

# HIV Treatment Strategy Overview

by Lark Lands

It is clear that the overall approach that is most successful for HIV disease is an extremely aggressive comprehensive program that is based on the latest research findings. It is preferable to begin such an approach when CD4 levels are still high but, in any case, it should be started immediately upon diagnosis, regardless of the CD4 count. It should include a nutrient-rich, whole-foods diet, nutrient supplementation to replace the nutrients that are deficient in most of those with HIV infection, high levels of antioxidants to prevent the virally-induced oxidative damage, therapeutic agents aimed at boosting the body's capacity to heal and helping eliminate symptoms, and, when appropriate, the best available antiretroviral, immune modulating, prophylactic, and anti-infective drugs. In addition, truly comprehensive approaches include mind/body healing, stress-reduction techniques, and recommendations for rest, relaxation, and appropriate exercise.

Much anecdotal evidence has been accumulated by both this author and a number of physicians with large HIV practices showing that this type of aggressive, integrated approach does indeed work. There are thousands of long-term survivors who are the *living* proof of the efficacy of boosting the body with nutrients while protecting it from the disease's effects with antioxidants, antiretrovirals, cytokine moderators, hormones, etc. Even in those with very low CD4 counts, the combination of aggressive drug programs (using prophylactics along with antiretrovirals, anti-infectives, immune modulators, and anabolics) with aggressive resupply of deficient nutrients and protective antioxidants has resolved symptoms, prevented infections, and achieved improved CD4 counts or at least stabilization.

There is an urgent need for every person living with HIV to work with a physician who deals very aggressively with the disease, using the latest information and the best available drugs for each disease stage. In addition to the best available antiretrovirals and immune modulators, it is imperative to aggressively diagnose and treat all infections and symptoms. In addition, it is imperative that all people living with the disease use the best available information to design a state-of-the-art program for resupplying their bodies with all the nutrients needed for health and efficient immune response. Nutrient deficiencies begin when CD4 counts are still in the normal range and supplementation should begin very early, with more aggressive programs done in later disease stages. The protocols of the cutting-edge physicians may differ on certain particulars but there is general agreement by many that the following is appropriate.

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**HIV+, asymptomatic, and stable:**

- 1. Begin complete program to prevent body decline and internal damage using an integrated approach that includes good nutrition, exercise, and an optimistic forward-looking attitude.**
- 2. Begin a whole-foods, nutrient-rich diet; follow strict food & water safety guidelines.**
- 3. Begin appropriate nutrient supplements:** for details, see fact sheet entitled "Using Nutrients to Protect the Body and Counter HIV Symptoms and Drug Side Effects." If possible, begin the top four items listed there; then add nutrients based on drug use to prevent toxicity. Be sure to include the antioxidants—vitamins C & E, carotenoids, Coenzyme Q<sub>10</sub>, NAC, selenium, and alpha-lipoic acid—and the natural anti-inflammatory fish oil.
- 4. Decrease stress; increase rest; exercise appropriately; think positively; use any mind/body technique that appeals to you to focus on healing; consider energy therapies such as Reiki, Therapeutic Touch, reflexology, acupuncture, etc., and body therapies like chiropractic and**

massage therapy; and include a daily ration of relaxation and joy!

**5. From the time of diagnosis forward, do viral loads and CD4 cell counts every 3 months; based on results, consider adding antiretrovirals but make the decision based on long-term considerations and with full knowledge of drug toxicity and side effects issues. Don't treat needlessly. Do treat in time to prevent a slide in CD4s to the point where opportunistic infections and conditions could surface.**

**6. Begin annual tests for TB (PPD skin test); test for hepatitis, syphilis and all other sexually transmitted diseases; do regular blood chemistries and blood cell counts to monitor for drug toxicities or other negative changes; measure weight frequently; and do regular bioelectrical impedance analysis to assess body cell mass.**

**7. Women: begin semi-annual Pap smears and vaginal exams; consider annual colposcopies. Men and women: begin semi-annual anal Pap smears; also consider adding extra nutrients such as folic acid, vitamin C, vitamin E, and carotenoids to help prevent cervical and anal dysplasia/cancer.**

**8. Test for herpes simplex (HSV) and Epstein Barre virus (EBV); if either are found, consider long-term use of acyclovir (Zovirax) or valacyclovir (Valtrex) as prophylaxis against herpes outbreaks since they can activate HIV and against non-Hodgkin's lymphoma (for which EBV is partially causative).**

**9. Have semi-annual dental exams and cleaning.**

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**HIV+, CD4's Decreasing and/or Some Symptoms and/or Significant Viral Load Increase:**

#1-9, as above.

**10. Add nutrients based on symptoms and drug use.**

**11. If not on HAART, consider starting it (see #5); if on HAART, consider changing combos when viral load and CD4 levels indicate need. Check hormone levels (especially free and total testosterone and DHEA) to see if replacement therapy is needed. Re-check hormone levels at least annually. For wasting, consider human growth hormone (Serostim). Women: also check female hormones and use replacement therapy, if needed.**

**12. Add acidophilus/probiotics supplements to maintain intestinal/vaginal balance, prevent candida-induced damage, and prevent pathogens from attaching/flourishing.**

**13. 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., since these can activate HIV.**

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**HIV+, CD4's below 200 or % below 20 or thrush or fever of unknown origin for more than 2 weeks or prior PCP or other OI or viral load over 30,000:**

#1-13, as above.

**14. Add prophylaxis for PCP and, if toxo titres are positive, toxoplasmosis; add acidophilus to counter destruction of "good" bacteria in body.**

**15. Have quarterly ophthalmological exams** by HIV-knowledgeable retina specialist to screen for CMV; **check vision yourself with Amsler grid weekly.**

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**HIV+, CD4's drop below 100:**

#1-15, as above.

**16. Be very careful to regularly screen for CMV; note that prior history of *Mycobacterium avium* complex (MAC) or other OI's related to serious immune suppression indicates increased CMV risk.**

**17. Add prophylaxis for MAC, especially if CD4s drop to 50-75.**

**18. Women only: definitely add quarterly Pap smears and, if available, colposcopies with biopsies to screen for cervical problems; men and women: definitely add quarterly anal exams and Pap smears to screen for anal dysplasia.**

**LARK LANDS** is an internationally respected treatment expert, a contributing writer for *The Positive Side*, *POZ Magazine*, *CATIE's Practical Guides*, the [www.AIDSmeds.com](http://www.AIDSmeds.com) website, the Houston Buyers Club, and the Boston Buyers Club, and a long-time treatment activist, journalist, and educator. A former think tank scientist and the long-time Science Editor of *POZ Magazine*, she was a pioneer in bringing attention to the need for a total integrated approach to HIV disease. She believes that we should teach people how to live *well* with HIV, not just longer, by combining the most effective pharmaceutical treatments with supportive hormonal, nutritional and complementary therapies. Her articles have been widely published and reprinted in AIDS newsletters and websites, and described by AIDS journalists as "one of the most valuable guides to developing strategies for survival of AIDS in print to date." She is a frequent speaker at international, national, state, and local AIDS conferences, and has presented keynote or plenary addresses to many of the largest AIDS conferences in North America. Lark has given her *Positively Well* seminar to thousands of people in the United States, Canada, and Europe. Currently, she is co-presenting with River Huston a new seminar called *Living Well...Not Just Longer!!*

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