

The Ultimate Chiropractic Challenge: Pediatric AIDS

We routinely confront interferences to normal function when managing vertebral subluxations, so we can appreciate the myriad of interference present in AIDS patients, especially children.

The concept of psychoneuroimm- unotherapy (PNI) gets a workout when considering the stresses this disease/imbalance generates in the mind/body. When considering the AIDS patient, I am struck by at least four categories of interference.

The ultimate challenge to chiropractic begins by recognizing these interferences and re-educating and empowering AIDS patients. Why re-education? Because most AIDS patients who come into our offices have been discarded by everyone, including family, friends, ministers and physicians. They are treated as incubators of a human immunodeficiency virus (HIV) that needs chemical subduing, along with feeble management of opportunistic infections and the myriad of ongoing symptoms. Ultimately, they view themselves as failures within an allopathic framework, unable to eradicate a chameleon virus despite multiple drug cocktails, e.g., HAART (highly aggressive antiretrovirus therapy).¹

The first category of interference generated by AIDS is psychological (the P in our PNI concept). As mentioned, the majority of AIDS patients in our society are treated with disdain and a "gloom and doom" attitude. Society provides little empowering of these individuals to confront and cooperate in the rebalancing of their disorder. Literature abounds with data on the roles of stress, despair and hopelessness on the human nervous and immune systems.² These adults and children need love, support, nurturing, and an attitude which empowers them with some element of control.

This positive milieu, tone, energy and information that should characterize our offices and approach to all patients (especially AIDS patients), is paramount to their journey back to wellness. The chiropractic adjustment linked to a positive, empowering intention serves to eliminate significant interference. Laskow's holoenergetic approach for practitioners emphasizes the influence of positive intentions on therapeutic effectiveness.³ Negative intentions, whether conscious or unconscious, can interfere with chiropractic effectiveness.

The second category of interference is the nervous system (the N in our PNI concept). Astrocytes, oligodendrocytes, capillary epithelium and macrophages are all targets of the HIV virus, especially after it has been chased into the central nervous system by drug cocktails. Effects on the nervous system include toxic neurotransmission, meningitis, encephalopathy, dementia, neoplasms, stroke syndrome, seizure disorder, spinal cord myelopathy and peripheral neuropathies, as well as disorders resulting from opportunistic infections.⁴ Serious interference with nerve function has been demonstrated. These dysfunctions impact directly on the immune system's ability to function adequately, and adversely affect psychology. Patients experiencing these ailments certainly benefit from what we do best: eliminating nerve interference from the subluxation complex.

The third category of interference focuses on immune function (the I of the PNI concept). HIV has

learned which precise controlling cell of the immune system to target - the CD4 T-helper cell. In addition, the virus attacks the monocytes, macrophages, follicular dendritic cells, B lymphocytes, promyelocytes, etc.⁴ This systematic dismantling of the immune system renders AIDS patients vulnerable to opportunistic infections and cancer. The immunologic interference contributes to both nerve and psychological interference through dysfunctional interleukin, cytokine, neurotransmitter and neurohormone production. Current AIDS management recognizes the importance of high-sustained T-helper cell counts in overcoming this disease.⁵ However, current therapies are directed only at reducing the viral load with toxic AIDS drug cocktails. These regimens require routine alterations due to the capacity of HIV virus to multiply to the tune of 10^7 to 10^{10} daily.⁶

New resistant clones of viruses can evolve despite numerous cocktail components. The alleged progenitor of HIV, chimpanzee immunodeficiency virus, does not cause AIDS in the animal. It is interesting to see how this apparently harmonious chimp/virus relationship developed with only an immune system as a defense. Mothers with the disease are cautioned not to breastfeed because of a 14-28 percent increase in the likelihood of transmitting the virus to their newborn.⁵ Unfortunately, breast milk contains antibodies, interleukins, etc. directed against the virus, which lasts 18 months in a child. Therefore, the current defensive treatment focus eliminates the natural psychological, neurological and immunological benefits of breastfeeding.

Treating mothers with AZT prior to birth and while nursing decreases the viral load and reduces the risk of newborn viral transmission.^{5,7} Integrative health care methods, especially chiropractic and nutrition, have been shown to boost immune function and empower individuals to resist this invasive force. Increases in immune cell counts, especially CD4 cells, have been correlated with chiropractic adjustments.^{8,9}

Exercise, homeopathics, and nutritional/immunocellular therapy (including vitamins A, C, E, B1, B6, B12, zinc, selenium, shiitake extract, Echinacea, baptisia, astragalus, reishi, ligustrum, codonopsis, etc.) also assist the patient immunologically.¹⁰⁻¹² Recommending vaccines to HIV-infected children, in the absence of adequate and appropriate safety and efficacy studies, is ludicrous and precarious. Utilizing live vaccines such as MMR, varicella and oral polio (OPV) is absolutely contraindicated due to the risk of disseminating live virus within the immunocompromised child. Alternative vaccination protocols warrant further investigation.¹³

The fourth category of interference deals with that to the PNI, as well as other systems, by the antiviral and antimicrobial drugs used in virus and symptom management. Zidovudine (AZT), the major anti-HIV drug, causes headache, restlessness, severe agitation, insomnia, mania, depression and irritability. Other AIDS-related drugs induce hallucinations; depersonalization; confusion; delirium; neuropathy; psychosis; paranoia; appetite loss; apathy; and memory loss.⁴ Wonderful! If the virus doesn't get you, these drugs certainly will.

The interference generated by these drugs affects the immune, neurological, psychological, endocrine, renal, hepatic and gastrointestinal systems. We really need to expand our categories of interference to embrace the magnitude of effects of both the disease and the arsenal of drugs being pumped into these folks. More studies are warranted on herbal supplements known to have antiviral effects such as St. John's Wort, which can have adverse side-effects when used with the protease inhibitors incorporated into AIDS drug cocktails. Other antiviral herbs include garlic; lomatium; osha; isatis; licorice extract; shiitake; and momordica.

The appropriate title for this article could well have been "AIDS Kids Really Need Chiropractic, Too." However, I am amazed by the criticism I receive from field chiropractors regarding chiropractic care for kids. Their comments equate with a category of practitioner interference. Among their comments: "I'm afraid of getting AIDS or spreading it to other patients"; "If patients knew I was treating AIDS patients, they would not return"; and "I don't want AIDS kids bringing in all those other infections and cancers into my office." Here's another: "AIDS patients result from poor life choices, and we should not interfere with the consequences."

What happened to the concept that chiropractic is for all patients? Unless chiropractors handle blood and bodily secretions, there is no threat of spreading HIV. Other infectious disease organisms can contaminate the hands, from equipment such as adjusting and scanning instruments, tables, etc. These organisms (and HIV) can be eliminated by simple disinfectant sprays and germicidal hand gels.

For those who are fearful of the AIDS patient who may have preceded them into the office - educate them. I am reminded of the statement made by Dr. Elizabeth Kübler-Ross regarding AIDS patients: "None of us is so unique as to be exempt from the human condition."

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