HOMEOPATHIC THERAPY FOR HIV/AIDS
SUMMARY

A The aim of the Aids Remedy Fund (ARF) foundation is to study the effectiveness of homeopathic therapy for HIV/AIDS and to make the remedy available at low cost to large populations suffering from the disease. The foundation is non-profit.

B The foundation has successfully undertaken a pilot study of the effectiveness of the drug Iquilai to combat the effects of HIV/AIDS within an HIV-infected population in Kenya. The most significant result of this pilot is that more than 90% of the patients showed improvement in their health.
HOMEOPATHIC THERAPY FOR HIV/AIDS

1 INTRODUCTION

In a pilot study in Kenya, a new homeopathic drug called Iquilai has proven to be highly effective in improving the clinical status of patients with HIV/AIDS.

AIDS is spreading at a high rate across the world. Globally, there is a pandemic with more than forty million infected people, of which twenty-five million are in Africa. Some three million people die each year from the disease.

In the third world especially, the social-economic consequences of the disease are enormous due to the loss of a major part of the working population. The ability to function independently is undermined, families are disrupted and children are hindered in their schooling. For large parts of the population, who already live in poverty, this means a long-term worsening of their hardship.

The cost of the current anti-retroviral therapy (ARV treatment) is at least one euro per day for the rest of the life of the patient. A result of the treatment, which is often associated with uncomfortable side effects, is that the reliability of taking the drug (compliance) is limited. This may in turn lead to resistance to the available medications. According to UNAIDS, only one in ten of patients on the African continent has access to ARV treatment.

2 THE HOMEOPATHIC DRUG IQUILAI

Homeopathic medicines are prepared in a way that is known as potentiation. In this, the medicinal action of the base ingredients (animal, vegetable and mineral) is transferred to a substance from which the medications are composed.

Jan Scholten, a doctor based in Utrecht, The Netherlands, has developed a new homeopathic drug. The active ingredient is one of the mineral based substances. His goal was the development of a therapy for the treatment of HIV/AIDS aimed at the restoration of the patient’s damaged immune system.
3 PILOT STUDY IN KENYA

Structure
A pilot study into the efficacy of the drug was set up in 2006 in the west of Kenya together with Leo van Gelder, a doctor in Amsterdam. Some 250 HIV/AIDS patients were treated with the homeopathic drug Iquilai.

Patients were given the opportunity to be treated with the homeopathic drug. This took place within the existing ‘home based care’ programme run by the Kenyan doctor James Ombaka, a dermatologist and microbiologist at the Ganjoni Hospital in Mombassa. The patient population comprised both patients under ARV treatment and patients who were not undergoing any ARV therapy. The greater part of the patients was in an advanced stage of Aids (stages 3 and 4 according to the WHO classification).

Following a positive HIV test at the start of the treatment, the patients received a dose of the drug once a day for five days. Where there was deterioration in health, a further dose was given (currently this last prescription was adapted to one granule once a month for five months).

Initially, the patients were visited once a week at home and the change in their health was recorded. After this, there was a monthly consultation. For more than half of the group, the CD4 value was tested on two or three occasions. The CD4 value is derived from the blood of the patient and is a measure of the number of lymphocytes that maintain the operation of the human immune system.

Results
Within two weeks, an improvement in appetite and an increase in energy and weight could be observed. In addition, in more than 90 percent of the patients recovery from opportunistic infections, such as the disappearance of diarrhoea, respiratory infections and skin problems was seen. This applied to both patients treated with conventional drugs and the group not receiving any ARV treatment.

The CD4 tests, which had initial values under 200, showed significant improvement. The levels increased by an average of 123 points (a CD4 value of 200 or less is a critical lower limit for which anti-viral therapy is deemed necessary).
An improvement in quality of life could be observed in the whole research group. Restoration of independent functioning became possible for practically the whole population after treatment with Iquilai.

