to by specialists (reductionist philosophy), each traditional therapy addresses the entirety of a person's being (holistic philosophy). A complementary therapist is a specialist in taking care of a whole person with a particular technique (such as reflexology or homeopathy) or system of techniques (such as Traditional Chinese Medicine and Ayurveda). Strictly speaking, holistic therapies do not address side effects or specific symptoms separate from the whole person. Two people may have identical symptoms for different reasons. Each person is evaluated and treated as an individual.

At its best, holism extends into the person's environment and relationships, including that between practitioner/teacher and client/student. In evaluating a client's nutrition, for example, a nutrition specialist would limit his attention to what the client is eating. By contrast, a truly holistic practitioner would also discuss how, when and with whom-the entire emotional/social/spiritual climate of nurturance.

Holistic practitioners of any modality value the quality of the practitioner/client relationship as a powerful ally in healing. They do not separate themselves from the client with an authoritarian manner, but rather create a safe, nurturant space with clear expectations and parameters in which all participants can grow. Such a relationship sees the practitioner and client working together for a common goal, empowering the patient as co-healer. Being a holistic practitioner is as much about manner as modalities. Herbalist Tieraona Low Dog, MD, medical director for the Treehouse Center, a primary care facility in Albuquerque, NM, says, "The most holistic physician I know doesn't do anything alternative."

### **Categories of Complementary Therapies**

Empowered patients can organize a holistic approach to their health care without piling up a stack

of practitioners or going off their budget. Although the field of complementary therapies is vast and unorganized, one can make sense of it by simply identifying all the areas of self-care that contribute to well-being.

Natural therapies offer people many opportunities to engage in their healing on a daily basis. Everyone can combine professional care and self-care to create a complementary "cocktail" that meets one's own needs and lifestyle. Educating oneself about the options is the first step. What follows is an overview of the different categories of complementary care and how they work together to contribute to overall physical and emotional wellness.

### **Food and Nurturance**

Everyone's nutritional needs are different, and change constantly. There simply is no one diet that is right for everyone all the time. There are also seasonal considerations—we tend to eat lighter foods in the summer and well-cooked stews in winter, for example.

Ayurveda, the traditional medicine of the Indian subcontinent, includes skills for identifying individual needs. Students come to understand how to use foods in a balanced way, and to appreciate the value of eating in a relaxed, peaceful setting. Although some people find rigid diets a relief from the confusion of choice, most do better with some flexibility around eating. Foods freshly prepared, especially by oneself or a loved one, are most nourishing both physically and energetically.

Nutritional supplements are often misidentified as complementary medicine. Supplements, "designer foods," and power bars with their RDA listings are more closely aligned with a scientific rather than holistic approach.

Eating is a difficult behavior to modify, but changes can be beneficial. Pacing is important. Start by avoiding or minimizing unhealthful food, substituting with something both healthful and appealing because the pleasure of eating is part of the nourishment. Chewing is the beginning of digestion. Food that is swallowed whole, taken on the run, is likely to cause digestive upset, especially in a body compromised by HIV.

Herbs can be a useful addition to one's nutrition. Many Western herbs are considered nutritive rather than medicinal, and can be easily integrated into the diet. With few exceptions, it is preferable to use whole herbs from a reliable source, either raw or in tincture (an alcohol dilution), rather than standardized extracts of the active ingredient. It is not simply the active ingredient but all the ingredients that account for the herb's effect, with the non-active ones often helping to balance the active.

Dr. Vasant Lad, director of the Ayurvedic Institute in Albuquerque, NM, and the leading exponent of Ayurveda in America, cautions that extracting active ingredients moves the product closer to a drug (an estimated 50 percent of conventional medicines are derived from botanicals) and invites side effects. There is the further danger that science may not have accurately identified the active ingredient. For example, it was long thought that the active ingredient in St. John's Wort, a common remedy for depression, was hypericin. It is now believed that the active ingredient is hyperforin.

Traditional Chinese Medicine (TCM) offers many useful products. Unlike Western herbs, which may be used singly or in combinations, Chinese herbs are generally combined. Both Chinese and Western herbalists follow nature's lead when combining, choosing herbs that support and balance one another, thereby minimizing the potential for toxicity. TCM has introduced America to adaptogens (herbs that normalize the body's functions) such as ginseng and astragalus, and immuno-stimulating mushrooms such as reishi and cordyceps, which can be added to food or taken as supplements.

Ayurveda also uses rejuvenative herbs and foods, notes Scott Gerson, MD, who practices Ayurveda in New York City. Although Gerson stresses that Ayurvedic treatment is most effective when individualized, many people may benefit from using herbs to support various systems in the body, such as ginkgo or cayenne for the circulatory system and red clover or yellow dock root for the blood and lymph. Milk thistle is supportive to the liver. In addition, Gerson says, chywan prash is a deeply nourishing, rejuvenative Ayurvedic jam of Indian gooseberry and other herbs and fruit that can be eaten daily and used indefinitely. Consult a qualified herbalist whenever possible.

### **Breathing and Subtle Energies**

Fortunately, no one has to remember to breathe. Or do they? According to John Douillard, author of *Body, Mind and Sport*, and owner of Lifespa, an Ayurvedic clinic in Boulder, CO, people frequently breathe through the mouth, taking shallow, emergency breaths that keep the body and mind agitated. Remembering to breathe through the nose calms the body and mind and better oxygenates the blood. Hatha yoga, a branch of Ayurveda, offers a number of breathing techniques called pranayama. Some can be mastered through reading, others are best learned at yoga class.

TCM takes a similar view towards breathing. According to New York City-based Master Yu Wen Ru, who teaches t'ai chi and qi gong (two Chinese practices for manipulating subtle energy), the benefits of practice and therapy can be easily lost in improper mouth breathing because harmful energy (or chi as it is called in Chinese) enters more easily through the mouth than through the nose. The state of the breath directly affects one's state of mind. Pausing to take a few conscious breaths throughout the day effectively reduces stress, bringing one back to center.

Watching the breath opens one to an awareness of subtle energies. TCM diagnosis evaluates the circulation of an individual's chi. Acupuncture, acupressure (shiatsu), or qi gong (energy healing) may be used to move chi that is stuck, and to facilitate the flow of chi to undernourished organ systems.

Reiki is a low-tech form of energy balancing facilitated through light touch that people can easily learn to do on themselves, or receive in treatment. Because it is completely non-invasive, Reiki is especially useful for those who are very sensitive or traumatized. Practiced regularly, its stress-reducing benefits support recovery from substance abuse.

Margo Davis practices Reiki in New York at Gay Men's Health Crisis (GMHC), an AIDS services organization, and at the HIV/AIDS Center of St. Luke's-Roosevelt Hospital. "Students go through a remarkable transformation over the four sessions of the Reiki training," she says, "as they realize they now have a tool to help themselves whenever they are anxious or in pain."

