

A Practical Guide to Complementary Therapies

for People Living with HIV



Canadian AIDS Treatment
Information Exchange
Réseau canadien
d'info-traitements sida



Canadian
Strategy on
HIV/AIDS

Funding has been provided
by Health Canada, under the
Canadian Strategy on HIV/AIDS

A Practical Guide to Complementary Therapies for People Living with HIV

Revised 2004

© 2004, CATIE. All rights reserved.



Canadian AIDS Treatment
Information Exchange (CATIE)

Contact CATIE

By telephone
1-800-263-1638
416-203-7122

By fax
416-203-8284

By e-mail
info@catie.ca

On the web
<http://www.catie.ca>

By mail
555 Richmond Street West
Suite 505, Box 1104
Toronto, Ontario
M5V 3B1 Canada

CATIE would like to thank the following people for working with us to help produce this guide. Their time and knowledge were invaluable and much appreciated.

Advisory Committee

First edition (1999)

Bruce Ally, PhD (doctor of Ayurvedic medicine and doctor of acupuncture)
David A. Bray (doctor of traditional Chinese medicine)
Rogers Lewis (herbalist)
Ken Luby (naturopathic doctor)
Bernard Robinson (2-Spirited People of the 1st Nations)

Revised edition (2004)

Paul R. Saunders, PhD
(naturopathic doctor)
Sean Hosein (CATIE)

Contributors

Kelly Smith (Chinese Medicine and Acupuncture Association of Canada)
Jan McClory (Shiatsu Diffusion Society)
Patrick Les (Integrated Insights)
Carl Orr (Union of Ontario Indians)

Authors (first edition)

Lori Lyons
Devan Nambiar

Editor (revised edition)

Timothy Rogers

Design, Layout and Illustration
Metagrafix Design

CATIE thanks Health Canada's Natural Health Products Research Program and the Canadian Strategy on HIV/AIDS for funding this guide.

Mission Statement The Canadian AIDS Treatment Information Exchange (CATIE) is committed to improving the health and quality of life of all people living with HIV/AIDS (PHAs) in Canada. CATIE serves PHAs, and the people and organizations that support them, by providing accessible, accurate, unbiased and timely treatment information. CATIE works in partnership with a network of other information providers to ensure that people have access to the information they need, in the form they desire, to make informed health care choices.

Permission to Reproduce This document is copyrighted. It may be reprinted and distributed in its entirety for non-commercial purposes without prior permission, but permission must be obtained to edit its content. The following credit must appear on any reprint: *This information was provided by the Canadian AIDS Treatment Information Exchange (CATIE). For more information, contact CATIE at 1 800 263-1638.*

Disclaimer Decisions about particular medical treatments should always be made in consultation with a qualified medical practitioner knowledgeable about HIV-related illness and the treatments in question. The Canadian AIDS Treatment Information Exchange (CATIE) in good faith provides information resources to help people living with HIV/AIDS who wish to manage their own health care in partnership with their care providers. Information accessed through or published or provided by CATIE, however, is not to be considered medical advice. We do not recommend or advocate particular treatments and we urge users to consult as broad a range of sources as possible. We strongly urge users to consult with a qualified medical practitioner prior to undertaking any decision, use or action of a medical nature.

We do not guarantee the accuracy or completeness of any information accessed through or published or provided by CATIE. Users relying on this information do so entirely at their own risk. Neither CATIE nor Health Canada nor any of their employees, directors, officers or volunteers may be held liable for damages of any kind that may result from the use or misuse of any such information. The views expressed herein or in any article or publication accessed or published or provided by CATIE are solely those of the authors and do not reflect the policies or opinions of CATIE or the official policy of the Minister of Health Canada.

A Practical Guide to Complementary Therapies

for People Living with HIV

contents •

Introduction • 1

- So, what are complementary therapies? • 2
- Research and Complementary Therapies • 2
- Regulation of Practitioners • 3
- Regulation of Natural Health Products • 4
- The Use of Complementary Therapies by Canadian PHAs • 5

Complete Medical Systems • 7

- Ayurvedic Medicine • 7
- Homeopathy • 10
- North American Aboriginal Healing Traditions • 11
- Naturopathy • 12
- Traditional Chinese Medicine and Acupuncture • 13

Wellness Strategies • 16

- Aromatherapy • 16
- Colour Therapy • 17
- Flower Essences and Other Essence Therapies • 18
- Herbal Therapies • 19
- Iridology • 20
- Juicing • 21
- Massage and Manipulation Techniques • 22
 - Swedish Massage • 22
 - Shiatsu • 23
 - Reflexology • 23
 - Trager • 24
 - Chiropractic and Osteopathic Manipulation • 24
- Mind-Body Medicine • 25
 - Affirmations • 26
 - Guided Imagery (Visualization) • 26
 - Meditation • 26
 - Stress Management • 27

- Tai Chi • 28
- Yoga • 28
- Touch Therapies • 29
 - Therapeutic Touch • 29
 - Reiki • 29
 - Pranic Healing • 30

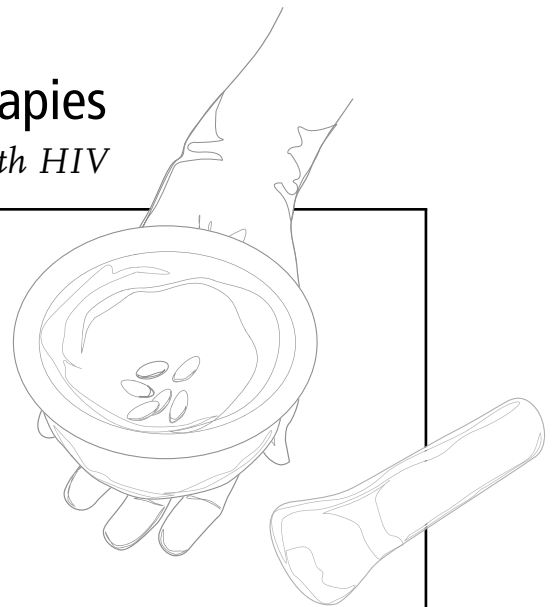
Unconventional Therapies • 31

- DNCB • 31
- Melatonin • 32
- Oxygen Therapies • 32

Doing Your Own Research on Complementary Therapies • 34

- Red Flags • 35
- Choosing a Complementary Therapist • 36
- Getting Connected • 37

Further Resources • 40



Introduction

People living with HIV/AIDS (PHAs) have a history of being active in their own health care. Since the HIV epidemic began, PHAs and their supporters have advocated for effective, available treatments. Rooted in the activism of the feminist and gay communities, AIDS activists promoted the idea that individuals living with HIV should not only have access to all potentially effective therapies but also the right to make informed choices about which treatments to use, including complementary therapies. Since Western medical science offered no cure and few treatments for AIDS, PHAs were open to other options, and a tradition of gathering and sharing treatment information began. Complementary therapies were particularly appealing to this community because they emphasize personalized treatment based on individual needs rather than standardized treatment for a specific diagnosis. This focus on individualized decision-making and treatment continues to be a valued part of complementary therapy for many PHAs.

Although we still have no cure, antiretroviral drugs have given many PHAs hope and renewed health. These drugs have also brought a new and daunting range of side effects, and, more and more, PHAs are looking to complementary therapies to cope. The result is that PHAs are increasingly making health decisions that integrate conventional and complementary approaches. Spurred on by the realities of difficult drug treatment schedules and side effects, the HIV movement is similarly increasing its focus on issues concerning quality of life. Many PHAs value treatment options that offer support beyond the physical impact of disease. Complementary therapies often offer a holistic approach. Holistic treatments explicitly connect the physical, mental, spiritual, emotional and sexual dimensions of life and promote the idea that healing must occur on all levels in order to take place on any one level.

These ideas are becoming part of the larger Canadian culture. Health promotion campaigns encourage Canadians to take charge of their own health and treatment decision-making. A resurgence of interest in spirituality has led many Canadians to look at health and well-being holistically and to connect physical health with the spiritual, emotional and mental aspects of life. The attitudes of government, conventional physicians and pharmacists are slowly changing, opening the way for the spread of more information about complementary therapies.

As well, increasing numbers of Canadians born outside of Canada are familiar with medical practices used instead of, or in conjunction with, conventional Western medicine in their country of origin. These immigrant communities have become valuable sources of complementary therapy practitioners for Canadians of all cultural backgrounds. PHAs from within these ethnocultural communities may think of the therapies called “complementary” in this guide as simply the expected norms of medical treatment. They may also draw additional strength from using therapies founded on their own spiritual and cultural traditions.

So, what are complementary therapies?

Here's one simple definition: those medical practices that fall outside conventional Western medicine. Complementary therapies include mind-body therapies, in which the power of the mind or the spirit is harnessed to heal the body. They also encompass touch therapies, which involve massage and other forms of physical manipulation performed by practitioners to promote healing. And they comprise physical agents that are eaten, inhaled or rubbed on the skin.

A specific complementary therapy may contain any or all of these elements. For example, aromatherapists use essential oils, which are inhaled or rubbed on the skin and are often used in massage. The process of heating and inhaling these oils includes a meditative component that many people think of as mind-body therapy.

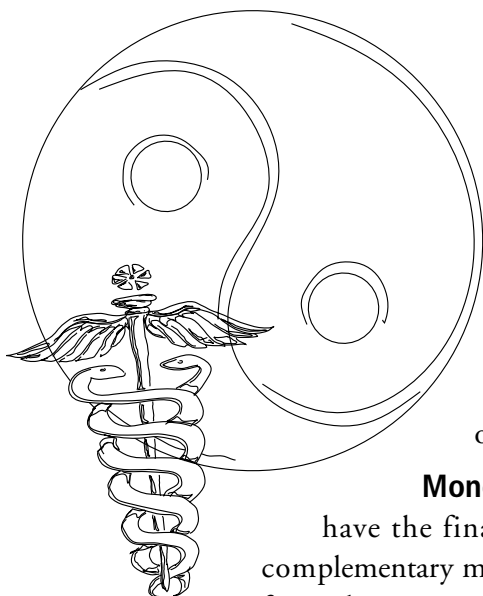
Some people prefer the term alternative medicine to complementary therapies, and the abbreviation CAM (complementary and alternative medicine) is being used increasingly. Another term is complementary and alternative health care, or CAHC. These terms refer to the same spectrum of medical options. The words used reflect the different attitudes and experiences of the people speaking. For example, people who use the medical practices described in this guide instead of conventional Western medicines would be more likely to use the term alternative. The term complementary therapies implies that these treatments are used with conventional medicine. Still others use the term integrative medicine to strongly state the importance they place on integrating elements of conventional and complementary medicines into a more unified approach.

Research and Complementary Therapies

Knowledge based on individual stories rather than hard data is called anecdotal information. This information can be collected and shared by practitioners or (as often happens with PHAs) the people using the treatments. Anecdotal information is an important component of both complementary and conventional medicine. In conventional medicine, such observation may reveal new uses for existing treatments or identify unforeseen side effects.

In complementary medicine, anecdotal information is often recorded and compiled to form a base of information about the likely outcome of a treatment. Anecdotal information has limitations. It is based on the experience of individuals; how these experiences apply to others is often difficult to judge.

Although much of Western medical practice was developed from anecdotal information, the current standard for a Western medical treatment is a double-blind, placebo-controlled trial. In such a study, a group of people with the same medical condition believe they are being given the same treatment. Placebos (fake treatments) are used by some trial participants, but no one knows who is getting the real treatment. The study



is called double-blind because even the physicians and researchers who collect the results are not told which participants received placebos. This method is intended to eliminate biases based on the expectations of researchers and participants and to gather statistical evidence about how often we can expect the treatment to work. Some complementary therapies can and are being tested in double-blind, placebo-controlled trials. This is particularly true outside of Canada. Unfortunately, various factors often hamper complementary therapies trials:

Money Practitioners and producers of complementary therapies rarely have the financial resources of a drug company. Even when they do, most complementary medicines can't be patented, so there is less financial incentive to pay for trials.

Skepticism Western scientists skilled in performing controlled clinical trials are often skeptical about complementary medicines. Due to this skepticism, trials of complementary therapies do not build a researcher's prestige in the same way that a typical drug trial might.

History Complementary therapy practitioners and users have not participated in many controlled clinical trials. As well, practitioners schooled in medical systems with established bodies of knowledge (such as traditional Chinese medicine) may see little need to re-examine these therapies to comply with Western medical standards. Western medical researchers, on the other hand, may see little need to study complementary therapies when a Western medical treatment exists.

Pure substance A controlled trial requires a purified, consistent dose of the treatment. In the case of some complementary therapies, this purified form is not available. In others, practitioners and users believe the therapy is most effective in its natural "unpure" state. Some solutions to these problems are emerging. Governments are now more willing to dedicate resources to the study of complementary therapies. For example, the federal government of Canada has targeted funding for research on natural health products through the Canadian Institutes of Health Research and through the Natural Health Products Directorate. Other research funds are also targeting complementary therapy research. In some cases, trial methods may need to be adapted to study complementary therapies effectively. All of these efforts will require collaboration between Western scientists and complementary therapy practitioners to produce reputable results.

Regulation of Practitioners

In this guide, we discuss many different therapies and various types of practitioners. Only some of these practitioners are regulated by legislation. Health care, including complementary therapies, is regulated at the provincial level in Canada. That means

provincial parliaments pass laws empowering governing bodies to set educational requirements and other standards for practitioners. In some cases, practitioners must be licensed, and only those holding a licence may practise. This is the case for chiropractors in most parts of Canada. Other professions have “protected title” legislation. For example, in Ontario, anyone can give a massage, but only those with specific credentials can call themselves registered massage therapists.

In each section of this guide, we give information about the regulations that apply to practitioners in that discipline.

When applicable, we outline education standards for practitioners, which readers may also use to judge unregulated practitioners. See Bonnie and Craig Harden’s excellent book, *Alternative Health Care: The Canadian Directory*, for more information about the regulations that apply to complementary practitioners and an extensive listing of local and national professional organizations.

Regulation of Natural Health Products

In response to growing concerns about the regulatory environment for herbal remedies, Health Canada developed a new regulatory framework for natural health products, which came into effect January 1, 2004.

This framework is the product of extensive consultation with a range of stakeholders. Previously natural health products were sold as either drugs or foods under the Foods and Drugs Act and Regulations. The new Natural Health Products Regulations call for improved labelling, good manufacturing practices, product and site licensing, and provision for a full range of health claims that will be supported by evidence.

The products that fall within the new Regulations include herbal remedies, homeopathic medicines, vitamins, minerals, traditional medicines, probiotics, amino acids and essential fatty acids. All natural health products in Canada require a product licence before being marketed. For site licensing, there is a two year transition period (2004–2005) and for product licensing, a six year transition period (2004–2009) for products who already have drug identification numbers (DIN). This will allow manufacturers, labellers, packagers, importers and distributors time to meet the new requirements.

Obtaining a product license will require detailed information on the product submitted to Health Canada, including medicinal ingredients, source, potency, non-medicinal ingredients and recommended use. Once a product has been assessed by Health Canada, the product label will bear a product licence number preceded by the distinct letters NPN, or, in the case of a homeopathic medicine, by the letters DIN-HM. The product licence number on the label will inform consumers that the product has been reviewed and approved by Health Canada for safety and efficacy.

