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HIV In Communities of Color: The Compendium of Culturally Competent Promising Practices: THE ROLE OF TRADITIONAL HEALING IN HIV CLINICAL MANAGEMENT

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HIV In Communities of Color:
The Compendium of Culturally Competent
Promising Practices: The Role of Traditional
Healing in HIV Clinical Management

National
Minority AIDS
Education and
Training Center
(NMAETC)

Howard
University
College of
Medicine
WASHINGTON, DC

HIV in Communities of Color:

The Compendium of Culturally Competent Promising Practices: The Role of Traditional Healing in HIV Clinical Management

NATIONAL MINORITY AIDS EDUCATION AND TRAINING CENTER

Howard University College of Medicine
WASHINGTON, DC

GOULDA A. DOWNER, PHD, RD, LN, CNS
EDITOR

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CONTRIBUTORS

Natalie Boulware, ND
Integrated Health Solutions
Baltimore, MD

Wei-Ti Chen, RN, CNM, DNSc
Yale University, School of Nursing
New Haven, CT

Misha Ruth Cohen, OMD, L.Ac
Chicken Soup Chinese Medicine
San Francisco, CA

David Clippinger, PhD
Director, Still Mountain T'ai Chi and Chi Kung
Resident Priest, Mountain Wind Zen Meditation Center
Pittsburgh, PA

Roberto Dansie, PhD
Cultural Wisdom
Portland, OR

Craig Dearfield, MA
Howard University
Washington, DC

Goulida A. Downer, PhD
Howard University, College of Medicine
Washington, DC

Bettye Muwwakkil, PhD
Access to Wholistic and Productive Living Institute Inc,
Be-Whole Foundation,
Lanham, MD

Robin Pugh Yi, PhD
McKinley Group
Vienna, VA

Sabine Thomas, ND
Safe and Sound Health, LLC
Kenmore, WA

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FOREWORD

The medical community is recognizing the need to understand, to reach, and to learn from patients who seek alternatives to conventional Western medicine and the providers who serve them. Participants in the 2010 National Minority AIDS Education and Training Center (NMAETC) symposium agreed that understanding the role of complementary and alternative medicine among minority patients living with HIV/AIDS is critical for effective clinical management. In response, NMAETC produced this compendium. It is intended as a resource to help clinicians who treat patients with HIV/AIDS be aware of alternative medical practices, to understand how they resonate with patients' cultural perspectives about health and healing, and the potential for alternative approaches to both support and hinder conventional practice. NMAETC is offering this compendium as a tool to assist clinicians in translating between conventional medical training and alternative healing practices so that they can support patients in obtaining the best of both.

Evidence abounds that many people with HIV—like people with many other chronic illnesses—use complementary and alternative medicine (CAM), including a wide variety of traditional healing approaches (Littlewood RA, Vanable PA. 2008). Although this trend started early on in the HIV epidemic before effective treatments were available, widespread use persists even in the era of highly active antiretroviral therapy (HAART). In one HIV positive cohort study—the Nutrition for Healthy Living trial (n = 642)—conducted during the late 1990s when HAART use increased from 0% to 70%, prevalence of ingested CAM use remained above 50%. (Bica, I., 2003). Patients report many reasons for choosing CAM: to promote healthier immune function and overall health; to treat an HIV-associated symptom or condition; to treat or control a side effect of anti-retroviral medication; or to combat the virus itself.

Studies consistently document that only about one-third of patients spontaneously report their use of CAM approaches to their physician or health practitioner, a finding replicated in the Chen et al. study presented here (Eisenberg, et al. 1998). In this study, most often it is not because patients fear judgment or disapproval for using CAM as we might assume, or because they consider this private or personal information. Rather, patients tell us, it is because “I didn’t think he needed to know” or, even more commonly, “He didn’t ask.” (Eisenberg, et al., 2001). Evidence suggests that patients want clinicians to ask, and are willing to share information about CAM use with their conventional medical care provider. Lack of knowledge or uncertainty as to what to recommend regarding these choices often prevents practitioners from discussing CAM therapies with patients. Even without clear evidence regarding the effectiveness of some of these practices, the increased sense of trust and collaboration engendered when the provider makes the effort to learn about what is important to the patient will lead to better communication and better clinical outcomes. This compendium of information on traditional healing practices used by individuals with HIV is a step toward addressing this uncomfortable lack of knowledge and closing the communication gap between people living with HIV/AIDS (PLWHA) and their providers regarding CAM and traditional medicine approaches.

The articles included describe a wide range of CAM approaches- from Santeria to Zen meditation- their appeal for the patients who use them, and what



conventional Western clinicians need to know to best serve patients who utilize CAM. Three central points are common across these articles. First is the issue of herb-drug interactions. Many herbal medicines increase the activity of specific enzyme systems like cytochrome p450 that are responsible for metabolism of antiretrovirals and other medications critical to PLWHA, potentially reducing serum levels of these medications to below therapeutic levels. Patients are often not aware of this interaction issue, and of the fact that taking certain herbal medicines can interfere with the effectiveness of their antiretrovirals. Obtaining a thorough history regarding use of herbal medicines and other CAM therapies is essential to helping patients make choices which will support rather than undermine the effectiveness of their conventional treatment for HIV. Compendium authors discuss the risks of interactions between ART and herbal remedies recommended by traditional Chinese medicine (Chen et al.), traditional Latino healers (Dearfield & Pugh-Yi), and naturopathic doctors (Boulware). While some interactions have been empirically confirmed, many have not yet been researched. Given the prevalence of CAM utilization, it is critical to conduct research on potential interactions between Antiretroviral Therapy (ART) and CAM and to inform practitioners and patients of risks.

Secondly, the articles present evidence for the effectiveness of some CAM approaches in complementing ART through alleviating illness symptoms, ART side effects, supporting immune functioning, or helping patients to cope with the effects of a life-threatening, chronic illness, for which there is yet no known cure. Clippinger presents exploratory evidence for the value of Zen meditation in helping not only patients, but their social support networks, to cope with living with HIV/AIDS. Articles on sacred circles, Santeria, and curanderismo describe how spirituality is a critical component of healing for many patients. Meditation and ritual are non-invasive approaches that have shown some success in alleviating pain and stress and in supporting immune functioning. In addition, while it is risky for PLWHA to take some herbs and supplements, others may effectively complement ART. Dearfield & Pugh-Yi present evidence regarding effectiveness of herbs commonly prescribed by traditional Latino healers. Boulware summarizes clinical evidence of the effectiveness some supplements used by naturopathic doctors, emphasizing the importance of oversight from professionals trained regarding risks and interactions.

The third reason for clinicians to understand CAM may be the most important: the need for a patient-centered approach that integrates the patient's beliefs and choices into a treatment plan that is a real collaboration with their practitioners. All of the authors emphasize that people choose to use CAM and traditional medicine practices because they believe in them, and often because these practices are more congruent with their world view and their personal history. In her article about sacred circles, Muwwakil emphasizes the importance of spirituality in many African American women's understanding of healing. Likewise, Dansie and Dearfield & Pugh-Yi discuss how spiritual credentials are essential for a healer's credibility with many Latino patients. Chen et al. provide evidence that patients are more likely to turn to traditional Chinese medicine when they are experiencing most difficulties with illness and treatment side effects. Cohen points out that some people seek traditional services such as acupuncture to the exclusion of Western medicine. For these patients, alternative practitioners may be the one referral source who can effectively communicate with patients regarding potential benefits of Western anti-retroviral therapy. For many recent immigrant populations, using the healing practices they are familiar with from home is an essential and indispensable component of their approach to

health and illness. To be effective in negotiations about treatment planning and adherence, the practitioner needs to understand what is important to the patient and what factors inform his or her decision-making. For many patients, CAM and traditional healing practices are central to this understanding. The compendium articles provide insight into CAM practices, results, and patients' perspectives. These insights are intended to improve patient-doctor communication and thereby improve care quality for people living with HIV/AIDS.

Benjamin Kligler, MD, MPH and Robin H. Pugh Yi, PhD

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INTRODUCTION

The National Minority AIDS Education and Training Center (NMAETC) at Howard University College of Medicine is involved in a number of cultural competency training, preceptorship, and capacity building activities to improve clinicians' knowledge and skills when working in cross-cultural environments. In that regard, we are pleased to present this document as a valuable addition to the tools available to help prevent the spread of HIV in minority populations.