### **Homeopathy and Flower Essences**

Homeopathy is a system of natural healing that mines the subtle energies of natural substances. A classical homeopath chooses one remedy at a time to slowly release the subtle imbalances underlying physical disease. It is especially useful for emotional, mental and behavioral patterns that are difficult to address with standard medicine. Homeopathy can also be used at home to address daily disturbances. Although remedies are believed to be non-toxic, it is wise to restrict self-treatment to low potencies.

Edward Bach (1886-1936), a British physician, developed the first system of flower essences, now called Bach Flower Remedies, which are dilutions that are either squirted in the mouth or sipped in water. These subtle, non-toxic remedies are used primarily to address mental and emotional states. Because of their safety and simplicity of use, they are well-suited for self-help and for psychotherapy. In recent years, other systems of indigenous flower essences have been developed in the U.S. Both homeopathy and flower essences are deemed too subtle to interact adversely with prescription medicines.

## **Aromatherapy**

Essential oils provide another gentle avenue for healing that can have surprising results. The volatile oils are extracted from plants through steam distillation or cold-pressing and can be used topically, generally in a carrier oil such as almond or grapeseed, or diffused through the air. Lavender and tea tree oils can usually be applied directly, but always start with a small amount to test potency. Aromatherapist Rose Bryant Bianco of Topical Solutions in Belleville, NJ, suggests testing the purity of oils by putting a drop on paper. Pure essential oils evaporate, leaving no trace. If there is an oil mark, the oil has been cut and should be identified as such. Always work with oils that appeal to you.

Bianco suggests lemon oil for home use because it is inexpensive (starting at \$10 for half an ounce) and has a refreshing scent. Bianco markets an aromatherapy formula she created especially for HIV/AIDS. Mercedes Hnizdo, director of the Institute of Aromatherapy in Denville, NJ, notes that her clients have found essential oils useful in addressing symptoms like insomnia, muscle aches and pains, fatigue, fungal skin infections, depression and emotional disturbances such as anger, fear, and anxiety.

## **Touch**

Considerable research supports what every mother knows—touch is healing. The documented benefits of massage include muscular relaxation, increased circulation, lymphatic drainage, reduced blood pressure and heart rate. A recent study at the Touch Research Institute at the University of Miami revealed that HIV-positive adults who received a 45-minute massage five times a week for one month showed both a decrease in anxiety and depression and an increase in killer cell production and activity.

Massage is one modality that easily combines with other techniques, such as aromatherapy, to enhance the healing experience. Massage comes in many varieties to meet the needs and preferences of the client. Some people are drawn to open-hand, soothing Swedish massage. Others need the intensity of deep tissue work to release tension. Rolfing, or structural integration, is a kind of massage that releases not only current tension but also habitual patterns of holding stress in the body. Such realignment can support on a structural level the type of improved energetic circulation stimulated by acupuncture or shiatsu and create greater ease of movement.

If there are medical reasons why a full body massage is not advisable, massage of the hands and feet (reflexology) can be both soothing and stimulating to the entire body. Cranial sacral manipulation, done gently with the hands, is subtle and focuses on removing obstructions to the flow of cerebral-spinal fluid. Ayurvedic marma point therapy gently stimulates 108 vital points on the body that are seen as the juncture between consciousness and matter. Ayurveda also teaches a simple practice of self-massage with sesame oil that helps move toxins out of the joints so that the body can eliminate them.

## **Movement**

The human body needs to move. Movement is pleasurable, stress-reducing, stimulating to the cardiovascular and lymphatic systems, and strengthening. Research shows t'ai chi improves balance in seniors, reducing the likelihood of falling. Dr. James Gordon, author of *Manifesto for a New Medicine* and an early practitioner of complementary medicine, encourages his patients to just turn on some music and dance. Walking is one of the most beneficial and accessible forms of movement.

Whereas it's true that life is more difficult when one lacks physical strength, and it's easier to feel courage when the body is strong, Asian practitioners find it perplexing that Westerners readily equate muscles with health. Dr. Lad explains that each type of body tissue is for a particular use; over-stimulating any one of them is unbalancing. The overall approach to movement and exercise is important. The "no pain, no gain" attitude that dominated fitness since the aerobic revolution 20

years ago is now considered debilitating, while moderate exercise seems more conducive to long-term well-being.

Ayurvedic practitioners recommend exercising to half one's capacity. In his book *Body, Mind, and Sport*, John Douillard explores the relevance of ancient guidelines for modern health, and stresses the importance of keeping exertion at the level where one can still nose-breathe. Although nose-breathing means slowing down initially, it will overhaul the cardiovascular system. Typically, performance levels return and often rise a few months.

Hatha yoga is very popular among people with HIV for its therapeutic and strengthening effects. Many studios offer HIV classes at reduced fees. Iyengar yoga has a specific series of postures for HIV, including more backbends and upside-down positions to stimulate the immune system. James Murphy is a New York City Iyengar instructor with many years' experience teaching yoga to people with HIV. His advice? "Be intelligent and be careful. Anyone can hurt themselves doing anything." But that doesn't mean avoiding class when feeling under the weather. According to Murphy, "Students can still practice yoga when they're not feeling up to par. Use quiet poses to rejuvenate, restore, and stimulate the body and mind."

Instructors agree that people with HIV need not attend an HIV-specific yoga class. It's more important to be in a group small enough for individual monitoring with an experienced teacher sensitive to each person's needs. Paula Macali, an independent yoga instructor in New York City who has taught at St. Luke's-Roosevelt Hospital HIV/AIDS Center, notes, "We always need to work with the individual. It's the teacher's responsibility to know what is appropriate and what is not. Beware of classes that are so large that students are not getting enough individual attention."

Texas-based yoga teacher John Friend, who has worked with people with HIV for years, practices a style called Anusara yoga—an open-hearted approach based on universal principles of alignment. His students receive detailed training in therapeutic uses of yoga.

Labyrinths offer an opportunity to walk slowly and contemplatively through a fixed path either drawn on the floor or created three-dimensionally in nature. Wayne London, MD, of Brattleboro, VT, theorizes that walking a labyrinth may be a healing metaphor that subtly reorders one's being. Labyrinth walking accommodates privacy issues. As Elizabeth McGowan, a New York City labyrinth artist, says, "When people come to walk, no one asks them why." Tracing a hand labyrinth with one's finger or the eye has similar centering effects, and may be used to lower stress or begin a therapy session.

### **Self-Expression**

The therapeutic value of self-expression is often overlooked. Expressing oneself through words or art gives form to one's feelings, allowing for release, revelation, and re-evaluation. Artistic self-expression strengthens one's identity as a creator, builds confidence in problem-solving, and brings a sense of satisfaction. No talent? Can't draw? Put aside the critic, photocopy family pictures, cut and arrange into a collage. Embellish with rubber stamps colored with brush markers, and voila! A home course in art therapy!

Then there's writing therapy. A 1996-7 study by Dr. Joshua Smyth, an assistant professor of psychology at North Dakota State University, showed that arthritis and asthma sufferers had significant long-term improvement from short periods of writing about an upsetting life experience. Louise de Salvo, professor of English at New York City's Hunter College and author of *Writing as a Way of Healing*, underlines the importance of linking details of the event with the emotions that accompanied them; dwelling on one or the other alone is not therapeutic. Writing in this way may excavate hidden feelings. Those under professional care should enlist the guidance of their therapist and explore the possibility of group writing.

