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AIDS action

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Traditional and Alternative Medicines

When we began preparing this issue of *AIDS Action* we thought it would be easy, given the many forms of traditional medicine in Asia. But as we inquired with our many contacts in the region, we realised very little is being done about tapping traditional medicine for HIV/AIDS. Not only that, we met with strong scepticism about traditional medicine from many of those involved in HIV/AIDS care.

This should not be surprising since traditional medicine has become terribly commercialised, often becoming more expensive than “western” medicine. In China, we talked with AIDS experts who warned us about the many unproven claims being made for Chinese medicinal plants and how AIDS groups should be more careful in promoting these traditional therapies.

It is unfortunate that all this has happened because it could lead to a complete rejection not just of traditional medicine but also of other alternative forms of health care. We are referring here not just to indigenous Asian medical systems but the many different forms of healing that have emerged in human history, in different parts of the world. For example, we often talk about “western” medicine when in fact there are different medical systems that emerged in Europe and the United States, including such practices as chiropractic, homoeopathy and naturopathy.

The treatment of HIV/AIDS continues to be dominated by one of these western medical traditions. More accurately, we are talking about “allopathic medicine”, which emerged in western Europe during the 19th century. Allopathic medicine centres on the germ theory, the idea that there are infectious causes of illness

that can be treated with medicines that act like “bullets”, targeting the infectious agents and killing them.

Many traditional and alternative medical systems are very complicated, overlapping with religious and philosophical systems and embedded in people's daily activities. India's Ayurveda, for example, means “science of life” and consists of many therapeutic modes as well as

A woman dispenses 'yaa dong'—a herb infusion in alcohol often used by people in northern Thailand to strengthen the body.



Margery Lazarus

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advice on lifestyle. In Indonesia, medicinal plant preparations called *jamu* are taken as daily tonics, and peddled by ambulant vendors much like food and beverages. In Thailand, traditional medicine, which includes Thai massage, is taught in Buddhist temples.

Even within one country, there may be many variations for so-called traditional or indigenous medicine. India, for example, has different traditional systems, including Ayurveda, Unani, Siddha, to name a few. Each of these systems will have its own specialised knowledge, some of which have been compiled in written texts, and which may be taught in special colleges.

It is sometimes difficult to understand these systems because their basic concepts of anatomy and physiology are very different from those of western medicine. Chinese traditional medicine talks about the *qi* (pronounced chi) or a life force flowing through the body through meridians. Illness occurs when this *qi* is blocked or does not flow properly.

Asian medical systems often look at the human body as a microcosm of nature, with attributes similar to those of our environment. In Ayurvedic medicine, for example, a person's bodily constitution is called *prakriti*, and is believed to be a combination of three dosas: *vata* ("wind"), *pitta* ("bile") and *kapha* (phlegm). Thus, individuals may be classified as "hot" or "cold" in terms of body type and personality. An illness upsets the balance we have and healing techniques are meant to restore the original balance.

Not surprisingly, there is much overlap among many of these systems. Massage is common to all traditional medical systems, a testimonial to the universal "healing" quality of the human touch. The use of natural products — derived from plants, animals and minerals — is also found in all these traditional medical systems. It is sometimes difficult to evaluate the way these products work because


their traditional classification systems and attributes are different from those of western medicine. In Chinese traditional medicine, for example, a medicinal product may be described as being "heating and sour" to be used against "cold" diseases, concepts that have no equivalents in western allopathic medicine.

For people living with HIV/AIDS, traditional medical systems offer many products and techniques that can be useful for dealing with common symptomatic ailments such as pain, diarrhea, and cough. Moreover, traditional medical systems have great potential in dealing with stress and in helping to strengthen the immune system. This is very important for people living with HIV/AIDS.


It is unfortunate that many people still look to traditional medicine mainly in terms of producing a "magic bullet" to cure HIV/AIDS. In reality, traditional and alternative medical systems offer a wide array of techniques that can be immediately tapped in the management of HIV/AIDS. Some of these remedies are not at all exotic or rare — a proven remedy for nausea, for example, is the use of ginger. Nausea can also be controlled by pressing on a Chinese acupuncture point called *nei-guan* on the wrist.

