

**CONSERVATIVE CARE AND NON-ALLOPATHIC
APPROACHES TO THE TREATMENT OF
HUMAN IMMUNODEFICIENCY VIRUS
POSITIVE PATIENTS**

A LITERATURE REVIEW

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ABSTRACT

Objectives: To investigate, identify and evaluate some of the most successful approaches of non-allopathic treatment of HIV. This literature review focuses on providing accountable information on rational strategies and practices of non-allopathic care and nutritional support of the HIV infected patient. There is existing information that confirms that chiropractic and osteopathic adjustment/manipulation is beneficial to the immunocompromised patient. Nutritional support is also integral to the management of the HIV positive patient by boosting the immune system. Although we praise the efforts of modern medicine in the fight against HIV and AIDS, it is the responsibility of all health care providers to assist (rally) in improving and maintaining the quality of life to the HIV/AIDS population.

CONCLUSIONS:

To supplement the research reviewed in an exploration of treatment as discussed from a chiropractic non-allopathic base. How a chiropractor can enlist his/her resources and knowledge of the immune system and autonomic influence of the chiropractic adjustment and nutritional support to effectively balance and strengthen the body allowing its self healing mechanisms to perform optimally.

CHAPTER ONE: THE PROBLEM

INTRODUCTION:

Human Immunodeficiency (HIV) and Acquired Immunodeficiency Syndrome (AIDS) have loomed as our major public priorities for at least the last two decades. Despite existing early development of vaccines and newer drug therapies, we are all faced with a reservoir of over one-quarter million cases in the United States and several times that worldwide. Since a vast majority of HIV infected patients develop AIDS, the development of rational strategies of conservative chiropractic treatment and nutritional support is of critical importance.¹

AIDS presents a challenge for all health care providers and to date, no conventional or alternative medicine has been successful in the effort to destroy the AIDS virus or in controlling the damage it causes. No doctor, not even the best informed, can address the concerns which face the individual who is diagnosed HIV positive or AIDS related complex (ARC) or AIDS. The HIV positive, ARC or AIDS patient is thus, confronted with three basic possibilities of action:

He/she may choose to trust conventional protocol completely following the regimen the doctor recommends.

He/she may choose to completely reject conventional protocol, seeking alternative strategies.

He/she may choose to explore both conventional and alternative treatment modes with the help of a doctor awake to all of the healing arts.²

DEFINITION

Persons infected with the human immunodeficiency virus (HIV positive) may have a variety of manifestations, ranging from asymptomatic infection to severe immunodeficiency and life threatening secondary infectious diseases or cancers. Although HIV infection is identified by isolation of the virus or indirectly by the present of antibody to the virus, a presumptive

diagnosis of HIV infection has been made in some situations in the absence of positive virologic or serologic test results.

Center for Disease Control CDC classifies HIV infection into four mutually exclusive groups. The classification system only applies to patients diagnosed with the HIV infection.³

GROUP I Acute Infection

GROUP II Asymptomatic infection

GROUP III Persistent generalized lymphadenopathy

GROUP IV Other disease

- A. Constitutional Disease
- B. Neurological Disease
- C. Secondary Infections Disease
- D. Secondary Cancers
- E. Other conditions resulting from HIV

SCOPE AND LIMITATIONS

The scope of this review is to identify, investigate and analyze some of the most successful research and evidences on the non-allopathic treatment of AIDS. The primary focus of the literature review will address but not be limited to chiropractic approaches.

BACKGROUND

AIDS was first recognized in the summer of 1981 has generated much fear and controversy. Research shows that once a person has been infected with HIV, he/she has a 20-38% chance of developing AIDS within three years. In

the United States it is estimated that more than 1.5 million people are infected with HIV. Globally, it is estimated several times that number are infected. The scope and breadth of HIV infection in the human population is just beginning to be felt as the demographics of the infected population change in the United States. The vast majority of adult cases (97%) are reported in persons in six major high risk groups intravenous drug users, homosexual/bisexual men, Haitians, hemophiliacs, transfusions or blood product recipients. There are also two population areas of rising concern. The number of perinatal cases from infected mother to neonate and the teenage population.