## **Support**

Healing traditions around the world often involved groups of people in ways that anticipated modern group therapies. Today, considerable research (much of it documented in the book *Love and Survival* by Dean Ornish) suggests that strong social support improves medical outcomes. People who have partners or a strong social network are less likely to succumb to illness, and recover more quickly when they do. Addressing family issues can be crucial in maintaining health. Dr. Wendee Schildhaus, PhD, a therapist who works in the New York area with both traditional and unconventional family units dealing with illness, notes that there are still many secrecy issues associated with HIV, and that many people let shame isolate them, cutting them off from the possibility of family support. Schildhaus cautions, "Keeping the secret may be worse than telling."

Our environment impacts our well-being in ways that may not be readily apparent. Asian approaches examine energy flow in the environment as well as in the body. Feng shui (the Chinese art of arranging both interior and outside spaces for maximum flow and harmony) is best known, but the therapeutic advantage of being in harmony with one's surroundings is widely recognized throughout Asia, where practitioners advocate placing small water fountains or even pictures of water or nature in the home. Modern research also validates the healing benefits of nature.

The Tamarand Foundation gathers talent and funds to create restorative gardens in HIV facilities such as the Joel Schnaper Memorial Garden on the roof of Terence Cardinal Cooke Health Care Center in Manhattan. Horticultural therapist Donna Arabian assists residents there in planting herbs familiar to them to make into medicinal teas or add to meals. Arabian encourages people with HIV to keep a plant on the windowsill. "It's empowering to care for something and be needed," she observes.

Possibilities for support do not end with friends, family and environment. The company of the mind often invades solitude with thoughts that are less than supportive. Why not cultivate the mind like a healing garden by "planting" thoughts from Henry Dreher's *Immune Power Personality*? This well-researched and engaging book offers both hope and skills to enhance immunity. Repeating affirmations may also be useful, as might writing personal affirmations and then imagining their realization in one's own life. Louise Hay's *Healing Your Body A-Z* is a classic in the field.

Guided imagery, which brings the imagination process into the visual realm, is another tool to engage the mind in the healing process, using pictures instead of words. The January-February 1999 issue of *Oncology Nursing Forum* printed an abstract of a study that found women with early stage breast cancer undergoing radiation therapy who used guided imagery had overall higher levels of comfort than those women in the control group. Pamela Murphy, MD, of Cleveland, Ohio, finds that the HIV-positive teens in her practice especially enjoy guided imagery.

## **Spirituality**

Traditional African medicine recognizes spiritual growth as essential for healing. Charles Finch, MD, director of international health at Morehouse School of Medicine, Atlanta, GA, who has worked with traditional African healers for many years, explains that in traditional African healing, "the psycho-spiritual dimensions of illness have to be managed before health is restored. Empirical methods are used, but at the service of the psycho-spiritual."

Richard Elion, MD, in private practice in Washington, D.C., views spirituality as "the sense of connectedness with self and the world around you." There are many ways to connect with one's spirituality, such as meditation, prayer, contemplation, silence, chanting, service, worship, ritual, acknowledgement, gratitude. One can choose according to one's temperament. Daily practice is most beneficial, but any time spent in reflection will increase self-awareness and uncover inner strengths.

## **Summary**

Natural healing offers much to enhance day-to-day self-care, which often improves patients' attitude towards their medications. "At first, I went for complementary therapies because I didn't get help from [Western] medicine," says Sonia, a New Yorker with HIV, whose embrace of natural remedies helped improve her relationship with both combination therapy and her primary care doctor. She continues to do Reiki everyday, receives weekly acupuncture treatments and takes yoga at the Iyengar Yoga Center in downtown Manhattan. "I feel really well supported by all the things that I'm doing," she says. "I know I'm doing the best I can."

*Pamela Miles is a clinician, researcher, educator and writer in the field of natural medicine. She has instructed medical personnel and patients at most New York City hospitals, serves as an adjunct professor at Marymount Manhattan College, and maintains an active private practice in New York City.*

## **Healing, Naturally: Symptoms and Suggestions**

Keeping in mind that holistic approaches treat people, not diseases or side effects, here we offer some suggestions for increasing comfort. This is not meant as medical advice. Although rare, any one of these approaches may cause adverse reactions in some patients. You may want to consult a physician or qualified herbalist on choices before beginning use.

### **Digestion**

- Chew food until soupy.
- Bitters: gentian or angostura and soda.
- Chew fennel seeds.
- Ginger (in capsules, tea or added to food).
- Reflexology: roll or manipulate the arch of the foot and just in front of the heel.
- Enzymes-Betaine HCl with pepsin, 1 each meal for a few days, increase gradually until mild heartburn occurs, then cut back.
- Probiotics (e.g. acidophilus and bifidus); in yogurt and capsules.

### **Diarrhea**

- Avoid strong forward bends that put pressure on abdominal area. Do postures to soothe and gently stretch the abdomen.
- Homeopathic remedies, possibly arsenicum album, nux vomica.
- Boil basmati rice in extra water until soft. Let the water cool a bit and drink slowly.
- Garlic (in cooking, capsules, broth).
- Probiotics (e.g. acidophilus and bifidus).

### **Fatigue/Debility**

- Reevaluate lifestyle to minimize stress.
- Avoid extremes in temperatures, such as too hot baths or sauna.
- Chywan prash (rejuvenative Ayurvedic jam).
- Chinese mushrooms (e.g. astragalus, shiitake).
- Ginseng (in tea or capsules).
- Shatavari (Ayurvedic herb).

## **Depression**

- Herbs: St. John's Wort; nervines, such as hops; passion flower; lemon balm; skullcap.
- Lavender, bergamot, and sandalwood oils.
- Walk a little each day if possible.
- Sip plain hot water throughout the day.
- Recreation, self-expression.

## **Insomnia**

- Eat a light meal in the evening.
- Don't watch TV at bedtime or fall asleep to it.
- Hyland's Calms or Calms Forte: Try taking two in the evening, more at bedtime if needed.
- Boiled milk with 2 garlic cloves or nutmeg.
- Go to bed around 10pm, when most people's internal clocks are set to go to sleep.
- Chamomile tea.
- Soothing warm herbal baths, i.e. chamomile.
- Burn sandalwood incense.
- Lavender and marjoram essential oils in bath.
- Valerian (must be taken in adequate amount; the effectiveness often increases in the first few weeks of use).
- Diffuse lavender essential oil, or put a drop on bedclothes or pillowcase.
- Nervine herbs-hops, passion flower, lemon balm, skullcap.

## **Respiratory Ailments/Sinusitis**

- Eucalyptus steam-put a few drops on a washcloth at night. Leave on the shower floor while showering in the morning.
- Essential oils: basil, bergamot.
- Nasal irrigation with Ayurvedic neti pot.
- Homeopathic kali bichromicum.