Many clinical trials in western allopathic medicine are now finding that simple lifestyle changes — in the food we eat, in the exercise we get — can in fact boost the immune system. Such discoveries are not new in traditional and alternative health care systems, which for centuries have emphasised that health is a matter of caring for the mind, the spirit, and the body.

In this issue of AIDS Action, we present some of these therapies and what they can do for people with HIV/AIDS. It is an initial compilation which we hope can be expanded in the future, based on readers' own experiences.

— Michael L. Tan, HAIN 

Making the Right Choice in Traditional and Alternative Medicine

 Traditional and alternative medical systems offer an often bewildering variety of medicines and techniques. Many of the therapies have value and should be encouraged but there are also others which are useless or even dangerous. Especially when the choices apply to a condition as sensitive and serious as HIV/AIDS, the alternatives should be studied carefully. One way of evaluating the options is to ask the "SANE" questions that are often applied to the appropriate use of western medicines: Is it safe? Is it affordable or cost-effective? Is it needed? And is it effective?

SANE

SAFETY—People tend to think that if a medicine has been used traditionally for a long time then it must be safe. This is not necessarily true. Many traditional remedies have not been evaluated for their side effects, especially those that come from prolonged use.

AFFORDABILITY—Traditional medical practitioners often offer more affordable services and medicines than those of "western" medicine. However, because of the fad that has grown around natural medicine, many traditional and alternative therapies have also become very expensive, sometimes even more so than western remedies.

NEED—Always evaluate the claims made for traditional and alternative therapies. Such claims as "rejuvenation" or "anti-ageing"

are often not just unscientific but irrelevant given the many more pressing health needs that people have.

EFFICACY—This is the most important criterion to evaluate. Often, people are convinced to pay for a particular remedy because of testimonials from friends or relatives who claim they benefited from a certain treatment. We have to remember that the placebo effect is very powerful. A placebo is something — a medical product or technique — that has no actual physiological effect, for example, a tablet with nothing but starch. These placebos may, however, cure people or relieve certain symptoms because of the element of faith or belief. In other cases, the ailment may be self-limiting, i.e., the patient would have recovered spontaneously, whether there was treatment or not. An example is the case of the common cold, which will go away even without medicines.

In western medicine, a medicine or healing technique is considered effective only after clinical trials are conducted involving two groups: patients who take the medicine or use the technique, and another group that is given the placebo. For a medicine to be approved, it must be shown to be more effective than the placebo. Some health care providers feel that placebos have their place in medicine — such as in relieving pain or allaying anxiety — but these should never be used to promote false hopes and expectations.

EVALUATING CLAIMS

When choosing to use traditional or alternative therapies, people tend to depend on advertising or promotional materials. Always evaluate these advertisements with great care. Note that this caution applies even to western medicine – many drug companies inflate the effects of their products, sometimes even making claims which have not been proven. Be wary with products that have the following claims:

Approved by the government. Most governments require food products and medicines to be tested and registered so claims of “approved by the government” should be looked at with suspicion. Also remember that many traditional or alternative medicines are approved as “foods” or “food supplements”, which may not be subjected to the same strict requirements for safety and effectiveness that apply to medicines.

Cure-alls. The more claims that are made about healing properties, the more suspicious the consumer can be. Avoid products that claim to be effective for incurable diseases such as AIDS and cancers.

Instant or quick effects. Medicines always take time to be effective so don't believe claims that offer instant cures.


Polypharmacy. This means a mixture of different products and plants. Many Asians still believe that the more substances there are in a medicine, the more effective it must be. Actually, one should be more cautious about medicines with many different ingredients because the more substances there are, the greater the risk of harmful interactions.

No side effects. No medicine, product or technique is completely free of side effects, especially when they have to be used for a long time.

Exoticism. A popular marketing technique is to make a product exotic, e.g., claiming it is an “ancient cure” or a cure from a far-away land. In western countries, Chinese traditional medicine is exoticised while in China, “American” medicine is touted as being more powerful.

Testimonials. As explained earlier, testimonies and anecdotes are not enough proof of a therapy's safety or efficacy. The placebo effect is very powerful so there will always be people who will claim that something, even plain water, has healing properties.

