Thanks, Mark K., I will check out ViraPhyte and HIVherbs.org

April 11, 2011 By Mike Barr

I couldn't have said it better myself.

I *do* think there is still a great interest in (if not quite so big an issue for) so called Strategic Treatment Interruptions or STIs. And I also know people, relatively newly diagnosed, who could benefit greatly--both psychologically as well as physically--from TCM alternatives to starting ARVs where they might be able to 'buy' themselves many years of pharma-free living. (I know I have probably repeated this ad nauseum, as they say, but what I love about Chinese herbal medicine is that it typically treats the *root* of the problem as well as the symptoms. This is rarely the case in pharmaceuticals licensed to treat chronic ailments.)

For folks co-infected, with HIV and either HBV or HCV, and on treatment that is suppressing both viral infections, I suspect the TCM formula choice might be a bit trickier or even non-existent entirely. Some HIV docs will surely strangle me for putting this in print (although long time Poz readers will recognize that this is hardly the first time I have spoken of this), but if one knows what s/he is doing (and, yes, preferably under the guidance/assistance of one's physician or NP/DO/PA), going off HIV meds does not need to be that risky of an enterprise. (Of course, where mutationally unforgiving N- or NNRTI is on board (Viramune, Viread (part of Truvada and Atripla fixed dose combinations), FTC (ditto), 3TC (part of Epzicom and Trizicom and Combivir fixed dose combinations), one has to be knowledgable about the pharmacokinetics of these "long half-life" drugs and generally stop them 5-7 days before stopping drugs with more normal half lifes.)

Yes, one must be prepared to see the viral load shoot up and the CD4 T-cell count plummet--possibly to its lowest historical pre-treatment level or what the viral-ese folks call the 'nadir,' but there are ways to manage and even prevent this. Sounds like this herbal formula, ViraPhyte, might be one of them. My doctor used low doses of hydroxyurea, but even the mention of this drug in Big Pharma (and those who feed at their troughs) circles is often akin to admitting you have married a first cousin.

It is my experience that the vast majority of people on HIV meds are being over treated. There are very few HIV docs who know their trade well enough to go against the Big Pharma group think and the expertly managed messaging that has as its goal the earliest and most expensive treatment regimen. Of course, my erstwhile heroes, Joe Sonnabend and Paul Bellman, come to mind here. While Dr. Sonnabend might no longer be practicing, patients of Dr Bellman, when possible, are

often on the minimally fully suppressive therapy-- quite the opposite of all those Talking Heads you see at conferences, symposia, HIV web sites (including AIDSmeds.com and TheBody.com-- sorry but it's true, or at least it was true the last time I looked at the sites) and the dinner lecture circuit. But there I go popping off on my soap box again. I am incorrigible.

I also want to emphasize Mark's secondary point: that there are TERRIFIC herbal formulas for mood disorders, anxiety, insomnia, low energy, even bone & muscle weakness, headaches and pain--or a combination of acupuncture and herbs or even acupuncture alone if one wants to pass on the miracle that is Chinese herbal medicine! It's a big, big world out there and, in my humble (and newbie-esque) opinion, still vastly under explored & under appreciated.

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