## **Sore Throat**

- Turmeric in honey (swallow slowly).
- Gargle hot salt water or cayenne hot water.
- Diffuse essential oils of lavender, eucalyptus, camphor, lemon, basil.

## **Flu-Like Symptoms**

Echinacea/goldenseal formula at first sign of illness; herbalists typically dose heavily at the onset of symptoms; safe to take daily for a period of up to 10 days, but usually only necessary for a few days.

## **Thrush**

- Two drops tea tree oil in 10 oz. warm water, swish around mouth and spit.
- Thyme oil, as above-can combine with tea tree oil.
- Citrus seed extract in water; swish and spit.
- Pau d'Arco, a Brazilian herb (usually taken in tea or capsules).
- Garlic if possible.
- Astragalus, shiitake mushrooms, etc.-immune enhancers.

- Probiotics (acidophilus and bifidus).

## **Liver**

- Milk thistle tincture.
- Aloe vera (sold in jars and mixed into juice).
- Turmeric (in tincture or capsules).
- Essential oils: helychrisum; yarrow.

Although these suggestions have been compiled from diverse sources, I'd like to give special acknowledgment to Drs. Marcey Shapiro, Tieraona Low Dog, Vasant Lad, Scott Gerson and Andrew Weil. Physicians and medical caregivers can learn more about natural therapies at Columbia University's Botanical Medicine Symposium, held each May (call 212/781-5990 for more information), or through a variety of CMEs offered on-site and long distance by the University of Arizona School of Medicine (call 520/626-7222 for more information).

*Pamela Miles*

## **Complementary Medicine and HIV: The Research Dilemma**

By Joyce K. Anastasi, RN, PhD, FAAN, Lac

### **A 1990s Success Story**

Twenty years ago, complementary medicine was an obscure term and the practices associated with it were unknown to the majority of Americans. In the 1990s, however, professional interest in complementary therapies increased markedly with the 1993 publication by David Eisenberg and colleagues of the report "Unconventional Medicine in the United States."

The report became a landmark in terms of validating complementary medicine's relevance within the Western medical establishment, and prompted a 1998 follow-up. Based on the extrapolation of data from the 1998 study, Americans visiting providers of complementary medicine rose from 427 million in 1990 to 629 million in 1997. That same follow-up study also revealed that 42% of adults surveyed reported using complementary medicine, spending approximately \$21.2 billion annually—with more than \$12.2 billion coming out of their own pockets.

Additional evidence of the ever-growing interest in complementary therapies lies in the increased status and authority given by the U.S. Congress to the National Center for Complementary and Alternative Medicine (formerly the Office of Alternative Medicine) at the National Institutes of Health (NIH), which in 1998 awarded the agency a budget increase from \$20 million to \$50 million. From 1997 to 1999, the Center has received a 400% increase in funding—a clear reflection of the interest in complementary medicine by conventional researchers, academia, Western-trained medical practitioners, and consumers. In fact, a recent issue of the Journal of the American Medical Association (JAMA) (vol. 280, no. 18, 1998) was devoted entirely to complementary medicine.

### **What is Complementary Medicine?**

One definition that appears to offer the best description of the field, and will not likely be dated by current practices in health care, was recently proposed by Daniel P. Eskinazi, DDS, PhD, L.Ac: "a broad set of health care practices (i.e., already available to the public) that are not readily integrated into the dominant health care model because they pose challenges to diverse societal beliefs and practices (cultural, economic, scientific, medical, and educational)."

For the duration of this article, the terms complementary medicine and complementary therapies will be utilized, with complementary therapies being the treatment modalities (i.e., acupuncture, acupressure, qi gong) under complementary medicine. Readers should understand that this is a brief overview of complementary medicine and not a comprehensive text.

### **Researching Complementary Medicine in HIV: Limited Studies**

Although one set of surveys in the mid-1990s revealed that the prevalence of using complementary therapies among people with HIV/AIDS ranged from 36% to 56%, research attempting to assess the effectiveness of specific complementary therapies in the treatment of HIV-related conditions remains-for reasons to be discussed shortly-a rarity in scientific literature. A review of scientific literature reveals that the majority of the studies involving complementary medicine have been surveys, case studies, anecdotal reports and/or studies reporting small sample sizes.

A few studies involving complementary medicine approaches are summarized here:

- One 1996 study by Dr. Gail Ironson and colleagues involved 20 HIV-positive men and found that daily massage for one month showed significant improvement in natural killer cells and CD8 counts as well as reported reductions in HIV-related symptoms. However, meaningful changes in CD4 counts were not noted, something which may be explained by the short duration of the study.
- In 1998, Dr. Judith C. Shlay and colleagues conducted a randomized, placebo-controlled clinical trial in 10 cities across the United States to evaluate the efficacy of a standardized acupuncture regimen and amitriptyline on HIV-related peripheral neuropathy. The study assigned 239 patients to the acupuncture versus control group, and 136 were enrolled into either the active or placebo amitriptyline group. Results showed that patients in all four groups had a reduction in mean pain scores at six and 14 weeks compared to baseline values. Thus, the study did not show that acupuncture or amitriptyline could relieve pain associated with peripheral neuropathy better than their placebos. However, it must be noted that sham acupuncture points used as controls may still have analgesic effects by releasing endogenous opioids when manipulated, thus possibly explaining the lack of convincing results.
- Sometimes research with non-HIV patients can help us speculate on the benefit of certain complementary therapies for conditions caused by HIV. For example, a 1996 article described a clinical trial involving qi gong (a Chinese movement and breathing practice) on patients diagnosed with malignant cancer. All patients received chemotherapeutic regimes. Ninety-seven patients practiced qi gong two hours a day for three to six months and 30 patients were in the control group. Patients in the qi gong group showed more improvement in strength, appetite, diarrhea reduction and weight gain compared to the control group. Thus, one can speculate on the potential benefit of qi gong that could be applied to people with HIV/AIDS dealing with some of the same conditions.

### **Roadblocks to Herbal Studies**

Several factors contribute to the paucity of formal research investigating complementary medicine's efficacy in HIV. One of them relates to the pharmaceutical industry's lack of incentive to conduct such research. Even though several herbal formulations have undergone in vitro testing which has shown evidence of their having antiretroviral activity, few drug companies have conducted preclinical or clinical investigations to provide further evidence of their efficacy or safety. Perhaps that is because-unlike with pharmaceutical agents, for which drug companies must comply with strict Food and Drug Administration (FDA) guidelines prior to taking them to market-drug companies aren't allowed to patent herbal formulations and consequently seize exclusive rights to them. Thus, the financial incentives for drug companies to conduct research on herbal formulations is probably not very large.

### **Dilemmas in Complementary Medicine Research**

Dilemmas are often encountered by researchers of complementary medicine when they try to apply to their research the standards and techniques of conventional medicine-which they must adhere to in order to gain the Western medical establishment's credibility and acceptance. These dilemmas include problems with creating a placebo, individualization of treatment, and outcome measures.