STATEMENT OF THE PROBLEM:

Allopathic care and treatment has been the nucleus of the devastating disease. Medical research has focused on the development of a vaccine and drug therapy that will address immunization and a cure. All past therapies have either failed miserably or have been associated with serious and frequently life threatening side effects in an attempt to extend the life a few more months. The media's attempt to inform the public has not always provided for information transfer and education, but instead has become the impetus to reactionary hypersensitivity.

Fear, prejudice and reactive treatment protocols have been the result. Although medical treatment and care has been shown to slow the progression, we need to focus on the dynamics of "the survivor patients" and their treatment protocols, lifestyle changes and nutritional support. Prevention is the best intervention to date.

PURPOSE OF STUDY:

The purpose of this study is to present a compilation of conservative chiropractic care and treatment protocols, identifying successes and failures, both subjective and diagnostic and by integrating both conventional medicine and its modern technology with alternative treatment strategies whose origins may include ancient practices.

CHAPTER 2

METHODS

OVERVIEW OF THE PRESENT CHAPTER:

Chapter Two will discuss and information gathering format of the literature search used to accumulate the articles reviewed for this research.

METHODOLOGY:

Using the resources available at Logan College of Chiropractic and with the expert assistance of Librarian Bob Synder the literature search began with a computerized literature search using the AIDS data base computer network.

Forty-one texts/articles were the result. A chiropractic literature analysis and retrieval system (Chirolars) was accessed which resulted in ten articles. Subject headings included "AIDS", "HIV", "Chiropractic", "Manipulation", "Chiropractic" or "Nutrition". A manual search was conducted of the Journal of American Acupuncture which resulted in four articles on Immune Systems/Defense Mechanism, AIDS and Symptomatic Relief, Long term remissions, and guidelines for prevention. A search through the "Vertical file" resulted in thirty-four articles on AIDS and HIV ranging from Time and Newsweek to Today's Chiropractor and the ACA. Lastly, personal resources were used. Selection was based on content with the emphasis on conservative non-allopathic treatment and nutritional support of HIV/ARC/AIDS.

CHAPTER 3-REVIEW OF RELATED LITERATURE

OVERVIEW OF PRESENT CHAPTER

Chapter Three will review the related literature of chiropractic and other non-allopathic care including nutritional support of the HIV/AIDS infected patients. This literature review attempts to identify some of the most successful research with confirmation of non-allopathic treatment and prevention of HIV/AIDS.

REVIEW OF THE LITERATURE

History: There are many theories as to the origin of AIDS, some believe it has gained a foothold because of our generally weakened immune system (possibly caused by our modern diet-poor in many nutrients). Other have found interesting correlations between HIV and AIDS incidence and fluoridated water, drug use, smallpox vaccinations, poor sanitation, and hygiene. There is a belief by some that AIDS was intentionally designed during biological warfare research and was deliberately or accidentally released.

Regardless of our beliefs of its origin, our focus should direct itself to the survivors, exploring and investigating how and why they survived, rather than focusing on discovering the "magic bullet" that will immunize and cure for AIDS. The medical model in treatment of this disease has been and remains at this time, to treat the secondary conditions as they appear individually. There is inadequate assessment and examinations of the whole person, including all conditions, medical, social and economic, as they arise in treatment of the whole patient. Typically if the patient has five different named conditions he/she will be treated for five different symptoms, with five different medications and by several medical providers simultaneously. Some conditions can be treated effectively in the medical model, but there still remains many conditions for which there is no effective medical treatment. Still other symptoms are left untreated which are often serious or life threatening.

Presently, some experimental drugs and antiviral drugs are being used to slow down the growth and reproduction of the virus. AZT and DDI are among the most common. Although the medical community has lengthened the survival time of some HIV positive and AIDS patients, they are nowhere near a medical cure.

