Acquired Immunodeficiency Syndrome (AIDS) is an epidemic condition in both the United States and the rest of the world. It is a disease that arises from an advancement of the Human Immunodeficiency Virus (HIV). The first recorded case of HIV was on June 5, 1981. Now, less than 30 years later, there is an estimated 40 million people infected with the virus worldwide. HIV is defined as a retrovirus that infects and destroys CD4+ helper T cells in the immune system causing marked reduction in their number therefore lowering resistance to life-threatening infections that cause AIDS. The majority (about 2/3) of those infected live in sub-Saharan Africa with only 1.2 million in the U.S. Approximately 40,000 new infections occur in the U.S. each year. There is a growing concern for southeast Asia and India due to the rapid spread of HIV among the people in these regions. Recent advances in western medicine and pharmaceuticals have led to a HIV diagnosis becoming one that is not as terrifying and devastating as it was only a few years ago. With new Highly Active Anti-Retroviral Treatments (HAARTs), western medicine can keep HIV patients from progressing to AIDS and in many cases, lead a relatively symptom-free life for a great number of years, a feat unimaginable until recently. Furthermore, it is thought that ¼ of all those with HIV may be unaware that they are infected. This is most likely due to the fact that the virus will appear initially with flu-like symptoms for days to weeks then become asymptomatic for as long as ten years. Initial flu-like symptoms include chronic skin itching (pruritis), sore throat, increased body temperature, subjective feeling of having a fever, feeling toxic, and swollen or inflated lymph nodes (lymphadenopathy).

There are some common misconceptions with regard to transmission of the human immunodeficiency virus. For starters, HIV is no longer a “white man's disease.” Fifty percent of all
new HIV contractions are in African Americans. The rate of infection among women is up 15% in the last year and now shows an equal number of females and males infected. It is also commonly thought that transmission is limited to homosexuals and intravenous drug users. This is untrue. As of 2004, 45% of new transmission was from homosexual contact compared to 34% from heterosexual contact, only 11% less. The remaining transmission came from IV drug users, nursing, etc. However, infection from IV drug use is declining significantly as well. A more recent study showed 85% of HIV transmission was through heterosexual intercourse. It is also known that pre-existing conditions of having certain Sexually-Transmitted Diseases (STDs) increases your likelihood of contracting HIV while having sex with an infected partner. In actuality, HIV can only transmitted through the following 3 modes: sexual contact, contact with blood or blood products, and mother-to-infant (pregnancy, delivery, nursing).

A western diagnosis of HIV is made via 2 tests. First, a blood screen test called an Enzyme-linked Immunosorbent Assay (EIA) is performed. A positive test will require a Western Blot be done to confirm the HIV diagnosis. The blood tests look for Antibodies to HIV. Tests can be performed anonymously or even at home. Caution should be taken as it may take up to 3 months after infection before a positive test results. Anyone who has been diagnosed with HIV should go to the hospital immediately upon experiencing any of the following: high fever, shortness of breath, coughing blood, severe diarrhea, chest/ab pain, headaches, general weakness, seizures and confusion.

Treatment of HIV with biomedicine is aimed at preventing progression of the virus into the disease AIDS. AIDS is defined as a CD4+ T helper cell count of less than 200; although 300 or less is cause for concern. Once the immune function has been compromised this greatly, secondary opportunistic infections begin to manifest. These include yeast infections (*Candidiasis*, thrush), *Pneumocystis Carinii Pneumonia* (PCP), *Mycobacterium Avian Complex* (MAC), Kaposi's sarcoma,
Toxoplasmosis (Toxo), Tuberculosis (TB), Herpes Simplex Virus (oral or genital), Cytomegalovirus (CMV), etc. At this point, western biomedicine will treat the opportunistic infection while trying to supress the virus with HAARTs. Blood tests are done every 3-4 months to determine the viral load as compared to the CD4+ count. When taken as prescribed, HAARTs are generally extremely effective at slowing or even preventing the progression of HIV. However, these drugs often have nasty side-effects which can interfere with the taking of these drugs on schedule. Consequences to missing a dose can include the virus becoming resistant to certain drugs, making further treatment much more difficult. In many cases, Traditional Chinese Medicine (TCM) can be used with much success to treat not only the disease and it's symptoms, but also the side-effects to much-needed pharmaceuticals (i.e. HAARTs).