In standard medical research, placebo techniques are incorporated into study designs to control for the natural progression of a disease and to assess the effectiveness of a treatment. However, some complementary therapies-such as massage-have no comparable placebo. Controls would have to be designed to test the efficacy of the massage treatment.

Individualization of treatment is another dilemma. In conventional medical research, assessing and evaluating the effectiveness of treatments (i.e. drug trials) generally involves utilizing the same treatment protocol for enrolled study subjects. However, each treatment in complementary medicine is specifically tailored to each individual. For example, several patients visiting an acupuncturist for the same condition may each be managed differently depending on their unique constitution, lifestyle and emotional state. In contrast, patients with the same condition visiting conventional medical doctors are generally prescribed identical treatments.

Another problematic issue has to do with the lack of congruent terminology and explanations between Western conventional medical conditions and treatments and their non-Western counterparts. (*See table below.*)

The final dilemma involves outcome measures, which in most complementary therapies have not been validated, as have those for conventional medical theory and practice. Western practice relies upon such physiologic measures as lab tests and x-rays to assess a patient's baseline status, post-treatment status and follow-up reports. A more specific example, for instance, is in the case of rheumatoid arthritis (RA), whereas in conventional medicine an elevated erythrocyte sedimentation rate (ESR) serves as a laboratory marker (measure) for RA. However, in Chinese Medicine, a self-report of symptoms, and an evaluation of tongue and pulse have been the traditional diagnostic tools.

The extent to which the conventional medical establishment will become more open to alternative outcome measures for complementary medicine research, or to which it will accommodate the ever-increasing role of complementary therapies, should make for interesting observation among both patients and health care workers in the years ahead.

*Joyce K. Anastasi, PhD, RN, FAAN, L.Ac, associate professor and director of the Center for AIDS Research at Columbia University School of Nursing, is a nationally recognized nurse clinician, researcher and acupuncturist in HIV/AIDS.*

<b>Different Terms, Different Approaches</b>		
	Western Medicine	Traditional Chinese Medicine
Diagnosis	<i>Arthritis</i>	<i>Bi Syndrome</i>
Diagnostic Methods	<ul style="list-style-type: none"> <li>• x-ray</li> <li>• laboratory values (ESR)</li> <li>• signs and symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• tongue diagnosis</li> <li>• pulse diagnosis</li> <li>• apply 8 principles of Chinese Medicine</li> <li>• patient interview</li> </ul>
Treatment	<ul style="list-style-type: none"> <li>• non-steroidal antiinflammatory agents</li> <li>• physical therapy</li> </ul>	<ul style="list-style-type: none"> <li>• acupuncture</li> <li>• moxibustion</li> <li>• massage</li> </ul>

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### **Complementary Therapy in Action: Snapshots**

*By Robert Schmeh, CSW*

Over the past 50 years, Western medicine has revolutionized the meaning of medical care and our understanding of health. Through discoveries in bacteriology and virology, modern medicine enables us to fight illness caused by infections in the body and thus increase our health, well-being and longevity.

Conversely, many of the therapies that are often referred to as either complementary or alternative medicine have for thousands of years focused on preventative medicine. The role of complementary therapies in prevention is often called wellness care. Its purpose is to strengthen the immune system, enhancing the body's natural ability to fight infection in order to maintain health and well-being. Complementary medicine thus parallels the goals of HIV primary care, maintaining health and enhancing immune function.

In most parts of the country, complementary medicine is still not covered by medical insurance. Learning how to integrate complementary therapies into a treatment plan thus requires creative thinking and commitment from both health care providers and consumers. Despite these challenges, HIV-focused complementary services are increasingly being used in the primary care setting, from hospital-based designated AIDS centers, to private practices, to non-Western health care practitioners offering HIV-specialized primary care.

### **Complementary Therapies in a Hospital-Based HIV Center**

At the HIV/AIDS Center of St. Luke's-Roosevelt Hospital in New York City, the biopsychosocial team approach is enhanced by the mind-body-spirit perspective of its Complementary Therapy Program. The director of the HIV/AIDS Center, Dr. Victoria Sharp, implemented the Complementary Therapy Program in 1996, as the use of triple-combination therapy moved the focus of HIV treatment from the acute care setting to the primary care setting. Sharp notes that as the treatment of HIV disease increasingly became an "outpatient" endeavor, HIV service providers needed to develop programs that enhance peoples' well-being at home and promote health-supportive lifestyle choices.

Today, the treatment approach at the St. Luke's-Roosevelt HIV/AIDS Center is enhanced with an array of mind-body medicine services that draw largely from the principles of traditional Asian

medicine. By integrating shiatsu (Asian massage), hatha yoga, and treatment and training in Reiki (Japanese energy medicine involving light touch), doctors, nurses and mental health providers bolster their treatment plans with this new set of gentle, humanistic services.

Each patient in the Center has the opportunity to receive one or all three services on a weekly basis. Since the use of complementary therapies in hospital-based programs is new to both patients and health care providers, the integration of complementary therapies at the HIV Center is overseen by a clinical social worker who specializes in mind-body medicine. Patients interested in using complementary therapies receive an initial complementary therapy assessment during which the social worker determines each patient's knowledge and provides individualized education about the appropriate use of mind-body medicine and natural healing. This initial counseling session serves as preparation for referring patients to holistic services both in the Center as well as in the community at large. Patients using complementary therapy services usually receive at least one complementary therapy assessment per month. In this way, the Center strives to assure that complementary therapies are being used effectively and safely, while also documenting ways that these innovative approaches are enhancing patients' health and well-being.

Some of the HIV-related issues most frequently addressed by the Center's Complementary Therapy Program include neuropathy, insomnia, loss of appetite, depression, anxiety and panic attacks. Many of the Center's patients have a history of illegal drug use. The stress management aspects of the complementary services often help these patients reduce their drug-related risk behavior. One patient recently stated, "I used to run to drugs when I'd get stressed out. Now I run to Reiki." The Center's Dr. Nereida Ferran notes that integrating complementary therapy into the treatment plan helps patients adhere to their antiretroviral regimen, as the Asian healing techniques help to reduce the side effects of medications, while enhancing people's ability to deal with the emotional stress of living with HIV/AIDS.

### **Chinese Healing in the Bay Area**

The Quan Yin Healing Arts Center in San Francisco provides full-service traditional Chinese medicine to people with HIV/AIDS. As a nonprofit organization, it receives public funding to serve those in need, regardless of their social status or ability to pay. In 1996, Quan Yin received Federal funding, as California is one of the states where complementary medicine is supported by the Ryan White CARE Act. The center's core services include acupuncture and electro-acupuncture, moxibustion (an herbal heat therapy), massage therapy, qi gong classes (Chinese exercise and meditation), herbal medicine, and Western medical consults. While all clients at Quan Yin receive Western medical consults, Western medicine is used here to support Chinese medicine, the primary approach practiced there. Most of the clients at Quan Yin also work with a Western medical doctor outside of the clinic, and 35% of the center's referrals are made by outside physicians.