4 BENEFITS OF THE THERAPY

+ low cost
+ easy administration
+ no resistance
+ no side effects
+ rapid effect
+ restoration of independence

Cost
Since no costly research and development is required for homeopathic drugs and the preparation process is comparatively straightforward, the production of these drugs is inexpensive compared to chemically prepared medications.

The cost of a treatment is low. The purchase price of Iquilai, according to the statement of the current producer, is €10 for a quantity sufficient for one complete treatment. This means the treatment is accessible to virtually all patients. Government subsidies may thus be reduced.

The duration of treatment is currently limited to one year. Further research must indicate when further treatment is necessary in the longer term.

Applicability
The therapy is easy to implement. It consists of dissolving small granules of milk sugar under the tongue. Babies and small children are happy to take the drug. Due to the limited frequency of taking the drug, the therapy is readily followed. Capacity problems due to a lack of medically trained staff do not play a role since no special medical knowledge is required to administer the treatment.

The treatment is short in duration, consisting of a single dose a day for five days. The therapy is continued by taking a single dose each month for five months.

There is no objection whatsoever to the continuation of conventional ARV therapy in combination with taking Iquilai. However patients with a CD4 count higher than 350 /mm3 are not conventionally eligible for ARV treatment. These patients who are left untreated, usually experience a gradual decrease in CD4 count. They can use Iquilai to their great advantage. If their CD4 count increases as a result of taking Iquilai, in many cases the ARV therapy introduction may be postponed, yielding significant savings in cost.
Resistance
The problem of resistance frequently seen in standard ARV therapy cannot arise in treatments with homeopathic drugs. These drugs stimulate the patient’s immune system. In this way, the patient fights the virus causing the illness from the inside out.

No side effects
The drug has not exhibited any side effects so far and their occurrence is not likely. This is a characteristic of all homeopathically prepared medications. The reason for this is that the original substance has been potentiated, which means that it has been shaken and diluted in stages so that no further chemical reactions can occur. In a number of cases in the pilot in Kenya there was even a reduction in side effects seen during the simultaneous conventional ARV treatment.

Rapid effect
A clear improvement in the quality of life was frequently observed within two weeks. A return of energy along with an increase in appetite are two of the initial results of the treatment. This makes an adequate food supply all the more important.

Effect on society and the economy
Thanks to Iquilai, the economic independence of HIV/Aids patients is promoted through the resumption of activities. Employees are able to resume their work tasks. Sick leave is reduced. Patients become independent from aid programmes and there is a restoration of family structures. Children who no longer have to care for their parents can go back to school. Money for ARV therapies or for combatting opportunistic infections becomes available once again for the whole family. Due to the ready availability of an inexpensive and easily applied drug, potential HIV/Aids patients become willing to have themselves tested and treated. The recording of those infected by HIV is thus promoted.

Employers and employees both benefit from the effects of Iquilai.
ORGANISATION

1 AIDS REMEDY FUND FOUNDATION

The Aids Remedy Fund Foundation (ARF) is a non-profit organisation. Its goal is to perform research into the treatment of HIV infection and Aids. Along with this, other poverty-related diseases are also involved, such as malaria and TB. In this way, the foundation wishes to make a contribution to evidence-based public health interventions through making inexpensive homeopathic remedies available to government, individuals and private business.

2 ARF BOARD

ARF was founded by Jan Scholten and Leo van Gelder, both experienced homeopathic doctors, each with his own private practices for more than 25 years. They are driven by the conviction that homeopathy is able to provide a significant contribution to solving the huge medical problem of epidemic diseases and the harm it causes (see also the attached CV’s).

3 PATENTING

Due to the nature of the homeopathic drug, patenting Iquilai would serve no purpose. This is due to the fact that a homeopathically potentiated drug no longer contains any chemically detectable substrate. The present state of technology is not yet able to determine whether a homeopathic drug is authentic or not.