The initial interview by an Oriental Medicine (OM) provider will be extremely in-depth and may or may not include treatment. A thorough assessment and understanding of the person's unique condition including their general constitution and the duration, strength, and depth of pathogen involvement must be ascertained before a treatment plan can be devised. Furthermore, much communication must occur between acupuncturist and primary care physician as well as between the acupuncturist and the client. The primary physician should be experienced in treating HIV. The physician must have seen their patient recently and signed a statement either referring or releasing the client to the supplementary care of a licensed acupuncturist (except in California). The acupuncturist should be made aware of any unique findings in this case of HIV as compared to typical patients with the same disease. The acupuncturist must educate the patient on the differential diagnoses for HIV/AIDS in TCM, treatment options, proposed treatment plan(s), possible outcomes and alternatives. Only after all information has been gathered and examined can a differential TCM diagnosis be made and a plan of care be chosen.

A differential diagnosis for the HIV disease will vary based on certain presenting signs and
symptoms. In TCM, HIV is considered to be a Warm pathogen, specifically a Spring-Warmth pathogen. It is thought that HIV is triggered by Toxic-Heat (T/H) and initially attacks the SP and ST organ systems causing the initial flu-like symptoms. The SP and ST transform food energy and fluid into qi and blood as well as moisten the other organ systems. Therefore, the SP/ST should be supported throughout treatment even if T/H has spread to other organ systems. The progression of T/H in HIV disease begins by causing SP qi deficiency which can cause Blood def. SP qi def. symptoms include brusing easily, numb/tingling hands/feet, loose stools, gas/bloat, ab pain, nap/tired after meals, swollen lymph nodes, vaginal candidiasis (yeast infections), etc. Dry skin and lips indicate progression to the LUs, as does chronic sinusitis and Pneumocystis Carinii Pneumonia (PCP). Blood deficiency will often manifest in the western diagnosis of Kaposi's Sarcoma, which is a proliferative circulatory cell disease that causes skin lesions. The T/H can then cause a yin def. Yin and blood deficiencies can manifest as Mycobacterium Avian Complex (MAC). HIV disease has now entered the KDs. Yin deficiency can cause yang depletion, which will manifest in severe wasting. At this point, diarrhea stops, the skin is drier, an unquenchable thirst develops, fever spikes in the afternoon and sometimes the morning. The pulse will be rapid, thready and superficial in the terminal stage of HIV disease. Acupuncture treatment and herbs will focus on calming SHEN and improving psycho-emotional disorders of spirit. Stress and heat created by yin def. can cause the LV to affect the flow of qi and blood causing stagnation and pain. A common treatment strategy for management of pain associated with HIV is to soothe LV qi and move qi and blood (resolve stagnation).

The OM practitioner should subjectively observe for signs of wasting/thirsting, dry skin, skin lesions, swollen lymph nodes, a thready, rapid and superficial pulse. Objective data to be collected includes energy level (fatigue), pain (location, type, and amount), headaches, appetite/thirst, fever, nausea and vomit, diarrhea, gas/bloat, tired after eating, depression, emotions, sleep patterns, etc. The following information is combined with general TCM diagnostic questions and family, personal and
medical history to compile a complete working differential TCM diagnosis. The diagnosis is then explained in comprehensible terms allowing for the client to make an informed decision regarding his/her plan of care.