The center also collaborates with other health care organizations worldwide to develop and implement scientific research that assesses the efficacy of integrating Chinese and western medicine in HIV treatment. Finally, Quan Yin has an HIV-specialized clinical training program where practitioners of Chinese medicine receive advanced training in the treatment of HIV-related illness.

Misha Cohen, OMD, LAc is a doctor of Asian medicine and chairperson of research and education at Quan Yin. She has been treating people with HIV for 16 years. Cohen notes that with the integration of Western and Chinese therapies, "we are creating a new form of medicine. Chinese medicine is about harmony and balance, and anything that promotes this (i.e. antiretroviral therapy) is in line with the principles of Chinese medicine."

Cohen remembers that people used Chinese medicine less frequently for the first few months after protease inhibitors became widely available. This quickly changed, however, as people

sought out Chinese medicine to help them reduce the side effects of their medications, promote their natural healing process and use fewer pharmaceutical medications. Cohen states that some of the HIV-related issues most helped by Chinese medicine are fatigue, diarrhea, lowered appetite, digestive disorders, anemia, sinusitis, and hormonal problems contributing to problems with menopause and PMS.

### **Supportive Care on the Hudson**

Supportive care services, such as day treatment programs, nursing home services, hospice programs and supportive residential settings are increasingly integrating holistic and natural healing into their standard of care.

In Yonkers, New York, the Greyston Foundation sponsors two HIV-supportive service programs, an independent housing program called Issan House, and an adult day treatment program called Maitri Day Program. Located on two acres of land overlooking the Hudson River, the Foundation has developed an innovative program of integrative care that views inner peace and feelings of well-being as primary goals of treatment. The program's beautifully renovated turn-of-the-century buildings have windows and terraces facing flower gardens and vistas of the Hudson Valley. Such attention to detail demonstrates the Foundation's commitment to promoting a spirit of tranquility and harmony for both staff and clients.

Clients at Issan House and Maitri Day Program are called members rather than clients, as they are viewed as members of a healing community. In this way the program aims to create a new form of family for people who, for various reasons, have been alienated from more traditional support networks. While this non-hierarchical structure may be viewed as a challenge to the standard Western medical model, it promotes an atmosphere of cooperation and co-responsibility between members and health care providers.

In addition to the standard constellation of Western medical services provided by doctors, nurses and social workers, the program integrates massage therapy, Reiki, meditation, acupuncture, herbology, tai chi, hatha yoga, creative arts therapy and gardening into its standard of care.

All services are provided on an individualized basis to reflect members' needs and interests. Massage therapy, for example, is one of the program's more popular complementary therapy services due its role in stress management, pain management and immune stimulation. Many of the program's members, however, do not feel comfortable receiving full-body massage due to histories of physical and sexual abuse. For these members, the program has developed a chair massage option, which is less invasive, and feels safer to abuse survivors.

Staff and members appreciate the individualized nature of the integration of natural healing modalities, such as the use of acupuncture to relieve the pain of neuropathy. Dale Rascoe, the program's physician assistant, states, "With managed care we don't have a lot of variability in our work...but complementary therapy is one way that we can be open-ended and creative in developing a plan that really helps people."

### **Community-Based Organizations**

Since the beginning of the epidemic, people with HIV and AIDS have creatively developed community-based organizations (CBOs) to address needs which have often been poorly served by standard medical and social service programs. Due to their independence from mainstream health care, CBOs developed the first wave of holistic and natural healing opportunities for people with HIV/AIDS in the mid-1980s. They continue to be an important source of complementary and alternative medicine for people with HIV/AIDS.

### **Alive and Well**

The mission of Alive and Well , a CBO in Glendale, CA, is to provide education and holistic

services to people with HIV/AIDS. Nancy Rez, RN, the program's clinical coordinator, states that, "As people get involved in their healing, they usually develop an increased sense of well-being. It helps them feel they have some control over what happens to them. People...feel they can take charge of their bodies and their life. They feel empowered."

Alive and Well's core services consist of chiropractic, massage therapy, acupuncture, acupressure, shiatsu, polarity therapy, t'ai chi, hatha yoga, qi gong, Reiki, meditation, pranic healing and guided imagery. The center also has a bookstore and lending library.

Rez notes that people usually come to the center seeking symptomatic relief from either the side effects of their medication or the illness itself. She states, "Most people use a combination of modalities...they move around and do different things." The wide range of healing traditions reflected in the services at Alive and Well illustrate how the independence of CBOs enables them to develop innovative treatment paradigms that reflect the needs and interests of people with HIV/AIDS. Happily, these "alternative" services empower people to maximize the benefits of Western medicine, as Rez states, "When people are able to manage their nausea, diarrhea and neuropathy, and sleep better, they have an easier time staying on the cocktail."

### **Friends In Deed**

With its mission to provide emotional and spiritual support to people dealing with life-threatening illness, Friends In Deed in New York City offers an environment of serenity and support to people with HIV/AIDS and their loved ones. While the center provides an array of educational and holistic services, the heart of the program is called the "Big Group"-a type of support group that strives to help people develop a solution-focused perspective, empowering them to see all of life's challenges, even life-threatening illness, as opportunities for healing and growth.

Friends In Deed also sponsors ongoing educational workshops on natural healing and mind-body medicine. Some recent workshop topics included: "Dealing with Medical Side Effects of Protease Inhibitors"; "Yoga: A Journey into Healing," "Finding the Balance Between Eastern and Western Medicine," "Body and Soul Cooking for One" and "Outliving Ourselves: Long-Term Survivors."

In addition to educational services, Friends In Deed provides hatha yoga classes, Reiki treatment and training, psychotherapy and holistic pharmaceutical counseling for people with HIV/AIDS. Most group activities are concluded with a home-cooked meal served in the center's Manhattan loft. With the meal, Friends In Deed fosters the sense of community which is at the center of all holistic healing.

### **What We've Learned**

In the early stages of the AIDS epidemic, many people turned to what we then called "alternative" medicine in an effort to suppress the virus, boost the immune system, and most importantly, avoid the toxic side effects associated with early antiretroviral monotherapy. As with mainstream medicine, however, the alternative therapy movement lacked experience addressing the complex array of medical and non-medical issues associated with HIV-related illness. Consequently, treatment outcomes were often disappointing.

Despite these early challenges, it is the very complexity of HIV-related disease that lends itself so naturally to the holistic philosophy of complementary medicine. In the more than 15 years that have ensued since the beginning of the epidemic, the use of complementary medicine in HIV-related care has been refined so that now, as with mainstream medicine, it offers many effective and safe treatment options for people living with HIV/AIDS. Increasingly, the desire for improved treatment outcomes, decreased side effects to medication and enhanced well-being are making health care providers realize why some 70 percent of their patients with HIV/AIDS are turning to complementary therapies.

With this understanding, many medical providers are integrating complementary therapies into their practice. As Dr. Bruce Lockhart, MD, the medical director at Harlem United Community AIDS Center, Inc., says, "The best choice of therapy shouldn't be determined on the basis of its origin...but on what works best."