“Completely natural!” Riding on the “back to nature” fad, many products are now promoted as “completely natural” when in fact they may contain western medicines, some of which may be quite dangerous. Some Chinese and Indian “medicinal plant” products have been found adulterated with steroids, antibiotics and powerful analgesics that have long-term harmful effects. In general, avoid products that do not list their ingredients. When they do have ingredients listed, examine them carefully and ask a knowledgeable health professional or traditional practitioner about the safety and effectiveness of these ingredients.

Discrediting other products or medical systems. Good medicine stands on its own, without having to discredit competing products or systems. An exception would be government agencies that regulate the practice of medicine and consumer or medical groups and therefore need to point out the dangers of certain products or practices. 

Exploring Therapies

This is only a partial listing of the many traditional and alternative forms of medicine used in the Asia-Pacific region. We included some of the popular “western” alternative medical systems as well, such as homeopathy and chiropractic, since they have their own following in some Asian countries. Note too there is now overlapping in many of the therapies as systems borrow from each other. “Naturopathy”, for example, uses homeopathic medicine, massage, acupressure and other therapies that were first developed in other systems.

We hope readers can share their experiences and that in the future, we will have more pooled experiences for publication.

WORTH EXPLORING

ACUPRESSURE. Application of deep finger pressure at certain points of the body. Reflexologists concentrate on the hands and feet. Clinical trials show encouraging, but not conclusive results in the treatment of nausea and vomiting, and for pain.

ACUPUNCTURE. Insertion of needles at certain points of the body, sometimes accompanied by heat from burning herbs (moxibustion). Clinical trials show it may be helpful for chronic pain, nausea and vomiting, asthma. It is also being studied for people trying to withdraw from drugs and alcohol, and in the rehabilitation of stroke victims.

CHIROPRACTIC. (Also known as osteopathic medicine, spinal manipulation.) The manipulation of joints. Found effective for many types of pains, especially those of the lower back.

EXERCISES. Some examples are *taiqi* (pronounced tai-chi) and *qigong* (chi-gong) from China. The exercises involve body movements and breathing exercises. They have been found useful to relieve stress and to help promote body coordination and balance.

MASSAGE. Systematic application of pressure and movement to soft tissues of the body. Different medical systems use a wide variety of massage techniques. These

are often done with oils and can help relieve pain. They may also help in healing processes by promoting the circulation of blood and lymph, and stretching muscles. Massage is most useful in relieving stress, which can be useful for many ailments that are stress-



*From top to bottom:
Applying heat to an
acupuncture needle;
women doing stretching
exercises; therapeutic
massage; the lotus position
in yoga.*



related. Clinical trials have found massage therapies to be useful even in reducing asthma in children, since asthma is sometimes triggered by stress. One study compared two groups of babies of HIV-positive mothers – those that received massage had greater weight gain than those that had no massage. Be careful though about the massage techniques – if they are too forceful they may lead to problems for the patient.

MEDICINAL PLANTS and other NATURAL PRODUCTS. Many countries have evaluated the safety and effectiveness of some of the medicinal plants used in their traditional medical systems. Check with your country's drug regulatory authority to see which drugs have been proven safe and effective.

MEDITATION. A medical definition of meditation is “the deliberate suspension of the stream of consciousness”. Asian cultures offer many forms of meditation but they all have similar principles, allowing the person meditating to become more tranquil and relaxed. Meditation has been subjected to clinical trials and found to be useful for lowering blood pressure and relieving chronic pain. Biofeedback is a “modern” version of meditation, and involves the use of monitoring equipment to teach a person to relax.



SOUND THERAPY. The use of music for its soothing and relaxing effects. Sound therapy has been used to help overcome anxiety, insomnia, and phobias (fears). Music therapists emphasise the music should have about 70 to 80 beats a minute, corresponding to the human heartbeat, and should have a low pitch. Instrumental music is preferable to vocal music.

Transcutaneous electrical nerve stimulation (TENS). This involves the transmission of low levels of electrical current to painful areas of the body, or to

certain points that correspond to those used in acupuncture. TENS can help relieve pain.