During its years of operation, the NMAETC has worked to improve HIV-related health outcomes for racial and ethnic minority communities disproportionately affected by HIV/AIDS. Our multi-pronged approach, which consists of Clinical Delivery, Cultural Competency and Infrastructure Management, focuses our efforts on increasing the number of clinicians and community-based providers. We also seek to provide the best HIV care practices, using culturally appropriate clinical management models. Our clinical trainings are further used to expand the pool of HIV service providers who are willing and able to provide best care practices using culturally appropriate models.

Several national and local efforts continue to further the development of the field of cultural competence in the United States. The Institute of Medicine's 2002 seminal report, "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care," included specific recommendations for the healthcare system to pursue - pertaining to the field of cultural competence - as part of a multi-level strategy to reduce racial and ethnic disparities. Other national efforts, such as the U.S. Department of Health and Human Services Office of Minority Health's National Standards for Culturally and Linguistically Appropriate Services in Health Care, has provided a fundamental framework to assist and encourage health care providers to respond with sensitivity to the needs that culturally diverse patients bring to the health encounter.

In support of the advancement of the field of cultural competence in HIV/AIDS care, the NMAETC launched, in March 2008, the first of a series of annual symposia. We brought together renowned clinicians, cultural competency experts, policy makers and healthcare providers who work with minorities diagnosed with HIV/AIDS. The theme of the first symposium was, "HIV and Minorities: Cultural Competence and the Quality of Care." In recognition of the vital role cultural competency plays as a core component of quality health care, the NMAETC published the manual, **HIV in Communities of Color: A Compendium of Culturally Competent Promising Practices**. This Compendium is the second installment in that series. It is entitled, *HIV in Communities of Color: A Compendium of Culturally Competent Promising Practices - "The Role of Traditional Healing in HIV Clinical Management."*

For the purpose of this publication, the term "promising practice" is defined as, "a model, program or activity with at least preliminary evidence of effectiveness in small-scale interventions or for which there is potential for generating data that will be useful for making decisions about taking the practice to scale and generalizing the result to diverse populations and settings." The term "promising practice" is in itself an acknowledgment that if subjected to a rigorous process of evaluation and validation, these practices could help us learn some lessons and perhaps show a potential for replication.



Each “proposed practice” was required to meet a minimum of three of the following criteria in order to qualify as a “promising practice”:

1. Consistent and prolonged implementation
2. Suggested effectiveness in addressing the group identified
3. Successful use by at least one organization
4. Limited data to support the establishment of benchmarks
5. Potential for reliability

As we begin to dialogue about the challenges and opportunities presented by health disparities in communities of color, we should recognize that many turn to traditional healers or therapies when faced with illness. As a result, there is a potential for traditional healing practices to play an important, supportive role in responding to the burden of the HIV epidemic. Also, as HIV/AIDS continue to ravage our communities, it has become increasingly evident that diverse strategies to tackle the complex cultural, environmental, social and economic contexts in which it is spread must be addressed. One such strategy is to acknowledge the role that traditional health practices (sometimes used interchangeably with alternative, natural or complementary medicine) play in response to HIV/AIDS in our communities.

The use of traditional medicine to treat illness has been well established. This type of treatment for HIV is becoming increasingly widespread. CDC data (2008) show that approximately 50% of Americans use some form of traditional medicine for improving their overall sense of well-being. Although the practices presented here have not been scientifically proven, given their popularity, it is imperative to understand how traditional medicine is being used and whether it impacts clinical outcomes.

Traditional theories of disease causation differ from those of conventional science. Research has shown that, rather than trying to change traditional beliefs, stressing what is common to both forms of medicine and establishing a common language is most effective in maximizing collaborations. Further, collaboration between traditional and conventional healing practices has the potential to improve patient safety, treatment adherence, and clinical outcomes. Traditional healers are respected in their communities, are ideally placed, and know how to provide information in a linguistic and culturally fluent manner. In our opinion, collaboration is essential given the challenging epidemic of HIV and the dynamic relationship between conventional and traditional health practices.

We hope this compendium will serve to connect clinicians to some of the traditional practices of their patients. This, we hope, will facilitate a broader context and awareness of both practices. Most importantly, we hope that understanding the rationale, motivations, and history of traditional health practices will serve to further the cultural competence of healthcare professionals.

Goulda A. Downer, PhD
Principal Investigator & Project Director
NMAETC



Complementary and Alternative Medicine and Traditional Chinese Medicine in a Chinese Population who are HIV Positive: Perceptions and Beliefs

The role of practitioners in Traditional Chinese Medicine (TCM) is to identify yin-yang imbalances and correct them, allowing the body to heal itself.

WEI-TI CHEN, CHENG-SHI SHIU, JANE SIMONI, HONGXIN ZHAO

BACKGROUND

Traditional Chinese Medicine (TCM) has been practiced by Asians globally for more than 5,000 years. The objective of this type of Complementary and Alternative Medicine (CAM) is to balance the complementary forces of yin and yang inside the body and thereby maintain health (Chen et al., 2007). TCM views diseases as conditions caused by internal imbalances. The role of practitioners in TCM is to identify yin-yang imbalances and correct them, allowing the body to heal itself. Many Chinese patients with HIV use TCM in combination with antiretroviral therapy (ART), for example, Chinese herb medicine. According to Chen et al. (2009), many of these patients would use TCM as a general health practice, regardless of their HIV status. Several studies have shown that many Asians, regardless of where they live, and regardless of how many years they had been living abroad, practice TCM and maintain their faith in its utility (Chao & Wade, 2008; Pirotta, 2008; Tanaka, Gryzlak, Zimmerman, Nisly, & Wallace, 2008).

Globally, many researchers have shown that CAM and TCM are practiced by many non-Chinese populations, including Hispanics and African Americans (Bowie & Gondwe, 2010; de-Graft Aikins et al., 2010; Herrera-Arellano, Jaime-Delgado, Herrera-Alvarez, Oaxaca-Navarro, & Salazar-Martinez, 2009). A study conducted in an AIDS clinic in Mexico revealed that 71% of patients had been using CAM in conjunction with ART. Of those who used CAM, 96.6% reported that it either decreased the side effects of ART or increased their sense of resiliency (Herrera-Arellano et al., 2009). A study conducted in an infectious disease clinic in South Africa showed

that doctors were using herb extracts or referring patients to faith healers for many medical conditions, including mental illness, chronic and acute discomforts associated with diseases like HIV, sexually transmitted infections, and psychosocial issues (Peltzer, 2009).

A systematic review of 40 studies of CAM use among people living with HIV/AIDS (PLWHA) found that 60% of this population had been using CAM continually or intermittently, along with traditional ART (Littlewood & Vanable, 2008). The researchers found that CAM was generally used by individuals who (a) were Caucasian men who have sex with men (MSM), (b) had a higher level of education, and (c) had experienced severe HIV-related symptoms. Standish et al. (2001) reported that PLWHA use CAM to improve quality of life, reduce stress, and create balance physically and spiritually. Vitamins, herbal therapies, dietary supplements, marijuana for medical purposes, off-label prescription medications, and other herb supplements also have been used to treat negative effects of HIV and ART such as weight loss, nausea and diarrhea, stress reduction, and decrease depression (Fairfield, Eisenberg, Davis, Libman, & Phillips, 1998).

PURPOSE

While CAM and TCM are popular practices around the world, the field lacks studies of how Asians living with HIV/AIDS perceive TCM, and how it impacts their HIV treatment. Recent statistics published in the United States demonstrate that Asian Americans have lower HIV infection rates than their White counterparts and that those Asian Americans who are infected are less likely to die of

AIDS. However, while the total number of reported HIV cases has generally declined over the past 5 years for the White population, it has continued to increase for Asian Americans (Center for Disease Control and Prevention, 2008).

There is limited research focused on Asians living with HIV/AIDS in general, and even less specifically on those Asians living with HIV/AIDS using CAM or TCM. The current study explores the influences of demographic and clinical factors on the perceived relative effectiveness of TCM versus conventional ART in Chinese PLWHA. We predicted that these factors would influence when and how PLWHA in China use CAM and TCM, and the expectations these patients have regarding these practices. This information is essential to helping healthcare providers because, according to self-regulatory theories (Taberner & Wood, 1999), beliefs about medications, such as whether CAM/TCM is more effective than ART, could influence patients' adherence to standard ART. In addition, healthcare providers armed with a better understanding of CAM/TCM can provide patients with information about these approaches.