4 FOLLOW-UP STUDY

As a continuation of the pilot, further research by an independent research institute is desired to verify the results via a double-blind study. It would also be apparent from this whether or not the transmission of the HIV virus is inhibited by treatment with Iquilai.
5 VISION OF ILLNESS AND HEALTH FROM A HOMEOPATHIC PERSPECTIVE

Homeopathic remedies restore the balance of minerals in the body. There is a connection between disruption of the mineral balance and an inadequate functioning of the immune system as is encountered with Aids. This is accompanied by a condition of powerlessness that is frequently seen in Aids patients.

Restoration of this balance is accompanied by an improvement in the mental and emotional condition of the patient. Restoration of this inner strength and autonomy provides a strong stimulus to the immune system. This is what Iquilai induces.

The name Iquilai is derived from Equilibrium, or balance.

3 RESEARCHERS

Jan Scholten, MD

Jan Scholten is one of the world’s foremost researchers and writers in the field of homeopathy. He is the discoverer of the homeopathic Aids remedy.

Jan Scholten was born in 1951 in the Netherlands. He studied chemistry, philosophy and medicine. After graduation in 1983 he followed training in acupuncture and homeopathic practice. He has had his own homeopathic practice since 1985. In 1988 he founded the “Homeopathic Doctors’ Centre” in Utrecht.

In 1993 Scholten published his first book: “Homeopathy and Minerals”, which signaled a breakthrough in homeopathy. The classification of homeopathic medicines brought about greater insights and allowed more accurate prognoses of the effects of treatments. The book has been translated into twelve languages. The first discoveries of classifications in the mineral realm was continued and made applicable to the entire periodic system. The results of that research was published by Scholten in 1996 in his second book: “Homeopathy and the Elements”. This has become a standard reference in homeopathy. The book has been translated into six languages.

Jan Scholten has held seminars in most European countries, as well as in Israel, India, the USA, Canada, Australia and New Zealand. His latest book (2005) ‘Secret Lanthanides’ is again a breakthrough in homeopathic literature.
Leo van Gelder, MD

Leo van Gelder was born in 1952 in the Netherlands. He graduated from the Free University of Amsterdam Medical School in 1980 as a generalist. He subsequently followed training in Family Medicine, also at the Free University of Amsterdam.

After a period of employment as a company doctor, Van Gelder completed supplementary training in the fields of homeopathy, acupuncture and neural therapy. He has been active as a consulting homeopathic doctor in his private practice in Amsterdam for over 25 years. His affinity with Africa and health issues there is evident from many study trips to the Continent, including visits to Ghana and Kenya, where he was involved in teaching projects for student homeopaths, in which many doctors, nurses and pharmacists participated.

Leo van Gelder is a co-founder and past chairman of the “Homeopaths without Borders” organization, established in 1991.
What is Iquilai and what is it used for?
Iquilai is a potentized mineral supplement that supports the body’s natural healing capacity and is used for people with a damaged immune system.

The natural remedy Iquilai was developed to boost the damaged immune system and to help fight infections, lack of appetite, emaciation and weakness. The remedy focuses on returning the body to its natural state of balance.

What effects can be expected?
Iquilai improves the appetite, resulting in weight gain and greater strength. You feel energized and experience an increase in your sense of well-being. Resistance to infections grows due to the potential increase in the number of CD4 cells in the blood. A reduction in the side effects of anti-retroviral treatment may be seen.

Packaging
The small round pills (granules) are packaged in a blister strip of ten, bearing a hologram to insure authenticity.

Safety
Iquilai is easy to use and is safe for babies and children. There are no known conditions for which you may not use Iquilai.

How to take Iquilai
Place one granule under the tongue and let it dissolve in the mouth. Wait 15 minutes before and after eating or drinking when using Iquilai.

Start of treatment with Iquilai
Adults + children over age 10
Take one granule on each of the first five days and then one granule at the start of each of the following five months. Treatment lasts a total of six months.