*Robert Schmehr is the manager of complementary therapy at the HIV/AIDS Center of St. Luke's-Roosevelt Hospital, and is a psychotherapist in private practice in New York City.*

## **COMPLEMENTARY MEDICINE AND HIV/AIDS: A RESOURCE GUIDE**

### **Aromatherapy**

- Topical Solutions, 334 Belleville Avenue, Belleville, NJ 07019 Tel: 973-844-1922/888-661-WELL (Offers essential oil treatments.)
- Institute of Aromatherapy/Aromatherapy Unlimited, Tel. 973-989-1999 (instruction and products)
- Bath Island, 469 Amsterdam Avenue, New York, NY 10024 Tel: 212-787-9415 (Carries Relaxing Sleep essential oil by Essence of Vali and Pure Essence Aroma Fan)
- Young Living Essential Oils offers a blend called ImmuPower (800-763-9963)
- Naturopathica, Tel: 800-669-7618

### **Books**

- Libby Barnett and Maggie Chambers, Reiki Energy Medicine: Bringing Healing Touch into Home, Hospital, and Hospice
- Deepak Chopra, MD, Quantum Healing
- Misha Ruth Cohen, The HIV Wellness Sourcebook: An East-West Guide to Living with HIV/AIDS
- Louise A. De Salvo, PhD, Writing as a Way of Healing: How Telling Our Stories Transforms Our Lives
- Larry Dossey, MD, Healing Words and Prayer is Good Medicine
- John Douillard, Body, Mind, and Sport
- Henry Dreher, The Immune Power Personality
- Mitchell Gaynor, MD, Sounds of Healing: A Physician Reveals the Therapeutic Power of Sound, Voice and Music
- James Gordon, MD, Manifesto for a New Medicine
- Louise Hay, Heal Your Body A - Z
- Jon Kaiser, MD, Healing HIV: How to Rebuild Your Immune System
- Vasant Lad, Ayurveda: The Science of Self-Healing
- Judith Lasater, Renew and Relax
- Dean Ornish, Love and Survival
- David Simon, MD, Wisdom of Healing
- Dana Ullman, M.P.H., Consumer's Guide to Homeopathy
- Andrew Weil, MD, Health and Healing

### **Classes and Services**

- Friends in Deed, 594 Broadway, New York, NY 10012, Tel. 212-925-2009 (Provides a wide range of free workshops, group programs and counseling for those affected by life-threatening illnesses)

- Healing Works, 244 5th Avenue (6th floor), New York, NY 10001, Tel. 212-696-9144 (Provides free classes and workshops)
- Carl Vogel Center, 1002 14th St., NW, Suite 707, Washington, DC 20005, Tel. 202-638-0750 (Provides info about complementary therapies for HIV; offers massage, acupuncture, nutritional assessment; etc.)

### **Cookbooks**

- Roberta Atti Robinson, Nutrition, Immunity, and Spiritual Growth (call 212-645-5170 ext.308)
- Lisa McMillan, Jill Jarvis, and Janet Brauer, Positive Cooking: Cooking for People Living with HIV
- Robert H. Lehmann, Cooking For Life: A Guide to Nutrition and Food Safety for the HIV-Positive Community
- Jeffrey T. Huber, PhD, and Kris Riddlesperger, Eating Positive: A Nutritional Guide and Recipe Book for People with HIV/AIDS

### **Labyrinths**

- [www.geomancy.org/labyrint/labyrint.html](http://www.geomancy.org/labyrint/labyrint.html)
- [www.gracecathedral.org/labyrinth](http://www.gracecathedral.org/labyrinth)
- [www.relax4life.com](http://www.relax4life.com)

### **Meditation (Auditory Aides)**

- Tamboura (CD, call 888-422-3344)
- First Sound: The Pulse of the Mother's Blood (tape; www.LayneRedmond.com)
- El Hadra (CD, Sufi meditation music)
- The Inner Art of Meditation (video), Jack Kornfield, PhD (call 800-333-9185)

### **Products and Suppliers**

- Ayurvedic Institute, P.O. Box 23445, Albuquerque, NM 87112-1445, Tel. 505-291-9698 (books and products)
- DAAIR (Direct AIDS Alternative Information Resources), 31 E. 30th St., Suite 2A, New York, NY 10016 Tel: 212-689-6471 (buyers' club)
- Embrace Life Nutritional Supplements, 2070C Wharf Road, Capitola, CA 95010 Tel: 800-448-1170
- Healing Alternatives Buyers' Club, 1748 Market Street, #204, San Francisco, CA 94102 Tel: 415-626-4053/800-219-2233
- Homeopathic Educational Services, Tel. 800-359-9051 (books, audiotapes, and remedies)

### **Web Sites**

- Hayhouse, [www.Hayhouse.com](http://www.Hayhouse.com) (information about healing-books, audios, etc.)
- Bastyr University, [www.bastyr.edu](http://www.bastyr.edu) (research on the use of alternative medicine for treatment of HIV/AIDS)
- Immune Enhancement Project, [www.creative.net/iep/index.html](http://www.creative.net/iep/index.html); 3450 16th Street, San Francisco CA 94114, Tel: 415-252-8711. (treatment and education about the use of Chinese medicine for persons with HIV)

## Yoga for Hiv

- Integral Yoga Institute, 227 W. 13th St., New York, NY 10014 Tel: 212-929-0585 (Special HIV classes; fee by donation)
- Iyengar Yoga Institute, 27 W. 24th St., New York, NY 10011 Tel: 212-691-9642 (Special HIV classes; fee by donation)
- Jivamukti Yoga Center, 404 Lafayette St., New York, NY 10003 Tel: 212-353-0214 (Special HIV classes; fee by donation)
- Anusara Yoga (Call 888-398-9642 for teachers in your area.)
- The Yoga Group (Yoga for HIV/AIDS), [www.yogagroup.org](http://www.yogagroup.org)

## CRIA NEWS

### **CRIA Welcomes Jerome A. Ernst, MD, as Medical Director**

ACRIA is pleased to announce that Jerome A. Ernst, MD, MPH, assumed the position of medical director on July 1, 1999. Dr. Ernst brings to ACRIA extensive experience in HIV primary care and clinical research, as well as a strong commitment to improving access to decent medical services for underserved populations.

Dr. Ernst graduated Magna cum Laude with a Medical Degree from the University of Tel Aviv, Israel, in 1969. He then completed his residency and a fellowship in pulmonary medicine at Montefiore Hospital and Medical Center in the Bronx in 1977. Since then, he has become one of New York City's leading practitioners in both pulmonary and HIV care. In addition to his position as chief of the division of pulmonary diseases at Bronx-Lebanon Hospital Center starting in 1977, Dr. Ernst also directed Bronx-Lebanon's AIDS Center, which he founded in 1987. Most recently, Dr. Ernst earned a Masters of Science degree in health policy and management from the Wagner School of Public Service at New York University in 1996.

Under his leadership, the AIDS Center at Bronx-Lebanon became one of the largest providers of quality care for HIV positive residents of the Bronx and has conducted numerous clinical studies of significant national importance. Much of Dr. Ernst's research has resulted in major government grants, including awards from the Centers for Disease Control and the National Institutes of Health.