METHODS

Data were collected from December 2006 to March 2008 at Beijing's Ditan Hospital, affiliated with Capital Medical University, the premier treatment center for infectious diseases in China.

PARTICIPANTS

Study participants were recruited from various units within Ditan Hospital, including the outpatient clinic and the in-house AIDS unit. Eligible participants were Mandarin-speaking patients who were at least 18 years of age, were diagnosed with HIV, and were willing to and physically capable of completing the survey. Cognitively impaired or actively psychotic individuals were excluded. All participants were receiving care at the hospital (either inpatient or outpatient) and either already on ART or about to initiate treatment at the time of the study. A total of 120 patients provided data for this study. The survey was designed by the research

team based in the University of Washington (UW) and implemented in Chinese. The study was conducted after gaining approval from the Institutional Review Boards (IRB) at the Ditan Hospital in Beijing, China and the UW. Consent was obtained from each participant before the survey was given.

MEASURES

Sociodemographic variables. Participants' age, gender, marital/partner status, education level, income, residency, sexual preferences and employment status were collected via patients' self report.

Traditional Chinese Medicine belief scale. Researchers from both UW and Ditan Hospital administered a paper and pencil survey to measure past and current attitudes toward HIV-related care access and TCM. The two-item survey was created in 2006 for this study. Survey items were: (1) "Do you believe that non-Western treatments are more effective against HIV/AIDS than Western treatments?" (2) "Not counting your HIV medications, in the past 4 weeks, how many other different medications (not number of pills) have you been taking? Include vitamins and herbal products." Because 21 participants (17.5%) skipped the first question, this variable was recorded as "No" = 0, "No Response" = 1, and "Yes" = 2. We conducted missing value analysis and found that "No Response" was not associated with any other variables.

Clinical variables. Researchers obtained study participants' recent CD4 counts (0-200, 201-350, 351-500, and 501-1000 or more than 1000) from patients' self-reports. Very few patients reported CD4 counts in the "501-1000" or "more than 1000" categories. These categories were combined for analysis.

ART knowledge, quality of life, types of care, and side effects. Researchers assessed participants' knowledge about their medications using a validated scale (Remien & Smith, 2000) with three additional items from Simoni et al. (2009) via in-person interviews. We averaged their scores on a 0-3 scale, which had a Cronbach's $\alpha = 0.65$. We used an item in the Chinese version of MOS-HIV (Lau, Tsui, Patrick, Rita, & Molassiotis, 2006) to measure the overall quality of life among these participants.

Participants answered, “in general, would you say your health is-“, using a scale ranging from 0 (*very poor*) to 4 (*excellent*). Researchers also administered a 20-item check list via in-person interview to assess presence but not severity of side effects, which was scored as a sum. Finally, researchers administered a 14-item check list via in-person interview to assess the types of social support participants received from their caregivers. Analysts added the 14 items to derive a measure of the level of the social support (0-14). Cronbach’s α for the social support scale was 0.77.

Analysts used Stata 11™ to assess multinomial logistic regression models of the relationships between predictor variables (CD4 level, number of side effects, quality of life, and access social support) and the dependent variable: belief in the efficacy of TCM/CAM over ART.

RESULTS

A total of 142 eligible participants were asked to participate in the study; 120 of them (85%) agreed to participate. The sample was 82% male, with a mean age of 36 years ($SD = 8.0$). Slightly more than half (54%) of the participants were currently working, and 55% reported that they were married or had a steady partner. Nearly all study participants (93%) were of Han ethnicity and close to two-thirds (62%) had finished high school. Detailed demographic information is presented in Table 1.

We present the findings related to CAM/TCM beliefs and associated factors in Table 2. Of the 120 patients with HIV completing the survey, 21 left the answer to the question asking about beliefs toward TCM blank. Ethnicity, religion, primary residence, current residence, education, working status, marital status, sexual preference, household income and size, CD4 ranks and ART knowledge were not significantly correlated with beliefs about CAM usage. However, ART regimen, quality of life, social support, and experiences with side effects were significantly associated with CAM/TCM usage. The combination of AZT + NVP + 3TC treatment, CD4 count, severity of side effects, quality of life, amount of social support received from others (e.g., family members and

CATEGORY	N	(%)
Ethnicity		
Non-Han	8	6.67
Religion		
Yes	21	17.50
Primary residence		
Beijing versus others	70	58.33
Current residence		
Urban	76	63.33
Suburban	21	17.50
Rural area	23	19.17
Education		
< High School	46	38.33
High School	45	37.50
High School +	29	24.17
Working Status		
Professional	40	33.33
Manual labor	18	15.00
Freelancer	23	19.17
Not Working	38	31.67
Marital status		
Current married	66	55.00
Sexual orientation		
Same sex	26	21.67
Opposite sex	57	47.50
Both sexes	24	20.00
Refuse/Missing	13	10.83
Household income		
>2000RenMinBi (RMB) (~ US\$285) /Month	50	41.67
ART combination		
AZT + NVP + 3TC	63	52.50
AZT + EFV + 3TC	27	22.50
All others	30	25.00
CD4 Count		
<200	48	40.00
200-350	44	36.67
351-500	20	16.67
501+	8	6.67

health care providers) were at least marginally significantly associated with beliefs about CAM (see Table 3). Study participants who had experienced ART side effects were more likely to prefer CAM. Chinese PLWHAs’ knowledge about their medications did not correlate with whether they believed

Table 2
Factors associated with preferences for CAM/TCM over ART

	No	Yes	X ² /F	P-value
ART combination (%)				
AZT + NVP + 3TC	41.8	68.8	X ² = 11.55	0.021*
AZT + EFV + 3TC	28.4	6.3		
All the others	29.9	25.0		
CD4 (%)				
<200	37.9	46.7	X ² = 5.03	0.540
200-350	31.8	40.0		
351-500	21.2	10.0		
501-1000	9.1	3.3		
ART Knowledge	2.11	2.07	F = 0.95	0.39
Quality of Life	65.18	52.88	F = 3.34	0.040*
Social support	7.55	4.88	F = 6.60	0.002*
Experience of side Effects	4.06	5.78	F = 3.16	0.046*

* P<0.05

CAM is more effective. Rather, it was their total illness experience—including drug regimens, CD4 count, experienced side effects, quality of life, and number of social supports they received—that had the most significant association with a belief that CAM is more effective.

A one-level increase in CD4 rank (e.g., from 0-200 rank to 201-350) was associated with an 86% decrease in the likelihood of belief in CAM’s superiority over ART. Experiencing one additional side effect from ART was associated with a 40% increase in the likelihood of expressing a belief in CAM’s superiority. Each unit increase in the quality of life score was associated with a 76% percent decrease in the likelihood of a study participant indicating that CAM is superior to ART. Each additional social support experienced was associated with a 30% decrease in the likelihood of reporting a belief in the superiority of CAM.

Nearly one-third (32.5%, n=39) of the study participants reported that they had used one or more different kinds of CAM during the past four weeks. Only 12.5% stated that they did not use any

CAM during these four weeks. A majority of participants (55%) did not answer this question.

RECOMMENDATIONS

None of the demographic factors predicted CAM-related health beliefs of Chinese PLWHA. Experiences with medications, health, and quality of life predicted, to some degree, belief in CAM’s effectiveness. For this sample, regardless of demographic factors and knowledge of medications, PLWHA who were (a) using the AZT + NVP + 3TC combination, (b) suffering from poorer health, (c) experiencing greater side effects or lower quality of life, or (d) utilizing fewer health social supports were more likely to perceive that CAM is more effective than ART in treating HIV. This is consistent with the existing literature showing that patients who perceive conventional Western medications to be ineffective may seek help from complementary and alternative therapies, including using TCM (Herrera-Arellano et al., 2009; Milan et al., 2008; Peltzer, 2009). In another words, in this sample, patients who experienced fewer side effects from

Table 3
Multinomial Regressions for Predictors of Preferences for CAM/TCM over ART

	OR (95% CI)	p
Age	1.09 (0.96~1.25)	0.176
Primary Residency		
Beijing vs. Non-Beijing	5.27 (0.35~78.45)	0.217
ART Knowledge	6.66 (0.33~132)	0.214
ART Combinations		
AZT + EFV + 3TC		
vs. AZT + NVP + 3TC		
0.01 (0.001~0.34)		
0.011*		
All other treatment combinations		
vs. AZT + NVP + 3TC	0.04 (0.001~1.19)	0.063†
CD4 Rank	0.14 (0.02~0.82)	0.030*
Side Effects	1.40(1.08~1.82)	0.012*
Quality of Life	0.23 (0.04~1.08)	0.063†
Social support	0.70 (0.57~0.87)	0.001*

* P<0.05; † P < 0.1

The models have been further adjusted for: gender, ethnicity, religion status, residential environment, education level, occupation, sexual preference, marital status, household income and household size. None of the demographic factors reach statistical significance in predicting Chinese PLWHAs' responses in both models. Therefore, these factors are not shown in the table.

