HIV Standard of Care

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The following treatment strategy is authored by Lark Lands Ph.D. Lands is a health educator, author of Positively Well: AIDS as a Chronic, Manageable, Survivable Disease (due out this summer) and a consultant to the Carl Vogel Center in Washington, D.C. She has spent the last eight years compiling information on a total, aggressive approach to AIDS and has authored nuemrous fact sheets and monographs summarizing the information for both those living with HIV disease and those working with them. In her seminars as well as in her private health education practice, she attempts to provide a base of information to educate HIV positive people and PWAs on the elements needed for a comprehensive health plan. She encourages everyone to work closely with their primary care physicians who can best monitor their progress. This chart is meant as a minimum standard of care for adults (children require a different standard) who are HIV positive -- a minimum level by which patients can determine and measure the quality of their care. HIV Standards of Care differ by region, treatment philosophy and patient population. POZ will publish a different standard of care every issue.

There are thousands of long-term survivors who are living proof of the efficacy of boosting the body with nutrients and immune modulating agents while protecting it from the disease's effects with antioxidants, antivirals, antibiotics, etc. The combination of aggressive drug programs (using, where appropriate, multiple prophylactics along with antivirals, anti-infectives and immune modulating agents) with aggressive nutrient supplementation (see accompanying list) to replace the nutrients that have been found to be deficient in many of those who are HIV positive and provide protective antioxidants can achieve stabilization, resolve symptoms and prevent infections. Since nutrient deficiencies can begin when CD4 counts are still above 700, supplementation should begin in early stages, but when that is not possible, it should be started immediately upon diagnosis, regardless of the current CD4 count. The program should also include a nutrient-rich, whole foods diet, high levels of antioxidants to prevent the virally induced oxidative damage, therapeutic agents aimed at boosting the body's capacity to heal and helping to eliminate symptoms and, depending on the disease stage, the appropriate antiviral, immune modulating, prophylactic and anti-infective drugs. In addition, the most truly comprehensive approaches include mind/body healing, energy therapies, stress reduction techniques and recommendations for rest, relaxation and appropriate exercise.

Every person living with HIV disease must work with a physician who deals very aggressively with

the disease. In addition to the best available antivirals and immune modulators, it is imperative to aggressively diagnose and treat all infections and symptoms. While the protocols of the top AIDS physicians may differ on certain particulars, there is general agreement by many physicians and researchers that the following is appropriate.

HIV+, ASYMPTOMATIC, CD4S > 500 AND STABLE:

1. Whole foods, nutrient-rich diet
2. Nutrient supplements (see core list)
3. Immune modulators/biological response modifiers/oxidative stress protectors: Antioxidants (C, E, beta carotene up to 200,000 IU/day; coenzyme Q10; n-acetyl-cysteine (NAC); thymic derivatives)
4. Decrease stress; increase rest; exercise appropriately; think positively; use any mind/body technique that appeals to you to focus on healing; do energy therapies such as Reiki, Therapeutic Touch, reflexology, acupuncture, etc.; do chiropractic and massage therapy; and include a daily ration of relaxation and joy
5. Immediately upon diagnosis, begin annual tests for TB (with PPD skin test) and syphilis; if positive, treat appropriately; run regular anergy panels as test of immune function
6. Women only: Begin regular pap smears and vaginal exams; consider annual or semi-annual colonoscopies; also consider adding extra nutrients such as folic acid, Vitamins E and C and beta carotene to help prevent cervical dysplasia/cancer
7. Have semi-annual dental exams and cleaning

HIV+, CD4s BELOW 500 AND/OR DECREASING AND/OR SOME SYMPTOMS:

#1-7 as above

8. Add nutrients to core list based on symptoms and drug use
9. Consider adding immune modulators/biological response modifiers: naltrexone, DNCB, carnitine, pentoxifylline, interleukin-2, isoprinosine, etc.
10. Consider adding antivirals such as acyclovir, nucleosides (such as AZT, ddI and ddC), hypericin, glycyrrhizin, curcumin, papaverine, ascorbate, etc.
11. Add acidophilus/probiotics supplements to maintain intestinal/vaginal balance, prevent candida-induced damage and prevent pathogens from attaching/flourishing
12. Make sure your physician is aggressively diagnosing and then treating all infections and symptoms, including even minor chronic problems such as sinus or tooth infections, skin problems, etc.