Most importantly, Dr. Ernst has demonstrated an enduring commitment to promoting the quality of life for underserved PLWAs throughout New York City. He has long been a strong proponent of community-based healthcare. Starting in 1974, he assumed the responsibility of organizing a primary care team of physicians, nurse practitioners and nurses to operate the Morrisania Neighborhood Family Care Center in the South Bronx. More recently, Dr. Ernst has provided ongoing direction to the staff of two large community-based AIDS non-profits through his participation on the Board of Directors of Bronx AIDS Services and the Highbridge Woodycrest Center.

In particular, we look forward to utilizing Dr. Ernst's considerable abilities in behavioral science research. Answers to such questions as which interventions increase adherence to HIV treatments, and which strategies are most effective in reducing the infection rate of HIV, are of vital concern to the scientific and HIV community. ACRIA is confident that Dr. Ernst's energy, enthusiasm, and experience will quickly result in innovative and valuable new research PLWAs nationwide.

### **CRIA Also Welcomes Irene Cerngul, MD, as Study Coordinator**

ACRIA is also delighted to announce that Irene Cerngul, MD, will be joining our staff as a new study coordinator.

Dr. Cerngul has been actively involved in HIV/AIDS care and clinical research since 1984 when she began studying infectious disease medicine in Central Europe. Since moving to the United States four years ago, Dr. Cerngul has assisted Dr. Ernst in his diverse clinical research agenda at both Bronx-Lebanon Hospital Center and Albert Einstein College of Medicine here in New York City. Her expertise in the area of medical assessment of reported clinical data has been particularly valuable to Dr. Ernst's research, and we expect that her considerable skills in this area will benefit ACRIA's mission as well.

Currently, Dr. Cerngul's greatest priority is helping to develop new treatments and healthcare services for HIV-positive adolescents. We look forward to supporting this interest through her work at ACRIA.

### **CRIA to Participate in the 1999 Combined Federal Campaign**

For the second consecutive year, ACRIA has been approved for membership in the Medical Research Agencies of America (MRAA). Participation in this federation of 30 nationally prominent medical research non-profits allows ACRIA to solicit donations from federal employees across the United States through the Combined Federal Campaign (CFC). If you are a federal employee (including armed services personnel) and want to support ACRIA's vital clinical research agenda, look for our member number 1713 in the MRAA federation section of your CFC guide.

CRIA is also a member of Share America, another federation which allows us to participate in private-sector workplace campaigns, such as those conducted by large national corporations. Donations can be made directly to ACRIA through the Share America Internet Web site at [www.shareamerica.org](http://www.shareamerica.org).

### **Special Thanks to Our Community Advisory Board**

ACRIA's Community Advisory Board (CAB) plays an important role in evaluating our treatment education program, helping us develop and guide the many services we provide to the HIV/AIDS community. The CAB reviews all of ACRIA's educational services and suggests how we can make them both more accessible to and sensitive toward the diverse communities we serve. Current members of the CAB include Tim Baros, Michael Christian, Denise Goodman, Kerry L. May, and Brian Schuman. We are grateful for the time, commitment and wisdom they have contributed to our ongoing mission.

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## **CRIA Trials**

### **Weekly Procrit® for Anemia**

Procrit is a synthetic form of a natural hormone (erythropoietin) involved in red blood cell production which is approved for treatment of anemia in HIV-infected persons on AZT who have low blood levels of the hormone. This 16-week study will look at whether weekly injections of Procrit can improve quality of life and effectively treat anemia in HIV-infected persons receiving antiretroviral therapy. To be eligible, you must have a hemoglobin of 11 g/dL or below, a low erythropoietin level, and be on stable antiretroviral therapy for at least 4 weeks. Study visits are weekly and participants will be reimbursed \$15 at the week 2, 4, 8, 12 and 16 visits.

### **Ultrase® for Diarrhea**

ACRIA is participating in a study of Ultrase (pancreatic enzymes) for diarrhea due to the protease inhibitor nelfinavir (Viracept®). The 12-week study, which is being conducted along with CRI New

England and CRI South Florida, is open to HIV-infected persons who have been taking nelfinavir at a dose of 1250 mg twice a day for at least two weeks and have three or more stools per day not due to any other cause. Participants will be reimbursed \$20 per visit after enrollment.

#### **Protease Inhibitor and Blood Sugar Study**

ACRIA is conducting a study to examine the effects of protease inhibitor use on responses to the oral glucose tolerance test (measurement of blood sugar levels after taking a drink with a high sugar content). To be eligible, participants must be about to start treatment with a protease inhibitor for the first time. Participants will be reimbursed \$30 for each of the first two visits and \$50 for the final visit.

#### **Testosterone and MET-Rx™**

ACRIA is sponsoring a study of testosterone and MET-Rx, a high protein nutritional supplement for treatment of AIDS-related wasting. Participants will receive testosterone or placebo injections in combination with MET-Rx or a standard nutritional supplement. Participants must be HIV-positive men with T-cell counts of less than 400, low testosterone levels, and weight loss or loss of lean body mass. For information, call Dr. Judith Rabkin at 212-543-5762.

#### **Fat Accumulation in the Belly (FAB) Study**

Fat build-up in the abdomen may be a complication of protease inhibitor use. ACRIA is conducting a pilot study on the effect of Recombinant Human Growth Hormone (Serostim®) in the treatment of truncal obesity associated with HIV infection. The protocol is examining the safety and efficacy of daily human growth hormone injections over a 24-week period. An extension phase is now being conducted for patients who have completed 24 weeks of therapy to determine longer-term effects. This trial is closed to enrollment.

For more information on any of these studies, please call Dr. Irene Cerngul or Dr. Douglas Mendez at (212) 924-3934.

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#### **Acknowledging our Friends...**

**The following persons, corporations and organizations made major donations between March 16 and June 15, 1999 to support ACRIA's search for effective AIDS treatments:**

Abbott Laboratories Fund AIDS	Geist Foundation of Michigan	Alan Neal Ernesto Pujol
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**Thoughtful donations in memory of the following people remind us of what is at stake in the fight against AIDS:**

Barry Binkowitz, MD · Richard Crumbliss · Raymond Davila · Barbara Frey · Leslie Kaliades · Fred Lehman · George Osterman · Ed Ryder · David Seidner

**Contributions in support of ACRIA's vital research initiatives were made in honor of the following individuals:**

David Del Tredici · Linda Hughes · J Daniel Stricker

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CRIA is an independent, non-profit, community-based AIDS research and treatment education organization dedicated to rapidly improving the length and quality of life for people living with HIV/AIDS. ACRIA studies new treatments for HIV-related diseases through its clinical research and conducts a comprehensive treatment education program. Bulk copies of ACRIA Update are available free to agencies that provide services to people living with HIV/AIDS. For more information call Meredith Snow at 212-924-3934.

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230 W. 38th St., 17th Floor  
New York, NY 10018  
Phone: (212) 924-3934  
FAX: (212) 924-3936