

HIV/AIDS- AN AYURVEDIC PERSPECTIVE

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Presently there is no scientifically proved cure for HIV /AIDS. Globally, the number of infected HIV /AIDS patients is increasing at an alarming rate; with a current estimate of 33.2 million [30.6–36.1 million] people who are living with HIV of which 2.5 million Children are estimated to be suffering from AIDS.

At the end of 2007, it was estimated to have around 2.5 million [1.8–4.1 million] newly infected HIV positive people, and 2.1 million [1.9–2.4 million] deaths due to AIDS alone. Hence, there is a dire need to search for a safe, effective and economical treatment for HIV/AIDS.

Although the proportion of people living with HIV in India is lower than previously estimated, its epidemic continues to affect large numbers of people. Overall in Asia, an estimated 4.9 million [3.7 million–6.7 million] people were living with HIV in 2007, including the 440 000 [210 000–1.0 million] people who became newly infected in the past year. Approximately 300 000 [250 000–470 000] died from AIDS-related illnesses in 2007. (See Fig.2)

In 2007, (See Fig. 1) advances in the methodology of estimations of HIV epidemics applied to an expanded range of country data have resulted in substantial changes in estimates of numbers of persons living with HIV worldwide. However the qualitative interpretation of the severity and implications of the pandemic has altered little. The estimated number of persons living with HIV worldwide in 2007 was 33.2 million [30.6–36.1 million], a reduction of 16% compared with the estimate published in 2006 (39.5 million [34.7–47.1 million]). (UNAIDS/WHO, 2006) The single biggest reason for this reduction was the intensive exercise to assess India's HIV epidemic, which resulted in a major revision of that country's estimates. Important revisions of estimates elsewhere, particularly in sub-Saharan Africa, also contributed. Of the total difference in the estimates published in 2006 and 2007, 70% are due to changes in six countries: Angola, India, Kenya, mozambique, Nigeria, and Zimbabwe.

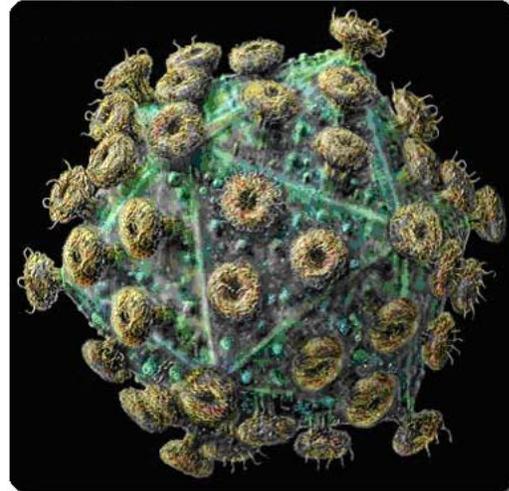
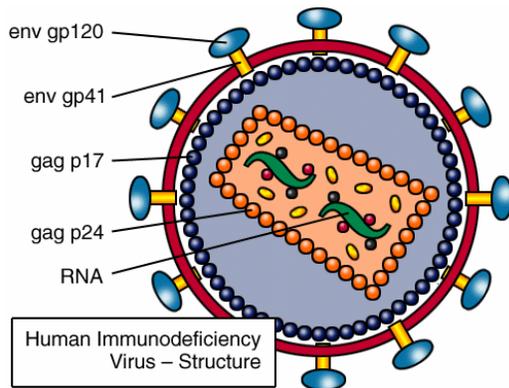
In both Kenya and Zimbabwe, there is increasing evidence that a proportion of the declines is due to a reduction of the number of new infections which is in part due to a reduction in risky behaviours.

It was first recognized in 1981 in homosexual men in Los Angeles, latter first recognized in 1986 in India in Chennai.

AIDS/HIV MODERN CONCEPT

AIDS is an acronym for the 'Acquired Immune Deficiency Syndrome' and is not a single disease, which results from the destruction of the body's defenses by human immune deficiency virus, HIV.

The virus that causes 'Aids' - HIV belongs to a family of viruses known as retroviruses. HIV looks like a rolled up porcupine. It contains two snake-like single strands of RNA along with reverse transcripts firmly wrapped up in a core, giving HIV its characteristic appearance.



On entering the white blood cells known as CD 4 cells, HIV produces its own DNA and sees to it that this gets inserted into the DNA of the host cell. The viral DNA has enough power and information to direct the destiny of the cell. It can force the cell to manufacture several new copies of HIV. However due to certain trigger and regulatory mechanisms, the viral DNA lies dormant in the host cell for several years before it begins to do the damage.

People infected with HIV may take 7 - 10 years to develop AIDS.

MODE OF TRANSMISSION

1. Parinatal Route

- Intrauterine
- Intrapartum
- Breast Milk

2. Transfusion Acquired

Major Transfusions:

- Thalassaemia
- Haemophilia
- Aplastic Anaemia

3. Sexual Abuse

4. Accidental

- Needle Stick Injury
- IV Drug Abuse

AIDS Causes Mass destruction of Immune System, thus the Patient becomes candidate for various Infections. Once entered, the Infection remains there for ever.

AIDS/HIV an AYURVEDIC PERSPECTIVE

In Ayurveda a unique clinical entity was described about 3,000 years back during Samhita period which is identical in the etiological, clinical features and prognosis of dreaded disease HIV/AIDS.

Acharya Sushruta used has the term "**VYAVAYA SOSHA**" while narrating about the effects (Symptoms) of perverted sex indulgence in Sushruta Samhita.