With improved, standardized labelling, consumers will be able to make more informed decisions about the natural health products they buy. Labels will be required to specify

directions for use, the recommended use or purpose (health claim), medicinal and non-medicinal ingredients, and any cautions, contra-indications or known adverse reactions associated with the product.

For further information on the regulatory framework, contact:

Natural Health Products Directorate, Health Canada
2936 Baseline Road
Qualicum Tower A
Postal Locator: 3302A
Ottawa, Ontario
K1A 0K9

(613) 948-8096 (Ottawa) or 1-888-774-5555
<http://www.hc-sc.gc.ca/hpfb-dgpsa/nhpd-dpsn/>

The Use of Complementary Therapies by Canadian PHAs

This guide is a brief overview of many complementary therapies used by PHAs. Estimates of the numbers of PHAs using these therapies vary widely according to who is studied, the questions they're asked and how the investigators define complementary therapies. For example, a recent study of the HIV Ontario Observational Database reported that 89 per cent of PHAs enrolled in its database used complementary therapies. A 1997 study described a random sample of PHAs living in British Columbia and reported that 39 per cent used some form of complementary therapy. Complementary therapy use appears to be increasing in Canada. At the 1999 Canadian Association for HIV Research conference, B.C. researchers reported that recorded use of complementary therapies among PHAs had effectively doubled in the last four years.

The reasons for complementary therapy use have also changed for PHAs. Before the introduction of combination drug therapies for the management of HIV infection, complementary therapies were mainly used to prevent opportunistic infections and boost immunity. With the introduction of highly active antiretroviral therapy (HAART) as an effective way to manage HIV infection, complementary therapies are now being used by PHAs to improve general well-being, reduce symptoms and manage the side effects of HAART. (The use of a range conventional and complementary therapies in the management of drug side effects is discussed in the CATIE publication, *A Practical Guide to HIV Drug Side Effects for People Living with HIV*.)

Recent studies indicate that almost all PHAs using complementary therapies do so in conjunction with conventional drug therapies (HAART). Combining complementary therapies with conventional drugs raises new challenges around the potential for adverse interactions between them. These interactions can lead to increased side effects and/or toxicity. They can also reduce the effectiveness of HAART, possibly leading to drug

• A Practical Guide to Complementary Therapies for People Living with HIV

resistance and treatment failure. It is therefore important to discuss your use of complementary therapies with your doctor and pharmacist, as well as your use of drug therapies with your complementary therapist.

PHAs use a range of different types of complementary therapies. Most studies find that nutritional supplements are very popular, with vitamins, minerals and antioxidants leading when the supplements were specifically identified. (These nutritional therapies, as well as the principles of healthy eating for HIV-positive people, are covered in the CATIE publication, *A Practical Guide to Nutrition for People Living with HIV*, and will not be discussed further in this guide.) In addition to nutritional therapies, PHAs report using various forms of massage and mind-body medicine as well as a range of herbal therapies. We discuss some of these therapies in the following sections. More information about herbal therapies is available in *A Practical Guide to Herbal Therapies for People Living with HIV*, also published by CATIE.

This Practical Guide is part of a series and is meant to be used in conjunction with the other guides. The other titles are:

- *A Practical Guide to HAART (Highly Active Antiretroviral Therapy)*
- *A Practical Guide to HIV Drug Side Effects*
- *A Practical Guide to Nutrition*
- *A Practical Guide to Herbal Therapies*

CATIE's publications are available free

on the web <http://www.catie.ca>
or by calling 1-800-263-1638



Complete Medical Systems

Practitioners of several distinct medical systems are currently practising in Canada. Although their services are not available in all communities, interest in their therapies is growing among PHAs. These systems have their own unique philosophies, diagnostics and treatment methods and their own recognized methods for training practitioners. In some cases, the medical system is the collective medical practice of a specific culture, such as traditional Chinese medicine. In other cases, the system has developed concurrently with Western medical methods but has its own unique methodology. This is true for homeopathy and naturopathy.

Although these systems have developed individually, they are grouped together in this section because of what they share. Each system has a comprehensive set of principles dictating the diagnosis and treatment of various conditions—unlike the wellness strategies and unconventional therapies described in the following two sections.

The effective use of these systems relies heavily on an individual's relationship with a practitioner. For ancient systems of healing, HIV is a relatively new illness. As information about HIV/AIDS is changing rapidly, it is important to find a skilled, experienced practitioner who is knowledgeable about the disease. The latter half of this book includes a brief discussion of points to consider when choosing a practitioner, as well as a listing of organizations that may be able to refer you to qualified practitioners.

Ayurvedic Medicine

Ayurveda, meaning “the science of life,” originated in India more than 5,000 years ago. It is an extensively developed science and the oldest known medical system in the world. Ayurveda describes the world as a system of interacting forces. It aims to balance the forces that influence the mind, body and spirit, enabling a person to live in harmony and optimum health.



Prana means “before breath.” It is the life force that must exist before anything can live. Prana is similar to the Chinese concept of *Chi* (see section on traditional Chinese medicine.) It is the source of the five elements recognized by Ayurveda: fire, earth, water, air and ether (space). These elements make up all the matter in the universe. They are the building blocks of the human body. The five elements are condensed into three forces, or humours, called *vata* (wind), *kapha* (phlegm) and *pitta* (bile). The interactions of these forces are used to describe the workings of the human body and, together, these forces are called the tridosha. The basic aim of Ayurvedic treatments is to maintain the proper balance of the tridosha.

Ayurveda acknowledges that each person has a unique combination of humours, although one or two usually dominate. During diagnosis, an Ayurvedic physician identifies a person's natural balance of humours—a process called determining a person's body composition. As part of this process, the physician assesses dietary intake and lifestyle. Pulse reading, tongue diagnosis and an evaluation of a person's skin, nails and complexion are other diagnostic tools.

Ayurveda has a strong preventive aspect focused on maintaining a person's optimum balance of humours. Dietary counselling to maintain health is a central component. Massage, meditation and yoga are also used to maintain the body's health.

When Ayurvedic treatment is necessary, it is individually crafted to return the body to its natural balance of humours. Since each humour is associated with a particular part of the body, treatment is directed to that area where the out-of-balance humour would accumulate. In chronic illness, treatment is much more complicated, because each of the humours affects the others, eventually influencing all of the body's systems.

Maintaining the balance of humours supports the *Ojas*, or essential energy of the body. In Ayurveda, all living things are viewed as constantly evolving dense energy. *Ojas* is the essence of this energy. It is described as a sap or nectar that resides primarily in the bone marrow. When it has sufficient *Ojas*, the body is healthy; when *Ojas* is deficient, disease develops. AIDS is defined as a disease of low *Ojas*. *Ojas* is essential to the immune system and to proper digestion. HIV disease is treated by correcting the imbalance of humours that contribute to specific illness, malabsorption and weakening the immune system.

Once a PHA's body constitution is determined, the practitioner will prescribe treatment to gently assist digestion and the absorption of nutrients as well as to facilitate circulation and elimination. Treatments can include a combination of dietary changes, herbal medicines, cleansing therapies, chakra therapy, massage and meditation. Specific foods and tonics may be used to enhance the *Ojas*. In addition to strengthening the body, they may also nourish the mind and spirit.

Panchakarma is a cleansing therapy used in Ayurveda to detoxify the body and is ONLY undertaken when the patient is strong and relatively healthy. It is not used during the end stage of a disease. *Panchakarma* is a complex therapy involving several stages. In the first stage, warm oil is rubbed over the body to induce sweating. The oil penetrates the skin and stimulates nerve endings. Special diets are used to promote the cleansing and detoxification of the digestive tract. The method of detoxification is specific to a person's body type and the humour imbalances identified. It might include the use of enemas, laxatives or herbs that induce vomiting. Such intense procedures have risks and may be detrimental if performed improperly, so supervision from an experienced practitioner is necessary. After this intense cleansing, a pacification treatment is used to re-balance the tridosha and protect the system. *Panchakarma* is used to eradicate toxins, rejuvenate the system and minimize or halt the disease.

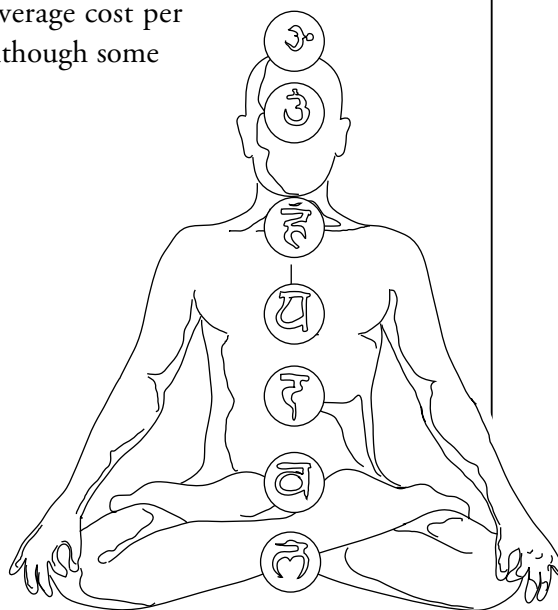
Located in various parts of the body, chakras are energy centres that vibrate at specific frequencies. Although there are thousands of chakras, there are seven major ones, and they are situated along the spine between the tail bone and the top of the head. When the chakras become blocked, the body manifests disease. In Ayurveda, a spiritual approach may be taken to clear these blockages. Such treatment involves wearing gem stones over the heart or throat chakras to enhance the energy at these points.

Meditation and prayer are also used to aid spiritual well-being. But, like many other forms of mind-body medicine, these treatments may be beneficial to a person's physical well-being as well. Prayers focus outside as the individual asks the higher-self or God for guidance. Meditation is more inward looking, focusing on an awareness of the body and the thought processes of the mind. (See section on mind-body medicine.) Mantras and incense are other forms of treatment. Mantras consist of repeated sounds used to calm the mind and provide a glimpse at bliss. Their vibrational quality is thought to heal when used correctly. Incense is used to calm the mind and promote mental clarity.

Oil baths and massage are major components of Ayurvedic medicine, both to treat disease and maintain general health. For general health, warm oil (often mixed with herbs) is massaged into the skin and left on for a specific time. Its application is followed by a warm bath.

A variety of herbal therapies are used in Ayurveda. Several Ayurvedic herbs, including guggul and ashwaganda, are discussed in the CATIE publication, *A Practical Guide to Herbal Therapies for People Living with HIV*.

Ayurveda practitioners are not regulated by legislation anywhere in Canada. To qualify in India, physicians must take a five-year university level course. No such course is offered in Canada. The average cost per visit to an Ayurveda practitioner is \$40 to \$100, although some practitioners offer a sliding scale based on income.



Homeopathy

Homeopathy involves specially prepared remedies to treat the whole person rather than a diagnosed condition. Homeopathic remedies are chosen by matching the remedy to the unique physical, emotional and mental characteristics of the individual being treated. About 2,500 individual homeopathic remedies are available, and all are prepared from dilute extracts of animal, plant and mineral substances.

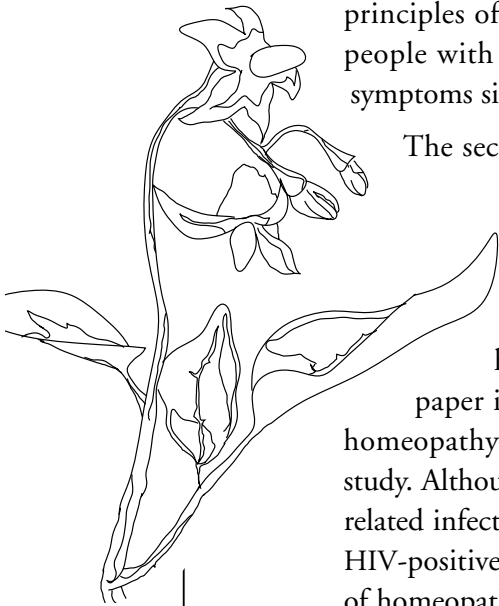
Homeopathy literally means “like illness,” referring to one of the most important principles of homeopathy, which is “like cures like.” Homeopathy involves treating people with tiny doses of natural substances that in larger quantities would cause symptoms similar to those the person has. This method is called the Law of Similars.

The second major principle of homeopathy is called the Law of Infinitesimals, which states that the more dilute a homeopathic remedy, the stronger it is. Homeopathic remedies are systematically diluted to tiny doses. Between each dilution, the remedy is succussed (shaken vigorously).

Homeopathy is popular in Europe, where a number of clinical trials have looked at the effect of homeopathy on various conditions. A recent paper in the British medical journal, *The Lancet*, concluded that the effects of homeopathy could not be attributed to the placebo effect and urged further clinical study. Although some people living with HIV use homeopathy to treat particular HIV-related infections or symptoms, very little has been published about the experiences of HIV-positive people with homeopathy, and few studies have examined the usefulness of homeopathy in HIV.

Homeopathic combination remedies are sold in some drug and health food stores. These over-the-counter remedies are not carefully matched to specific symptoms. Instead, they contain combinations of different remedies that are most commonly prescribed for particular illnesses. Despite this broad-spectrum approach, these remedies carry little risk of side effects because they are so dilute. For treatments specifically targeted to symptoms, visit a qualified homeopath.

Homeopathic practitioners are not regulated by any province in Canada, but several Canadian colleges offer three-year training courses in homeopathy. The Canadian College of Naturopathic Medicine, which offers a four-year program, trains naturopaths to use homeopathy. The cost of an initial consultation with a qualified homeopath varies widely, from \$80 to \$250, and may reflect a practitioner’s years of experience. Initial sessions are quite intensive and often take more than two hours. Follow-up sessions are generally much less expensive.



North American Aboriginal Healing Traditions

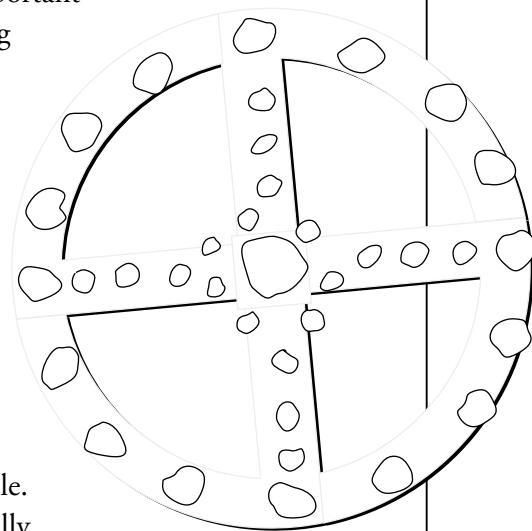
The Aboriginal Peoples of North America come from a variety of different cultures. There is no single healing tradition that can be called Aboriginal North American medicine, but many of the different traditions share common ideas and images. That healing is a holistic process is a central belief in Aboriginal healing traditions. Physical healing requires spiritual, mental and emotional healing, in other words. Many Aboriginal healing practices can be described as mind-body medicine because they maintain that the spiritual, emotional, mental and physical aspects of life are connected. The four quarters of the medicine wheel, a symbol that some native elders and healers use to speak about healing, can represent these four aspects of life. A discussion of the medicine wheel as it applies to HIV disease can be found in CATIE's magazine, *The Positive Side* (Spring 2004 issue).