^a School of Nursing, Yale University, New Haven, CT

^b School of Social Service Administration, University of Chicago, Chicago, IL

^c Department of Psychology, University of Washington, Seattle, WA

^d Beijing Ditan Hospital, Capital Medical University, Beijing, China

Corresponding author:

Hongxin Zhao, MD, Director, AIDS Unit

Capital Medical University Beijing Ditan Hospital

No.8, JingshunDongjie,Chaoyang District

Beijing 100015, P.R. China

ART with good social support were more likely to adhere to ART and less likely to use CAM/TCM.

The study results were similar to those from a study conducted with PLWHA in the U.S., in which patients with HIV were likely to seek CAM to ease side effects of ART or HIV-related symptoms (Littlewood & Venable, 2008). Currently, few infectious disease healthcare providers are querying their patients with HIV about their CAM usage. Therefore, little evidence is available to indicate whether specific CAM approaches enhance or decrease the potency of ART.

IMPLICATIONS FOR PRACTICE IN HIV/AIDS CLINICAL MANAGEMENT

The findings from this study have several clinical implications for HIV/AIDS care providers. Healthcare providers trained in Western medicine

should discuss knowledge and use of CAM and TCM with their HIV-positive Asian patients.

The side effects associated with ART could lead to non-adherence such as unsupervised medication holidays, taking fewer doses or intentionally missing doses of ART (Owen-Smith, Diclemente, & Wingood, 2007; Simoni, Amico, Pearson, & Malow, 2008). Clinicians can inform patients about CAM or TCM (like herb tea, traditional healers or religion) as possible methods of alleviating side effects from ART, which might increase their hope and empower them in terms of illness self-management(Chen et al., 2009),and increase ART adherence. However, CAM therapy is not without risks (Hasan, Keong et al., 2011; Hasan, See et al. 2010) .

Potential risks of CAM and TCM usage include possible interactions with conventional treatments.

Patients who are already using CAM or TCM should be alerted to potential interactions between ART and CAM/TCM, such as St. John's Wort and garlic supplements. St. John's Wort is known to lower the serum concentrations of indinavir (Izzo & Ernst, 2009; Piscitelli, Burstein, Chaitt, Alfaro, & Falloon, 2000). Using ritonavir or saquinavir and garlic supplements at the same time will cause severe gastrointestinal side effects in PLWA (Piscitelli, Burstein, Welden, Gallicano, & Falloon, 2002; Piscitelli & Gallicano, 2001).

Precise ingredients in herbal treatments may be unknown or not clearly identified. Most herbal medicines are not regulated by the U.S. federal government. Patients may mistakenly believe the supplements are safe because they are "natural" (Hasan, See et al. 2010). Both patients and health professionals should be aware of potential toxicities and drug interactions related to the use of CAM and HIV/AIDS treatment (Dhalla, Chan, Montaner, & Hogg, 2006).

Many Asians, including Asian PLWHA, are already using TCM as part of their daily lives. However, due to stigma associated with HIV/AIDS, many PLWA are not disclosing their condition to anyone other than their infectious disease practitioners. Many patients who are currently on ART are concurrently using TCM without the knowledge or supervision of their infectious disease practitioners. This might be because they do not understand the importance of declaring their usage of TCM/CAM. They may assume using TCM/CAM is part of daily hygiene like teeth brushing and bathing.

Current HIV treatment guidelines specifically discourage patients from using unregulated herb supplements and ART at the same time, due to the potential adverse effects resulting from drug-herbal interactions (Littlewood & Vanable, 2008). Healthcare providers should query their patients about this topic, so they can discuss the potential risks and benefits. Asian American PLWHA who are using TCM and CAM often use unregulated herbal medicines and supplements obtained from other PLWA or from friends and family who brought them to the United States from other countries (Leonard, Huff, Merryweather, Lim, & Mills,

2004). Patients should inform their healthcare providers about any herbal medicine or dietary supplements they are taking. Asian patients with should be aware that harm could come to them from taking herbs or other substances without a prescription or without physician supervision. Asking whether patients are currently using any supplements or herb medicine is important when triaging them in every physician encounter. Taking ART on time every day is essential to keeping the body healthy, even though there might be some discomfort in the beginning. Healthcare providers must inform HIV-positive patients that TCM and CAM should never be used as substitutes for ART. Using CAM and/or TCM solely can delay the effects of HIV treatment, causing the increase of viral load and decreasing immune response of patients with HIV.

Therefore, practitioners should encourage and refer these individuals who are interested in using TCM and CAM to doctors, such as naturopathic doctors, who can provide a treatment plan that includes ART and CAM/TCM and protects against potential risks of interactions or conflicts between the two approaches.

IMPLICATIONS FOR CULTURAL COMPETENCY

- TCM/CAM is an integral part of Asian culture and is used almost universally in many Asian populations.
- Healthcare providers should acknowledge traditional practices in this population and provide information about potential hazards accordingly.
- Providers must ensure patients understand the importance of taking ART on time and encourage PLWHA to discuss any side effects or other difficulties they might be having.
- Providers should ask Asian PLWHA whether they are currently using CAM or TCM. They should also ask whether patients ever use non-allopathic regimens to relieve symptoms or side effects, and if so, what kind of experience they have had.

- Patients who indicate that they have been using CAM or TCM should be reminded of possible allergic reactions and should be observed for any signs of problems.
- Healthcare providers should understand that Asian PLWHA may at times lose confidence in ART and prefer CAM for HIV treatment, especially when they are suffering from poor health, lower quality of life and more side effects. It is very important for healthcare providers to encourage Asian PLWHA to maintain adherence to their ART during these times, addressing the side effects as necessary.
- Some doctors (e.g., naturopaths) can provide information on safely using CAM with ART.
- Healthcare providers should discuss benefits and risks of CAM and TCM with patients.

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Abbreviations

CD4 – Cluster of differentiation
 PLWHA – People living with HIV/AIDS
 CAM – Complementary and alternative medicine
 TCM – Traditional Chinese medicine
 ART – Antiretroviral therapy
 MSM – Men who have sex with men
 QOL – Quality of life

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Neighborhood Botanicos as a Source of Alternative Medicine for Latino Americans: Implications for Clinical Management of HIV/AIDS

One reason many Latino Americans use botanicos is that the approach to service resonates with cultural understandings of health and illness.

CRAIG T. DEARFIELD, M.A. AND ROBIN H. PUGH-YI, PhD

BACKGROUND

Latino Americans from many backgrounds, especially recent immigrants and those of lower socio-economic status, have a long tradition of patronizing botanicos (sometimes called “botanicas”) stores that sell traditional herbal medicine and possibly items associated with spiritual healing such as saints’ candles, Santeria ceremonial shells, and other religious talismans. Botanicos and associated traditional medicine practices often serve as a treatment method when other conventional Western health treatments are unwanted or unavailable. People also may use these services to complement institutional health treatment. In both cases, botanicos serve as focal points in the Latino community for health treatment and information.

One reason many Latino Americans use botanicos is that the approach to service resonates with cultural understandings of health and illness. Several studies have shown that many Latinos define health in terms of inseparable physical and spiritual elements. One reason people patronize botanicos is that owners, clerks, and health consultants offer services and merchandise that cater to this holistic health perspective.

Botanico staff are a primary or influential source of medical advice for some clients, and therefore are an important potential referral source to clinical practice as well as potential educators for clinicians who want to reach their clientele. Clinician collaboration with botanico staff can provide an effective way to reach Latino Americans with HIV/AIDS and provide them with the best services for managing their illness.

PURPOSE

The purpose of this study is to help clinicians address issues with access and adherence to HIV/AIDS treatments through working with Latino traditional medicine practitioners. These practitioners may help clinicians reach this underserved population by distributing information about group-specific risks to the community, increasing availability of information about treatment options to the community, and providing clinicians with a cultural understanding which will increase consumer satisfaction with HIV/AIDS-related services.