AID/HIV in Ayurveda may be considered as Ojakshaya/ Kshaya, meaning the loss of Vital Energy. The symptoms, Signs and Causative factors (Nidan), and the Treatment Aspect has been described in many Ayurvedic Treaties like Charak Samhita, Bhavprakash, Vaidya Chintamani and Chakradatta etc.

Ojas is essence of our body. We do any activity under the influence of our inner or outer strength (Bala), Ojas is responsible for Bala both are so much intimately related that they are used as a synonyms. Ojas is said to resemble kapha when it functions physiologically, thus it contributes to our strength or Bala..

Bala described in Ayurvedic Classics are of two types:

- A) Karya Shakti- The capacity to do Physical and Mental work.
- B) Vyadhi Shamatva- Capacity to resist the diseases.

Out of these two, the latter here is more relevant and of two types (Mode of Action of Ojas): Acharya Charak has described its Vyadhi Shamatva (Resistance to disease manifestation) in two ways-

1. Vyadhyutpadapratibandhakatwa- Capacity to prevent the onset of disease.⁵
2. Vyadhibalanirodhakatva- Capacity to restrain or withstand the strength (Severity) or Virulence of diseases.

Both of them together called Immunity against Disease and Resistance against death and decay. AIDS too fall in this category.

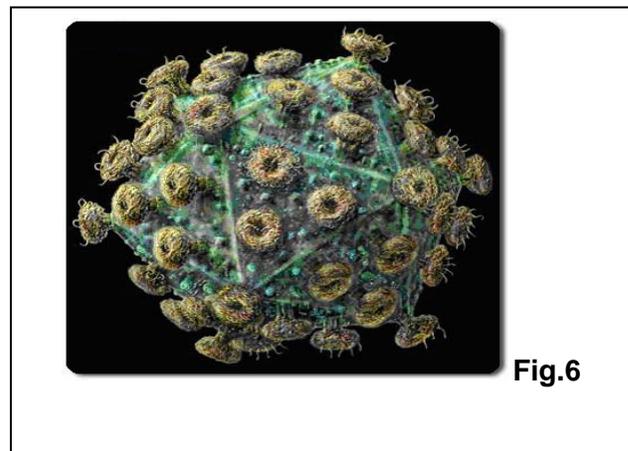
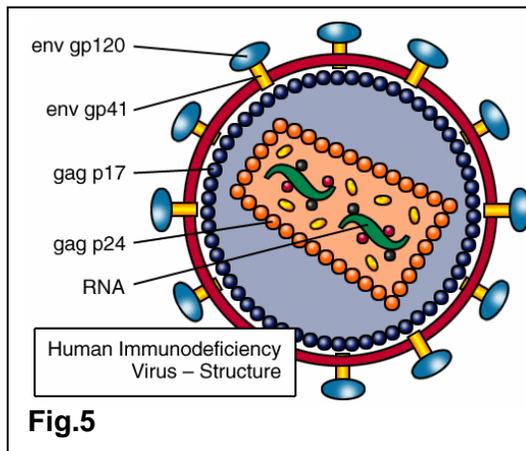
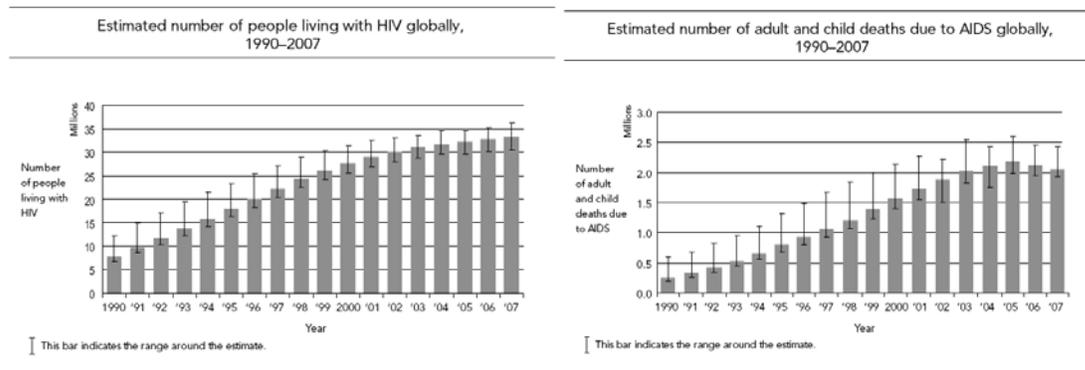
Ojas and Vyadhi Shamatva vary from person to person, depending on dehaprakriti (Body Constitution), Ahar-Vihar (Food and Activities) etc.

Ojas Kshaya (Decrease of Ojas) weakens the person thus opportunist infection finds there way in the body of that person.

The major symptoms are:

- loss of appetite, drastic loss of weight-emaciation
- fatigue and lethargy
- susceptibility to allergies and contagious diseases
- skin irritations
- bronchial disorders, often leading to tuberculosis of the lungs
- damage to intestinal flora resulting in diarrhoea, dysentery, gastritis and wide fluctuations in body temperature. prolonged fever, sleeplessness etc.

A nutritious diet, Ayurvedic baseline therapy, timely allopathic treatment of Opportunistic Infections and regular counselling support appears to be an ideal combination in the management of HIV / AIDS patients.



References

1. 1993 Revised Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS Among Adolescents and Adults- <http://www.cdc.gov>
2. 1994 Revised Classification System for Human Immunodeficiency Virus Infection in Children Less Than 13 Years of Age- <http://www.cdc.gov>
3. Global summary of the AIDS epidemic- <http://data.unaids.org>
4. <http://tbn0.google.com/images>

5. Charak Chikitsa 3/16 & Cha. Su. 30/7
6. www.google.com