The circle of the medicine wheel symbolizes another important feature of many Aboriginal healing traditions: the healing circle. Frequently used in Aboriginal gatherings, healing circles allow participants to speak to their community and find, as well as offer, support. The healing circle reflects the emphasis that many Aboriginal healing traditions place on people's connection to their community. Many Aboriginal traditions teach that personal or physical healing will only occur when people work to heal their relationships with the world around them.

Because of this emphasis on community, most Aboriginal healers only work with other Aboriginal people. Even healers who work with non-Aboriginal people usually expect the latter to commit to Aboriginal spiritual beliefs and the idea of shared community.

Sweat lodges and other ceremonies involving dancing, singing and chanting are also used in the healing traditions of Aboriginal cultures. How each ceremony is performed varies across North America and depends on the Aboriginal people involved.

Medicinal herbs are widely used by Aboriginal healers. Four herbs used frequently at First Nations gatherings are tobacco, cedar, sage and sweet grass. These herbs are smudged, meaning they are burnt to release them in the air. The purpose of smudging is to integrate the herbs with the surrounding environment as well as to link participants with that environment and each other. Participants become linked when they breathe in the herb, making it a part of their bodies. Sage is burned to cleanse the area before ceremonies begin, and sweetgrass clears the mind of negative thoughts. Cedar cleanses the body and protects it from illness, and tobacco thanks the Creator for many things, including healing and providing food and medicine. Often used together in healing ceremonies, each of these herbs is associated with one of the



• A Practical Guide to Complementary Therapies for People Living with HIV

four directions on the medicine wheel. Other herbs used by Aboriginal healers include Lomatium and goldenseal. Both are described in the CATIE publication *A Practical Guide to Herbal Therapies for People Living with HIV*.

The 2-Spirited People of the 1st Nations has published *Nashine Ginwenimawaziwan*, or *Constant Care*, a guide for Aboriginal people living with HIV/AIDS. The guide reflects a holistic approach with sections devoted to the physical, spiritual, traditional, emotional and mental aspects of life. Although much of the guide focuses on palliative care (care for people who are dying), it integrates material on treatment with the cultural and spiritual health traditions of Aboriginal Peoples. For more information, contact the publisher:

2-Spirited People of the 1st Nations
14 College Street, 4th floor
Toronto, Ontario M5G 1K2
(416) 944-9300

To begin a healing journey in a native North American tradition, you must find an elder or healer to guide you. Contacting an elder from your own band or nation might be a good place to start. For those without close links to their home communities, Aboriginal communities across Canada are served by a network of clinics and healing centres that offer support and treatment to HIV-positive Aboriginal people. These agencies offer access to Aboriginal healers and help Aboriginal people find a range of services to holistically deal with their illness. In some cases, if the individual desires, such agencies may also help HIV-positive people access conventional Western treatment.

For a listing of AIDS services for Aboriginal people, contact:

The Canadian Aboriginal AIDS Network
602-251 Bank St.
Ottawa, ON K2P 1X3
(613) 567-1817 (Ottawa) or 1-888-285-2226
<http://www.caan.ca>

The Aboriginal Multi-media Society is another useful resource. Its web site is located at <http://www.ammsa.com>.

Naturopathy

Naturopathy uses natural substances and the body's own healing powers to treat and prevent illness. Naturopaths view the symptoms of illness as warnings of lifestyle flaws or imbalances in the body. Naturopathic treatments are specific responses to extensive reviews of an individual's lifestyle and nutritional requirements. Naturopaths are trained in many of the healing practices discussed in this guide. These practices include acupuncture, herbal treatments, massage, manipulation and homeopathy as

well as nutritional counselling. Information about the nutritional requirements of HIV-positive people is available in CATIE's *Practical Guide to Nutrition for People Living with HIV*. Naturopaths are the generalists of the complementary medicine world, employing methods derived from a variety of different systems. Visiting a naturopath may help you decide which complementary therapies are right for you.

To practise in British Columbia, Alberta, Manitoba, Ontario and Saskatchewan, naturopaths must pass the Naturopathic Physicians Licensing Examination (NPLE) and be registered with their provincial association. A system of provincial registration is being developed in Nova Scotia. Elsewhere, naturopaths are not registered. The only Canadian training program recognized by the Canadian Naturopathic Association and the accrediting Council on Naturopathic Medical Education (CNME) is a four-year program at the Canadian College of Naturopathic Medicine in Toronto. An introductory session with a naturopath usually costs \$90 to \$250, and follow-up visits range from \$40 to \$150. Many individuals with extended health care plans have some coverage for naturopathic medicine.

Traditional Chinese Medicine and Acupuncture

Traditional Chinese medicine (TCM) is a complete medical system with its own unique philosophy, diagnostics and treatment methods. The goal of TCM is to balance the *yin* (vital function) and the *yang* (vital essence). One analogy describes *yang* as the gear and *yin* as the grease that allows the gear to run smoothly. An excess of *yang* leads to the consumption of *yin* and the formation of heat, much as a gear that works too hard burns away the grease and builds up heat. The balancing of *yin* and *yang* stabilizes a person's energy, otherwise known as *Chi*, or *Qi* (pronounced chee). The purpose of TCM is *fu-zheng*, which means to support the true or righteous *Chi* to inhibit diseased *Chi* from progressing.



TCM includes extensive nutritional counselling. A proper diet supports health and vitality, thus promoting the proper or righteous *Chi*. Qigong is a form of exercise that focuses on breathing and meditation and is used to support and boost a person's *Chi*. Acupuncture, a third component of TCM, is used to treat illness by stimulating the righteous *Chi* and ensuring it circulates freely to nourish all parts of the body. Herbal treatments may be used to strengthen the righteous *Chi* in particular parts of the body, contributing to the balance of the whole.

TCM recognizes that the body and its *Chi* are vulnerable to damage both from internal and external sources, particularly from wind, heat, cold, dampness and dryness. Many experienced practitioners consider HIV a disease of "hidden heat." As HIV progresses, heat is produced through the consumption of *yin* in the body. Typical examples of the

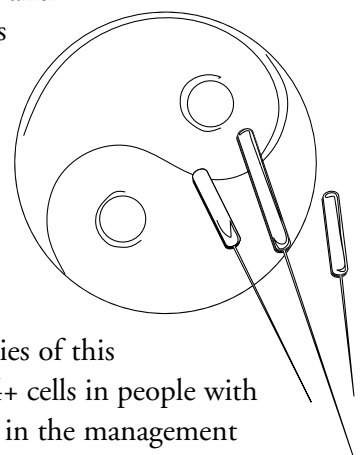
wasting of yin include symptoms such as night sweats and diarrhea. While the yin is consumed, a more vigorous form of heat or fire forms in the body. This occurrence creates a bodily environment that can support a variety of HIV-related infections. Thus one of the prime TCM treatment strategies for HIV is to counteract the environment of heat. This follows the ancient TCM saying, “Heat breeds many evils.” (TCM practitioners often think of wind, heat, cold, dampness and dryness as specific disease-causing forces, or entities, thus treat them as proper nouns. For this reason, you may see these words capitalized in books and articles on the subject.)

Qualifications of practitioners of Traditional Chinese Medicine can vary. The Chinese Medicine and Acupuncture Association of Canada recommends that people with complicated illnesses like HIV visit a fully qualified doctor of traditional Chinese medicine (TCMD) if they wish to use TCM. To be qualified as a doctor of traditional Chinese medicine, a practitioner must graduate from a Chinese Medicine University or have completed a four-year program specializing in TCM after having completed an undergraduate degree. A significant amount of clinical experience is also required. As with any specific medical condition, it is best to seek a practitioner with extensive clinical experience relating to that condition.

Treatment can range from \$35 to \$100 per session, although some practitioners who sell the herbs they prescribe offer what they call free consultations. An initial visit to a TCM practitioner will involve an extensive history, including a review of your nutritional health and a physical examination of various body pulses.

Acupuncture is a component of TCM widely used by HIV-positive people. It stimulates the flow of *Chi* in specific organs or areas through the insertion of needles at designated points on the body. These acupuncture points have been identified by acupuncturists in China and elsewhere over thousands of years. When undergoing this treatment, make certain that the practitioner uses sterile, disposable needles.

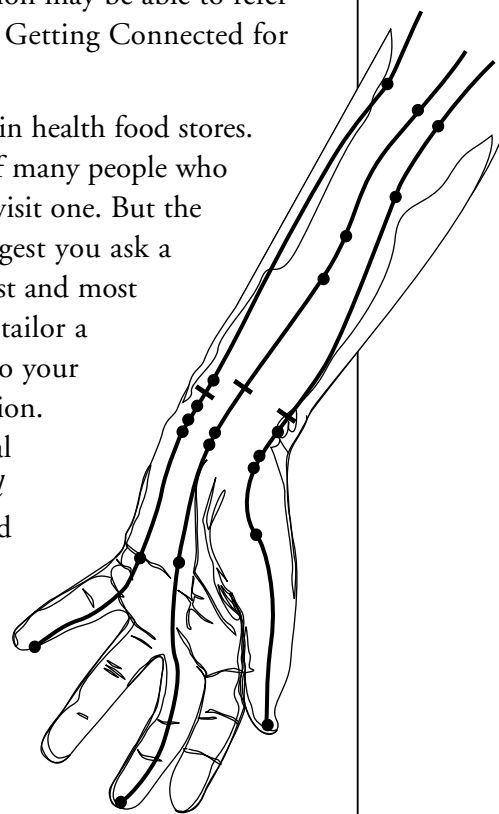
Acupuncture can be used to treat generalized symptoms, such as fatigue, and may be useful for localized symptoms, such as neuropathy (tingling or burning sensation in the hands and feet). Neuropathy, which may be a side effect of anti-retroviral drug treatment or a direct result of HIV infection, is notoriously hard to treat. Although different approaches work for different individuals, many reports indicate that neuropathy symptoms and pain decrease for PHAs treated with acupuncture. Clinical trials have shown that acupuncture can reduce the symptoms of peripheral neuropathy in people with diabetes. However, in PHAs with peripheral neuropathy, clinical trials have not duplicated these results. Acupuncture has also been used to stimulate the immune system. Although there have been no studies of this use in HIV disease, acupuncture has been shown to increase CD4+ cells in people with cancer. Anecdotal reports suggest that acupuncture may be useful in the management of other conditions faced by PHAs, including diarrhea and addictions.



Several other forms of Chinese medicine focus on acupuncture points. Through massage, acupressure stimulates the acupuncture points without the use of needles. In moxibustion, the acupuncture points are warmed by applying burning herbs to protected skin. The herb used is mugwort (*Artemisia vulgaris*). Fat cigar-shaped bundles of the herb wrapped in rice paper are most commonly used. Moxibustion is frequently used to treat digestive complaints such as diarrhea, but it should be avoided if you are experiencing fever, numbness or neuropathy.

Regulations regarding acupuncture vary widely from province to province. Although acupuncture is an integral component of traditional Chinese medicine, other medical professionals are trained in its use, including naturopaths, chiropractors and medical doctors. In British Columbia and Quebec, only those trained and designated as registered acupuncturists may practise. In Alberta, trained acupuncturists are registered, but people who are not registered can practise too. Only medical doctors may be acupuncturists in the Yukon. In all other provinces, acupuncturists are unregulated. The cost of acupuncture treatments varies widely, but one can expect to pay about \$45 to \$65. The Acupuncture Foundation of Canada can refer you to a medical doctor trained in acupuncture. The Canadian Naturopathic Association may be able to refer you to a naturopath trained in acupuncture. (See the section Getting Connected for contact information.)

TCM uses many herbal remedies, a number of which are sold in health food stores. This type of availability brings herbal remedies within reach of many people who don't have access to a TCM practitioner or who don't wish to visit one. But the quality of remedies sold unfortunately varies widely. We suggest you ask a TCM practitioner or Chinese herbalist to recommend the safest and most effective products. If you so choose, a TCM practitioner can tailor a combination of TCM treatments that may be more specific to your treatment needs than an over-the-counter single herb preparation. Astragalus, ginseng, *Andrographis paniculata* and other herbal therapies commonly used in TCM are discussed in *A Practical Guide to Herbal Therapies for People Living with HIV*, published by CATIE.



Wellness Strategies

Medical systems like Ayurveda, homeopathy, naturopathy and TCM offer users a spectrum of treatment options and a philosophical system in which to understand them. Although some PHAs have chosen to learn about these systems of health, others look to complementary therapies to address specific health concerns. In this section, we discuss treatments that might have derived from complete medical systems but are now used as stand-alone therapies. In some cases, these are ancient therapies that are still closely tied to traditional systems. Yoga—an important component of Ayurveda—is one example, but many people who use it are not familiar with broader Ayurvedic medical principles. Other therapies in this section are relatively new, like therapeutic touch, which was created by studying a variety of older traditions.

Aromatherapy

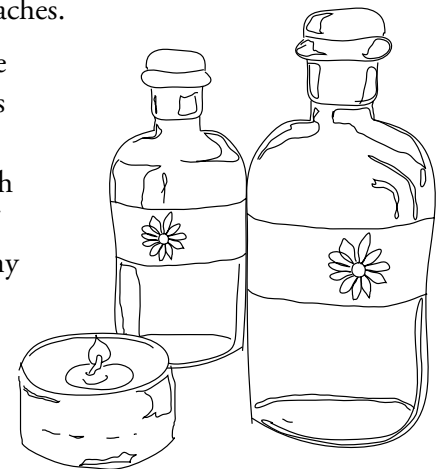
Aromatherapy involves essential oils extracted from plants to treat illness and improve overall well-being. These essential oils are usually inhaled or applied to the skin. For example, they can be added to hot water and inhaled as steam or used in a bath or shower. They can also be added to various vegetable oils to create a massage lotion. Essential oils are very concentrated and can burn the skin if not properly diluted. Only a few drops are required for each treatment.

NOTE: Never ingest or swallow an undiluted essential oil unless it has been specially prepared for ingestion. Ingesting essential oils can lead to serious health complications.

Essential oils can be purchased at health food stores. However, an aromatherapist, herbalist or naturopath will work out an individual mixture of essential oils to treat specific concerns. People using aromatherapy may combine several different oils to create a combination that is more powerful than its individual components.

For HIV infection, aromatherapy generally may be used to relieve stress and fatigue or to address specific health concerns. For example, lavender oil can counter stress and fatigue but is also used to treat skin irritations. Peppermint oil is thought to improve circulation and relieve tension headaches.

Aromatherapy relies on our sense of smell. Most people have experienced memories triggered by particular aromas, so it is not surprising that aromas can affect mood, stress level and sense of well-being. For this reason, a person's experience with aromatherapy is highly individual. The emotional impact of different aromas varies from person to person. Although many people enjoy and benefit from aromatherapy, others do not.