Babies + children under age 10 Take one granule on each of the first three days and then one granule at the start of each of the following five months. Treatment lasts a total of six months.

Side Effects
Currently the remedy has shown no side effects. In view of the nature of the remedy, side effects are not expected to arise during the treatment.

Use of Iquilai with other medicines
There is no known interaction with other medicines. Ongoing treatment with anti-retroviral drugs or medication to combat malaria or tuberculosis, for example, may be continued.

What to do if too many granules have been taken?
No effect is expected if too many granules have been taken.

What can you expect when treatment is stopped?
There are no effects expected after stopping treatment. When, after a period of positive response, complaints return, an additional dose of one granule may be taken.

Pregnancy and breast-feeding
Iquilai may be used safely during pregnancy and breast-feeding. Follow the recommended dose.

How to keep Iquilai
Store the strip in a dry place, away from electronic equipment.

ARF
www.aidsremedyfund.org
Remedia Homeopathie GmbH
REPORT ON THE PILOT STUDY

James H. Ombaka, MD, dermatologist, microbiologist, Ganjoni Medical Centre, Mombassa, Kenya
Leo van Gelder, MD, homeopathic physician, Amsterdam, The Netherlands
Jan Scholten, MD, homeopathic physician, Utrecht, The Netherlands
Mrs Linnet Omole, nurse, Ndhiwa, Kenya

1 ABSTRACT

Background
A new remedy, called Iquilai, has been developed in the search for a treatment for the devastating effects of the disease AIDS. This remedy is homeopathic in origin and focuses on restoring the patient’s damaged immune system. It had shown very impressive clinical improvements in patients treated earlier. To study the effect in patients infected with HIV, a pilot study was conducted in Kenya.

Methods
A total of 228 HIV-positive patients formed a group of AIDS patients in different stages of the disease. Patients in the advanced or very advanced stage of the WHO classification (CD4 <200) formed 78% of the total tested group. (59% of the patients had CD4 tested)
About half the patients were already using regular anti-retroviral treatment (ART-monotherapy).
The patients who did not get ART had a CD4 cell count >200, were not tested yet or had no access to regular treatment. Also individual patients had stopped ART because of the side effects.
Each patient was given a total of five doses of the Iquilai remedy over a period of five consecutive days.
The follow-up was recorded over a period of between four and nine months. Clinical parameters as well as the laboratory results of the CD4 cell count were recorded. As a primary outcome the Karnofsky score was taken, as in earlier treated patients the clinical improvement was very impressive. The CD4 was tested to see if the improvement could also be seen in laboratory tests. It was tested only in about 59% of the patients out of cost considerations. For the same reason no viral load was tested.
Results
The results of this pilot study in the treatment of HIV/AIDS are as follows:
• More than 90% of the patients had a positive response to the remedy, defined as an increase of 10 points or more on the Karnofsky score. 68% had an increase of 20 points or more.
• There was a strong improvement in their health status. Opportunistic infections healed without further intervention.
• 65% of the patients were requiring assistance (Karnofsky score ≤ 60) and changed their status to being able to perform their normal duties again.(Karnofsky>80)
• The CD4 cell values of the tested group showed significant increases.(average of 123 points).
• Side effects from regular ART were reduced.

2 FULL REPORT

Background
Although anti-retroviral therapy is becoming more widely available for HIV infected individuals, most of the population of Sub-Saharan Africa has no access to this treatment.

In addition, compliance and side effects constitute a major challenge in the treatment of the AIDS pandemic.

Pregnant women and children constitute an additional problem within regular treatment. This is a vulnerable group, and for children there is no adequate therapy available.

Jan Scholten, an MD from Utrecht, the Netherlands, has developed the homeopathic remedy Iquilai.

His aim was to develop a treatment for the devastating effects of AIDS, to restore the damaged immune system and postpone the need for costly ART.

