

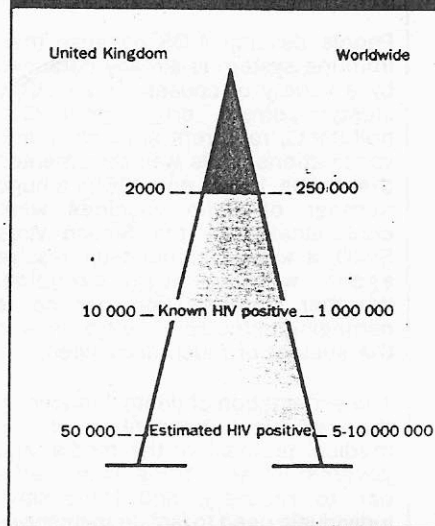


# AIDS may not be fatal

by Alan Davis

Some startling assertions were made about AIDS at an inter-disciplinary conference in Cornwall. Alan Davis was one of only two doctors present.

Figure 1: Epidemiology of AIDS



AIDS is *not* invariably fatal, delegates were told at a conference held at Treliske Hospital in Truro.

An impressive collection of speakers described their experience of all aspects of AIDS and HIV-positive patients. The audience comprised nearly 100 workers, mainly from the south west, from nursing, health visiting, AIDS education, hypnotherapy and homoeopathy, and were (as yet) relatively inexperienced in the day-to-day care of AIDS. Sadly, only two doctors were present and just one of these (myself) within the NHS.

Dr Peter Friend, consultant microbiologist in Cornwall, gave a chilling account of the virology and epidemiology of the condition (Figure 1). It was disturbing to hear that in the USA the fastest growing affected group is children and that despite programmes of health education, sexual practices in the heterosexual group do not appear to be changing. The incubation period of HIV is now estimated at eight years.

Anti-viral therapy in the form of AZT (Zidovudine) and Ganciclovir remains unproven, and the prospect of a vaccine is hampered by the ability of the

protective viral envelope to change antigenically. A large pool of HIV-II is already established in West Africa, so presumably HIV-III will follow. The current medical opinion is of inevitable progression from HIV-positive to AIDS to death.

## Irrational isolation

Jennifer McIntyre, Infection Control Officer in Cornwall, recalled the irrational isolation forced on sufferers of the plague, leprosy and tuberculosis, and observed that even now logical procedures can be threatened by fear and prejudice.

Again the message came across that health education as we know it is not working. Among the studies quoted only 39% of university students use condoms; 25% of students still think blood donation is risky; 60% of American teenagers are still ignorant of the modes of transmission of AIDS.

'A positive approach to nursing' was outlined by Fiona Wallis, Sister on the isolation unit at St Mary's Hospital, Paddington. Four dimensions of care need to be considered:

- Physical needs are often dominated by the extreme weight loss which typifies AIDS, so high calorie, high protein diets are essential. Other problems include the yearning of these patients to be touched; overcoming the offensive smells of certain infections, particularly *Cryptosporidium* (yes, why don't we burn incense on surgical and geriatric wards?); and coping with the difficulties of housing and benefits after discharge into an unsympathetic world.
- Emotional problems often follow the course shown in Figure 2.

Figure 2: Emotional stages

Denial — Anger (why me?) —  
 Bargaining — Depression —  
 Acceptance  
 Compounded by guilt, shame and grief

Alan Davis is a GP in St Austell, Cornwall.

## AIDS MAY NOT BE FATAL

Guilt and shame are seen especially in the homosexual group, but, as many speakers reiterated, it is not the role of the carer to pass judgement.

Intellectual aspects are taxing, as the patient is usually well informed about his condition, and does not take kindly to bluff.

Spiritual needs may take many guises (e.g. music) and the nurse/therapist should be receptive to this.

### Positively healthy

Now for the controversial part! The theme of the conference was epitomised by the next two speakers, Simon Martin and Cass Mann, co-founders of 'Positively Healthy', a self-help/pressure group involved in all facets of the AIDS problem.

Simon Martin strongly challenged the conventional model of remorseless progression from HIV-positive through AIDS to death, and made some startling declarations (*Figure 3*).

Cass Mann decried the medical profession for their simplistic faith in the 'magic bullet' solution, particularly when there is evidence that HIV is not the only pathogen (as Robert Gallo, co-discoverer of the virus, now concedes). Massive research funding continues on the basis of this at the expense of an open-minded consideration of holistic approaches.