People who are allergic to perfumes or other scents may also be allergic to aromatherapies and understandably wary about their use. Many essential oils can be toxic in large doses, and some people may be especially sensitive to their scents. This is particularly true for children as well as pregnant women, who should altogether avoid certain essential oils. Since substances heated for inhalation are spread through the air and rapidly taken into the body, it is important to consider the wishes of other people in your environment when using aromatherapies.

If you plan to buy and mix essential oils without the guidance of an aromatherapist, herbalist or naturopath, you may wish to consult a book on the subject. *The Fragrant Pharmacy* by Valerie Ann Worwood is an excellent resource.

Aromatherapists are not regulated in any province. The cost of a one-hour session with a qualified practitioner ranges from \$60 to \$100.

Colour Therapy

Seeing colour affects our senses, state of mind, mood and emotions. Colour can stimulate and energize or calm and sedate. Colour affects the foods we eat, the clothes we wear, the environment we frequent. Colours have different wavelengths and vibrational frequencies. Seeing a rainbow may impart feelings of euphoria, excitement or joy.

Colour is an important element of many complementary therapies. Gem stones used to enhance the energy of the chakras in Ayurvedic medicine are chosen by colour.

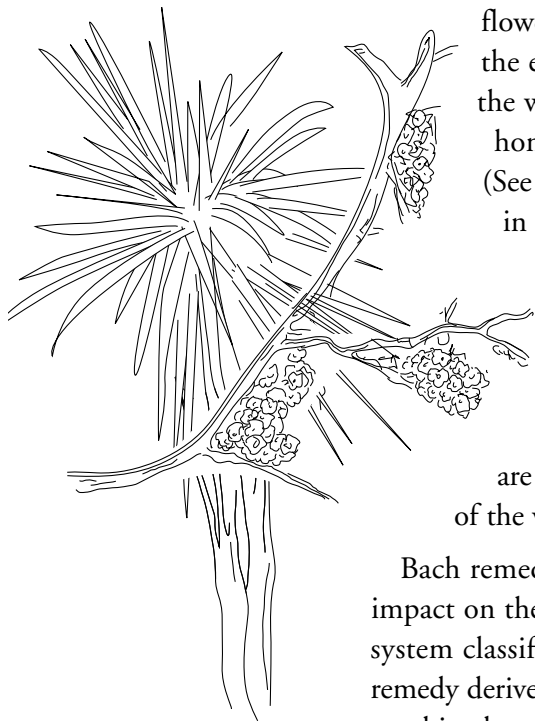
Many of the properties of flower essences are determined by the colour of the blossoms from which they derive. Colour therapy is also an important part of nutritional therapies. Nutritionists often suggest that people shop for as many different colours of fruits and vegetables as possible to ensure that they take in a range of vitamins and nutrients. The colour of food, an important part of its appeal, may in turn stimulate appetite. Some people attribute different healing properties to different colours.

Colour and Attributed Properties

- Red Boosts digestion and has a warming effect.
- Orange Provides vitality, mental clarity, joy and emotional expansion.
- Yellow Acts as a motor stimulant, boosts morning energy and facilitates digestion.
- Green Nurtures, calms nerves and reduces tension.
- Blue Cools the body and has strong *yin* or *vata* (wind) properties. (See sections of Ayurveda and traditional Chinese medicine for details.)

Flower Essences and Other Essence Therapies

Essence therapies rely on the idea that plants, gems and crystals have a vital energy that can have a healing effect. Most essence therapies focus on a person's emotions and spiritual well-being rather than on physical healing. Essences are created when flowers or gems are placed in pure water and exposed to sunlight. Because the energy of the flower or gem is seen to be vibrational, it spreads through the water. Thus, the vibrational pattern becomes part of the water. Just as in homeopathic remedies, the pattern is enhanced when the water is diluted. (See section on homeopathy for details.) Drinking a few drops of the remedy in water, tea or fresh juice allows the body to take in this vibrational energy.



Flower essences are the most common essence therapies. Each flower is used for its specific vibrational energy, which in turn has an effect on a person's emotions. The properties of a flower essence are based on the flower's colour, on where and when the flower is grown and sometimes on the medicinal properties associated with the plant itself. There are several groups of flower essences from plants that grow in different parts of the world. The best known system of flower essences is Bach remedies.

Bach remedies focus on healing a person's emotional state and creating a positive impact on the whole person. Created by Doctor Edward Bach in the late 1800s, this system classifies 38 negative states of mind and offers remedies for each state. Each remedy derives from the flowering part of a specific plant. These essences are sometimes combined to deal with a host of emotions. For example, Rescue Remedy (probably the best known Bach remedy) contains star of Bethlehem, cherry plum, clematis, impatiens, rock rose and crab apple. It is intended for use in times of crisis and acute stress. Bach flower remedies come in small dropper bottles; the flower essence is dissolved in grape alcohol. Preparation involves dissolving a few drops of a remedy in another liquid. Genuine remedies are marked Bach Flower Remedies and include the address of the manufacturer in the United Kingdom (the only place they are made).

In gem essences, the liquid takes on the vibrational properties of one or more gems. Magnetic fields and pyramidal energies are sometimes used instead of sunlight to distribute the gem's energy throughout the liquid. The therapeutic properties attributed to each gem depend on the stone's colour, molecular structure, chemical composition and the area where the gem is found. Gem stones are often used to enhance the chakras. (See section on Ayurvedic medicine.) Gem essences may also be used to balance the chakras to promote physical, spiritual and emotional well-being.

Flower and gem essences can be combined to create vibrational essences that suit individual needs. Some combinations are thought to have a synergistic effect, which means each essence increases the effectiveness of the others. The names of some commonly combined vibrational essences are Sanskrit, an ancient Indo-Aryan language, and are chosen to best describe that for which the essences are meant.

Some people wear different types and colours of crystals and gems to promote healing. In the same way that people may share the vibrational energy of a gem or flower by drinking its essence, they may benefit from the energy of a crystal worn regularly. Also, the forms of touch therapy described later in this guide rely on the belief that people can share their vital energy to provide healing for others.

Herbal Therapies

Herbal therapies are medically active substances harvested from plants. They may come from any part of the plant but are most commonly made from leaves, roots, seeds or flowers. They are eaten, drunk, smoked, inhaled or applied to the skin.

Herbal therapies are part of virtually every medical system. Many drugs now used by conventional Western doctors originated as herbal medicines. Practitioners involved in the medical systems discussed in the first half of this guide use herbs extensively. So do herbalists, who practise outside these systems. A European healing tradition, sometimes called the “wise woman” tradition, also focuses primarily on herbal healing.

Herbal medicines are often viewed as a balanced and moderate approach to healing. Pharmaceutical drugs derived from plants are made by isolating the chemicals that have a medical effect and concentrating them in the medication. Herbal therapies, on the other hand, contain all the chemical components of a plant, as they occur naturally. This important part of herbal medicine may explain why some herbs—used by experienced practitioners for centuries—have not performed well in modern clinical trials when their active chemicals were isolated from the rest of the plant.

Herbal therapies are available at herbal and health food stores and, increasingly, are being sold in drugstores and grocery stores. Buyers’ clubs are another option for buying herbs and other nutritional and complementary therapy products. These clubs allow people to pool their money to obtain bulk products at lower wholesale costs. Then members purchase products through the club at a reduced rate, often through the mail. Although buyers’ clubs have flourished in the United States, they are less common in Canada. Joining a U.S.-based buyers’ club may involve hassles when importing treatments across the border.



Herbal medicines are often promoted as a gentle and non-toxic approach to good health. This does not mean herbal therapies never cause side effects or never interact with other pharmaceutical and herbal treatments. Learn enough about any herbal therapy to ensure that the dose is safe and effective. Learn about possible side effects and watch for signs of drug interactions. **It is also important to inform your doctor, pharmacist and complementary therapist about all of the medications and health products you are taking—prescription and non-prescription—including herbs and supplements.**

A Practical Guide to Herbal Therapies for People Living With HIV provides more information on the use of different types of herbs. CATIE also publishes fact sheets on specific herbs that are commonly used by PHAs. Although we hope that our herbal guide and fact sheets will be a useful starting point for people interested in exploring herbal therapies, we encourage you to get as much detailed information as you can about any treatment that you're considering. Think about consulting a qualified herbalist who has experience working with HIV-positive people.

Herbalists are not regulated in any province, but some are registered as naturopaths, and others are accredited through professional societies for TCM practitioners. The Canadian Association of Herbal Practitioners requires its members to complete three years of full-time study. Some institutions and associations differentiate between clinical herbal therapists and consultant herbal therapists: the former generally have more years of training and experience. An introductory session with a qualified herbalist costs about \$60 to \$100. Follow-up visits are around \$40 to \$70.

Iridology

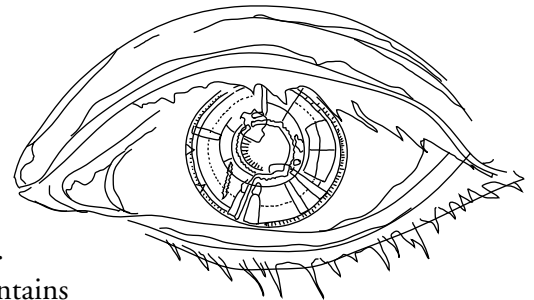
Iridology studies the eye and the area around the eye, particularly the markings of the iris—the coloured portion of the eye. Every organ is connected to the iris through the nervous system. In the first stages of fetal development, the eye is actually part of the brain.

As the embryo forms, the eye slowly separates yet maintains thousands of connections to the nervous system. Other nerves in the body receive impulses from the optic nerve, the optic thalamus and the sympathetic and parasympathetic nervous systems. Iridologists believe that illnesses, including the location of a disease, its history and the possibility for progression, are identified by reading the iris. Iridology is a non-invasive way to study a person's physical and mental health.

Each person's iris has a unique pattern, and iridologists keep detailed records of each one. They carefully examine the integrity of the iris's tissue. Tissue integrity is the structure, colour and density of the iris fibres. By examining the individual fibres within the iris, iridologists discover inherent genetic traits. Close-knit fibres and loose fibres suggest different health outcomes.

Iridology does NOT reveal specific diseases or infections, since many diseases cause similar changes in body tissue. Instead, according to iridologists, the iris reflects the condition of these tissues and pinpoints areas of toxicity, congestion or other types of imbalance. Modern iridologists often use a chart outlining the relationships between portions of the eye and various body systems.

Identifying the body's inherent strengths and weaknesses allows a person to do what's necessary for the weaker areas before the symptoms of disease cause further destruction.



This may be useful for HIV-positive people whose weakened immune system enables illness to manifest quickly. Ayurvedic treatments are often used in conjunction with iridology to maintain and restore weaker areas of the body.

The effectiveness of iridology is a subject of controversy. A recent review of the medical literature found that controlled trials to date have not demonstrated any clinical benefit to iridology. The cost of an initial session can range from \$60 to \$150. Iridologists are not regulated anywhere in Canada.

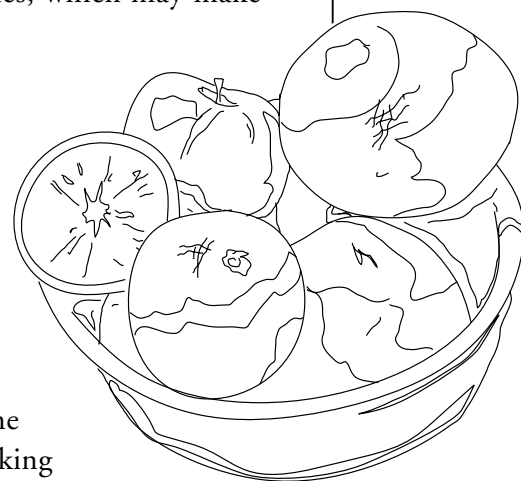
Juicing

Juicing creates liquid foods, which the body can easily assimilate and absorb. It allows the vitamins and other nutrients in fresh fruits and vegetables to be easily consumed—even by people who have no appetite. Raw foods provide abundant energy. They supply the body with optimum nutrition in the form of vitamins, food enzymes and fibre. Juicing is often used if a PHA's health is compromised by weak digestion or malabsorption and if a person has difficulty chewing.

Most fruits have a cleansing effect on the body's system. Their high water content flushes the digestive tract and kidneys. Juicing is used to flush the kidney, liver and gastrointestinal system of toxins. For PHAs dealing with the side effects of antiretrovirals, juicing may assist in removing the toxic by-products of the drugs. These enzymes are naturally present in fruits and vegetables. Proponents of juicing believe that enzymes are destroyed when food is processed or heated. Our own bodies produce enzymes that digest food and incorporate it into the cells of our bodies. Juicing allows us to ingest the enzymes of fruits and vegetables, which may make digestion easier.

The freshest produce will give you the most enzymes. So choose fruits that are in season. To avoid ingesting pesticides, peel the skin of the fruit or vegetable and do not ingest the pulp. Fresh juices are a concentrated form of food. Be moderate in your consumption. Fruit juices are high in fruit sugar.

Different juices are thought to have different effects on our bodies. For example, prunes and apricots are used as laxatives, while bananas are recommended to slow diarrhea. It is also important for PHAs to know that grapefruit juice can affect the concentration of protease inhibitors in the blood, possibly making side effects more severe. Although some PHAs have intentionally used grapefruit juice to increase the levels of drugs that the body absorbs poorly, such as saquinavir, **people on protease inhibitors should use grapefruit juice with caution, if at all.** You can combine juices so that their benefits work together. The potential effects of fruits and vegetables are discussed in the book *Juicing For Life*, by Cherie Calbom, Jeffrey Bland and Maureen B. Keane.



In addition to the impact of some juices on the digestive system specifically and the body in general, PHAs may also choose juices according to their colour. (See section on colour therapy.)

Massage and Manipulation Techniques

Massage therapy is the movement and stimulation of body tissues by a therapist, such as the manipulation of muscle in Swedish massage or of joints, bones and tendons in chiropractic massage and osteopathy. Most healing traditions use massage. And most PHAs who use massage find it relieves stress and decreases anxiety. Massage may also benefit the immune system.

Swedish Massage

Swedish massage is the form of massage most commonly available in Canada. It aims to stimulate blood circulation and loosen knotted muscles. The kneading, stroking, pressing and stretching can help joints move better and provide relief from pain, stress and fatigue. Swedish massage may also help the immune system work better through relaxation. Studies of the immune benefits associated with massage are mixed. One small study showed an increase in immune system cells with regular massage, while another demonstrated no immune improvements. Benefits have been most dramatically demonstrated in babies. A study of babies born to HIV-positive women determined that those given regular massages gained weight faster and scored better on tests of motor control and alertness. Massage may also help with peripheral neuropathy.

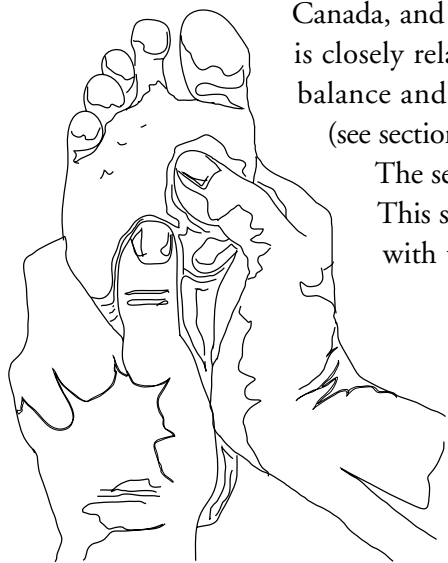
Massage therapists are registered in Ontario and British Columbia, where they must complete a two- to three-year course and pass an examination in order to call themselves registered massage therapists. An hour-long massage session costs \$30 to \$90. Some massage therapists are covered under the B.C. health plan. (Check that the therapist has opted into the plan.) Some extended health care plans cover massage therapy.