Given that the orthodox approach to HIV/AIDS has failed miserably, alternative therapies must be explored and soundly investigated. Metabolic therapy is a multifaceted model that focuses on caring for the "whole body". It views treatment of causes rather than signs and symptoms emphasizing prevention, and using natural, non-toxic elements. Metabolic therapy presents a program of prevention, detoxification and immune strengthening

by the use of vitamins, minerals, botanicals, enzymes, glandulars, nutritional support, exercise, creative visualization, positive mental attitude, chiropractic adjustment/manipulation and acupuncture. These areas of care will provide the framework for this review. Identification of specific non-allopathic techniques, procedures, modalities and nutritional support offer new treatment alternatives that boost the immune system and attempt to restore all systems to optimal condition.⁴

Chiropractic treatment has been recognized as a method of normalizing the nervous system and claims to be beneficial to the immune compromised patient.⁵ The role of chiropractic becomes paramount because chiropractic is the largest alternative to allopathic medicine. Chiropractors can offer the patient comfort, decreased symptomatology, be instrumental in pain control and maximize the body's potential for maximum efficiency. The adjustment directly or indirectly affects the immune system. It has been well demonstrated that there are many anatomical and physiological connections between the central nervous system and the immune system.⁶ The science of psychoneuroimmunology links the mind with immune function and the susceptibility to disease under certain conditions.⁷

The Chiropractic Basic Science Research Foundation in Colorado Springs, Colorado has investigated chiropractic spinal care and its effects on the whole body in a multi phase project. At the completion of phase one they stated that, "There is something active in the 107 long-term spinal chiropractic care patients tested producing the elevated immune response. Phase two of research will be to discover the biochemical components specifically responsible for elevated immune response."⁸

In another chiropractic study Bates and Vora addressed the effects of spinal manipulation on the immune system. They report "five out of eight patients (63%) showed a significant increase in circulating B lymphocytes and one a significant increase in T lymphocytes." Three years later, 43 patients who had completed 48 weeks of treatment demonstrated a significant progressive increase in B lymphocytes."⁹

Manipulative therapy has been demonstrated to be a factor in managing respiratory and pararespiratory infections. A preliminary study by Brennan and Hondras shows that, "manipulations of the thoracic spine produce enhanced respiratory bursts. This burst is a phenomenon of

chemiluminescence assay of polymorphonuclear neutrophils during phagocytosis.¹⁰

The lymphatic pump, a chiropractic and osteopathic procedure has been determined to augment the effects of the humoral or B-cell component of the immune system.¹¹

Lastly, chiropractic addresses the issue of dietary modification and nutritional support as well as addresses lifestyle management strategies.

Another non-allopathic treatment which bridges chiropractic to Chinese Traditional Medicine is acupuncture. Acupuncture and oriental medicine comprise a system of health care which originated in China more than three thousand years ago and which has been in the United States for more than 150 years. Acupuncture and oriental medicine are a comprehensive system of diagnosis and effective treatment of acute and chronic disorders, as well as, preventive health care maintenance. The practice of acupuncture and oriental medicine is based on a paradigm of the body unlike that used in Western medicine. This model centers on the concept of Qi (pronounced "chee") loosely translated as "energy" and its physiological effect on physiological function and health. Acupuncture and oriental medicine's basis is supported by the scientific understanding that human beings are complex bioelectric systems (meridians). Acupuncture functions to promote the body's ability to heal itself. Treatment with sterile disposable acupuncture needles is the most commonly used technique. Acupuncture also utilizes other forms of treatment such as moxibustion (a form of heat therapy) massage, manipulation, movement techniques, breathing exercises and herbal formulas. Similarities can be paralleled by the practices of chiropractic. The World Health Organization (WHO) medical branch of the United Nations issued a provisional list of 41 diseases amenable to acupuncture treatment. Respiratory ailments, a complication of AIDS, was among them.¹² Because acupuncture is known to reinforce the immune response, and normalize cellular function it was proposed that it would be effective in the management of AIDS. When AIDS and ARC are treated by acupuncture, it is found to relieve symptomatology including night sweats, fever, diarrhea, nervousness; loss of body weight, constipation, skin reactions including cases of Kaposi Sarcoma, thrush disappearance, and even the reduction in the size of lymph nodes.¹³ Reduction in the negative effects of chemotherapy and shortened recovery time has also been reported.

