



important as providing antiretroviral therapy (ART).

Anderson's most emphatic message to physicians and nurses was that they should ensure patients' compliance with ARV drug regimens. ARV drugs held proven benefits for the individual patient, communities and women in the later stages of pregnancy and were 'a humanitarian necessity' because they improved the quality of life of people living with AIDS (PWAs) 'enormously'.

'Most physicians, whether they're First or Third World, don't truly understand the importance of adherence. I cannot think of a virus where adherence is more important. Most of us are pretty lax around antibiotics and the like, but with HIV it matters enormously because the virus mutates so quickly'. In one AIDS patient with 10 to the power 10 of viral particles, every mutation across the entire genome was possible every day.

'You simply cannot afford to miss a day of taking these drugs. Any slight concentration drop creates the ideal circumstances where more resistance

develops'.

Anderson said 80% of resistance to ARVs that emerged in Europe and the USA was due to poor adherence.

ART's greatest benefit for the community was that it lowered the overall community viral load and thus susceptibility to the disease.

Anderson added that several African leaders in the sub-Saharan region needed 'a heavy dose of reality'.

Intervention with sex workers worked best in the first five to 10 years of the epidemic, after which the focus had to shift to community-based interventions. The classic epidemic spread was from sex workers to men to pregnant women.

Anderson said South Africa was the only country in Africa that had the capacity to manufacture protease inhibitors - by far the most effective ARV drug - and urged the government

and private sector to do all that it could to make this happen.

'I'd like to see this happen in South Africa, India, South Korea and perhaps Thailand - it's not that difficult to manufacture these drugs, the problem is ensuring safety and quality. If it's not up to scratch, it'll be the quickest to develop drug resistance'.

Recent studies of human genetics had shown that our genomes and the genetic diversity within populations reflected our past experience of major epidemics.

What made AIDS different, and in many specialists' minds more threatening than past pandemics, was its potential to influence human demography.

Another major difference was that the case-related death rate was 90-100% of those infected in the absence of treatment, compared with history's next worst disease, the plague which killed 30 - 40% of the young and elderly who were infected.

Chris Bateman

AGE OLD REMEDY IMPACTS HIV - MRC

Ongoing safety and efficacy research on traditional African medicines at the MRC points to at least one compound being responsible for dramatic weight gain, a drop in viral loads and increased CD4 cell counts among AIDS patients.

Still in the very early stages of testing, the compound, which originates from the North West Province, is being kept a closely guarded secret because of intellectual property rights.

Dr Gilbert Matsabisa, head of Indigenous Knowledge Systems at the MRC, told the SAMJ that 30 test patients, some of whom were unable to walk and others who suffered from acute pneumonia, oral thrush and diarrhoea showed major improvement



The MRC says some traditional remedies have remarkable immune-boosting properties.



after just two weeks of ingesting the compound.

While emphasising that he had yet to conduct dual-site, double-blind randomised clinical trials, he gave two examples which he said had been the most dramatic over a fortnight.

The first adult's weight had increased from 46 kg to 63 kg while his viral load had decreased from 1.5 million copies per ml to 300 000 copies with a CD4 cell count rising from 123 to 194.

A second man's weight increased from 38 kg to 46 kg while his viral load count dropped from 550 000 to 123 000 and his CD4 cell count rose from 42 to 123.

Among all 30, opportunistic infections had disappeared with treatment.

'So far we have not seen anyone who has not improved,' said Matsabisa.

He said none of the better known multivitamins, such as garlic, African potato or Sutherlandia was used.

There had been an 'ongoing debate' at the Medicines Control Council (of which he is a member), as to how traditional medicines could be regulated.

The compound had come from GPs who were working with traditional healers.

Matsabisa said the entire study was 'about' 18 months old.

Safety studies done on vervet monkeys had shown they could tolerate up to 40 times the recommended dose.

'We've seen nothing that makes us worried about this dramatic product,' he said.

Tony Mbewu, executive director of research at the MRC, said that the national health department was

concerned that people living with AIDS (PWAs) in South African, the United States and Europe were already taking a range of traditional medicines.

'But there has been little scientific evaluation of many claims in terms of toxicity, quality and efficacy,' he said.

There had been an 'ongoing debate' at the Medicines Control Council (of which he is a member), as to how traditional medicines could be regulated.

A complementary medicines committee and an African traditional medicines committee had been established and had asked 'people prescribing these medicines' to provide them with details of their knowledge about the medicines.

Preference was given to those medicines accompanied by anecdotal data in signed affidavits and/or laboratory test results.

The MRC now had a list of some 10 000 medicines, among which only the most promising were being tested.

Mbewu said that if the evidence provided 'looks interesting or convincing, we sign a confidentiality agreement with the provider of the potion'.

If the MRC found that an extract could be commercialised, the individual or community providing it would be guaranteed intellectual property rights.

Non-disclosure agreements were signed when the MRC agreed to probe the potion or compound.

Mbewu said that five traditional medicines had so far been deemed worthy of further investigation in terms of immune modulation.

'If there's extensive data on human use then obviously we can go straight to human trials, otherwise we do animal studies first'.

He said that with traditional medicines there was no information as to what the active ingredient was, citing

the example of the unknown cardioprotective agent of red wine.

'All you can do is use clinical trials to provide indicators as to the probable efficacy of the compound - you cannot prove it beyond doubt.'

'This is purely science I think the minister is right that if these things are out there and being used, we need to evaluate them. We're open minded,' he added.

The purpose of the study on the two men is to see if the agent is probably effective in changing CD4 cell counts or reducing viral loads.

'The primary concern is that thousands of people out there are taking these medicines anyway - we want to see if they are safe and whether they may be useful,' he said.

Matsabisa said the study had been developed, 'based on the notion that we don't look at carcinogenicity, reproductive issues or mutagenicity. That's not our intention - we're looking at the function of all the major organs — no safety study is an answer or an end in itself, there are always compromises made somewhere'.

Asked to respond to fears that Health Minister Tshabalala-Msimang's approach to 'beef up' the programme was to distract attention from the more pressing debate around antiretroviral drugs, he said, 'this has nothing to do with politics'.

'This is purely science. I think the minister is right that if these things are out there and being used, we need to evaluate them. We're open minded,' he added.

Chris Bateman