Shiatsu

Shiatsu is a form of Japanese massage that aims to balance the energies in your body. Some HIV-positive people use shiatsu to relieve stress and fatigue. This type of massage may also have immune benefits similar to those suggested for acupuncture, although this claim has not been studied. At least two styles of shiatsu massage are available in Canada, and practitioners may offer one or both. *Masunaga* shiatsu (or zen shiatsu) is closely related to other eastern Asian medical practices. It focuses on creating balance and harmony in the body by stimulating the flow of *Chi* or life energy (see section on traditional Chinese medicine) and is closely related to acupressure.

The second style of shiatsu is Namikoshi shiatsu, also called original shiatsu. This style combines the Western medical sciences of anatomy and physiology with the Eastern traditions of Masunaga shiatsu. Namikoshi practitioners focus on the pressure points associated with the body's endocrine system, which is a network of glands that distribute hormones throughout the body.

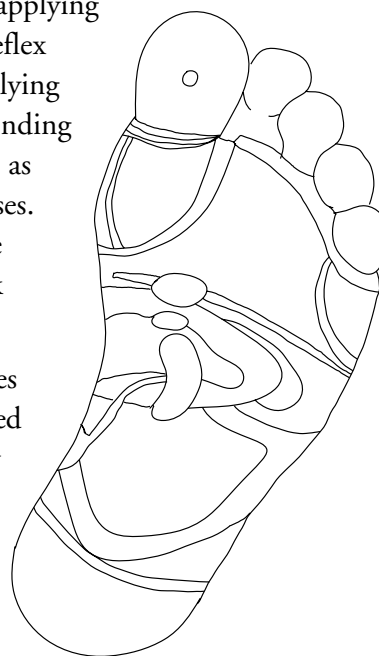
Shiatsu is not regulated in any province, and there is no national organization for shiatsu therapists. Although there is talk of creating a professional organization with a more national scope, only British Columbia and Ontario have professional organizations of shiatsu practitioners.



Reflexology

Reflexology was practised in several ancient medical systems. It aims to influence the health of different parts of the body by applying pressure to “reflex” points on the feet and hands. Each reflex point is associated with a different part of the body. Applying pressure to these points affects the health of the corresponding area of the body. Reflexologists do not use lotions or oils as part of the massage. Nor do they diagnose specific illnesses. Reflexology is used to reduce stress and tension, improve circulation and eliminate toxins. Reflexologists also work on reflex points that may stimulate the immune system.

A session with a reflexologist lasts about 45 to 60 minutes and costs from \$30 to \$70. Reflexologists are not regulated in any province. To become a member of the Reflexology Association of Canada, practitioners must complete at least 30 hours of classroom training and 60 hours of practical training.



Trager

Developed by Milton Trager, this form of mind-body medicine uses physical movement to access the healing power of the mind. With Trager, the practitioner guides the patient through a series of gentle movements, which the patient experiences as effortless and freeing. Trager is used to release basic physical and mental patterns and to facilitate deep relaxation, increased physical mobility and mental clarity. It is designed to strengthen a person's autonomy and sense of self. No oils or lotions are used, and the client is dressed, usually in swimwear, briefs or other non-restrictive clothing. Practitioners also teach a series of movements called Mentastics (short for mental gymnastics) People can do these movements on their own to complement the effects of the Trager session.

A session with a Trager practitioner usually lasts 60 to 90 minutes and costs \$45 to \$100. A person must be registered with the U.S.-based Trager Institute to qualify as a practitioner. Training requires a minimum of six months and includes lectures on anatomy and physiology as well as Trager sessions, both given and received. To maintain their registration, practitioners must participate in a three-day training session every year for the first three years, followed by a session at least every third year. Training sessions are held in Canada when warranted. Trager practitioners are not regulated in any Canadian province.

Note: Trager and Mentastics are registered trademarks of the Trager Institute.

Chiropractic and Osteopathic Manipulation

Chiropractors assist the body's natural ability to heal by focusing on the skeleton, particularly on the spine and the nerves that run through it. Chiropractors do not use drugs or surgery. By manipulating the spine, they can relieve stress as well as musculoskeletal disorders like headache and back pain. Most of the conditions treated by chiropractors are not associated with HIV, however, PHAs use chiropractors to treat symptoms such as headaches or insomnia. Although their main tool is spinal manipulation, chiropractors also use ultrasound and the application of heat and light. They frequently use X-rays to aid in diagnosis.

Osteopathic doctors use manual manipulation techniques similar to chiropractors but focus more on the body's soft tissues, the muscles and the ligaments. They may be helpful in treating headaches, joint and muscle pain or fatigue. Osteopathic doctors combine osteopathic techniques with conventional medicine and are licensed as physicians in the United States and Britain. In Canada, the practice of Osteopathy is much more restricted. Alberta and British Columbia allow Doctors of Osteopathy to be licensed as physicians but this is not the case in other provinces. Due to these restrictions, osteopathic practitioners are relatively rare in Canada.



Legislation regulates the practice of chiropractic manipulation in all 10 provinces and in the Yukon. In the Northwest Territories and Nunavut, chiropractors are unregulated. The Canadian Memorial Chiropractic College in Toronto is the only accredited school to train chiropractors in Canada. To be admitted to the four-year Doctor of Chiropractic program, students must have completed at least 15 full-credit university courses.

A five-year course at the Université du Québec à Trois-Rivières qualifies graduates to practise in Quebec. Students must have a diploma of collegial studies to be admitted. To be licensed, chiropractors must pass a national board exam and an examination in the province where they want to practise.

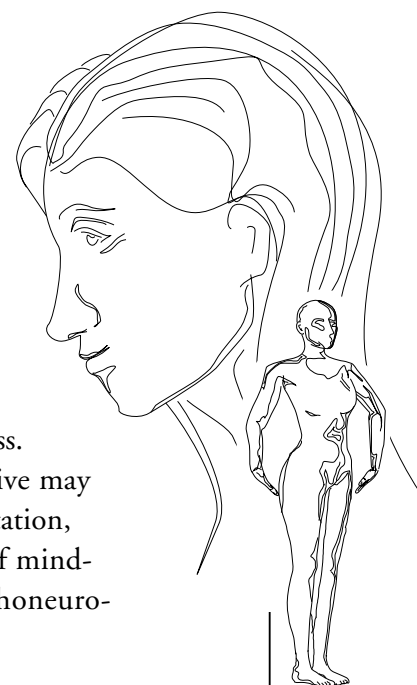
Chiropractic services are partially covered by the health-care plans of Alberta, British Columbia, Manitoba, Ontario and Saskatchewan, although user fees may apply. Most private health-care plans cover at least some chiropractic treatments. For those with no coverage, fees are usually \$20 to \$40 per visit with additional charges for extra services like X-rays.

The Canadian Chiropractic Association does not provide referrals to qualified practitioners, nor do most of the provincial organizations. The regulation of practitioners in most of Canada, however, ensures that those who are certified are qualified to practise. In the Northwest Territories and Nunavut, check the credentials of a chiropractor (with his or her written consent) by writing to the following organization:

Canadian Chiropractic Examining Board
1020 Centre Street North
Calgary, Alberta T2E 2P9

Mind-Body Medicine

Mind-body medicine uses the power of the mind to promote healing in the body. Some forms of mind-body medicine—specifically, affirmation and visualization—are active, using mental exercises to change physical health. Other more indirect forms of mind-body medicine acknowledge that stress and traumatic events have a negative impact on both the immune system and the body in general. These approaches work to control mental and emotional stress. For example, helping people deal with the stress of being HIV positive may benefit their immune function and reduce their risk of illness. Meditation, Tai Chi, yoga and stress management programs are indirect forms of mind-body medicine. An emerging field of conventional medicine, psychoneuroimmunology, studies the links between stress and immune function.



Affirmations

Affirmations are positive statements about health and identity. They are always spoken in the first person and in the present tense. “I am strong and healthy,” is an example. PHAs use affirmations to maintain control over their lives. Some people may read them aloud or memorize them for repeated use. Others prefer to listen to them as they are read aloud by a friend or played on a recording device; they find that this method makes it easier for them to concentrate on the words. Hundreds of books and tapes offer affirmations to enhance health and self-esteem. Choose one that is meaningful to you or create your own affirmations. If you are worried about T-cell numbers, you might try an affirmation like, “I am a healthy human being. I am not defined by any T-cell number.” Jon Kaiser’s book *Immune Power* offers affirmations specifically for PHAs.

Guided Imagery (Visualization)

Anyone who has salivated over a recipe knows that what is imagined can have a physical effect, such as making you hungry. Guided imagery aims to mobilize the imagination to promote physical and holistic healing. Many PHAs feel powerless in the face of their illness. Guided imagery is used to direct thoughts to an environment where you have total control within your own mind. It is used to relieve the anxiety that accompanies illness and the pain that may be a symptom of illness. Several studies suggest that guided imagery effectively controls anxiety and pain. With some guided imagery, you imagine yourself in a relaxing time or place (your grandmother’s kitchen or a sandy beach). Other forms encourage you to visualize your immune system destroying HIV. Guided imagery is used to reinforce the ability of the immune system to resist HIV. Studies have produced mixed results, since the effectiveness of guided imagery may be influenced by such things as receptiveness to hypnosis and the ability to accurately imagine what is happening in the body. Some AIDS service organizations offer guided imagery sessions. Tapes may also be used to guide visualizations. Tapes that focus on HIV or the immune system are available and can be purchased at many bookstores.

Meditation

The art of meditation involves becoming aware of your thoughts, observing them and eventually achieving mastery over them. Meditation means listening to your body and the workings of your own mind and spirit. Many forms of meditation teach awareness of the subconscious act of breathing. When you are in sync with your breathing, you enter a different realm of consciousness. Doing so may help you relax and make you feel more rested than after the deepest sleep. It may also give you a sense of calm, peace, joy and efficiency. Some people use meditation to get a clearer view of reality. With practice and discipline, meditation is used to cultivate mindfulness. Meditation

can be associated with specific spiritual beliefs and is a part of many culture-based approaches to healing, including Ayurveda, First Nations healing traditions and traditional Chinese medicine. Some forms of meditation require that you maintain specific postures or repeat specific sounds or phrases. Other forms are much more casual. Many people meditate when they paint, write or watch a sunset.

PHAs use meditation to help themselves relax and deal with stress and anxiety. Like they use guided imagery, PHAs use meditation to increase feelings of control over their lives. Meditation is also used to strengthen sense of self since it may be understood as a way of listening to your internal voice. At least one study links participation in prayer or meditation to better overall health for PHAs. Many different spiritual traditions teach meditation. Look for one that is meaningful to you. Local AIDS service organizations may offer programs that teach meditation outside specific systems of religious beliefs or they may be able to refer you to an organization that provides such programs.

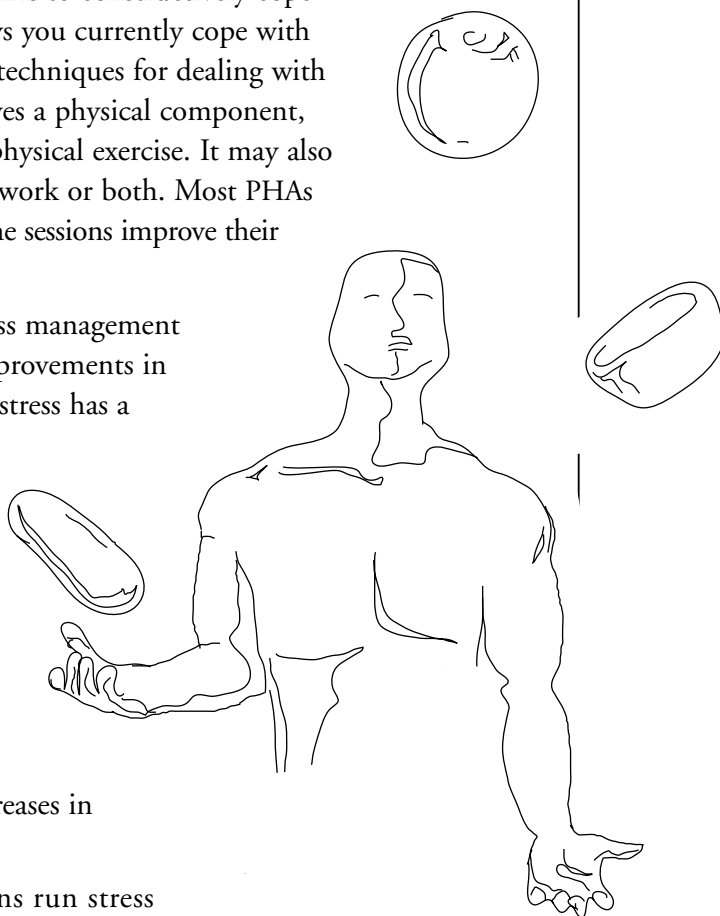
Stress Management

Stress management programs are used by PHAs to constructively cope with stress. These programs identify the ways you currently cope with stress and teach new mental and emotional techniques for dealing with these issues. Stress management often involves a physical component, such as a breathing exercise, meditation or physical exercise. It may also incorporate counselling sessions or massage work or both. Most PHAs who take advantage of these programs feel the sessions improve their day-to-day life experiences.

A number of small studies confirm that stress management programs lead to relief from anxiety and improvements in quality of life. Since it has been shown that stress has a negative effect on

the immune system, many people believe that their immune systems have benefited from stress management programs. But study results have been mixed, partly because the definition of a stress management program varies widely. One study demonstrated an improvement in herpes outbreaks in HIV-positive men after a stress management program. Another showed increases in the number of CD4+ cells.

Many Canadian AIDS service organizations run stress management programs for PHAs, and the programs are usually free. Call your



local AIDS service organization (ASO) for more information. If no such workshops are available to you, your local ASO may be able to recommend counsellors or psychotherapists who do this kind of work and are experienced working with PHAs. In some cases, this therapy may be covered by a provincial health plan. Your local organization should be able to tell you more. Further, branches of the Canadian Mental Health Association (CHMA) often run stress management workshops and provide materials about coping with stress. These workshops are not specific to PHAs but they may be sources of useful information. Look up the local branch of the CMHA in the phone book. For individuals, CMHA workshops usually cost around \$50.