Acupuncture has improved breathing, as well as, decreasing shortness of breath. Neurological symptoms such as numbness and pain control have also been responsive to treatment.¹⁴

It should be asked then "can an invasive procedure that exposes personnel to blood and bodily fluids transmit AIDS?" A report from the CDC concerning 148 persons with no previously identified risk factors of AIDS, only 2 persons gave a history of having acupuncture before the onset of the disease.¹⁵ Guidelines have been suggested that are not only appropriate for AIDS patients and carriers but also for hepatitis patients or others who may be potential carriers of any blood-borne disease.¹⁶

Nutrition plays a vital role in everyone's health and well-being. Nutrition is fundamental to all other natural therapies. The relationship of nutrition to the immune system is unquestioned. Recent scientific studies have demonstrated that the immune system changes that occur in ARC/AIDS patients are "carbon copies" of the immune system changes that occur in malnutrition. It is important to emphasize each patient may present with a unique set of specific individual needs.

Since the ultimate goal in treating the HIV positive patient is boosting the immune system, proper nutrients are integral to sustain life. A key concept that relates to proper nutrition is "moderation". The constituents of food have to be balanced in their amount of protein, carbohydrates fats, vitamins and minerals. The proper balance already exists in natural foods which have been untampered. The National Cancer Institute has begun to look at the following as having cancer preventative potential. The list of natural substances includes, folic acid, vitamin C, Vitamin E, wheat bran, beta carotene, calcium, multiple vitamins, multiple minerals, Vitamin B₁₂, Vitamin B₆ and selenite.¹⁷

Improper food intake with an immuno-compromised patient can be multifactional because it could be attributed to lack of appetite, secondary to malaise, depression, anxiety, drug therapy, oral and esophageal lesions and esophageal candidiasis, vitamin/mineral deficiencies, neurological complications as seen in encephalopathy, unproven nutritional therapies, lack of financial resources or even lack of support to assist in marketing and preparing food.¹⁸ Since gastrointestinal complications are a major target for

HIV and AIDS, diarrhea, anorexia, bacterial and viral invasion, drug therapy and infections (fever) are just a few conditions which may have a direct negative impact on nutritional status.

Many single nutrients deficits tend to diminish the entire immune system, therefore, supplementation with individual and complimentary nutrients is critical in boosting the immune system. It is also critical that an adequate daily nutritional program be implemented and maintained. This diet should be designed to place a minimum amount of stresses on the body such as, a diet consisting of high fiber, high complex carbohydrates, low fat, moderate protein including whole unprocessed foods. It has been determined that a combination of Pritikin/Marcobiotic diet is preferred. A diet that falls into the category of "ovo-lactovegetarian" including some poultry and fish but no red meat. Also it is important to exclude those food items that tend to be immunosuppressant. They include alcohol, coffee (caffeine) carbonated drinks (soda), refined carbohydrates, fried or fatty food, oils to a minimum, no artificial enhancers (dye, color, preservatives), limit animal products (yogurt, cheese), avoid yeast, avoid fruit juice, decrease salt and avoid canned or processed food (frozen, fast). An immune enhancing diet might consist of whole grains, fresh vegetables (raw or steamed), legumes, fruits, nuts, fish and poultry, limited dairy, and plenty of purified water preferably after not during the meal.¹⁹

HIV and AIDS patients have been known to be deficient in a variety of nutrients including zinc, selenium and B₁₂ which raises the issue of supplementation with vitamins, minerals glandulars, and herbs. Vitamin and mineral megadosing is usually defined as treatment with one or more vitamins/minerals in quantities of 10 or more times the recommended dietary allowances. According to some sources, megadosing can improve and restore immune function, combat chronic degenerative diseases and extend life. The problem with megadosing is that many patients disproportionately use single vitamin/mineral supplements. By assessing each individual and determining their specific needs, the doctor can diminish the chances of any nutrient or micronutrient exacerbating immuno-suppression by megadosing. Clearly, the goal of any supplementation is the maintenance of optimum nutrition and immune status. As Hippocrates, father of medicine, stated in 500 B.C., "Let thy food be thy medicine and thy medicine be thy food."

further evaluation. Laboratory tests are used including serum assays for specific nutrients. A CBC, UA and a serum chemistry screen can also assist in determining deficiencies. Other testing procedures include, hair analysis, live cell darkfield microscopy, acupuncture, instrument testing and isolated kinesiological muscle testing.²⁰ Testing with applied kinesiology (AK) can also assist in determining which nutrients a patient may show a deficiency.²¹