This homeopathic remedy is prepared according to the homeopathic principle of ‘potentising’.

When potentiising the basic medicinal materials (botanical, animal or mineral), the healing quality of the materials is transferred to the remedy.

For the Iquilai remedy, as from homeopathic remedies in general, no side effects are known and the remedy can be taken safely by all HIV/AIDS patients, including pregnant women and children. Homeopathic remedies are easy to administer. The saccharose granules dissolve in the mouth.
Methods
A pilot study was started in 2006 and carried out at two locations in Nyanza province in the west of Kenya. This rural area is highly infected by HIV/AIDS. Patients in Yala were contacted within an existing home based care programme for AIDS patients set up by the Kenyan MD James Ombaka, dermatologist and microbiologist of the Ganjoni Medical Centre in Mombassa. Elsewhere, a separate program was conducted in Ndhiwa by nurse Mrs. Linnet Omole. Patients who did not know their status were voluntarily tested for HIV. All patients were counselled at the local health centre. Seven days after treatment, all patients were seen either at home or at the clinic and their condition was reviewed. Subsequently reviews were performed every month. The patient population consisted of patients already treated with ARV’s (anti-retrovirals) as well as untreated patients. About half the patients were already using ART. Patients in the advanced or very advanced stage of the WHO classification (CD4 <200) formed 78% of the total tested group. (59% of the patients were tested)

Parameters
At each visit, the following data was recorded:

- Anorexia, weakness, diarrhea, fever, infections, skin problems, breathing problems, pain, depression, malaria, dementia (on a scale of 0 to 5*).
- Weight was measured in kilos.
- The Karnofsky score* gave an indication of the quality of life (on a scale of 0 - 100).
- Age, sex, marital status, number of children, profession, existence of malaria and tuberculosis and ART were also registered.

Of the total number of 228 patients, 51 had their CD4 cell count taken at three intervals and 85 at two intervals. The first measurement was prior to the treatment. The follow up took place after either one, four or seven months.
Therapy
Each patient was given a total of five doses of the Iquilai remedy over a period of five consecutive days.
Dosage form: Three granules, orally, dissolved in the mouth.

Results
Patients: n=228
118 patients were male, 110 female.
The average age of the patient was 34 years.

Age groups were:

<table>
<thead>
<tr>
<th>age</th>
<th>0-10</th>
<th>10-20</th>
<th>20-30</th>
<th>30-40</th>
<th>40-50</th>
<th>50-60</th>
<th>&gt;60</th>
</tr>
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<tr>
<td>n</td>
<td>6</td>
<td>12</td>
<td>58</td>
<td>81</td>
<td>55</td>
<td>12</td>
<td>4</td>
</tr>
</tbody>
</table>

ART: About half the group (n=110) was also using ART-monotherapy and stayed on the same regimen. No difference was seen between users and non-users.

Clinical data
(On a scale of 0-5*)
Weakness: the mean value fell from 2.9 to 0.2
Diarrhea: the average score for diarrhea reduced from 2.1 to 0.
Pain: reduced from 2.4 to 0.5
Infections: a clear reduction of opportunistic infections was seen after one week. This reduced from 2.1 to 0.1.
Skin eruptions: reduced from 1.9 to 0.1.
Appetite: all patients (100%) saw their appetite significantly improve after the treatment, often within the first week.
Table of results
The total results are shown in the table below. The number of patients is 228. Not all the results are recorded for all patients, so the number of results differs per score. The statistical tests are done on the difference between the start and the end of the treatment. It assumes that there would have been no change if the patients were not treated, which is on the conservative side since it is known that most HIV/AIDS patients deteriorate quite quickly in Africa. In this case, all the results are significant. The probability of this being by chance is below 0.001. For most results it is far lower, less than one in 10 to power of minus 20.