YOGA. A set of exercises developed in India. Technically, the correct term is hatha yoga, which includes controlled breathing, prescribed postures and meditation. Yoga is used to relieve stress, especially for chronic illnesses. It lowers blood pressure and improves general fitness. Anyone can practice yoga with a good teacher, but it should be avoided by people with back problems.

NEUTRAL

AROMATHERAPY. The use of highly concentrated aromatic oils (essential oils) for inhalation, for baths or for massage. A variation here is the use of incense. The oils are used mainly for its relaxant properties. A recent study shows it has not any more effective than placebo; however, it does create a sense of well-being among people who believe in the therapy. These should not be used by pregnant women and by people with high blood pressure, asthma or respiratory problems. The oils are also very irritating to the eyes so avoid using them on the face.

DIETS AND FASTING. Many traditional and alternative medical systems use dietary restrictions, including fasting, as part of healing, usually with claims of "detoxifying" the body. There are too many of these systems to evaluate in this issue of *AIDS Action* but a general guide is to avoid diets that lead to rapid weight loss, especially when used by people living with HIV. Prolonged fasting can lead to a series of chain reactions in the body that eventually damage the liver and kidney.

On the other hand, dietary restrictions can be useful for people living with HIV. Especially when the person's immune system is weak, extra care is needed to avoid foods that may result in food poisoning. Modifications are made in the diet to lower the risks for such infections, for example, eating well-cooked foods, avoiding foods that spoil easily such as shrimps, eggs, etc.

HOMEOPATHY. The use of very diluted amounts of chemicals with claims that these heal ailments such as allergies, asthma and influenza. Clinical trials have produced conflicting results, with mainstream medical practitioners usually sceptical about homeopathy's usefulness.

NEUROLINGUISTIC PROGRAMMING. This is probably more of a form of psychotherapy, where the goal is to help patients overcome "negativity" about their illness. It emphasises the use of language, which we are doing to a large extent in HIV/AIDS, e.g., saying "people living with HIV" rather than using terms like "AIDS victims" or "AIDS sufferers". Neurolinguistic programming is sometimes used with "guided imagery", where patients are taught to imagine their bodies, or organs, fighting illnesses. These techniques may be of use in the recovery process.

ORTHOMOLECULAR MEDICINE. This involves the use of high doses of vitamins and minerals to prevent or treat various ailments. Many clinical trials have shown certain vitamins (e.g., vitamins A, C and E, niacin and folic acid) may be useful to prevent cancers and heart disease. However, the beneficial effects of these vitamins do not necessarily involve very large doses and can be obtained simply by increasing one's dietary intake of fruits and vegetables. Moreover, large doses of some of these vitamins and minerals can also have toxic effects.

AVOID USING

CELL THERAPY. Used by the "rich and famous" in the middle 20th century as a rejuvenating therapy, mainly to postpone ageing. Involves the injection of animal cell tissues. These techniques are expensive but have not been proven to have any effect.

CHELATION THERAPY. Injections, through the veins, of a chemical called EDTA (ethylenediaminetetraacetic acid). EDTA is used as an antidote for certain forms of poisoning but chelation therapy advocates say it can also be used to treat many other diseases, from Alzheimer's to stroke. None of these claims have been proven; moreover, EDTA can cause kidney damage as well as other serious side effects ranging from anemia to bone marrow damage.

ELECTRICAL GADGETS. Asian countries are flooded with all kinds of electrical gadgets that claim to have medicinal properties. The promotional materials often use pseudo-scientific language about electrical fields and "synergy". None of these gadgets have ever been


proven to be useful, and may have safety problems. An exception is TENS, described earlier, which has some use in the management of pain.

ENEMAS. Many traditional and alternative medical practitioners prescribe enemas (introduction of liquids into the body through the rectum) to "detoxify" the body. Proponents of colonic irrigation, for example, claim their treatment is useful for a wide range of ailments, from high blood pressure to infections. These enemas, especially when they are accompanied by the use of purgatives, can be very dangerous for people living with HIV because they can lead to dehydration.

ENVIRONMENTAL MEDICINE. Similar to chelation therapy except patients take their medicines orally. These medicines, mainly DMSO (dimethyl sulfoxide) and DHEA (dehydroepiandrosterone) are said to help absorb environmental toxins and pollutants that cause disease but there are no clinical trials that prove these claims.