Tai Chi

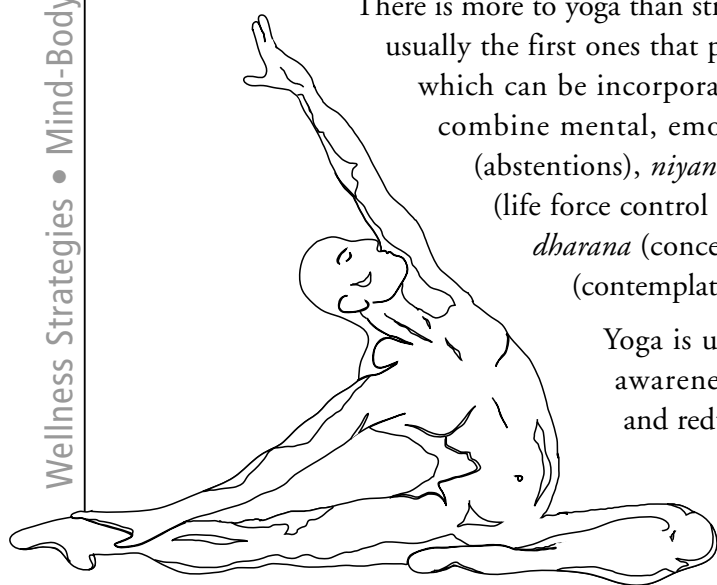
Tai Chi is related to qigong (see section on traditional Chinese medicine) and the Chinese martial arts tradition. Like qigong, Tai Chi combines physical movement and meditation. The movements emphasize being aware of your own *Chi*, or *Qi*, and the *Chi* of others. Tai Chi's slow, rhythmic movements have made it a popular form of exercise in Canada, but the mental and physical discipline that it teaches also helps those who practise it to deal with stress. Tai Chi is related to the spiritual teaching of Taoism. There are a number of different forms of Tai Chi, and several are practised in Canada.

Yoga

Yoga is union with the self or divine truth. Although many people think of it primarily as an exercise program, the stated purpose of yoga is liberation: to help an individual achieve longevity, rejuvenation and self-realization. It may also be used to heal and prevent illness.

There is more to yoga than stretches and postures, but these components are usually the first ones that people learn. Yoga contains eight components, which can be incorporated as a person progresses. These eight stages combine mental, emotional and physical aspects. They are *yama* (abstentions), *niyama* (observances), *asana* (postures), *pranayama* (life force control or breathwork), *pratyahara* (sense withdrawal), *dharana* (concentration), *dhyana* (meditation) and *samadhi* (contemplation and state of perfect equilibrium).

Yoga is used to establish a sense of relaxation and awareness. It may also increase oxygen consumption and reduce stress. Doing yoga on a regular basis builds muscle strength and flexibility. It is used to manage insomnia too.



Yoga is also said to massage the body internally, stimulating the circulatory and endocrine systems and strengthening the lungs and digestive organs. PHAs who practise yoga have experienced benefits such as improved stamina and reduced fatigue as well as a general feeling of well-being, sometimes referred to as connectedness.

There are many different schools of yoga and many different approaches and techniques. Look for instructors who are registered with a specific school and are experienced at working with PHAs. At least one school has developed a video of postures specific to PHAs. See the resources listed at the back of this guide for details.

Touch Therapies

Touch therapies are based on the belief that people have their own vital energy. This energy field flows through and surrounds the body. Blockages or imbalances in the body cause ill health. This notion is similar to the Chinese concept of *Chi*. (See section on traditional Chinese medicine.) Touch therapists modify imbalances in the energy field by using their energy to redirect the energy of others.

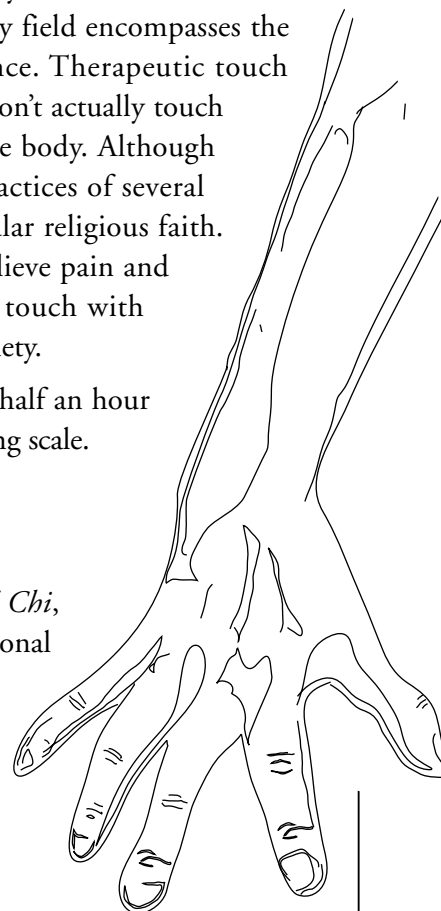
Therapeutic Touch

Therapeutic touch is based on the idea that “the human body, mind, emotions and intuition form a complex, dynamic energy field.” This energy field encompasses the body. When a person is ill, the energy field is out of balance. Therapeutic touch practitioners modify imbalances using their hands but they don’t actually touch you. Rather, they believe the energy field extends beyond the body. Although therapeutic touch was derived from the spiritual healing practices of several cultures, practitioners do not require you to hold any particular religious faith. Therapeutic touch is often used by chronic-care nurses to relieve pain and promote relaxation. A small study on the use of therapeutic touch with HIV-positive children found that it effectively reduced anxiety.

Sessions with a therapeutic touch therapist usually last about half an hour and cost between \$25 and \$50. Some practitioners offer a sliding scale.

Reiki

Reiki means universal life energy. *Ki* is the Japanese form of *Chi*, the Chinese word meaning vital energy. (See section on traditional Chinese medicine.) Reiki is similar to therapeutic touch but was developed in Asia. Like therapeutic touch, reiki is based on the belief that living things share life energy. When that life energy is blocked, it creates an imbalance that may appear as illness. Unblocking the energy helps get a



person back into balance. During a reiki massage, the practitioner's hands are placed on the body to channel this energy. The client remains fully clothed. Reiki massages generally take 60 to 90 minutes and cost \$40 to \$60. Reiki practitioners are trained by reiki masters, who are more experienced practitioners. Reiki practitioners are not regulated in Canada and there are no provincial or national associations for Canadian practitioners.

Pranic Healing

Prana is the Ayurvedic word for the life force on which all life depends. (See section on Ayurvedic medicine.) In pranic healing, several methods are used to balance, enhance and increase prana. Pranic healing often involves the intervention of another person, but self-healing techniques are also used. Spiritual healing techniques, such as prayer, visualization and meditation, are used to remove blockages. Like the other touch therapies addressed in this guide, the use of hands is a central component. Breathing techniques, known in yoga as pranayam, are also used to enhance *prana*.

Unconventional Therapies

Most of the therapies in the first two sections of this guide have roots in ancient systems of healing that were developed in a variety of cultures over hundreds and, in some cases, thousands of years. The following complementary therapies were developed much more recently. Developed in the Western world, these therapies rely on Western science to explain their effects. But, for various reasons, they have not been widely accepted by the Western medical community.

With the advent of HAART as an effective conventional treatment for HIV infection, interest, among PHAs, in these unconventional therapies has declined over the past few years. **Because many unconventional therapies are not widely accepted and have no tradition of use, they should be considered risky.**

DNCB

DNCB is a chemical used to develop colour photographs. Some PHAs use a very dilute solution to enhance immune system function. DNCB is absorbed through the skin and carried to the lymph nodes by immune system cells. Within the lymph node network, the chemical is used to stimulate several parts of the immune system, both to produce chemicals that regulate the immune system and to increase specific immune cell levels. DNCB is used to stabilize CD4+ cell levels (or at least slow their decline) and increase levels of other immune cells important in the control of HIV. Several small trials support these claims, including a Brazilian trial of 35 individuals who used DNCB over an 18-month period. The PHAs in this study experienced increases in CD4+ and other immune cells. They also experienced significant weight gain compared with a control group that did not use DNCB. No one in this trial had access to anti-retroviral therapy.

DNCB is usually applied in a diluted solution to a small patch of skin in decreasing doses over time, as the immune system becomes more responsive. Applying DNCB should produce redness, itchiness and perhaps even blisters or raised welts. These reactions are all signs that the immune system is responding. If the symptoms are too severe, a person usually switches to a more dilute dose. If there are no visible symptoms, a person may use a more concentrated solution. For most people, DNCB seems to have few side effects beyond the itching and discomfort where the chemical is applied. These symptoms can be treated with calamine lotion or other over-the-counter anti-itch creams. A small percentage of people have a severe reaction to DNCB and must discontinue use. DNCB can also make the spot on which it is applied more sensitive to the sun. A DNCB starter kit costs about \$50 (US). DNCB is not regulated nor available in Canada.

Melatonin

Melatonin is a hormone produced naturally by the body's pineal gland, located at the base of the brain. This gland secretes the hormones serotonin and melatonin. Melatonin is also secreted by the intestines, regulating intestinal health, healing and peristalsis. Some people consider melatonin a complementary therapy since it is available in both synthetic and natural forms over the counter in the United States. But melatonin is not legally sold in Canada, and its use is controversial. Melatonin regulates the body's clock and the way a person responds to light. By doing so, it regulates our cycles of waking and sleeping. Many people use melatonin for insomnia and jet lag, for which studies have shown that it is effective.

Melatonin is also an antioxidant. Antioxidants neutralize oxygen free radicals, the natural by-product of human metabolism, which may be increased in PHAs. Excess free radicals may damage body cells and decrease their ability to resist infection. For details on antioxidants, see *A Practical Guide to Nutrition for People Living with HIV*, published by CATIE.

Several studies have shown that melatonin may play a useful role, together with chemotherapy, in treating some cancers. However, use of melatonin in AIDS-related cancers has not been studied. Most manufacturers of melatonin say that it is not appropriate for people with cancers that affect immune cells, such as lymphoma and leukemia, because it may promote the growth of these cells. Further, some claim melatonin may increase a person's risk of developing skin cancer because of the way it changes the body's susceptibility to light.

In the United States, melatonin is sold in tablets in varying doses. It is probably safer to take synthetic melatonin than natural melatonin, since natural melatonin is produced from the pineal glands of animals, thus has more potential for being contaminated. In most people, melatonin appears to have few side effects. A small percentage of people may have adverse reactions such as headaches, agitation and nausea. Cases of depression have also been reported, although other people use melatonin as an anti-depressant. Pregnant women and children should probably not take melatonin.

Oxygen Therapies

Oxygen is a clear, odourless gas and is part of all body functions, since the body requires a continual supply to survive. Many bacteria and other infection-causing organisms are conversely anaerobic, meaning they live in a low-oxygen environment.

The term oxygen therapy describes treatments that use forms of the oxygen molecule to destroy infections and rejuvenate body tissues. Although these therapies are considered useful by some PHAs, there are significant risks associated with their misuse. Oxygen therapies should be used with the aid of a knowledgeable and experienced practitioner.

Hyperbaric oxygen therapy (HBO) is probably the most well-documented form of oxygen therapy in the field of HIV. People receive it by sitting in a chamber that

increases the air pressure and proportion of oxygen they breathe in. HBO chambers are primarily used to treat carbon monoxide poisoning and decompression sickness in divers who have been under water too long. They're also used to treat tissue damage caused by burns and radiation by providing an increased amount of oxygen to the damaged tissue. At least one study suggests that HBO therapy may be useful in treating the damage caused to lung tissue by PCP (*Pneumocystis Carinii Pneumonia*). Other studies suggest that HBO may be effective in treating HIV-associated fatigue and might even work to reduce viral load. HBO chambers are available in large hospitals in most urban centres. Arrangements to access one have to be made through a doctor.

Two other compounds commonly used in oxygen therapies are hydrogen peroxide and ozone.

Hydrogen peroxide, commonly used to disinfect wounds, has been shown to kill HIV in test tubes. Very dilute amounts of hydrogen peroxide are sometimes drunk or even injected into the body to destroy infections. **Users should proceed with extreme caution**, however, since several people have died from the misuse of this therapy.

Ozone has also been shown to kill HIV and other germs in test-tube studies. Ozone therapy usually involves some kind of device. One type may be inserted into the anus so that ozone may be blown directly into the rectum. PHAs have used this form of therapy to treat diarrhea and other gastrointestinal infections. In another form of ozone therapy, autohemotherapy, blood is first removed from the body then put through a process of ozonation and returned to the body. This treatment may involve risk of infection or cellular damage or both. Several trials have shown it to be of no benefit to PHAs. Both forms of ozone therapy should only be used with the assistance of an experienced practitioner.

Practitioners using ozone and hydrogen peroxide therapies are not regulated anywhere in Canada. Nor are there standards for their training. Careful interviewing is necessary to assess individual practitioners. (See section on choosing a complementary therapist.)

Many PHAs take antioxidant supplements like N-acetyl cysteine (NAC) or vitamins C and E to counteract oxygen free radicals in the body. Although they are natural byproducts of the body's metabolism, these free radicals may be increased in people with HIV, potentially damaging the body's cells and decreasing the ability of those cells to resist infection. Oxygen therapies like those described above actually increase the number of oxygen free radicals in the body. Antioxidant supplements are usually recommended for those who use oxygen therapies.

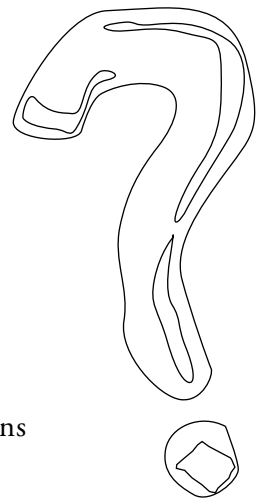
Doing Your Own Research on Complementary Therapies

Although the use of complementary therapies is becoming increasingly common in Canada, depending on where you live, you may have difficulty finding some of the therapies covered in this guide. Buyers' clubs and mail-order health food stores can be useful resources if you are looking for herbal therapies. To find a practitioner, you may have to travel to a larger centre if you live in a small town but check around first. Some practitioners are establishing themselves in smaller centres. Check your phone book or the bulletin boards in health food and drug stores. Also, ask local AIDS service organizations for referrals. If you do have to travel, your practitioner may be willing to do follow-up consultations over the phone. But, obviously, this won't work for hands-on procedures like massage. In some cases, your only alternative may be to do the reading necessary to pursue these therapies on your own.

This guide offers basic information on a number of therapies but, to use these therapies effectively, you should gather more information. Any complementary therapist you work with can be a good source of information. You may also ask the person selling the treatment or call the manufacturer. Public libraries often have reference books on complementary medicine. The Internet also carries information on complementary medicine. (See the References and Resources section at the end of this guide.) CATIE and other local AIDS treatment agencies can help you find answers to your questions. Contact CATIE at 1-800-263-1638.

Here are ten questions to ask yourself to guide your investigation into any new therapy, either complementary or conventional.

- What am I hoping to get out of this therapy?
- Is this therapy used by other PHAs?
- Am I able to talk to any of these PHAs about their experiences?
- Is there any research or additional information about this therapy?
- What are the side effects of this therapy, if any?
- What sort of commitment do I have to make to use this treatment?
- Where can I get this treatment, and will it be regularly available?
- How much of this treatment is too much and what are the early signs of taking too much?
- Does this treatment interact with anything else I'm taking?
- How much does it cost, and does the practitioner I'm considering offer a sliding scale based on income?



