

C.74. Benefit of the association of two traditional African plants: *Hymenocardia Acida* and *Costus*.

Written by Dr. Adrien Caprani

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There are no translations available.

C.74. Benefit of the association of two traditional African plants: *Hymenocardia Acida* and *Costus Afer* in HIV+ patients. A significant Clinical Case.

Abstract submitted at the 5th IAS(International AIDS Society) Capetown, South Africa, 22-24 July 2009, but rejected

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Objective: To evaluate a traditional herbal African medicine claiming to cure AIDS.

Methods: An African Ivory Coast protocole was adapted to prevent from disease progression. A mixture of pure juice of *Hymenocardia* bark (Euphorbiacea family containing saponoides and tannins and employed for a large spectra of diseases) and of *Costus Afer* (or spiral ginger used for leprosy, containing dioscorine, parphylline C, kaempferol 3-O- α -L-rhamnopyranoside) was administered orally for 3 months 3 times a day at increasing concentration of *Hymenocardia Acida* (ratio 1/8;1/4;1/2;1/1 each month). The patient 65 years-old was HIV+ since 25 years with HAART since 10 years, with a viral load less than 40 copies and CD4 count of about 500. HAART was resumed when CD4 decreased below 350 and interrupted above 500. The following parameters were measured: CD4, CD8, NK (CD3-/CD56+), CD3+/HLADR+).

Results: Herbal therapy alone does not maintain the stability of biological parameters. After the first month CD4 decrease below 300 and the viral charge increased at 1 million. In addition, we have previously noted that without herbal therapy, the increase of the viral load is more than 1 million in 10 days. At the third month of herbal therapy alone, the viral load plateaus at 200,000-300,000 copies only. Interestingly, CD3+/HLADR+ decreased markedly (from 15% to 4%) and natural killers increased markedly (from 8% to 18%). Another interesting effect is the control of Human Herpes Simplex Virus-1 (HHVS-1) by this medicine. Indeed, the patient need daily valaciclovir to be HHSV-1 free, in the absence of this medicine. Some minor side effects appeared: Moderated elevation of blood pressure, some extra-systoles.

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Discussion and conclusions: Activation of the immune system is generally found in HIV+ patients and more particularly in ARC and AIDS patients. Other drugs such as glycyrrhizin and chloroquine, used in clinical trials have a similar effect and contributes to a decrease of the viral replication. The increase in NK number is also an important parameter for the slow down of the disease. In conclusion, this herbal therapy needs to be developed with controlled clinical trials and could be applied in countries where HAART is not available.