On the Rebound

Marlene Diaz pink-slips GI and lipo blues with her own special combo

November 1, 1999 As told to Lark Lands, PhD and Jon Kaiser, MD

This month, Jon Kaiser, MD, a San Francisco HIV specialist and author of Healing HIV *(HealthFirst Press/Mill Valley, CA), reviews the medical status of activist Marlene Diaz, whose lipodystrophy-related body disfigurements and gastrointestinal problems were greatly helped by the multilevel program suggested in this space by Howard Grossman, MD ("The Protease Prison,"* POZ*, July 1999).*

Marlene's big improvements over the last four months provide a clear lesson: Don't discount the potential for hormones, diet, nutrients, herbs and other complementary therapies to counter the damaging side effects of antiretroviral therapy. With the integrated approach that Dr. Grossman recommended, Marlene's face has partially filled back in and looks better and better. Her legs have added muscle tissue and no longer have the "stick-like" appearance so disturbing to her. Her belly, although not back to normal, has decreased in size. Her GI problems—diarrhea, gas and bloating—have greatly lessened. And with her additional months on combination antiretroviral therapy—nelfinavir (Viracept), d4T (Zerit) and 3TC (Epivir)—her viral load has returned to undetectable (down from 8,000 last fall) and her CD4s have more than doubled, reaching 509 cells . In addition, her CD4 percentage—the proportion of total lymphocytes (white cells) made up of CD4s—has rebounded to a healthy 44.8 percent, in the middle of the normal range. Perhaps most important, the combination of improved physical appearance and immune enhancement has given her a much-needed psychological boost.

I want to emphasize that there was no magic bullet here. Many different pieces of the puzzle fit together to make this improvement. First, Marlene's four months on human growth hormone (Serostim) have certainly played a major role in her improved appearance. With my patients, I often see a profound decrease in the size of both the belly and buffalo humps with Serostim, along with a gain of muscle in the limbs.

Second, Marlene's dietary adjustments made a big difference. She began combining her foods more carefully and consuming small, relatively high-protein meals and snacks daily. Someone with Marlene's type of lipodystrophy-induced wasting must get plenty of calories and protein at every meal, while avoiding the high-fat foods (such as deep-fried fast foods) that, however tempting, are difficult to digest and might raise blood fats. The meal changes, along with consistently taking pancreatic digestive enzymes, likely went a long way toward greatly improving her GI function.

Undoubtedly, Marlene's continuing use of a long list of nutrients and herbs (see "Pair of Aces," *POZ*, December 1998) also helped rebuild her body and will be critical in maintaining her overall health. Because of these products' immune-strengthening effects, they can also help to protect her from infections and help her antiretroviral meds to better suppress her viral load.

For patients trying to treat lipodystrophy and other chronic problems like GI distress, I'd strongly recommend following Marlene's example: Put a comprehensive integrated program in place, and then follow it for several months before giving up. There is no short-term solution for these problems, especially severe lipodystrophy. But if you get—and stay—with the program, there's a good chance you'll see changes for the better.

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