The review presents information about how clients’ botanico use could affect their HIV/AIDS treatment. Latinos experience some distinct risk factors for HIV/AIDS and may have distinct perspectives on illness and healthcare that affect the types of care they choose and how they communicate with clinicians. This study aimed to link reasons for patronizing botanicos with potential impacts on conventional clinical treatment and to identify specific botanico-prescribed practices that could impact these practices. The findings are intended to inform clinical approaches to serving Latino clients who may use this common complementary and alternative medicine (CAM).

This study has implications across diverse populations for management of HIV/AIDS. Botanicos represent a central traditional health service to their communities. Many other cultural groups seek folk healing in similar settings for similar reasons. With appropriate cultural adaptations, findings from this study can inform efforts to serve all patients who use these services as complementary and alternative medicine.

METHODS

The current study is a systematic review of the literature on Latinos' botanico use and risk factors for HIV/AIDS. Understanding reasons for patronizing botanicos and understanding the relationships between botanico staff and their clients may inform clinical care for Latino patients with HIV/AIDS. The authors retrieved recent peer-reviewed publications on botanicos, Latino use of complementary and alternative medicine, potential interactions between commonly used herbal folk medicine and conventional HIV/AIDS treatment, and risk factors for HIV/AIDS among Latinos. The authors used the J-Stor, EBSCOhost, Medline, and ScienceDirect databases to find articles and books published since 2000. The following search terms were used: Latino folk medicine, Hispanic folk medicine, HIV/AIDS CAM treatment, botanicos, botanicas, Latino AIDS risk factors, Hispanic AIDS risk factors, curanderos. A total of 112 articles and 2 books were retrieved. The authors screened articles and books for relevance to the current study, excluding, for example, articles that discussed changes in Latino religiosity without addressing implications for health and health care decisions. The authors also retrieved four articles referred to in the original set retrieved, some of which were published prior to 2000 but which were included because of their relevance to this review. The authors reviewed 28 publications to identify common themes regarding botanico practices, health perspectives of botanico patrons and staff, and the implications of these practices and perspectives for conventional clinicians who serve this population. The authors discussed their interpretations of the literature and confirmed agreement about major themes and recommendations as well as relevant citations for each conclusion.

FINDINGS

Botanicos are present in most Latino American neighborhoods, selling herbal remedies and religious or spiritual objects. Staff may include one or more holistic lay healers who conceptualize health as physical and spiritual, some of whom are referred to as "curanderos" (Anderson et al., 2008;

DeStefano, 2001). These lay healers may offer private consultations and recommendations about healing herbs and/or rituals (Gomez-Balou and Chavez 2001). Research indicates a substantial proportion of Latino patients with HIV/AIDS seek treatment at botanicos (Chang et al. 2003; Foote-Ardah 2003; Josephs et al. 2007; Ladenheim et al. 2008; Rivera et al. 2006; Rivera et al. 2005).

An important appeal of botanicos and curanderos is the emphasis on a holistic treatment method. The traditional Latino worldview is that spiritual, emotional, and social factors are inextricably linked with physical health (DeStefano 2001; Zacharias 2006; Ortiz and Torres 2007; Santiago-Saavedra 2004). Many patients believe that curanderos share their own understanding of health and demonstrate more understanding and respect for their worldview than conventional Western clinicians (Gomez-Balou and Chavez 2001). Health issues typically considered to be only physical or emotional/psychological in the conventional Western perspective are conceived as both in the traditional Latino perspective and are likely to be treated with remedies targeting both, such as herbal tonics and prayers (DeStefano 2001).

Researchers have found that patients with HIV/AIDS often find complementary and alternative medicine appealing because of the sense of control it offers when they are dealing with an incurable disease with a difficult and demanding conventional treatment regimen (Ernst 2003; Foote-Ardah 2003; Thorpe 2008). Several studies have shown that use of CAM improves sense of well-being among patients with HIV/AIDS (Ernst 2003; Foote-Ardah 2003; Galatino et al. 2005; Tsao et al. 2005). Curanderos offer treatment methods, many of which are scientifically supported, for both physical and spiritual aspects of illness (Ortiz and Torres 2007). Patients often perceive curanderos to offer empathy and confidence that conventional clinicians do not (Ortiz and Torres 2007). Patients also may seek care at botanicos simply because they do not have access to conventional health care (Zacharias 2006). These patients tend to have lower income, less English proficiency, and less formal education (Mikail et al. 2004; Gomez-Beloz and Chavez 2001).

Because of their ability to reach and effectively communicate with Latino clients, clinicians have collaborated with botanico staff to reach Latino HIV/AIDS patients. These efforts have focused on training staff to recognize disease symptoms, refer patients to medical treatment, and encourage patients to use preventive methods such as condom use (Delgado and Santiago 1998; Derr 1992). Findings suggest these approaches have largely been successful. Research retrieved for this study did not discuss efforts to train conventional clinicians to understand folk practices and perspectives beyond acknowledgement that practitioners are uniquely able to reach some clients. For example, DeStefano (2001) cites a case of a patient rejecting critical medical care because the physician did not offer a definite diagnosis and wanted to perform tests after the initial visit. Better mutual understanding might have facilitated better communication between the patient and provider that would likely have saved the patient's life. Folk healers could potentially provide physician training or collaborative case management to enhance communication between Latinos with a traditional perspective on health and conventional healthcare providers.

While research has indicated some remedies offered at botanicos can reduce symptoms of HIV/AIDS or reduce negative side effects of anti-retroviral therapy, some Latino folk healing practices can negatively affect the efficacy of conventional medicine. For example, St. John's Wort, termed "hyperico" in most botanicos, commonly recommended for depression or anxiety, can decrease the effectiveness of protease inhibitors, an important component of anti-retroviral therapy (Hennessey et al. 2002; Henderson et al. 2002; Winston and Boffito 2005). Clinical doses of garlic may have the same effect (Piscitelli et al. 2002; Winston and Boffito 2005). Potential interactive effects of many other herbal remedies that may help to relieve HIV/AIDS symptoms have not yet been assessed. Most somatic remedies prescribed at botanicos aim to relieve symptoms, with the potential result that patients will experience reduced symptoms and no longer perceive a need for medical treatment. Not pursuing conventional anti-retroviral therapy would be a dangerous and

potentially fatal choice for these patients. Patients' needs will be best served if folk healers and conventional providers work collaboratively so that folk healers are trained in recognizing when conventional care is needed and conventional providers are aware of patients' CAM use and its effects. This will require coordination and communication between both types of providers.

RECOMMENDATIONS

Because a substantial number of Latino patients with HIV/AIDS seek services at botanicos, sometimes to the exclusion of conventional medical care, and because patients using conventional treatment may also be using folk remedies that interact with that treatment, it is critical for clinicians to understand botanico practices. Findings suggest that patients' needs will best be met if clinicians not only train folk healers to understand and support recommended clinical practices, but also learn to understand traditional Latino perspectives on health and well-being. Reaching patients requires understanding how they comprehend their illness, communicate about it, and make decisions regarding treatment. Curanderos and other folk healers provide an invaluable source of this information.

Providing effective care includes learning what types of treatment patients have received from folk healers and understanding how these treatments may interact with conventional medicine. Clinicians need to explain conventional treatment and interaction effects to patients and folk healers in terms that make sense within their cultural perspective. Treatment plan development should include cooperation with patients and their folk healers to determine an approach that incorporates evidence-based care that meets professional standards of care, avoids potential dangerous interactions, and utilizes the additional benefits of folk healing, including empirically demonstrated effects of herbs such as dragon's blood (*Sanguis draconis*), which has been clinically shown to reduce diarrhea (DeStefano 2001) and spiritual practices which enhance patients' sense of well-being.

Further research should provide information on how folk healers and conventional clinicians can most effectively collaborate. This research should address questions about explaining and understanding different concepts of health and treatment. Further evaluation of common herbal remedies and their interactions with conventional medication is also necessary to serve this population most effectively.

IMPLICATIONS FOR PRACTICE IN HIV/AIDS CLINICAL MANAGEMENT

Coordination between traditional medicine practitioners in botanicos and conventional Western medicine practitioners can potentially provide patients who patronize botanicos with optimal health care service to manage their HIV/AIDS. Previous collaboration between these two groups of practitioners has involved conventional Western medicine providers describing how traditional medicine practitioners can influence their patients to adopt conventionally recognized healthy behaviors. New types of collaboration between conventional Western medicine providers and traditional medicine practitioners should include interventions to make conventional care experiences more positive for Latino consumers by incorporating some traditional Latino practices and communication styles.