NEURAL THERAPY. This involves the injection of anesthetics to clear up "electrical interference" in the body that supposedly cause illnesses. There is no study proving these injections to be useful.

LAXATIVES AND PURGATIVES. Medicines that induce the moving of the bowels. This is supposed to result in a removal of "poisons" from the body. Like enemas, these can lead to dehydration. Many traditional medicines may actually be purgatives but do not have warnings on their packages. Always be careful when a traditional medicine claims to "remove poisons" or to "purify the body".

OXYGEN THERAPY. Administration of pure oxygen to patients. There are variations here such as the administration of ozone, which is oxygen with an extra atom, or the use of hydrogen peroxide (water with oxygen) for bathing. Oxygen therapy is definitely useful to treat divers suffering from "bends" (bubbles in the bloodstream). Proponents of oxygen therapy promote it for many ailments, including HIV/AIDS but these claims have not been proven to be safe or effective and there are concerns that improper use of oxygen can cause serious harm. 

Marketing herbal medicines

In Thailand, HIV-positive support groups, together with hospital pharmacists, are fighting the high cost and lack of access to pharmaceuticals by producing and distributing herbal medicines.

Herbs have been an important part of Thai medicine for centuries, and people in northern Thailand use herbal preparations from a variety of traditions, including Chinese, Ayurvedic (Indian), and ethnic highlander medicines. The Ministry of Public Health has a National Institute for Thai Traditional Medicine that promotes the discovery and use of Thai herbal medicines. The Royal Institute of Thai Traditional Medicine supports work with herbal specialists to identify potentially useful herbs for people with HIV.

In Theung district, Chiang Rai province, members of the local support group for people with HIV produce their own, low-cost, herbal medicines. Thai traditional herbs grow easily and can be harvested from the wild, but many are bitter and HIV-positive people do not like using them. Pulverised herbs in capsule or tablet form are tasteless and easier to swallow, so the group applied to the AIDS Division in the Ministry of Public Health for money to purchase a pulverising machine. People who bring in their own herbs can use the machine for free, and the group also sells herbal medicines at a low price (about US\$1.25 for 70 capsules). These herbs include fah talai jon (*Andrographis paniculata*), which eases colds, fever, nausea, sore throat, and diarrhoea, and boraphet (*Tinospora crispa*), which stimulates the appetite, reduces fever, and relieves stomach ache. Since these herbs are helpful for common illnesses, using them does not identify the user as HIV positive as other HIV medications do. While none of these herbal preparations provides a cure for HIV/AIDS, they do offer relief for some of the symptoms of opportunistic infections.

PREPARING THE HERBS

The herbs are prepared by the group members under the supervision of the pharmacy department at the district hospital. Members must clean and dry the herbs to remove fungus and other impurities that can cause illness. The herbs are clearly labelled and this label has become a sort of brand name among HIV-positive people in the province who seek quality herbal preparations.

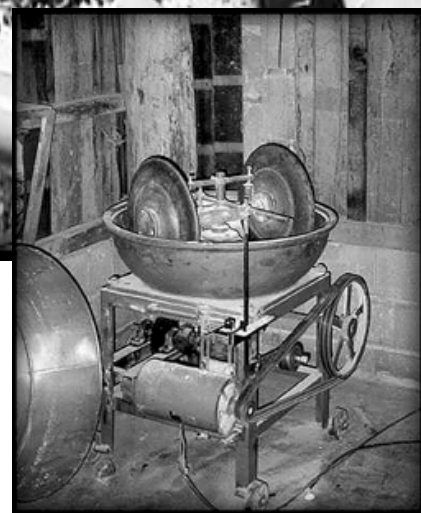
FOLK TRIALS

Local people judge the effectiveness of herbal remedies by hearing testimonials from people who have witnessed an improvement in symptoms. These folk trials may not be scientifically accurate, but they prove very useful to local people wondering which therapy to try. Several HIV-positive groups such as the Clear Skies group in Doi



Above:
Pulverised herbs
in capsules.

Right:
A herb pulveriser
used to grind
dried herbs.