He suggested that more attention be paid to those people with AIDS who survive — in New York 20% are still alive seven years after diagnosis — and asks, what are they doing right?

It was appreciated that secondary infections are being treated more effectively, and the mortality rate for *Pneumocystis carinii* pneumonia had fallen drastically since 1983. Even so, the toxicity of AZT was noted, as was its likely failure in the event of a destroyed immune system. Again the importance of co-factors was mentioned, particularly malnutrition, the frequent past history of syphilis, and the roles of *Candida*, herpes and EB virus infections.

In regarding AIDS as a malfunction of the immune system (which many people in the modern world have to a greater or lesser degree) rather than a straightforward viral infection, it would seem appropriate to take a broad look at the susceptibility of the host, as in the field of 'neuropsychiatric immunology', which is to say that psychological factors

### Figure 3: Assertions

AIDS is not invariably fatal

HIV-positive does not always progress to AIDS (This would explain why the estimated incubation period seems to keep lengthening)

HIV is not the only cause of AIDS. Many cases are clinically AIDS but remain sero-negative

People do recover from 'incurable' illnesses and are recovering from AIDS

People develop AIDS because their immune system is already deranged by a variety of causes — unhealthy lifestyle, stress, drugs, poor diet, pollutants, recurrent antibiotics, and vaccinations. (It is well documented that in the 1950s and 1960s a huge number of polio vaccines were contaminated by the Simian virus SV40, a known immunosuppressive agent, with unknown sequelae. Whether immunisation *per se* is damaging to the immune system was the subject of much discussion)

The expectation of death, induced by the relentless pessimism of the medical profession, the media, and government advertising, is in itself a bar to recovery, and HIV-positive individuals need to isolate themselves from all such input.

Multiple approaches are needed to effect a cure. Conventional drugs may help at a time of crisis, but long-term benefit has been derived from combinations of meditation, visualisation, affirmation, dietary measures, herbalism, homoeopathy, acupuncture, and so on

The potential for cure lies within the individual, not from some external source. A complete change of lifestyle and attitude is required with a dedication bordering on the obsessional.

like stress, helplessness, pessimism and guilt harm the immune system, i.e. emotion affects healing; the mind heals the body; and attitude determines outcome.

The practicalities of this were demonstrated by Shirin Nadoo, psychotherapist and aromatherapist, who uses relaxation, meditation, visualisation and affirmation to these ends, enabling patients to continue with self-healing techniques after initial guidance.

Dr Kai Kermani, a GP in Loughton, Essex, defined a holistic practitioner as one who makes available all avenues of therapy and support to the patient. The

deleterious effect of stress on immunity is incontrovertible, with supporting evidence from conditions as diverse as carcinoma of the breast and multiple sclerosis. Dr Kermani teaches Autogenics, a form of relaxation aimed at replacing fear and anxiety with positive feelings of optimism and creativity. He reported that 60% of AIDS sufferers who practise this are still alive after three and a half years.

Other contributions came from patients who vouched for the 'holistic' approach and welcomed the opportunity to take responsibility for their own health. Some had received less than humane comments from doctors, and bemoaned being treated as fodder for clinical trials, which impression they had unfortunately been given. Robert Davidson, a homoeopath, attacked the medical and political establishments sharply and humorously, observing that the conventional wisdom of any dominant group is always fiercely defended against challenging and revolutionary ideas, whatever merit these may have.

### Potential

In summary, accepted thought concentrates on the 'killer virus' HIV and its modes of transmission. We are relying, therefore, on 'science' to discover a panacea to relieve us from the prospect of unrelieved bleakness. When the third requirement for infection is remembered — the susceptibility of the host — there is potential for prevention and true cure.

The repeated criticism of the medical profession was not for failing to develop the 'magic bullet' but for believing that such a thing can ever exist. AIDS is being regarded by some as a final showdown for blinkered, reductionist approaches.

The tale recurred again and again of people with HIV being told by doctors that nothing can be done for them, and such people are now discovering for themselves that something can be done. The medical and political establishments have the choice of whether to provide 'holistic' care. If they do not, then other agencies will step in. As the patient with AIDS observed, a crisis is also an opportunity to change

### Recommended reading

Chaitow L and Martin S. *A world without AIDS*. Wellingborough. Thorsons Publishing 1988.