

Don't let the dissenters distort the medical profession's perspective on treatment for HIV/AIDS

Just when we were all beginning to breathe sighs of relief that things were settling down on the HIV/AIDS front, with the national antiretroviral treatment roll-out starting to unfold, enter Dr Matthias Rath, his *Open Letter to the People of South Africa* in hand, to caution us that 'The current HIV/AIDS epidemic afflicting the lives of millions of South Africans is being abused by the internationally operating pharmaceutical cartel. The drugs they offer, most notably the antiretroviral drugs (ARVs) do not cure this epidemic and have severe side effects.' Oh, dear!

Dr Rath has a thing about the pharmaceutical 'cartel'. He warns that the industry is driven solely by insatiable financial greed, to the detriment of the patients who use its products. But what drives Dr Matthias Rath? Insatiable financial greed, according to the Treatment Action Campaign, which characterises him as 'a wealthy vitamin salesman [seeking] to promote his own overpriced vitamins which he prescribes in dangerously high quantities'.

What's his background? PubMed/MEDLINE lists over 90 multi-author articles in reputable science journals with M Rath as co-author, though rarely first author. The papers are largely about micronutrient research in laboratory animals from mice to cows, but none in human subjects. I could find no randomised controlled study from his hand on vitamin or any other therapy for HIV/AIDS.

Rath is very careful to base his self-aggrandising propaganda on legitimate knowledge, no doubt in order to confuse the debate and put the profession in a quandary. Who can deny the toxicity of ARV drugs? Worldwide experience shows that 'many more infected persons would be treated were it not for the frequent side effects ... All ARV agents can cause both short-term and long-term toxicities ... and, in many cases, side effects are only partially reversible'.¹

Similarly, the use of vitamins in the treatment of HIV/AIDS is not without evidence-based merit. Researchers from the Harvard School of Public Health conducted a double-blind, placebo-controlled clinical trial in Dar-es-Salaam to examine the effects of daily supplements of vitamin A, multivitamins or both on progression of HIV disease, with astonishing results showing that 'multivitamin supplements delay the progression of HIV disease and provide an effective, low-cost means of delaying antiretroviral therapy in HIV-infected women'.²

Dr Richard G Marlink of the Harvard Aids Institute, not himself a collaborator in this study, hailed the findings as 'exciting because it costs literally pennies and can ward off the time when you need to begin treatment with expensive toxic drugs' (*New York Times* 1 July 2004). Andrew Tomkins of London's prestigious Institute for Child Health conducted a similar placebo-controlled study in Thailand, and found that HIV-infected women taking vitamins had significantly lower mortality, especially those whose immune systems were weakest.

That good nutrition – fundamental to the competence of the immune system – has a critical (though certainly not exclusive or overriding) role in the management of HIV/AIDS accords with medical common sense. However, in our politically polarised context, we dare not say so too loud! Doctors generally acknowledge the role of nutrition, but often only as a throwaway footnote. There is no 'action campaign' for good nutrition alongside ARV use in the management of HIV/AIDS, and very little research is being conducted in this regard, in part because the medical profession is naturally and perhaps understandably drug-focused, and in part because the pharmaceutical industry, which funds 90% of all clinical trials (at least in the UK),³ has little incentive to fund competing non-pharmaceutical therapies.

The intrusion and dominance of the Rath furore and similar other controversies in the HIV/AIDS public discourse have had the effect of skewing and inhibiting dialogue on tainted subjects regarded as 'belonging' to the dissident camp. In a well-considered article in the *Mail & Guardian* of 29 April 2005 entitled 'An invidious form of AIDS censorship', internationally recognised medical journalist Pat Sidley muses over the 'creeping censorship' confronting the writing profession. 'Writing about the value of nutrition in HIV/AIDS makes one the president or health minister's lackey. Not nearly enough has been written about the links between poverty and the spread of HIV/AIDS because to emphasise the links would be to give cheer to the denialists.'

The threat of self-censorship stalks the medical profession as well, as does the threat of the profession seeming like a lackey of the drug industry. The industry spends as much money on research as it does on marketing and promotion, which includes 'buying influence over doctors, charities, patient groups, journalists, and politicians'.³ Drug manufacturers do not always tell doctors the whole truth about their products.

If, in its enthusiasm to blunt dissident views, the medical profession is seduced to overly extol ARVs, trivialise ARV toxicity and pooh-poo the role of nutrition, then Rath will unwittingly have bequeathed to the drug industry a gift money can't buy, and the profession may live to regret it.



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2. Fawzi WW, Msamanga GI, Spiegelman D. A randomized trial of multivitamin supplements and HIV disease progression and mortality. *N Engl J Med* 2004; 351: 23-32.
3. Ferner RE. The influence of big pharma. *BMJ* 2005; 355: 855-856