<table>
<thead>
<tr>
<th>Type</th>
<th>Score</th>
<th>Number</th>
<th>Mean start</th>
<th>Mean end</th>
<th>Stand. deviation</th>
<th>T-Test</th>
<th>Wilcoxon</th>
<th>Significance</th>
<th>Difference ART-</th>
<th>Difference ART+</th>
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<tbody>
<tr>
<td>Anorexia</td>
<td>0-5</td>
<td>227</td>
<td>2.38</td>
<td>0.97</td>
<td>1.50</td>
<td>1.63</td>
<td>13.57</td>
<td>10.42</td>
<td>&lt;10^-25</td>
<td>-1.31</td>
</tr>
<tr>
<td>CD4 cells /ml</td>
<td>0-5</td>
<td>126</td>
<td>160.64</td>
<td>294.23</td>
<td>93.47</td>
<td>125.63</td>
<td>-12.66</td>
<td>-9.74</td>
<td>&lt;10^-22</td>
<td>120.59</td>
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<tr>
<td>Depression</td>
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<td>217</td>
<td>2.75</td>
<td>1.39</td>
<td>0.82</td>
<td>1.49</td>
<td>17.35</td>
<td>9.16</td>
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<td>-1.43</td>
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<td>Diarrhea</td>
<td>0-5</td>
<td>227</td>
<td>2.15</td>
<td>0.07</td>
<td>1.58</td>
<td>0.40</td>
<td>31.82</td>
<td>11.26</td>
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<td>227</td>
<td>2.00</td>
<td>1.53</td>
<td>0.44</td>
<td>0.40</td>
<td>29.37</td>
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<td>Eruptions</td>
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<td>1.95</td>
<td>0.09</td>
<td>1.68</td>
<td>0.46</td>
<td>26.13</td>
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<td>0.06</td>
<td>1.43</td>
<td>0.44</td>
<td>29.33</td>
<td>10.77</td>
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<td>0.10</td>
<td>1.48</td>
<td>0.46</td>
<td>32.39</td>
<td>11.36</td>
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<td>60.78</td>
<td>80.97</td>
<td>11.76</td>
<td>10.41</td>
<td>-27.2</td>
<td>-12.67</td>
<td>10^-26</td>
<td>21.32</td>
<td>18.61</td>
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<tr>
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<td>0-5</td>
<td>190</td>
<td>1.96</td>
<td>0.04</td>
<td>1.47</td>
<td>0.31</td>
<td>29.74</td>
<td>10.46</td>
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<td>Stomach</td>
<td>0-5</td>
<td>191</td>
<td>2.27</td>
<td>0.03</td>
<td>1.34</td>
<td>0.31</td>
<td>37.52</td>
<td>11.03</td>
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<td>227</td>
<td>2.86</td>
<td>0.19</td>
<td>1.36</td>
<td>0.69</td>
<td>39.25</td>
<td>11.92</td>
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<tr>
<td>Weight kilo’s</td>
<td></td>
<td>138</td>
<td>56.02</td>
<td>59.01</td>
<td>11.81</td>
<td>12.17</td>
<td>-2.93</td>
<td>-7.82</td>
<td>&lt;0.003</td>
<td>3.19</td>
</tr>
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</table>

Weight
The mean weight increase was 3.1 kg. (see table, n=138)
Karnofsky score*
The Karnofsky score measures the quality of life on a scale of 0 - 100. All patients showed an improvement averaging 20 points. The average starting point was 60 (‘requires occasional assistance but is able to care for own needs’). The 20-point improvement brought most of the patients back to a level of being able to perform normal duties (>80). The Karnofsky score is a good indicator of the economic consequences of the treatment in this study. Most patients could return to their old status in a working environment and thus provide care or an income for their family.

Examples
The results of the treatment shown by 5 patient examples. It shows the rapid decrease in the clinical symptom diarrhea.