Unfortunately, the answers to some of these questions may be sketchy. It is often difficult to find information on interactions between various complementary therapies or between complementary therapies and prescription drugs. It is always wise to get information from more than one source. Do not rely solely on information provided by people who are profiting from your use of a treatment. You will have to decide when you have enough information to feel comfortable trying a treatment.

When gathering information, watch for the following red flags. The presence of several red flags suggests that the person providing the information is more interested in selling something than in helping you improve your health. This list can be used in relation to conventional and complementary therapies.

Red Flags

(Things that should make you cautious about complementary therapy information)

- The information source discourages you from consulting others or belittles the information you have received from other sources.
- The source claims that the treatment can be used for a long list of illnesses without any explanation of how results vary depending on the condition or how the conditions are related.
- The information focuses on the treatment's popularity or financial success, not on how it works.
- The information relies exclusively or predominantly on testimonials from past users.
- The information is all about comparisons with other similar products.
- The qualifications of the practitioners or promoters aren't offered. (Although practitioners in some disciplines do not receive formal training, all should be able to explain their qualifications for practising.)
- Studies of the product referred to in promotional literature haven't been published or are published only in a newsletter owned by those selling the product.
- The source's focus is on payment, not information.
- Opinions and facts are mixed together in the information.
- The treatment is unjustifiably expensive and no clear explanations are given.

When you start a new treatment, it is wise to keep a journal. This applies to any new treatment, complementary or conventional. A journal allows you to record your experiences so that, in a few weeks or months (depending on the time commitment required), you can decide if the treatment is working. In the journal, record how you feel each day and what changes, if any, you think can be attributed to the new treatment. Record when you feel ill or when you think this treatment is interacting with

another or with food. If you're experimenting with dosage, you should record the various amounts and your observations. If you get the treatment when you see a practitioner, note the date and time of your appointments. A journal will allow you to evaluate the treatment more fairly. It is a more reliable record than your memory, which often remembers only the most dramatic experiences, good and bad. A journal will help you determine whether changes in your life are associated with a particular treatment. It will give you a record of your treatments, which you can use in discussions with your doctor or practitioner. This type of record-keeping is particularly useful if you are trying a number of treatments. The journal is also a good source of information for PHAs who ask you about your experiences.

Choosing a Complementary Therapist

As there are for choosing a complementary therapy, there are some useful questions to ask when selecting a complementary practitioner. Here are some examples:

- How much training has the practitioner received and with whom has the practitioner studied?
- Is the practitioner a member of any professional association? If so, which one? And can the practitioner provide contact information?
- How long has the practitioner been practising?
- Does the practitioner have experience treating people with HIV/AIDS? Is the practitioner knowledgeable about HIV/AIDS?
- What have the results been like for the practitioner's HIV-positive patients?
- Can the practitioner provide references from professional bodies or reputable colleagues?
- Under what circumstances would the practitioner refer you to a medical doctor or another health professional?
- How many treatments does the practitioner estimate will be required? At what cost?
- How long will each treatment take? Is there anything you need to do before or after treatments?
- Are appropriate precautions taken in the practitioner's office to prevent transmission of disease between patient and practitioner? Between patients?

When interviewing a practitioner, determine your personal comfort level. Do you trust the practitioner? Do you feel that she or he can help you? There is

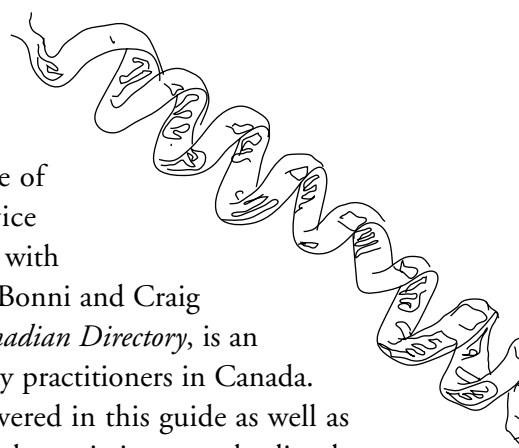
no point in forcing yourself into an uncomfortable relationship. It is up to you to judge how much training, experience and professional support your practitioner should have to meet your needs. Like all members of society, complementary practitioners may have biases or prejudices that could hinder your relationship with them and affect the treatment you receive.

When seeking out a practitioner, look for someone with experience treating HIV/AIDS or at least some knowledge of HIV/AIDS. Any reputable practitioner should be able to provide references from other health-care providers. We encourage you to visit complementary practitioners who are open to referring you to a doctor. Because your immune system is compromised, it is important that the practitioner take precautions to protect you from other infections. In particular, this applies to acupuncture and any other therapy involving devices that may be used on other patients. Finally, practitioners should be able to clearly explain the purpose of any treatment, how long it will take and what you should expect. This ability to communicate will be an important part of your future relationship.

Getting Connected

Finding out which complementary practitioners are available in your area can often be a challenge. Your doctor or nurse may be able to provide a referral, depending on their openness to and knowledge of the therapy you have chosen. Local AIDS service organizations can sometimes help people living with HIV/AIDS locate complementary practitioners. Bonni and Craig Harden's book, *Alternative Health Care: The Canadian Directory*, is an excellent resource for seeking out complementary practitioners in Canada. Practitioners are listed for most of the fields covered in this guide as well as many others. National and provincial professional associations are also listed, as are the provincial regulations governing each complementary field. Check the specific sections of this guide for professional organizations that make referrals.

On the following pages is a list of organizations representing practitioners of the different complementary therapies discussed in this book. Most of these organizations require their members to achieve certain standards of skill and education. You may wish to contact them for further information about how their members are regulated or to help you begin to connect with others in your region who have experience in a particular type of therapy. Remember, however, qualified complementary practitioners may not be members of any of these organizations. (See the section on choosing a complementary therapist.) This list is not complete and we do not endorse any of these organizations.



Homeopathy

Canadian Coalition for Homeopathic Medicine

102 Langrill Drive
Yorkton, Saskatchewan S3N 3M9
aimadistance@yahoo.fr

Canadian Association of Homeopathic Physicians

Unit 56-9703, 41st Avenue
Edmonton, Alberta T6E 6M9
(780) 438-4465

Syndicat professionnel des homéopathes du Québec

1600 rue de Lorinier, bureau 382
Montréal, Québec H2K 3W5

Naturopathy

The Canadian Naturopathic Association

1255 Sheppard Avenue East
Toronto, Ontario M2K 1E2
(416) 496-8633 or 1-800-551-44381

Association nationale des naturothérapeutes

910 rue Belanger Est
Montréal, Québec H2S 3T4
(514)-939-1457
<http://www.naturotherapeutes.com>

The Canadian College of Naturopathic Medicine

1255 Sheppard Avenue East
Toronto, Ontario M2K 1E2
(416)-489-1255 or 1-866-241-2266
<http://www.ccnm.edu>

Boucher Institute of Naturopathic Medicine

200-668 Carnarvon St
New Westminster,
British Columbia V3M 5Y6
<http://www.binm.org>

Traditional Chinese Medicine and Acupuncture

The Chinese Medicine and Acupuncture Association of Canada

154 Wellington Street
London, Ontario N6B 2K8
(519) 642-1970
<http://www.cmaac.ca>

The Acupuncture Foundation of Canada Institute

2131 Lawrence Avenue East,
Suite 204
Scarborough, Ontario M1R 5G4
(416) 752-3989
<http://www.afcinstitute.com>

Ordre des acupuncteurs du Québec

1001 boul. de Maisonneuve Est,
bureau 585
Montréal, Québec H2L 4P9
(514) 523-2882

Herbal Therapies

The Canadian Association of Herbal Practitioners

1228 Kensington Road North West,
Suite 400
Calgary, Alberta T2N 4P9
(403) 270-0936

Massage and Manipulation Techniques

Canadian Massage Therapists Alliance

344 Lakeshore Road East
Oakville, Ontario L6J 1J6
(905) 849-7606

Fédération québécoise des massothérapeutes

1265 rue Mont-Royal Est, bureau 204
Montréal Québec H2J 1Y4
1-800-363-9606

**Shiatsu Therapy Association of
British Columbia**

PO Box 53084,
231 Mountain Highway
North Vancouver,
British Columbia V7J 2C0
(604) 433-9495
<http://www.shiatsutherapy.ca>

**Shiatsu Therapy Association
of Ontario**

PO Box 695, Station P
Toronto, Ontario M5S 2Y4
(416) 923-7826 or 1-877-923-7826

Shiatsu Diffusion Society

822 Broadview Avenue
Toronto, Ontario M4K 2P7
(416) 406-5493

The Trager Institute

21 Locust Avenue
Mill Valley, California U.S.A. 94941
<http://www.trager.com>

Tai Chi

The Taoist Tai Chi Society of Canada

1376 Bathurst Street
Toronto, Ontario M5R 3J1
(416) 656-2110

Therapeutic Touch

Therapeutic Touch Network of Ontario

P.O. Box 156, Stn U
Etobicoke, Ontario M8Z 5P1
(416) 658-6824
<http://www.therapeutictouchnetwk.com>

Further Resources and References

Many books, journals and Web sites were used to prepare the information in this guide. They may be useful for your own research into complementary therapies.

There is a wealth of information available both in print and online. And it isn't always easy to determine which information is trustworthy. For help in finding your way through this jungle of information and mis-information, CATIE also publishes a Resource Guide: complementary and alternative health care and HIV/AIDS resources. This guide is available online at <http://www.catie.ca> or you can obtain a print copy by calling us at 1-800-263-1638.

When doing research, keep the following points in mind:

- 1) Try to find information from as many sources as possible to get a number of different viewpoints on the same information. This may help raise questions worth considering.
- 2) Never rely solely on information provided by people who are making money from your use of the therapy. While many commercial sources provide comprehensive, easy-to-read information, it is in their best interest to make their product or service look good.
- 3) Be careful to separate opinion from fact. Many people feel that complementary therapies have made a difference in their lives. Hearing about another person's experiences is a wonderful way to learn, but it's important to make sure that their enthusiasm does not blur the line between what they know and have experienced and what they believe to be true.

Refer to the section "Red Flags" when assessing information about a product.

Although the World Wide Web is a massive and ever-growing source of information on complementary therapies, it is also a growing source of misinformation. Carefully consider what you read. If you have any questions about what you have read in this guide or elsewhere, call CATIE toll free at 1-800-263-1638.

Complementary Therapies—General

Canadian Health Network, Complementary and Alternative Health Centre

http://www.canadianhealthnetwork.ca/1alternative_health.html

Contains consumer-oriented, quality assured, web-based resources on a variety of complementary therapies topics.

Canadian Complementary Medical Association (CCMA)

<http://www.ccmadoctors.ca/index.htm>

Contains links to what the CCMA considers to be the best complementary therapies Web sites.

CAM PubMed

<http://www.nlm.nih.gov/nccam/camonpubmed.html>

Free online searching of the medical literature for information on complementary therapies.

Alternative Medicine

<http://www-hsl.mcmaster.ca/tomflem/altmed.html>

Canadian site with a great list of links to various sources of alternative medicine information.

WholeHealthMD.com

<http://www.wholehealthmd.com/index>

Features the latest news and advancements in complementary and alternative medicine.

Cassileth BR. *The Alternative Medicine Handbook*. New York: WW Norton and Company, 1998.

Harden BL and Harden CR. *Alternative Health Care: The Canadian Directory*. Toronto: Nobel Ages Publishing Ltd, 1997.

Complementary Therapies and HIV—General

CATIE

<http://www.catie.ca>

1-800-263-1638

Contains a wealth of resources on complementary therapies, including the *Positive Side* magazine on holistic health, Practical Guides on nutrition and herbal therapies, Fact Sheets on specific herbs and supplements, and links to other reviewed articles and Web sites in the Internet. *CATIE-News*, *TreatmentUpdate* and *Innovations* cover new developments in research on complementary therapies.

AIDS Committee of Toronto

<http://www.actoronto.org/library>

Provides links to articles and Web sites on complementary therapies for people living with HIV/AIDS

AIDSmap (NAM, United Kingdom)

<http://www.aidsmap.com>

Includes publications on complementary therapies produced by the National AIDS Manual.

British Columbia Persons with AIDS Society (BCPWA)

<http://www.bcpwa.org>

Contains articles and resources on complementary therapies for people living with HIV/AIDS.

COMP_THERAPIES_HIV

http://groups.yahoo.com/group/comp_therapies_hiv

E-mail news service containing reviews of research and news from around the world about complementary therapies pertaining to HIV/AIDS.

DAAIR (Direct Access Alternative Information Resources)

<http://www.daair.org/DAAIR/dp.NSF/pages/home>

Contains a series of articles describing alternative treatment substances, including use, side effects, warnings, and a corresponding literature review.

The Sensible Guide to Using Complementary Health Care for Optimal Health

<http://www3.sympatico.ca/devan.nambiar>

Details one Canadian man's research and personal experience with complementary therapies.

Kaiser J. Healing HIV. *How to rebuild your immune system*. Mill Valley: Health First Press, 1999.

Furler MD, Einarson TR, et al. Use of complementary and alternative medicine by HIV-infected outpatients in Ontario, Canada. *AIDS Patient Care and STDs* 2003;17(4):155-168.

Hsiao AF, Wong MD, et al. Complementary and alternative medicine use and substitution for conventional therapy by HIV-infected patients. *Journal of Acquired Immune Deficiency Syndromes* 2003;33:157-165.

Bica I, Tang AM, et al. Use of complementary and alternative therapies by patients with human immunodeficiency virus disease in the era of highly active antiretroviral therapy. *Journal of Alternative and Complementary Medicine* 2003;9(1):65-76.

Heath KV, Gatarick N, et al. Complementary therapy use in a province-wide HIV-AIDS drug treatment programme. *Eighth Annual Canadian Conference on HIV/AIDS Research*, Victoria 1999.

Ostrow MJ, Cornelisse PGA, et al. Determinants of Complementary Therapy Use in HIV-Infected Individuals Receiving Antiretroviral or Anti-opportunistic Agents. *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology* 1997 Jun 1;15(2):115-20.

Ayurvedic Medicine

The Ayurveda Institute

<http://www.ayurveda.com/online%20resource/index.html>

Contains an Online Ayurvedic Resource Centre.

Spirrill D. Introduction to Yoga. *The Positive Side* 2001 fall/winter; 5(4):14-17.
Available at <http://www.catie.ca>

Frawley D. *Ayurvedic Healing: A Comprehensive Guide*. Salt Lake City: Passage Press, 1989.

Frawley D, Lad V. *The Yoga of Herbs: An Ayurvedic Guide to Herbal Medicine*. Twin Lakes: Lotus Light Publications, 1986.

Kriyananda G. *The Spiritual Science of Kriya Yoga*. Chicago: Temple of Kriya Yoga, 1997.

Lad V. *The Complete Book of Ayurvedic Home Remedies*. New York: Harmony Books, 1998.

Lidell L. *The Sivananda Companion to Yoga*. New York: Simon and Schuster, 1993.

Svoboda R. *Ayurveda: Life, Health and Longevity*. Arkan: Penguin Books, 1993.