13. Begin complete program to prevent body decline and internal damage

HIV+, CD4s BELOW 400:

#1-13 as above

14. Check toxoplasmosis titres; if high prophylax

HIV+, CD4s BELOW 250 OR BELOW 20 PERCENT OR ANERGY PANEL SHOWS ANERGIC RESPONSE OR THRUSH OR FEVER OF UNKNOWN ORIGIN FOR MORE THAN 2 WEEKS:

#1-14 as above

15. Add prophylaxis for PCP/toxoplasmosis

HIV+, CD4s DROP TO 100:

#1-15 as above

16. Consider adding intramuscular gamma globulin (2 cc/week) or monthly IVIG
17. Add prophylaxis for fungal/cryptosporidiosis and MAC/CMV infections
18. Have quarterly opthalmalogical exams to screen for CMV
19. Women only: definitely add quarterly pap smears/colposcopies to screen for cervical problems
20. Men only: Add quarterly anal exams and pap smears to screen for anal dysplasia

CORE LIST OF NUTRIENTS FOR PEOPLE WITH HIV

The following list includes the nutrients that should probably be taken daily by virtualy all those living with HIV infection, regardless of disease stage. The list is based on the nutrients that have most often been found to be deficient, even in early stages when CD4 counts are still high.

- Multiple vitamin/mineral: A bioavailable, hypoallergenic multiple using advanced forms of minerals (citrates, picolinates, ascorbates, etc.) and B vitamins (e.g., B_6 in the form of pyridoxal phosphate rather than pyridoxine) is a must for best absorption/metabolism
- Antioxidant formula: One with multiple antioxidants such as beta carotene, selenium, tocopherol, glutathione, etc.; HIV infection yields high levels of free radicals and oxidative

damage which antioxidants counter; critical to address auto-immune component of HIV infection

- Acidophilus: Naturally occurring intestinal microorganisms aid digestion & produce vitamins for the body. Supplements containing acidophilus and other probiotics can help to prevent candida overgrowth, digestive tract damage and diarrhea. May also help to prevent infections like MAC or cryptosporidiosis or CMV from taking hold in the intestines

- Ascorbic acid/ascorbate: Very important as antioxidant, antiviral, antibacterial, antifungal, antiinflammatory (generally nontoxic; however, amounts beyond tissue saturation level can cause diarrhea; can cause urinary oxalate stone formation in those susceptible to forming such stones)

- Beta carotene: Powerful antioxidant; critical to thymus; Yale University research has shown CD4 increases at 100,000 IU/day (non-toxic even in large amounts; vitamin A, however, possibly toxic at more than 25,000 IU/day, long-term)

- B-12: Critical to prevent/eliminate fatigue and some forms of cognitive dysfunction/dementia/tinnitus/neuropathy

- Coenzyme Q10: Critical for immune function/heart muscle/periodontal health; levels decline as HIV progresses

- Vitamin E: Critical antioxidant; important if on AZT to prevent bone marrow suppression

- Essential fatty acids/EFAs: Omega-6 fatty acids such as gamma linoleic acid (GLA, found in evening primrose/borage/black currant/grape seed oil) and omega-3 fatty acids such as EPA & DHA; or combos like OmegaSyn

- NAC & Glutathione: Powerful antioxidant; critical to immune function; levels decline as HIV progresses

- Zinc: Common deficiency causes skin problems, taste/smell disorders (multiple may have enough; toxicity possible at more than 100mg/day long term but only likely at very high levels; long-term use should be balanced with copper, taken at a different meal than zinc)

All additions to your program should be made in consultation with a license health care practitioner qualified to monitor your progress.

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