There are no translations available.

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OBJECTIVE

To test the efficiency of glucuronamide on HIV / AIDS patients.

METHOD

- Open trial (1993-1996) including 23 to 35 patients.
- Analysis of the results performed in January 96 patients. and reactualized in June 96.
- Posology: 400 mg of glucuronamide associated to 500mg Vit.C and 50mg caffein.

RESULTS

- Stabilization or improvement of the clinical state for all patients.
- No opportunistic infection.
- Analysis of the biological parameters (January 1996): 23 patients (16 stage II, 6 stage IVC1, 1 stage IVD).

Trial duration: 11.3 +/- 7.5 months.
Responders: 100% of the patients.

Parameter	before therapy (mean+/-sd)	after therapy (mean+/-sd)	significancy
Lymphocytes / mm3	1995,05 +/- 454,89	1944,72 +/- 505,61	

Lymph.CD4/ mm3	294,13 +/- 130,66	412,44 +/- 214,53
CD4 Lymph.%	16,5 +/- 6,78	21,83 +/- 10,04
ß2 microglob mg/l	3,34 +/- 1,25	3,39 +/- 1,72
Triglycerides g/l	1,22 +/- 1,58	1,1 +/- 0,6
Antibodies anti P24 (Ab)	130,08 +/- 106,01	1965,8 +/- 106,01

Consequences of stopping glucuronamide: decrease of CD4 for 7 out of the 7 patients who stopped glucuronamide therapy (for 3 to 15 months): -52.6% (cell per mm3) and -36% (in %). When the treatment is taken again after interruption, the improvement of the imune parameters are no more systematic, and when it occurs, their increase is slower with time.

- Analysis of the CD4 variations (June 1996) : 35 patients (28 stage II, 6 stage IVC1, 1 stage D)

parameters	**Before therapy (tt)**	**After therapy**	**duration**
lymph. cd4/mm3: responders (n=22, 62%)	322,27 ± 123,09	455,77 ± 180,18	16,4
non-responders (n=13, 38%)	318,61 ± 155,43	227,54 ± 139,23	16,4
lymph. cd4%: responders (n=17, 73%)	21,29 ± 7,08	20,48 ± 8,53	19,1
non-responders (n=6, 27%)	18,33 ± 7,06	13,33 ± 5,64	19,1

CONCLUSION

Glucuronamide is a very efficient agent in HIV+ patients, which can be used early in infection,

due to its total absence of toxicity, but can't be stopped. For long term use of glucuronamide, the clinical benefit persits (absence of OI) for all patients. Concerning the CD4 counts, the benefit is maintained for the major part of the patients. Additionnal clinical trials at different posologies, possibly associated with other therapies, would be of great interest. The low cost and the efficiency of this therapy (some US cents a day) makes this therapeutical approach an interesting choice for the third world.

This work should have important financial consequences for Akzo-Nobel, the only glucuronamide producer for the moment (molecule no more covered by a patent). This industrial group has not provided any financial help to association "Positifs" which has discovered this new therapeutic approach of glucuronamide.

Association "Positifs" searches pharmaceutic groups to sell the licence of its american patent on glucuronamide.