JPV/HAIN

Margery Lazarus

Saket have developed skills in growing and trying out different herbal treatments, and they share their findings with a broad network of HIV-positive groups. Families are also becoming directly involved in herbal production. For instance, in Mae Sai, a group of mothers have collected money to buy a herb pulveriser.

NETWORKING

In the northern provinces of Thailand, several AIDS NGOs - including the AIDS Counselling Center and Education Support Services (ACCESS), the Center for Ethnic Studies and Development, and the AIDS Network Development Foundation - have encouraged networking among HIV-support groups and with monks, herbalists, and public health officials.

In response to the popularity and effectiveness of herbal medicines, the Ministry of Public Health has approved plans to sell products derived from local herbs in the pharmacies of government hospitals.

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Working with Traditional Healers: THE AFRICAN EXPERIENCE

For over a decade, health workers in Africa have been working with traditional healers for HIV/AIDS prevention and care. Their experiences have shown that involving traditional healers in HIV prevention programmes can significantly improve the effectiveness of these programmes.

Involving Traditional Healers

Evaluations of HIV/AIDS prevention programmes involving traditional healers have shown that these improve the way traditional health practitioners diagnose, treat and counsel clients with HIV/AIDS and other STIs.

Some policy and programme recommendations to consider when planning work with traditional healers are the following:

- ☞ Be fair and democratic in selecting healers for training - use clear criteria to select participants. Find a balance, for example, between: types of healers (such as herbalists and diviner-mediums), male and female healers, and rural and urban healers.
- ☞ Try to identify and train motivated healers who are respected in their home communities. They need not be literate but they should possess leadership skills and be able and willing to train other healers.
- ☞ Do not make membership of a traditional healer association a requirement for participation in HIV/AIDS training. Selection through such associations may make the process easier for planners, but this often brings its own set of problems due to rivalries between or within associations.

Promoting Collaboration

In Uganda, THETA (Traditional and modern health practitioners together against AIDS and other diseases), is promoting collaboration between traditional and biomedical health workers.

The first THETA project involved collaboration in clinical trials to study the effectiveness of herbal treatments for opportunistic infections. The healers found it difficult to talk to their clients about AIDS because it was seen as a terminal diagnosis. So a second project was started to empower traditional healers to offer counselling and education on STIs/HIV. As HIV was prevalent among women at that time, the project focused on women's information needs and cultural practices affecting women.

A training curriculum was developed with the participation of healers and local women. It included information on STI/HIV care and prevention, use of medicinal plants, infection control, tuberculosis and HIV, the law, ethics and traditional medicine, gender and HIV, and community development. Healers used the training in



Role play during a training workshop for traditional healers in South Africa demonstrating the correct use of a condom.

Gisele Wulfoosh/Panos Pictures

different ways. Some became involved in community education, others in counselling and others started HIV-support groups. Healers designed their own training materials. They used story telling, personal testimonies of HIV-positive people, and music, dance, poetry and drama to convey their messages. The community education and counselling increased understanding about HIV and resulted in some behaviour change, including an increase in condom use. THETA gained the trust of the traditional

healers by respecting their knowledge, experience and beliefs, such as their right to keep their herbal medicines secret.

Networking and Advocacy

PROMETRA (Association for the Promotion of Traditional Medicine), an NGO based in Senegal, promotes research and collaboration on traditional medicine and HIV/AIDS.

In collaboration with some 450 traditional healers (22 percent of whom were women), PROMETRA established the Experimental Centre for Traditional Medicine (CEMETRA). The Centre has central offices as well as a care unit in every county town of each rural community in the Frack region of Senegal. When researchers from the USA and the UK studied some of the treatments for opportunistic infections, they found that the treatments were successful for nearly two-thirds of the patients.

In 1999, PROMETRA organised an international conference, which resulted in an international network of traditional medicine organisations. PROMETRA has also developed a participatory training curriculum for traditional healers, manages an international email list on traditional medicine, and produces a quarterly newsletter on research on traditional medicine.