The second measure point is after one week of treatment, the third is after one month and the fourth measurement is after about 4 months.
CD4-cell count
A total of 136 patients had their CD4-cell count taken at the beginning of the treatment and again after 3-4 months; 51 of them also had a third CD4-cell count taken. The average increase was from 165 to 288, a median gain in CD4-cell count of 123 cells per mm³.

Long term CD4
Another group of 19 patients was followed for seven months. Their mean increase of the CD4-cell count was 136 after one month, and 218 after seven months.
DISCUSSION

Results
More than 90% of the patients showed a positive response to the remedy:
• There was a strong improvement in their health status. Opportunistic infections healed without further intervention.
• 65% of the patients who were requiring assistance, (Karnofsky score ≤ 60) changed their status to being able to perform their normal duties again (Karnofsky ≥ 80).
• The CD4-cell count of the tested group showed a significant increase, averaging 123 points after 3 month and 218 after 7 months.
• The difference in response between the group treated with ARV’s and the group without ARV’s was not significant.
• Those patients who did not get retroviral treatment and had a CD4-cell count below 200 could postpone this regular intervention due to a significant gain in cell count.
• Side effects from regular anti-retroviral therapy, such as skin eruptions and joint pain, were reduced.

Placebo effects
We have considered the possibility of placebo effects to explain the impressive responses as seen in this study. These seem unlikely because placebo effects are not expected to be so dramatic in a severe disease such as AIDS and also not to be so long lasting. We have not come across any studies of AIDS with such strong ‘placebo’ effects.

Side effects
Side effects were not seen. This is in accordance with our experience with homeopathic treatment. This makes this treatment safe also for children, babies and pregnant women.

Long-term effect
We do not as yet know in what way this treatment could help AIDS patients in the long term. In this study, the longest term that patients were reviewed, was nine months. Further research is required.

Viral load
Due to high laboratory costs, viral counts were only performed on one occasion with a selected group seven months after treatment. They showed low levels of the virus.
Further research is required. Yet it may be expected that this viral reduction will occur after treatment since it is known that homeopathic treatment improves the self-defence mechanism of the organism.

Acknowledgements
Walter Reed Institute, Kisumu, Kenya, for laboratory work
Ganjoni Medical Centre, Mombassa, Kenya
Dr. Jan van Bolhuis, statistician, Free University, Amsterdam

ADDENDUM *

WHO guidelines ARV treatment

CD4  <200     treat irrespective of clinical stage
      200-350  consider treatment before it drops <200
      >350     no treatment in asymptomatic persons

WHO immunological classification of established HIV-infection
CD4 values HIV-associated immunodeficiency

Age≥ 5 yrs  (mm/3)
None/not significant       >500
Mild                     350–499
Advanced                 200–349
Severe /very advanced    <200

Karnofsky scores
Karnofsky score is a subjective measure of how well the patient is doing.

100   Normal, no complaints or evidence of disease
90    Able to perform normal activity; minor signs and symptoms of disease
80    Able to perform normal activity with effort; some signs and symptoms of disease
70    Cares for self, unable to perform normal activity or to do active work
60    Requires occasional assistance but is able to care for most of own needs
50    Requires considerable assistance and frequent medical care
40    Requires special care and assistance; disabled
30 Hospitalization indicated, although death not imminent; severely disabled
20 Hospitalization necessary; active supportive treatment required, very sick
10 Fatal processes progressing rapidly; dying state
0 Dead

Symptom Grades
Half scores can be used as well, to indicate mild improvement.

0 Completely better, no symptoms anymore
1 Noticeable, mild, irritating, occasional, part time, an inconvenience, “It hurts a bit.”
2 Most of the time, can’t easily ignore, bit restrictive, “It bothers me alot.”
3 Constant, all of the time, can’t ignore, restricts activity at times, “My pain is...”
4 Severe, all the time, intense, strong, incapacitating, overwhelming, “I’m in pain.”
5 Critical, intense, overwhelming, all consuming, “Help me,” desperate

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