It seems important to re-emphasize specific recommendations of specific nutrients formulated to enhance the immune system. They are supplements which contain known micronutrients and immune enhancers. They include broad-based multivitamins, beta carotene, Vitamin C, bioflavanoids, zinc, as well as, glandulars and herbs. There are a myriad of herb and glandulars which can be effective in the treatment of HIV/AIDS. This integrates Traditional Chinese Medicine, folk remedies and modern medicine. The following is a brief overview of beneficial nutrients in the treatment of HIV and AIDS.²²

NUTRIENTS

<u>SUPPLEMENT</u>	<u>SUGGESTED DOSAGE</u>	<u>COMMENTS</u>
<i>Very Important</i>		
Aerobic 07 from Aerobic Life Products or Dioxychlor from American Biologics	9 drops in water 3 times daily.	For tissue oxygenation. Kills harmful bacteria.
Egg lecithin	20 g on an empty stomach, divided throughout the day.	For cellular protection.
Garlic tablets (Kyolic)	2 capsules with meals 3 times daily	A powerful immunostimulant.

Germanium	200 mg daily.	For tissue oxygenation and interferon production.
Protein supplement (free form amino acids)	As directed on label.	Protein in this form is readily available for the body's use and more easily metabolized.
Selenium	200 mcg daily.	Free radical scavenger.
Superoxide dismutase (SOD) from Biotec Foods	As directed on label.	Free radical scavenger.
Vitamin B complex plus B ₁₂ and B ₆ (pyridoxine) or liver	100 mg 3 times daily in tablet form or receive injections doctor's supervision Injections are the most effective.	Antistress vitamins, especially important for normal brain function.
*Vitamin C plus bioflavonoids	10,000 mg in divided doses through day.	Use buffered, powdered ascorbic acid.

Important

Acidophilus	3 times daily. Take a high-powered form.	Supplies essential "friendly" bacteria for intestinal tract.
Coenzyme Q ₁₀	100 mg. daily.	Supports immune system.
DMG (Gluconic from DaVinci Labs)	As directed on label.	Actively stimulates the immune system increasing the T-cell population.
Kyo-Green	As directed on label.	Supplies nutrients needed for repair. Important in immune response.
Multimineral formula (high potency)		Hypoallergenic form is best. Omit iron supplements if fever is present. Do not exceed 100 mg zinc at any time.
with zinc	50 mg daily.	
plus copper	3 mg daily.	
Proteolytic enzymes	6 tablets between meals.	Destroys free radicals and aids digestion.

Quercetin plus bromelin	As directed on label.	Aids in preventing reactions to certain foods, pollens, and other allergens. Increases immunity.
Raw thymus plus multiglandulars including spleen from Arteria.	As directed on label.	Best from lamb source. Enhances T-cell production from thymus and spleen.
Vitamin A emulsion	50,000 IU daily.	Reduce dosage if known to have liver disease, and use caution if using pill form.
Vitamin E emulsion	200 IU daily increasing to 800 IU. Emulsified form is readily and rapidly assimilated.	Both vitamins A and E destroy free radicals and enhance immune function.

<i>HELPFUL</i>

Aloe vera	As directed on label.	Carrisyn from the aloe plant may work as the drug AZT without side effects.
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Essential fatty acids.	As directed on label.	Unsaturated fatty acids are most important in the diet. Some sources are primrose oil, black currant oil, salmon oil, and linseed oil.
L-Carnitine plus L-cysteine and L-ornithine (amino acids)	As directed on label, taken on an empty stomach with 500 mg vitamin C and 50 mg vitamin B ₆ .	Improves immune function. Do not give children L-ornithine.
Multiple enzyme digestive formula.	Take with meals.	Improve digestion.

RNA-DNA complex.

*Massive IV doses of vitamin C (100-200 grams daily) have been used safely, often with dramatic improvement, in the treatment of AIDS.

HERBS

Silymarin (extract of milk thistle weed) aids in repairing the liver. Also helpful are cayenne, echinacea, Chinese ginseng, shiitake mushroom extract, and suma.

An extract from a mushroom known as somastatin may bolster the immune system and improve liver function in AIDS patients.

Echinacea, goldenseal, mullein, and suma are good for cleaning the blood and lymph systems, for viral and bacterial infections, and for boosting the immune system.

Ginkgo biloba extract is good for the brain cells and circulation.

