All The Tea In China

Can Traditional Chinese Medicine pass the muster of American AIDS research?

July 1, 2000 By Michael Onstott

As the AIDS epidemic has surged in East Asia, where access to modern medicine is still a struggle, many people with HIV turn to a 4,000-year-old native system of healing: Traditional Chinese Medicine (TCM). While some investigations into TCM for HIV are under way in Asia, much of the (very limited) research has, ironically, occurred in the United States. Indeed, in many Western countries, TCM has become quite popular among HIVers. One of the world's pioneers in combining Chinese and Western medicine is San Francisco–based Misha Cohen, OMD, LAc (Oriental Medicine Doctor/Licensed Acupuncturist), who has spent the past 16 years developing comprehensive programs to treat HIV-related conditions. Founder and head of research at the Quan Yin Healing Arts Center and clinical director of Chicken Soup Chinese Medicine, Cohen is the author of The HIV Wellness Sourcebook (Henry Holt) and, just out this summer, The Hepatitis C Help Book (St. Martin's Press). Alt-med expert and PWA Michael Onstott interviewed Cohen about TCM's track record of benefits in AIDS care.

POZ: Can you explain the basic elements of TCM?

Misha Cohen: TCM seeks to correct the physical, mental and emotional imbalances that underlie all illnesses, and allow the body to heal itself. Besides acupuncture and herbs (taken as teas, pills or extracts), TCM employs dietary counseling, heat therapy, exercise and meditation. Some of these tools balance energy, others build the body. Among TCM's unique diagnostic techniques are examining the tongue (whose condition reflects the health of other organs) and feeling the quality—not the speed—of the multiple pulses that correspond to particular body functions.

How does TCM fit into health care in Asia today?

People seeking treatment at a clinic or hospital in China can often choose between traditional or Western diagnosis and between Western treatment, TCM or both (although anti-HIV meds are rarely available). In the rest of East Asia (except Vietnam, Korea and Japan), TCM is not commonly used, but each country has its own traditional herbal and dietary remedies, which are often combined with pharmaceuticals.

What is TCM's role in the treatment of AIDS?

I am convinced that people with HIV can create the most effective treatment program by combining Chinese and Western medicine. Although test-tube studies have found at least 11 herbs with strong anti-HIV properties, no controlled clinical trials have confirmed this. So I think standard medicines are still the way to go for antiretrovirals. But TCM can strengthen immunity, reduce symptoms and alleviate some side effects of standard medicines.

In your experience, which HIV-related conditions respond best to TCM?

We have seen many people with chronic sinus infections—repeatedly treated with antibiotics—who, after a course of acupuncture and herbs, never again needed those drugs. We frequently see improvements in abdominal pain, neuropathy, rashes of unknown origin, diarrhea and impaired senses of smell and taste—which can depress appetite and contribute to wasting. One six-month uncontrolled study of a particular herbal combination called Composition A found that all 52 people with HIV experienced improvement in one or more symptoms—including fatigue, night sweats, fevers and depression.

What about liver problems?

For elevated liver enzymes and hepatitis, I often see benefits from Chinese herbs, though acupuncture alone can also work. We did a randomized, controlled study of people coinfected with HIV and either hepatitis B or C and with elevated ALT (liver enzyme) levels. Five out of eight patients in the acupuncture group had significant drops in ALT levels compared with no decreases in the control group.

You've also investigated diarrhea.

We studied a Chinese herbal combination called Source Qi for HIV-associated diarrhea not caused by an infectious agent. Among the 16 men who participated, there was a modest but sustained decrease in the average number of daily stools.

What about using TCM to reduce side effects of HIV meds?

There is much anecdotal experience but few studies. One that we did at the UCSF Consortium found that all four participants—HAART-takers experiencing mild to moderate anemia—improved with Chinese herbs, while three others on placebo did not get better. Clearly, we need larger controlled studies.

How should PWAs approach the combining of herbs and drugs?

With TCM, it is important to work with a qualified, HIV-experienced practitioner. You may want to avoid starting multiple types of treatments at once, so you can better detect what's causing any side effect. For instance, Ganoderma (Reishi mushroom) can occasionally cause an allergic rash that can be confused with an abacavir (Ziagen) rash, which can be much more life-threatening. There's no doubt that the question of herb-drug interactions needs more research.

What does the future hold for TCM research on HIV care?

It’s great that Western researchers are finally willing to study herbs, but most studies done so far look at individual plants, as opposed to herbal combinations—the traditional Chinese approach—or TCM as a system. I am both optimistic and realistic about the long-term prospects for TCM research: The advent of managed care offers both opportunities and dangers. Meanwhile, as we say in the South, “We just have to stick to our knitting.”

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