Collaboration between conventional medicine providers and folk healers can offer patients the benefits of both. The findings from this study indicate patients who utilize the services of a botanico and/or curandero report high satisfaction with their care experience and alleviation of symptoms. Zacharias (2006) found that the probability of effective treatment for mental health problems increased with curandero involvement. Curanderos possess clinically relevant skills and have achieved notable and lasting effects on patients' symptoms. Patients perceived spiritual aspects of folk healing procedures to be powerful therapeutic resources (Zacharias 2006). Dawson, et al. (2000) found that patients' conventional doctors were critical sources for sexually transmitted disease (STD) information. Liu, et al (2009) found CAM use is associated with higher compliance with conventional medicine

HIV/AIDS treatment. By working together, conventional and folk healers have the potential to meet patients' needs for holistic effective, credible, culturally competent care for HIV/AIDS.

Another critical component of serving patients who patronize botanicos and seek recommendations from folk healers is being aware of patients' CAM practices and how they may interact with conventional care. This requires that clinicians be aware of whether patients are using CAM, and which treatments they are considering. Clinicians must be able to effectively communicate potential benefits and risks of specific CAM treatments. Patients may be reluctant to tell clinicians that they seek CAM (Liu et al. 2009; Ladenheim et al. 2008), or they may not use the same terminology as the clinician to describe practices (Loera et al. 2009). Additionally, patients may have different perspectives regarding treatment effectiveness and risks that clinicians must understand in order to discuss these issues in a meaningful way. Folk healers and their patients can help conventional clinicians to develop effective communication approaches for addressing these issues. Future research on how to effectively communicate with Latino clients who have a traditional perspective on health would provide a valuable benefit to clinicians and patients.

IMPLICATIONS FOR MINORITY COMMUNITIES LIVING WITH HIV/AIDS

Latinos are disproportionately represented among HIV/AIDS patients (CDC 2010-1; CDC 2010-2; Kaiser Family Foundation 2008). Latinos are less likely than white Americans to have health insurance coverage (Ku and Waidmann 2003). A significant proportion of those who do have coverage may not feel comfortable with conventional medicine.

The findings from this literature review indicate that many people in the underserved Latino community use botanicos as a primary or alternative care option. Botanico clients have a cultural perspective that they often perceive to conflict with conventional providers. In order to address the health disparities experienced by this underserved population, conventional medicine providers can collaborate with botanico staff and folk healers to

increase the quality of care provided by both conventional and folk healers. Conventional clinicians can provide traditional medicine practitioners with information about HIV/AIDS management, which folk healers can convey to patients in a culturally competent manner. Folk healers can extend clinicians' reach into the community, communicate with clinicians about medical regimens to avoid potential negative interactions and to develop holistic treatment approaches that meet patients' needs, and educate clinicians about traditional Latino understanding of health and medicine.

This study's findings about reaching and serving Latinos with HIV/AIDS who seek botanico services generalize to serving other members of other communities who seek folk medicine. By acknowledging and collaborating with traditional and alternative medicine practitioners in any community, conventional medicine practitioners can reach and effectively communicate with patients from diverse backgrounds. Collaborating with folk healers demonstrates respect for community traditions, understanding of community perspectives on health and healing, and addresses critical spiritual and psychological needs. Increasing perceptions of conventional medicine may increase the number of people who decide to use these services and decrease the disparities in HIV/AIDS related treatment and outcomes.

IMPLICATIONS FOR CULTURAL COMPETENCY

Differences in traditional Latino and conventional concepts of illness and health may lead to miscommunication resulting in misdiagnosis or doubts about the clinician's competence. Because of their differing perspectives, the patient and health practitioner may emphasize different symptoms, use different terminology to describe symptoms or treatments, and provide different explanations for the mechanisms of the illness and treatment (Loera et al. 2009; DeStefano 2001). It is critical for clinicians to understand these issues and to work with their patients and alternative medicine providers to overcome these differences. This will facilitate an approach to evidence-based clinical

care that treats HIV/AIDS symptoms from the patients' perspective, which defines healing as spiritual, emotional, and physical.

Acknowledging and respecting the contribution of Latino traditional medicine practices to overall patient well-being will enhance clinicians' reach, effectiveness, and credibility. By incorporating these elements to the care experience, conventional medicine practitioners can become disconnected from the care-giving process and more empathetic to the Latino community.

LESSONS LEARNED

- Botanicos and the folk healers who work in them are critical sources of health care used by substantial proportions of the Latino community, including many patients with HIV/AIDS.
- Patients seek folk healers partly because of their perspective on health and healing.
- Botanicos and folk healers are sometimes more accessible than conventional medicine.
- Folk healers are able to reach and communicate effectively with some Latino patients who would not be receptive to conventional medical practices.
- Folk healers may offer some herbal remedies that have negative interactions with conventional medications for HIV/AIDS.
- Curanderos and other botanico staff have historically worked cooperatively and effectively with conventional clinicians, increasing clinicians' reach and effectively communicating health information.

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Naturopathic Medicine: A Model for HIV Integrative and Complementary Care

Naturopathic medicine is based on the belief that the body has innate healing ability and is a complex interrelated system

NATALIE BOULWARE, ND

BACKGROUND

It is estimated that 30-68% of HIV/AIDS patients seek complementary and alternative medicine (CAM) to address the side effects of anti-retroviral therapy (ART) and to improve their overall health (Hsaio A.F., Wong M.D., Kanouse D.E. et al. 2003). Botanical medicines in combination with nutrient supplementation are used frequently by naturopathic physicians in HIV/AIDS treatment. The immunomodulatory botanical medicines *Astragalus membranaceus*, *Cordyceps sinensis* and *Glycyrrhiza glabra* support HIV therapy by improving chemokine and cytokine activity making T cells more resistant to viral replication and the patient less susceptible to opportunistic infection. Glutathione, N-acetyl-cysteine, and B vitamins may reduce oxidative stress, prevent T cell apoptosis and prevent free radical damage to healthy organ systems.

This article reviews research on whether these specific antioxidants and botanical medicines improve immune function and prevent T cell death in people living with HIV/AIDS (PLWHA). The author reviewed journal articles no more than 10 years old to find evidence regarding these effects. The results demonstrate that when select herbal and nutritional medicines and ART are used together there is an improvement in patient health. Co-management of HIV/AIDS treatment between conventional and naturopathic physicians provides an option for many patients from many cultural backgrounds who seek safe treatment that includes conventional pharmacology and CAM.

PURPOSE

Naturopathic medicine is a distinct system of primary health care – an art, science, philosophy and practice of diagnosis, treatment and prevention of illness (Pizzorno, J., and Murry M.,2005). Naturopathic medicine is based on the belief that the body has innate healing ability and is a complex interrelated system (Naturopathic Medicine: What is Naturopathic Medicine, 2011). Naturopathic medicine is distinguished by principles that underlie and determine its practice. The principles include the healing power of nature, identification and treatment of causes, the promise of first do no harm, doctor as teacher, treatment of the whole person and emphasis on prevention (Pizzorno, J., and Murry M. 2005) Guided by these principles, naturopathic physicians use diet, lifestyle changes, and natural therapies to enhance the body's healing ability. Natural therapies generally include use of herbal extracts, nutrition, dietary supplements, homeopathy, and mind/body medicine. After attending a 4-year, graduate-level naturopathic medical school, physicians are trained to view disease as an imbalance of body systems. Naturopathic physicians work with patients to correct those imbalances using the least invasive means combining prescription drugs with natural therapies when appropriate.

Naturopathic physicians recognize that whole body health is critical to HIV/AIDS management. Several natural therapies are used in naturopathic medicine to improve immune system health. *Astragalus membranaceus*, *Cordyceps sinensis* and *Glycyrrhiza glabra* are botanical medicines which may enhance T cell resistance to viral replication. Glutathione, N-acetyl-cysteine, and B vitamins are antioxidant substances that may reduce T cell death

and prevent organ destruction from free radical damage (Jariwalla R.J., Lalezari J., Cenko D., Mansour S.E., Kumar A., Gangapurkar B., Nakamura D, 2008). There is evidence of improved patient outcomes following the use of natural therapies and ART. The current study assesses the efficacy of selected plant and antioxidant substances in treating HIV/AIDS patients.

