Thanks for the Complement

Jon Kaiser wrote the book on combination therapy

September 1, 1999 By John S. James

More and more PWAs are grappling with viral loads that can no longer be controlled because they have used up all available antiretroviral combinations. So a prime strategy is to extend the effectiveness of drugs by avoiding exhausting options too quickly. That's where *Healing HIV: How to Rebuild Your Immune System*, by longtime San Francisco AIDS doc Jon Kaiser, MD, can provide valuable tools likely to prove increasingly important in coming years. Kaiser's comprehensive approach combines standard drug treatment with what he describes as "aggressive natural therapies" (diet changes, vitamins, herbs, exercise and stress reduction) along with "emotional healing" (social support plus some form of prayer, meditation or yoga). His new book offers practical suggestions on everything from dietary dos and don'ts to hormone replacement therapy and prevention and treatment of particular symptoms.

A central element in Kaiser's strategy is the elimination of cofactors. His checklist has eight: herpes infections, intestinal parasites, unhealthy intestines, low protein intake, inadequate antioxidant vitamins, hormonal imbalances, substance abuse and emotional distress. When Kaiser sees a patient facing possible drug failure, instead of rushing to switch their drugs, he checks for these cofactors and treats them if necessary. Then he retests the viral load and CD4 count to evaluate whether a change of drugs is still required. Similarly, some patients who have not yet started an antiretroviral regimen may be able to wait.

If it works, this approach may be like having another antiretroviral drug available—one with minimal side effects and no adverse interactions or viral resistance. Researchers have suspected for years that most of these cofactors contribute to HIV disease progression. But definitive trials are expensive, so we do not have data as good as that for FDA-approved drugs.

One way to deal with uncertainty is to weigh the costs of being wrong against the benefits of being right. Most respected "alternative" techniques have relatively little risk or expense (unless they replace standard medical attention, creating a severe risk). My impression—based on some laboratory evidence, biological rationale and clinical experience—is that such approaches work well for some people.

Healing HIV *is available from HealthFirst Press (Mill Valley, CA), 888.4325448. Jon Kaiser's website, www.jonkaiser.com, includes treatment updates and a nationwide list of like-minded physicians.*

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Facts Behind the Fix

Where’s the beef?" That’s the refrain of doctors who challenge the comprehensive approach to HIV care pioneered by the likes of Jon Kaiser, MD. Well, the first solid evidence is in. This April at the International Conference on AIDS and Nutrition in Cannes, France, Kaiser presented a study based on an independent review comparing outcomes for his patients to those of HIVers given standard care at a nearby medical practice. The two groups of 74 were matched for age, gender, socioeconomic status, baseline CD4s and viral loads. During the two years of the study, all patients with declining CD4s or increasing viral loads got antiretrovirals, although Kaiser’s patients usually started therapy later and with fewer drugs (often protease-sparing regimens). Kaiser’s patients also received dietary counseling and nutrient supplementation—including a twice-daily multivitamin/mineral, extra B-6 (100 mg), vitamin C (2,000 mg), vitamin E (400 IU), Coenzyme Q-10 (30 mg) and acidophilus.

Kaiser also checked patients’ levels of DHEA-sulfate and testosterone twice a year. If DHEA was low, the patient was given enough to reach the upper half of what Kaiser defines as the healthy-normal range (300 to 600 ug/dl for men; 100 to 300 for women). When necessary, topical testosterone was also used to maintain levels in the high normal range (500 to 1,000 ng/dl for men; 50 to 100 for women). Quarterly bioelectrical impedance analyses (BIAs) monitored body cell mass. Anyone whose BIA indicated early wasting got additional hormones with oxandrolone (Oxandrin) and/or human growth hormone (Serostim).

Compared to the control group, Kaiser’s patients—despite using less medication—had greater average CD4 increases and viral load drops, along with fewer opportunistic infections and hospitalizations. For Kaiser, the message is clear: Integrated HIV treatment enhances immunity while promoting greater wellness.