Pau d'arco is a natural antibiotic, and potentiates immune function.

Red clover is a good blood cleanser.

The AIDS Treatment News of San Francisco, California, reported that a chemical compound called hypericin, which is found in the herb St. Johnswort, may inhibit retroviral infections, which may be useful in the treatment of AIDS patients.

Black radish and dandelion help cleanse the liver.

Chaparral aids in the destruction of free radicals.

Garlic and rose hips aid in digestion, endurance, and strength, and reduce the risk of blood clotting. Garlic is a natural antibiotic.

Siberian ginseng helps bronchial disorders and endocrine gland function, and boosts energy.

Bee propolis is good for bacterial infections invading the lungs, mouth, throat, and mucous membranes.

CHAPTER 4: DISCUSSION, RECOMMENDATIONS AND CONCLUSION

As allopathic medicine continues its plight to discover the "magic bullet" cure more and more HIV positive/ARC/AIDS patients are choosing alternative therapies. Since chiropractic is the largest alternative to allopathic medicine, the role of the D.C. becomes significant. While treatment of the patient is the chiropractor's role and function, chiropractors have the unique responsibility of educating their patients, staff and themselves. This disease and the prejudice and fears that surround it must be discussed in order for prevention and an effective intervention to occur.

If we are not going to talk about AIDS and its related issues, we are not going to prevent it. If we do not take charge and educate our patients our children, our staff, and ourselves of all the aspects of transmission and prevention of this disease, it will not be stopped. The primary path to prevention is through education. All possibilities must be explored. The doctor-patient relationship is one of the most important aspects of treatment. It is critical that a patient feels secure enough to be able to share all pertinent information and not feel the need to hide information from them. Therefore, doctors, staff and other supportive health care providers must also address their feelings and belief systems regarding biases or phobias toward the HIV positive/AIDS patient. We must put aside our own awkwardness or uncertainties which might indicate concern for our own well-being rather than the patients. It is important to be open in our communications and to support our staff by allowing them to voice their fears so that they can be professionally subsided or dispelled. Patient confidentiality must be emphasized. Besides the HIV/AIDS patient, every D.C. regardless of their location is seeing many people who are directly or indirectly affected by this epidemic. Every patient diagnosed with HIV/AIDS will have someone, a significant other/spouse, mother, father, brothers, sisters, children, grandparents, aunts, uncles and friends who are touched and have to cope with the disease on some level. All of them will have to deal with the many issues that arise around the identified patient. It is devastating for a parent/partner to watch or even consider the death of a child/loved one, never mind participate in the process. The patient's family may be finding it stressful to cope with the problems of this disease or other related problems manifested by the "AIDS stigma". The family may be presented with the fact that the patient has just been diagnosed HIV positive or ARC or AIDS or that their loved one is gay, or that the disease was sequel to intravenous drug addiction. Again education is our best tool.

Treatment of HIV/AIDS is not dissimilar to the presentation of cancer treatment or Alzheimer's. Issues of mental impairment and wasting syndrome can be applied to both the above mentioned. Much of the clinical presentation of the HIV and AIDS patient will be similar to other conditions we may already be managing from musculoskeletal complaints and headaches to other ailments which may be caused by secondary complications to HIV/ARC/AIDS.

The patient will most likely have a team of specialists providing care from M.D.'s, physical therapists, psychotherapist, social workers, support groups, and clergy to acupuncturists and D.C.'s. Sharing information using a team approach can be most beneficial to the patient by insuring continuity of care. The D.C. will be an integral part of that team or can act as the coordinator for the patient by providing education and information, treatment, encouragement and support. Nutritional support and exercise can also be a significant role for the D.C. by giving the patient the best opportunity to help cope and fight the disease, thus allowing the self-healing mechanism of the body to perform optimally.²³

There is a myriad of social, moral, ethical and spiritual questions that must also be addressed. The health care provider must be sensitive, compassionate and considerate to all concerned.

Survivors of this disease have chosen paths some traditional some alternative but all have used their will to survive by creating the "right atmosphere" through proactive beliefs and practices rather than reactive. Our treatment of these patients should parallel their courage. As we look beyond the subluxation and adjustment, the doctor of chiropractic can have a paramount role in the treatment and prevention of HIV and AIDS.

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