The initial treatment will typically include acupuncture (including auricular and electro-acupuncture), use of herbs, and Asian bodywork. One must not only be able to cooperate with and provide adjunct therapeutic treatments to primary care providers (biomedical doctors) but also refer patients to practitioners accredited in complimentary modalities for the individual disease at hand. For HIV patients, nutritionalists, psycho-emotional counselors, massage therapists, Naturopathic Doctors, Osteopaths and Homeopaths can all be excellent supplementary care providers. Any time referrals are made, complete information should be transmitted while client confidentiality is maintained. Detailed follow-up with both the care giver and the client should be performed and its effectiveness evaluated and documented.

While it is estimated that HAARTs are saving 3 million lives per year, they have been documented to have the following side-effects: fatigue, nausea, vomiting, diarrhea, hyperglycemia, diabetes, peripheral neuropathy (pain), numbness, insomnia, lipodystrophy, pancreatitis, and LV failure. These side-effects can be treated with TCM to greatly improve the patients likelihood of taking their medications as required. Goals of TCM treatment will include management of the above side-effects as well as symptoms associated with the disease itself (fever, diarrhea, shen disturbances, etc.). TCM treatment will also aim to protect and increase the patients immune function as well as improve their quality of life with HIV/AIDS.

Treatment principles will vary depending on the differential diagnosis made. Treatment principle will likely include part of the following: tonify qi/blood/yin; clear phlegm and/or toxic-heat;
unblock channel obstruction. Additional treatment principles may arise to treat associated presenting patterns, i.e. shen disturbances. Basic tonification points include SP-3, KD-3, SP-6, and ST-36. If there is a SP def., choose BL-20; if KD qi/yang def., select DU-4; if KD yin def., use KD-6; if a LU qi/yin def. Presents, needle LU-9/BL-13. Basic draining points include ST-40, GB-34, LI-4, and LV-3. If there is blood stasis, choose BL-17; if toxic-heat, choose LI-11; choose SP-9 for leg edema; if the top of the foot tingles, use ba feng; if the bottom tingles, KD-1. Certain individual herbs have functions in improving immunity, inhibiting viral cell replication, and treating symptoms of HIV. They include huang qi, ling zhi, and xia ku cao. Zi hua di ding is also commonly used with good effect. Finally, the maitake mushroom (*Grifola fondosa*) is a common hot pot ingredient which has reported benefits to HIV infected persons.

Since there is no known cure or vaccine for HIV, duration of treatment will likely be the duration of the patients life unless a cure is found. The treatment frequency will vary depending on the stage of the disease and the constitution of the patient relative to the strength of the pathogen. An average HIV case might expect to get acupuncture treatment 1-2x/week initially to treat symptoms and strengthen constitution. Eventually, 1-2x/month should be sufficient to manage symptoms/side effects, with “as needed” visits for control of unwanted symptoms, such as pain. Each case will have to be studied on a unique, individual basis to determine type, frequency, and duration of treatment. Prognosis for those with HIV is not good. However, thanks to a combination of advances in western medicine and increased western acceptance of TCM, living with the disease and minimizing symptoms as well as reducing side effects of drugs has been made possible. Thus, a greatly improved quality of life for those infected with HIV has recently been demonstrated.

The Human Immunodeficiency Virus is a retrovirus which kills or damages the body's immune cells. AIDS is the progressed HIV presenting with decreased CD4+ T Helper cell count and the
development of serious life-threatening infections and cancer(s). HIV is now treated very effectively through western medicine. The western drugs are typically strong with large side-effects. Acupuncture and other facets of oriental medicine can treat these side effects with good effect. Therefore, a complete and cohesive complimentary health plan is best when applied to the treatment and management of symptoms associated with the Human Immunodeficiency Virus. From an OM standpoint, a wide variety of treatment types, frequencies, and durations are expected depending on the stage of the disease relative to the constitution of the individual. In each case, a careful disease diagnosis must be made and translated to the client before a plan of care can be chosen.