In the U.S., Blacks (25.5%) and Hispanics(23.7 %) are the ethnic groups reporting least CAM use (Barnes P.M., Bloom B., Nahrin R. 2008) . In 2008, Blacks represented 45% and Hispanics represented 17% of all new HIV diagnoses in the United States (Hall H.I., Rhodes P. et al. 2008). New data regarding the potential efficacy of naturopathy in HIV/AIDS treatment, suggests it may benefit groups disproportionately affected by HIV/AIDS who do not frequently use CAM.

METHODS

The author conducted a systematic literature review of studies on the use of select plants and antioxidants for supporting HIV therapies and alleviating the side effects of conventional therapies. She focused specifically on the findings about the effectiveness immunomodulatory botanical medicines *Astragalus membranaceus*, *Cordyceps sinensis* and *Glycyrrhiza glabra* in improving immune system health and T cell resistance. In addition, she reviewed the potential for the antioxidants glutathione, N-acetyl-cysteine, and B-vitamins to reduce free radical damage in T cells and vital organs. She retrieved articles published during the past 10 years in: *Journal of Immunology*, *Chinese Medicine*, *Bioscience/Biotechnology/Biochemistry*, *Phytotherapeutic Research*, *Neuroimmunology*, *Alternative and Complementary Medicine*, *Neuroscience*, *Pathobiology*, *Alternative Medicine Review and Medicina Clínica*. A total of 13 articles were analyzed and synthesized for this study.

FINDINGS

Ongoing research is proving the effectiveness of botanical medicine in HIV/AIDS treatment. UCLA researchers found that *in vitro* TAT2, a prepared

pharmacological extract of *Astragalus*, slowed the shortening of telomeres. As a result, more T cells resist viral replication and react with improved chemokine and cytokine activity. Treatment with *Astragalus* may offer a complement to treatment primarily directed at the virus. *Astragalus* is a known adaptogen and commonly used in naturopathic medicine. An adaptogen functions to restore overall vitality within the organism by improving the immune and stress response. In PLWHA, it can be used to increase IFN-g and white blood cells and to enhance T lymphocyte, macrophage, and NK cell activity (Fauce, S.R., Jamieson, B.D., Chin, A.C., Mitsuyasu, R. T., Parish S.T., Hwee, L.Ng., Kitchen, C.M., Effros, R.B. 2008).

Cordyceps sinensis, the caterpillar mushroom, activates T and B-cells and increases IL-2 and IFN-g. *Cordyceps* can increase cellular energy by stimulating ATP production and that of other antioxidant species vital to T cell survival (Kam, M.K., Leung H.Y. 2007). *Cordyceps* stimulates the non-specific immune system. In one study, *Cordyceps* activated macrophages and cytokines such as GM-CSF and IL-6 from Peyer's patch cells of the intestinal tract of mice, a likely explanation for its efficacy in human immune systems (Koh JH, Yu KW, Suh HJ, Choi YM, Ahn TS, 2002). Preserving the health of the nonspecific immune system is integral to preventing opportunistic infections. *Glycyrrhiza glabra* (licorice) may slow progression of AIDS development by increasing helper T-cells and suppressing p24 antigen (Sasaki H., Takei M, Kobayashi M, Pollard RB, Suzuki F, 2003).

Oxidative stress has been implicated as the leading cause of death in virally infected T cells. In a study of Hispanic women with HIV Associated cognitive Neurological Disorders (HAND), selenium-glutathione peroxidase enzyme, an important antioxidant metabolite, was decreased in cerebral spinal fluid causing cognitive impairment (Velázquez I., Plaud M., Wojna V., Skolasky R., Laspiur JP., Meléndez LM. (2009). Jariwalla et al. conducted a randomized, double-blinded, placebo-controlled study of 33 HIV-infected men and women aged 44-47 years, approximately 36% non-white, with a viral load >10,000 copies/cm despite ART. Participants received either alpha-lipoic acid

(ALA), a glutathione precursor, (300 mg three times a day) or matching placebo for 6 months. Participants receiving ALA restored blood total glutathione levels and improved functional reactivity of lymphocytes to T-cell mitogens (Jariwalla R.J., Lalezari J., Cenko D., Mansour S.E., Kumar A., Gangapurkar B., Nakamura D, 2008).

N-acetyl-cysteine (NAC), an antioxidant compound, has been found to inhibit HIV production in vitro and to prevent apoptosis (Patrick, Lyn., 2000). HIV gp 120 is released during active HIV infection of brain macrophages thereby generating inflammation and oxidative stress which contribute to the development of the AIDS-Dementia Complex (ADC). HIV gp 120 is toxic to astroglial cells, an effect accompanied by lipid peroxidation and by altered glutamine release. All the effects of gp120 on astroglial cells were counteracted by NAC thus suggesting a novel and potentially useful approach in the treatment of glutamatergic disorders found in HAD patients” (Visalli, V., Muscoli C., Sacco I., Sculco F., Palma E., Costa N., Colica C., Rotiroti D., Mollace V, 2007).

In a study conducted by Pedrol et al. HIV patients hospitalized for lactic acidosis or symptomatic hyperlactatemia were given a vitamin regime of L-carnitine, thiamine, vitamin B6, hydroxycobalamin, and vitamin C to test its effectiveness in reversing mitochondrial toxicity, a side effect of nucleoside reverse transcriptase inhibitors (NRTIs). NRTIs were immediately discontinued to stop the progression of lactic acidosis. All patients had a reduction in the most common symptoms: tachypnea, abdominal pain, slight fever, nausea, vomiting, and diarrhea after administration of the vitamin regime. At 15 months follow-up none had a recurrence of the Authors concluded that this therapy may improve future treatment of NRTIs - related lactic acidosis.

RECOMMENDATIONS

The botanical and antioxidant treatments presented resulted in improved outcomes for PLWHA. These treatments can reduce the onset of common ART side effects and improve overall physical functioning by reducing oxidative damage and

improving immune system health. The botanical medicines presented here are a small subset of the wealth of resources the plant kingdom offers as medicine. The addition of *Astragalus membranaceus*, *Glycyrrhiza glabra*, and *Cordyceps sinensis* to existing ART could improve T cell survival and resistance to HIV. Glutathione, N-acetylcysteine, and B vitamins replenish the supply of antioxidants necessary for biochemical defense mechanisms of healthy non-immune cells. These treatments offer an enhanced treatment option when combined with ART.

Naturopathic medicine, philosophy and treatment tools provide a model for HIV/AIDS care using CAM. Many health care providers are only familiar with pharmaceutical ART and are unequipped to provide integrated care which combines prescription drug and natural therapies. Even physicians who are aware of CAM may not have the training to monitor its effectiveness or safety. Naturopathic physicians are trained to safely monitor the timing, dosage, frequency, and route of administration to achieve optimal results. Naturopathic physicians are trained in the safe use of natural therapies with prescription drugs and should be included in future collaborative efforts to construct clinical studies on natural therapeutics and HIV/AIDS treatment.

IMPLICATIONS FOR PRACTICE IN HIV/AIDS CLINICAL MANAGEMENT

Naturopathic take care to address all aspects of a patient’s mental, physical, and spiritual well-being. This individualized treatment model emphasizes what a patient may need, in addition to ART, to be well.

Naturopathic physicians often teach proper food selection, food combining, and exercise as part of treatment. Natural therapies are complementary to ART. However, care management with a health-care professional is necessary to oversee drug-herb interactions and to ensure proper prescribing of natural therapies. For example, *Astragalus membranaceus* is traditionally used to treat chronic diseases. If administered for acute illness it could prolong the illness, a nuance of which PLWHA is likely unaware. A naturopathic physician would evalu-

ate all presenting symptoms and laboratory assessments to determine that the patient was not experiencing an acute infection and that *Astragalus membranaceus* was indicated for treatment.

The following benefits of botanical medicine and antioxidant therapies have been demonstrated for PLWHA:

The authors who found *Glycyrrhiza glabra* to reduce membrane fluidity, thus reducing viral transmission and inducing the activity of interferon gamma concluded, “Future research needs to explore the potency of compounds derived from licorice in prevention and treatment of influenza A virus, pneumonia and as an adjuvant treatment in patients infected with HIV resistant to antiretroviral drugs (Fiore C., Eisenhut M., Krausse R., Ragazzi E., Pellati D., Armanini D., Bielenberg J., 2008)”.

