

## NEWS BRIEFS

### ALTERNATIVE AND COMPLEMENTARY MEDICINE AT THE 1998 WORLD AIDS CONFERENCE

While the general tone of the 12th World AIDS Conference held in Geneva was somber, due to increasing failure rates of combinations of antiretroviral drugs, the mood was very different for those interested in, or using, alternative and complementary therapies.

A number of scientific papers were presented demonstrating the value of herbal and other "unorthodox" treatments for human immunodeficiency virus (HIV)-related syndromes, and for HIV itself. For example, controlled studies of Chinese and Thai phytomedicines showed inhibition of HIV, increased immune function, enhanced CD4 cell counts, and increased survival rates of those tested as HIV-positive (abstracts are available for all such papers).

It was hard not to encounter long-term survivors of HIV/AIDS at the conference; one needed to look no further than a special symposium convened for them. Long-term survivors are those living with the HIV virus for 10 or more years. What impressed me most about the conference were the number of these survivors who have been relying on indigenous (or "traditional") medicines and therapies (if they were from developing countries), or on alternative and complementary medicines and therapies if they were from so-called developed countries.

There seemed to be fewer PWAs (persons with AIDS) from poor, developing countries, no doubt because of the prohibitive expense of flying to Europe and paying the hefty conference registration fee. But there were some, and there were also many healthy PWAs from developed countries who have been living with HIV for 10 to 18 years. We can use PWAs' own definition of healthy: feeling generally well and

energetic and having no symptoms of AIDS. Some men and women had relatively high CD4 levels and low viral loads. Others had less desirable test values, but most seemed not to let themselves become very concerned with such test results. Some were aware that Kary Mullis, Nobel-prize winning biochemist and inventor of the polymerase chain reaction (PCR) test used to measure "viral load" of HIV, has repeatedly criticized the use of his invention as an accurate measure of the amount of HIV circulating in the body.

At least a dozen survivors I chanced to meet have chosen not to take conventional antiretroviral drugs of any sort, singly or in "combo cocktails." Instead, they rely on a range of other therapies, including herbs, nutrition, yoga, meditation, acupuncture, exercise regimens, homeopathy, massage, and movement therapy, among others. A number (but not all) had stopped smoking and drinking alcohol and had opted for generally healthy lifestyles. Many were of the opinion that their greatest strength was simply not believing that an HIV diagnosis means a death sentence. They had positive attitudes and faith in the future.

Since I was in Geneva to participate in a symposium on alternative and complementary medicine, and I met some of these healthy long-term survivors in connection with this symposium, there was no doubt a bias in favor of my encountering PWAs who favor indigenous or alternative therapies. But I met about half of those I spoke with through chance encounters. Many of the total felt that their numbers were not reflected in official medical statistics because they do not participate in clinical trials and many do not even consult conventional doctors. Virtually all felt that the unconventional therapies they were following, through self-treatment and consulting alternative practitioners, were not adequately reflected by the

single 2 1/2 hour Community Symposium (which means not on the "scientific track") that was allotted by the conference organizers. Its title was "Alternative and Traditional Healing Practices," and it was co-chaired by Kaiya Montaocean and Xevi Garcia Flores. Others not living with HIV but conducting research in a variety of areas considered unconventional agreed with this assessment, as did many other delegates who have themselves found value in unconventional therapies.

As a result of the foregoing and the "alternative" symposium itself, the following Declaration was developed and officially presented to: The Global Network of People Living with HIV/AIDS (GNP+); The International AIDS Society (IAS); The International Council of AIDS Service Organizations (ICASO); The International Community of Women Living with HIV/AIDS (ICW); The Joint United Nations Programme on HIV/AIDS (UNAIDS); and The Government of the Republique et Canton de Geneve.

Declaration on Traditional,  
Alternative and  
Complementary Medicine

Recognizing that in developing countries (the "south"):

- some 90% of people rely on indigenous, natural medicine either through self-treatment or treatment by traditional medical practitioners;
- natural medicines have been found to be effective in the treatment of some of the opportunistic infections associated with HIV;
- pharmaceutical drugs, especially antiretrovirals are beyond the reach of most of the world's poor;
- a number of pilot projects and ongoing health programs have shown that traditional medical practitioners can collaborate with biomedical personnel to help prevent the spread of HIV and STIs (by promoting partner reduction, safer sex, condoms, sterilization of razor blades, etc.);
- traditional healers are in a unique position to provide individualized and home-based

care and counseling and holistic treatment for HIV+ and AIDS patients;

Recognizing that in industrialized countries (the "north"):