Morris K. Meditating on yogic science. *The Lancet* 1998 April;351:1038

Pereira J. *Yoga International* 1996; March-April; 29-33

Homeopathy

National United Professional Association of Trained Homeopaths

<http://www.nupath.org>

Contains FAQs about homeopathic treatments and a directory of homeopathic practitioners in Canada and North America

Ullman D. Controlled clinical trials evaluating the homeopathic treatment of people with human immunodeficiency virus or acquired immune deficiency syndrome. *Journal of Alternative and Complementary Medicine* 2003;9(1):133-14.

Jonas WB, Kaptchuk TJ, et al. A critical overview of homeopathy. *Annals of Internal Medicine* 2003;138(5):393-9.

Ullman D. *The Consumer's Guide to Homeopathy: The Definitive Resource For Understanding Homeopathic Medicine and Making it Work for You*. Los Angeles: JP Tarcher, 1996.

Linde K, Clausius N, et al. Are the clinical effects of homeopathy placebo effects? A meta-analysis of placebo-controlled trials. *The Lancet* 1997 September 20;350(9081):834-843.

North American Aboriginal Healing Traditions

McLeod A. As the Wheel Turns: the HIV/AIDS Medicine Wheel. *The Positive Side* 2004 spring;6(4):14-6.

Available at <http://www.catie.ca>

2-Spirited Peoples of the 1st Nations. *Nashine Ginwenimawaziwin (Constant Care)*. Toronto, 1998.

Macleod-Shabogesic P. *HIV/AIDS The Medicine Wheel: A Healing Journey*. Ontario: The Union of Ontario Indians, 1995.

Naturopathy

The Canadian Naturopathic Association (CNA)

<http://www.naturopathicassoc.ca/index.html>

Contains a directory of naturopathic practitioners, and questions and answers about naturopathic practices.

The Canadian College of Naturopathic Medicine (CCNM)

<http://www.ccnm.edu>

Contains a “Learning Resources Center” for links to online databases, journal indexes, and the library’s catalogue.

Bastyr University

<http://www.bastyr.edu/default.asp>

Contains a “Library-Resources” section featuring Bastyr’s library catalogue, research guides, book reviews, and links to other online resources.

Pizzoro JE, Murray MT (Eds). *Textbook of Natural Medicine, second edition* (2 Volumes). Edinburgh: Churchill Livingstone, 1999.

Traditional Chinese Medicine and Acupuncture

Cohen MR, Doner K. *The HIV Wellness Sourcebook: An East/West Guide to Living Well with HIV/AIDS and Related Conditions*. New York: Henry Holt, 1998.

Anastasi JK, McMahan DJ. Testing strategies to reduce diarrhea in persons with HIV using traditional Chinese medicine: acupuncture and moxibustion. *Journal of the Association of Nurses in AIDS Care* 2003;14(3):28-40.

Gelantino ML, Eke-Okoro et al. Use of noninvasive electroacupuncture for the treatment of HIV-related peripheral neuropathy: a pilot study. *Journal of Alternative and Complementary Medicine* 1999 April;5(2):135-42.

Shlay JC, Chaloner K, et al. Acupuncture and amitriptyline for pain due to HIV-related peripheral neuropathy: a randomized controlled trial. *JAMA* 1998;280(18):1590-5.

Abuaisha BB, Costanzi JB, et al. Acupuncture for the treatment of chronic painful peripheral diabetic neuropathy: a long-term study. *Diabetes Research and Clinical Practice* 1998;39(2):115-21

Wu B. Effect of acupuncture on the regulation of cell-mediated immunity in the patients with malignant tumours. [Article in Chinese] *Chen Tzu Yen Chiu* 1995;20(3):67-71.

Aromatherapy

Durand C. Oil Well. *The Positive Side* 2002 spring/summer; 6(1):12-13.
Available at <http://www.catie.ca>

Worwood VA. *The Fragrant Pharmacy*. London: Bantam Books, 1990.

Buckle J. Clinical aromatherapy and AIDS. *Journal of the Association of Nurses in AIDS Care* 2002;13(3):81-99.

Dunn C, Sleep J, et al. Sensing an improvement: an experimental study to evaluate the use of aromatherapy, massage and periods of rest in an intensive care unit. *Journal of Advanced Nursing* 1995 Jan;21(1):34-40.

Colour Therapy

Frawley D. *Ayurvedic Healing: A Comprehensive Guide*. Passage Press, 1989.

Svoboda R. *Ayurveda: Life, Health and Longevity*. Arkana: Penguin Books, 1993.

Flower Essences and Other Essence Therapies

World Wide Essence Society

<http://www.essences.com/wwes/>

Cunningham D. *Flower Remedies Handbook*. New York: Sterling Publications, 1992.

Shapiro JG. *The Flower Remedy Book*. Berkley: North Atlantic Books, 1999.

Herbal Therapies

Dominion Herbal College

<http://www.dominionherbal.com>

Contains information about common herbs, with colour photos. "Netta's Garden" section gives details about specific herbs including use, and recipes. "Friends" section provides an extensive list of links to other Web sites providing herbal information

HerbMed

<http://www.herbmed.org/index.asp>

Evidence-based, interactive herbal database. Provides links to scientific data regarding the use of medicinal herbs.

Chandler RF (Ed). *Herbs: Everyday Reference for Health Professionals*. Nepean, ON: Canadian Pharmacists Association and the Canadian Medical Association; 2000. pp.193-95

Blumenthal M. *The Complete German Commission E Monographs: Therapeutic Guide to Herbal Medicine*. Austin: American Botanical Council, 1998.

Murray MT. *Healing Power of Herbs*. Second edition. Rocklin CA: Prima Health, 1995.

Iridology

Ernst E. Iridology: not useful and potentially harmful. *Archives of Ophthalmology* 2000;118:120-121.

Jensen B, Bodeen D. *Visions of Health: Understanding Iridology*. New York: Avery Publishing Group, 1992.

Adams D. A Closer Look at Iridology. *Vitality* 1998 April;58-63.

Juicing

Meyerowitz S. Juice for Cell Health. *Alive* 1998; 174:20-24.

Calbom C, Keane M, et al. *Juicing for Life*. New York: Avery Publishing Group 1992.

S. Meyerowitz. *Juice Fasting and Detoxification*. Great Barrington: Sproutman Publications, 1999.

Murray MT. *The Complete Book of Juicing*. Rocklin: Prima Publishing, 1992.

Michael Onstott. *Detoxicology*. POZ 1997 May:1-3.

Available at <http://www.poz.com>

Massage and Manipulation Techniques

Canadian Massage Therapists Alliance (CMTA)

<http://www.cmta.ca>

Contains an extensive list of Massage Therapy associations across Canada, as well as a helpful guide to reading research articles. Includes links to free, full text massage therapy publications and other massage therapy and general CAM Web sites.

Diego MA, Field T, et al. HIV adolescents show improved immune function following massage therapy. *International Journal of Neuroscience* 2001;106(1-2):35-45.

Birk TJ, McGrady A, et al. The effects of massage therapy alone and in combination with other complementary therapies on immune system: measures and quality of life in human immunodeficiency virus. *Journal of Alternative and Complementary Medicine* 2000; 6(5):415-14.

Ironson G, Field T, et al. Massage therapy is associated with enhancement of the immune system's cytotoxic capacity. *International Journal of Neuroscience* 1996 Feb;84(1-4):205-217.

Birk TJ, MacArthur RD, et al. Lack of effect of 12 weeks of massage therapy on immune function and quality of life in HIV-infected persons [Abstract] Th.B.4105. *International Conference on AIDS*, 1996 July.

Scafidi F, Field T. Massage therapy improves behavior in neonates born to HIV-positive mothers. *Journal of Pediatric Psychology* 1996 Dec;21(6):889-897.

Mind-Body Medicine

Weiser J. How does it feel. *The Positive Side* 2003 spring; 6(2):42-46.
Available at <http://www.catie.ca>

Valian R. De-stress yourself. *The Positive Side* 2003 spring; 6(2):42-46.
Available at <http://www.catie.ca>

Waselnuk G. Breathing lessons. *The Positive Side*. 2001 fall/winter; 5(4): 12-13.
Available at <http://www.catie.ca>

Yang-style Tai Chi

<http://www.chebucto.ns.ca/Philosophy/Taichi/tc-home.html>

Lutgendorf SK, Antoni MH, et al. Changes in cognitive coping skills and social support during cognitive behavioral stress management intervention and distress outcomes in symptomatic human immunodeficiency virus (HIV)-seropositive gay men. *Psychosomatic Medicine* 1998 Mar;60(2):204-214.

Lutgendorf SK, Antoni MH, et al. Cognitive-behavioral stress management decreases dysphoric mood and herpes simplex virus-type 2 antibody titers in symptomatic HIV-seropositive gay men. *Journal of Consulting and Clinical Psychology* 1997 Feb;65(1):31-43.

Taylor DN. Effects of a behavioral stress-management program on anxiety, mood, self-esteem, and T-cell count in HIV positive men. *Psychological Reports* 1995;76(2):451-7.

Carson VB. Prayer, meditation, exercise, and special diets: behaviors of the hardy person with HIV/AIDS. *Journal of the Association of Nurses in AIDS Care* 1993 Jul-Sep;4(3):18-28.

Kolcaba K, Fox C. The effects of guided imagery on comfort of women with early stage breast cancer undergoing radiation therapy. *Oncology Nursing Forum* 1999 Jan-Feb;26(1):67-72.

Tusek D, Church JM, et al. Guided imagery as a coping strategy for perioperative patients. *American Association of Occupational Health Nurses (AAOHN) Journal* 1997 Oct;66(4):644-9.

Zachariae R, Kristensen JS, et al. Effect of psychological intervention in the form of relaxation and guided imagery on cellular immune function in normal healthy subjects. An overview. *Psychotherapy and Psychosomatics* 1990;54(1):32-9.

Zachariae R, Hansen JB, et al. Changes in cellular immune function after immune specific guided imagery and relaxation in high and low hypnotizable healthy subjects. *Psychotherapy and Psychosomatics* 1994;61(1-2):74-92.

Touch Therapies

Therapeutic Touch Network Ontario

<http://www.therapeutictouchnetwk.com>

Contains articles, newsletter, list of teachers and links to other sources of therapeutic touch information

Ireland M. Therapeutic touch with HIV-infected children: a pilot study. *Journal of the Association of Nurses in AIDS Care*. 1998 July; 9(4): 68-77.

Honervogt T. *The Power of Reiki*. New York: Owl Books, 1998.

DNCB

Stricker RB, Goldberg B, et al. Decrease in viral load associated with topical dinitrochlorobenzene therapy in HIV disease. *Research in Virology* 1997 Sep;148(5):343-348.

Traub A, Margulis SB, et al. Topical immune modulation with dinitrochlorobenzene in HIV disease: A controlled trial from Brazil. *Dermatology* 1997;195 (4):369-373.

Union Square Medical Association, San Francisco:
<http://www.usmamed.com/05hiv/index.htm>

Melatonin

Liebermann PM, Wolfler A et al. Melatonin and the Immune System. *International Archives of Allergy and Immunology* 1997;112:203-11

Lissoni P, Rovelli F, et al. Circadian secretions of IL-2, IL-12, IL-6 and IL-10 in relation to the light/dark rhythm of the pineal hormone melatonin in healthy humans. *Natural Immunity* 1998;16(1):1-5.

Lissoni P, Vigore L, et al. Neuroimmunotherapy with low-dose subcutaneous interleukin-2 plus melatonin in AIDS patients with CD4 cell number below 200/mm³: a biological phase-II study. *Journal of Biological Regulators and Homeostatic Agents*. 1995 Oct-Dec;9(4):155-8.

Oxygen Therapies

Altman N. *Oxygen Healing Therapies*. Rochester, Vermont: Healing Arts Press, 1995.

Bocci V, Venturi G, et al. Lack of efficacy of ozone therapy in HIV infection. *Clinical Microbiol Infect* 1998;4(11):667-9.

Zebley J, Altieri R, et al. Hyperbaric Oxygen Therapy as Adjunctive Therapy for PCP. *AIDS Patient Care* 1995 Dec; 9(6):270.

Reilo M. Hyperbarbic Oxygen Therapy for the Treatment of Debilitating Fatigue Associated With HIV/AIDS. *Journal of the Association of Nurses in AIDS Care* 1993 July-September;4(3):33-38.

Reilo M, Altieri R. HIV Antiviral Effects of Hyperbarbic Oxygen Therapy. *Journal of the Association of Nurses in AIDS Care* 1996 Jan-Feb; 7(1):43-45.

Bocci V. Ozone as a bioregulator: pharmacology and toxicology of ozonotherapy today. *J Biol Regul Homeost Agents* 1996;10(2-3):31-53.

What CATIE Does

The Canadian AIDS Treatment Information Exchange (CATIE) enables people living with HIV/AIDS (PHAs) to make informed choices about their health care, to optimize their quality of life, to prevent the progression of disease and opportunistic infections and to reduce the impact of side effects.

CATIE provides this information through a comprehensive Web site, a bilingual toll-free phone service, electronic and print publications, a national reference library and workshops and exhibits at conferences across Canada.

Other CATIE Publications

A Practical Guide to HAART

The latest on what is known about the various aspects of treatment, including a description of the virus and the immune system, the stages of HIV disease, the tests used to assess health status, and anti-HIV medications.

A Practical Guide to HIV Drug Side Effects

The latest on what is known about various side effects related to treatment, from appetite loss to sexual difficulties, and tips for countering or preventing them.

The Practical Guide series also includes:

- *A Practical Guide to Nutrition*
- *A Practical Guide to Herbal Therapies*

Fact Sheets & Supplement Sheets

Concise overviews of conditions, symptoms, medications, side effects, complementary therapies, vitamins, herbs and other treatment issues.

Managing Your Health, 1999 edition

A must-read guide for PHAs which addresses social, legal, health-related and practical issues comprehensively and from a national perspective.

The Positive Side magazine

Holistic health, information and views for PHAs.

TreatmentUpdate

CATIE's flagship treatment digest on cutting-edge developments in HIV/AIDS research and treatment.

*pre*fix*

A harm reduction booklet for HIV+ drug users.

Contact CATIE

By email info@catie.ca

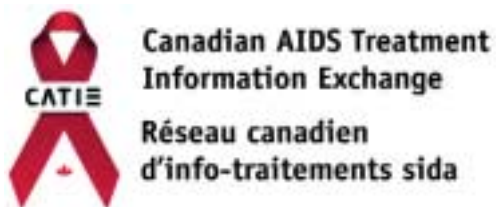
Web <http://www.catie.ca>

By telephone 416-203-7122
toll free 1-800-263-1638

Post 555 Richmond Street West
Suite 505, Box 1104
Toronto, Ontario M5V 3B1
Canada

By fax 416-203-8284

CATIE gratefully acknowledges the support of the Natural Health Products Research Program of the Natural Health Products Directorate, Health Canada



555 Richmond St. W. Suite 505
Box 1104, Toronto, ON M5V 3B1
ph: 416 203 7122 fax: 416 203 8242
toll-free: 1 800 263 1638
web: www.catie.ca em: info@catie.ca



Funding has been provided
by Health Canada, under the
Canadian Strategy on HIV/AIDS