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RESOURCE LIST

NOTE: Check with your local government agencies and universities for publications that deal with local medical systems and medicines. Be careful, though to distinguish books which merely describe the medical systems and those which present a scientific study of the products and techniques. There are many books that only list the folk uses of plants, but these uses have not necessarily been proven safe or effective.

— Editor

The PDR Family Guide to Natural Medicines and Healing Therapies. New York: Ballantine Books, 1999.

A comprehensive listing of 50 forms of alternative therapies, as well as 300 herbal remedies, with a review of the scientific literature for each of these therapies. The evaluations are made from a "western" biomedical perspective that emphasises clinical trials. Produced by the publishers of Physicians' Desk Reference (PDR). Available from Random House, Inc., Department of Library Marketing, 280 Park Avenue (11-3), New York, NY 10017, USA. Fax: 212-940-7381. US\$7.99 in American Bookstores. www.randomhouse.com/BB/

Complementary and Alternative Therapies : a Guide for People Living with HIV/AIDS 1999
Provides information on how complementary and alternative therapies may contribute to the treatment strategies for HIV positive people in Australia. Available from Australian Federation of AIDS Organisations/National Association of People Living with HIV/AIDS (AFAO/NAPWA), PO Box 876, Darlinghurst, NSW 1300, Australia. Email jsergeant@afao.org.au. Limited copies are also available from HAIN.

Isis and Other Guides to Health: Helpful Hints on the Road to Well-being 1995
A book by and for women, this publication provides information on how women instinctively resort to natural remedies to attain healthy living. Provides "recipes" in herbal preparations and describes other forms of alternative therapies. Available from Isis International Manila for US\$18. No. 3 Marunong St., Bgy. Central, Quezon City, Philippines. Email mayang@isiswomen.org

Holistic Approach to STDs, HIV/AIDS 1999
ed. By PO Sukanta
Discusses the alternative and holistic approaches in assisting PWAs based on the work experiences of Yayasan Sidwayah, an organisation working on alternative health. Available from Sidwayah Foundation, Jl. Percetakan Negara II/1, Jakarta 10560, Indonesia. sido-wyh@centrin.net.id

Collaboration With Traditional Healers In HIV/AIDS Prevention And Care In Sub-Saharan Africa :A Literature Review 2000
Provides updates on AIDS and traditional medicines in Africa and reviews existing initiatives that have attempted collaboration between traditional healers and biomedical health workers for HIV/AIDS prevention and care. Available from UNAIDS, 20 avenue Appia, 1211 Geneva 27, Switzerland. unaids@unaids.org

The Effect of Chinese Medicine on HIV-infected individuals, a report by Subhuti Dharmananda 1993.
Discusses the effectiveness of acupuncture, herbal medicines and massage in the management of HIV/AIDS. Documents encouraging results in the areas of pain management, increased energy, and resolving secondary infections. Also discusses how traditional methods are being used in combination with Western medicines and treatments. Available from www.ibis.medical.com/notechiv.htm or email ibis@ibismedical.com. Hard copies may be requested from HAIN.

UPDATES ON SAFER SEX (AIDS Action #48):

Sexually Transmitted Diseases in Asia And The Pacific. 1998
Edited by T Brown, et al., the book provides detailed descriptions of the economic, cultural and social forces driving the STD epidemic, the epidemiology of STD, and the current state policies and responses to STDs in different countries. It aims to bring the most important issues regarding STDs to the attention of policymakers, programme managers, and field staff working to address the global and regional pandemic. Chapter one describes the overall situation in the region and subsequent chapters feature the following countries: Australia, Cambodia, China, Fiji, French Polynesia, Hong Kong, India, Indonesia, Laos, Malaysia, Micronesia, Nepal, New Caledonia, Niue, Papua New Guinea, Philippines, Singapore, Solomon Islands, Thailand, Tonga, Vanuatu, Vietnam, Western Samoa. Available from School of Health, University of New England, Armidale NSW 2351, Australia c/o J Tan or email jt@metz.une.edu.au. \$65 Australian dollars for first world, \$34 for developing countries.

To make the book accessible to developing countries, HAIN has arranged with the publisher to make limited reproductions. Individual readers may request for a free photocopy of either the introductory chapter (overall situation in the region) or a profile of one of the countries listed above. Available from HAIN.

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