- often 50% or more of populations (eg, in the United States, Germany, Australia) use some form of "alternative or complementary medicine" such as medicinal herbs, nutritional therapy, homeopathy, acupuncture, chiropractic, meditation, massage, dance or movement therapy;
- individuals with HIV and AIDS often rely on such alternative medicines to relieve suffering associated with either the disease or the symptoms of antiretroviral treatment; some living with HIV/AIDS, including long-term survivors, rely exclusively on alternative therapies, either because of drug resistance, drug failure, or personal choice;

And recognizing that traditional, alternative and complementary medicine receive a small fraction of 1% of global health funds with less than half of that targeted to HIV/AIDS, in spite of the fact that a majority of people living with HIV use traditional or "alternative," complementary medicines,

1. We resolve that the role of natural medicines and traditional medical practitioners, as well as alternative and complementary medicines, be acknowledged in AIDS prevention and treatment, and therefore this health sector should be allocated an equitable share of AIDS research, treatment, and prevention resources.
2. We resolve that venues and tracks be set aside at regional and international AIDS conferences for the exchange of ideas and experiences related to traditional and alternative therapies, and that regional and global networks be supported.

The Natural, Alternative, Traditional and Complementary Medicines (NATCM) Caucus of the International AIDS Society (IAS) will be responsible for follow-up on the response to this Declaration, and for promoting these resolutions.

The Declaration was accepted for publication in the official conference report.

Incidentally, there was so much interest in the Symposium on Alternative and Traditional Healing Practices that participants requested, and were granted, a conference room the following day for a continuation of discussions begun earlier. Some 40 people showed up and stayed for another 3 hours, during which plans were discussed for more and larger alternative medicine symposia to be held in Durban, South Africa, the World AIDS Conference site for the year 2000.

*Edward C. Green, Ph.D.  
2807 38th Street, NW  
Washington, DC 20007*

#### **NEW MINISTER SOUGHT FOR INDIAN MEDICINE SYSTEMS**

Prime Minister Atal Bihari Vajpayee has hinted at the possibility of appointing a minister and increasing the budget for the traditional Indian systems of medicine, including Ayurveda. At the inauguration of the 55th plenary session of the All India Ayurveda Congress, he admitted that Indian systems of medicine had not been accorded due recognition in recent years and sought to rectify this.

While affirming that Ayurveda has a bright future, Vajpayee announced that he would call a meeting in the near future with a delegation of Ayurveda practitioners to discuss approaches to solving the problems affecting the ancient system of medicine. This would involve the health minister from the government side and another minister, if necessary.

Vajpayee said he would take prompt action to fill all the vacancies in the department of Indian systems of medicines and various Ayurvedic universities. Vajpayee was replying to the points raised by various speakers that not filling the many vacancies, including the post of Director, Indian Systems of Medicine, was affecting the functioning of the department and work relating to the pharmacopeia and standardization of drugs.

The prime minister asserted that without promotion of Indian systems of medicines, the

goal of "health for all" could not be achieved. He praised the role of about 5000 Ayurvedic practitioners working in rural areas. Vajpayee, however, advised the Ayurvedic practitioners not to become overdependent on the government that could only provide a supportive hand. They, at the grass roots level, should work to strengthen the system.

Vajpayee particularly praised pulse diagnosis in Ayurveda, which sometimes has a clear advantage over the detailed investigations of the modern allopathic system of medicine. While clarifying that he was not denigrating the modern system of medicine, he said Ayurveda goes to the root cause of the disease and the prosperity of a country depends on the health of the people. However, Vajpayee also pointed out that many Ayurvedic practitioners liked to be called doctors rather than vaidyas, probably due to the predominant influence of the allopathic system of medicine.

The prime minister also emphasized the need to protect herbs and to develop the cultivation and preservation of medicinal plants. This was underlined by Human Resource Development Minister, Dr. Murli Manohar Joshi, who cautioned against widescale smuggling of herbs and said herbs worth 40 million rupees had recently been stolen. He asked Ayurvedic practitioners to make themselves familiar with the new patent laws.

Delhi Chief Minister Sahib Singh Verna said his government was committed to promotion of Indian systems of medicine and had taken various steps in this direction. Shanta Shastri, Secretary, Indian Systems of Medicine, favored a separate ministry to provide fresh impetus. She regretted that the budgetary allocation for the department was inadequate amounting to only 500 million rupees. She said there was only one Ayurvedic laboratory and therefore a need to establish more; to develop pure medicines requires pure raw material and steps are needed to achieve this. She also called for more research in the field and standardization of drugs to improve the efficacy of the system.

Vaidya Devendra Triguna, new president of the Ayurveda Congress, demanded a 20% allocation from the Union health budget for Indian Systems of Medicine (ISM). He also de-

Copyright of Journal of Alternative & Complementary Medicine is the property of Mary Ann Liebert, Inc.. The copyright in an individual article may be maintained by the author in certain cases. Content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.