Intracellular glutathione levels in CD4 and CD8 T cell types are significantly depressed during HIV infection. NAC and lipoic acid replenish glutathione levels and decrease TNF – alpha (tumor necrosis factor) activation of HIV viral replication (Patrick, Lyn. 2000).

Medicinal mushrooms such as *Ganoderma lucidum* (Reishi) and *Grifola frondosa* (Maitake) can support treatment of herpes, warts, shingles, viral hepatitis and candida by stimulating IL -2, IFN-g and cytotoxic T cells which prevent opportunistic infections.

Naturopathic physicians are able to advise patients and health care providers in identifying quality natural therapies. Some over-the-counter products do not maintain the highest standards of purity or active ingredients as the labels claim. Health professionals unsure of how to administer these effectively can work collaboratively with naturopathic physicians to treat patients.

IMPLICATIONS FOR MINORITY COMMUNITIES LIVING WITH HIV/AIDS

Minority communities are disproportionately faced with issues of malnutrition, limited access to quality healthcare and economic hardship, which compound the challenges of living with HIV/AIDS. Insurance and government-funded

health programs do not always cover CAM treatment options. Many CAM therapies are administered, at cost, to the patient and may not be accessible to low-income patients, who disproportionately comprise members of racial and ethnic minority groups. Current research findings support conducting large clinical trials of the treatments discussed in this article to assess whether they should be considered as options in

IMPLICATIONS FOR CULTURAL COMPETENCY

The use of botanical and nutrient substances is primary care medicine in many cultures. For many ethnic groups, medicine is historically considered a spiritual phenomenon made concrete with the use of herbal and energy medicine (Bodeker G. and Kronenberg F. 2002). Recent research on the efficacy of some herbal and nutritional medicine provides scientific evidence supporting the healing power assumed in native cultures that first used them. Naturopathic medicine provides a system of health care using these healing elements while understanding and utilizing the scientific advancements in modern medicine. Creating a model of integrative care for PLWHA who use naturopathic medicine will increase cultural competency. Naturopathic medicine provides a treatment option that offers the benefits of conventional care as well as some types of traditional healing practices. This may appeal to patients who seek traditional healing practices exclusively.

LESSONS LEARNED

- The immunomodulatory botanical medicines *Astragalus membranaceus*, *Cordyceps Sinensis* and *Glycyrrhiza glabra* are traditionally used for immune system support. There is scientific evidence that they improve outcomes in patients with HIV/AIDS.
- Programmed T cell death through oxidation creates a free radical cellular environment for all patients living with HIV/AIDS. Antioxidant therapy using Glutathione, N-acetyl-cysteine, and B-vitamins prevents free

radical damage to healthy organ systems and opportunistic infections and supports the non-specific immune system.

- Naturopathic physicians are specialists in the use of botanical medicine, vitamin/mineral, and dietary supplements and can support conventional healthcare professionals in its safe, effective use with anti-retroviral therapy (ART).

Culturally competent health professionals treating HIV/AIDS patients should develop and encourage open communication with patients about using ART and CAM.

- Conventional health care providers and naturopathic physicians should collaborate in patient care.
- The research findings summarized here suggest it would be beneficial to conduct further research, such as clinical trials, to assess the effectiveness of complementary botanical medicines and antioxidants.
- Future research on the complementary use of botanical medicine and antioxidants with ART can address the needs of HIV/AIDS patients who want to use natural therapies with ART.

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Haitian Vodou: Cultural Realities Affecting the Clinical Management of Patients with HIV/AIDS

Vodou comprises religious rites and practices that are part of traditional Haitian culture. People who actively practice Haitian Vodou are known as vodouisants.

SABINE THOMAS ND, LMP

BACKGROUND

Haitians represent the second largest community of black immigrants from the Caribbean (after Jamaicans) in the U.S. (Nicolas, DeSilva, Grey, & Gonzalez-Eastep, 2006). The states with the largest Haitian communities include Florida, New York, Massachusetts, New Jersey and Georgia (Mangan, 2009). According to Marc et al. (2010), there exist discrepancies in the estimates of AIDS rate among the Haitian population living in the U.S. While the 2007 CDC national data reports that Haitian immigrants represented 1.2% of U.S. AIDS cases and accounted for 0.18% of the total U.S. population, population estimates from the Haitian Consulate show an overrepresentation of three-to-four fold versus the CDC's seven-fold over representation (Marc, Patel, & Hall, 2010).

Cultural and religious beliefs affect patients' understandings of illness, disease manifestation and their approach to disease management. It is estimated that 80-90% of Haitian households in Haiti and the U.S. utilize natural medicine (primarily in the form of herb teas and baths) as part of their healing modalities regardless of creed, socio-cultural or ethnic background. Prayer is a form of psycho-spiritual practice and is considered a modality of Complementary and Alternative Medicine (CAM). The research correlating the psycho-spiritual practice of Haitian *Vodou* as part of traditional medicine and its effect on HIV/AIDS management is scant. *Vodou* comprises religious rites and practices that are part of traditional Haitian culture. People who actively practice Haitian *Vodou* are known as *vodouisants*. Haiti is predominantly a Christian country (80% Roman Catholic; 6% Protestant). Nearly half of the population practices some *Vodou* rites, either alone or in addition to their professed

Christianity (CIA, 2011). The aim of this paper is to explore how cultural realities and misrepresentations of Haitian *Vodou* can inform the clinical management of disease, particularly HIV/AIDS.

PURPOSE

The practice of Haitian *Vodou* has been mystified. Many people do not recognize it as a religion. The first objective of this paper is to briefly introduce some perspectives of disease as explained by Haitian *Vodou* practitioners. Then, the impact of these perspectives on the clinical management of HIV/AIDS amongst Haitian *Vodouisants*. The second objective is to demonstrate how Haitian *Vodou* as a spiritual practice may influence health seeking behaviors and decision making as they pertain to HIV/AIDS treatment adherence and disease outcome. This can help clinicians understand how Haitian persons living with HIV/AIDS (PLWHA) who practice Haitian *Vodou*, perceive the disease. Lastly, it describes potentially instrumental roles for the *Vodou* priest (*Hougan*), the *Vodou* priestess (*Mambo*) in collaboration with medical practitioners on the patients' healthcare team.

Clinicians who understand patient's religious perspectives will better understand their patients' perspectives on health and healing. This increases cultural competency and provides a foundation for a trusting relationship between the physician and patient. Positive provider-patient interactions are essential to positively affect the clinical management of HIV/AIDS, adherence to treatment and disease outcomes (Rivero-Mendez, Dawson-Rose, & Solis-Baez, 2010).

While this presentation of aspects of *Vodou* practices is meant to increase understanding of cul-

tural beliefs, we caution against applying these ideas to all Haitians, as many people of Haitian descent do not practice, recognize, nor accept *Vodou* as a religion.

METHODS

The author conducted a literature review of articles, book chapters, mainstream media footage, articles blogs and documentaries. The main search engines were Google scholar, PubMed, and CinAHL. Search terms included: “*Vodou or Voodoo or Voodoo and HIV/AIDS;*” “*Haitians and Vodou in US;*” “*Haitians and HIV/AIDS;*”, “*Haitians, Voodoo and HIV/AIDS;*” “*psycho-spiritual practices and HIV/AIDS;*” and “*HIV/AIDS treatment adherence.*”

Criteria for inclusion were: (1) discussion of illness and disease as perceived by Haitians; (2) discussion of HIV/AIDS amongst Haitian and Haitian-Americans; (3) discussion of Haitian *Vodou*; (4) statistics related to Haitian and Haitians-Americans in the U.S.; and (5) discussion of psychological and

spiritual activities and their effects on adherence, treatment and survival outcomes of PLWHA.

The search yielded a total of 24 articles, 12 of which met one or more of the above inclusion criteria. Information about *Vodou*-associated concepts and practices, particularly in relation to health care were summarized. These summaries were supplemented by two key informant interviews conducted in July 2010 with a *Hougan* in Port-Au-Prince and in April 2011 with a *Mambo* in New York. These interviews provided a point of reference to compare the themes identified in the literature review. Interviewees provided insight regarding misrepresentations and cultural realities of *Vodou*. The findings though not generalizable, provide insight which can be incorporated in training programs in health care.

FINDINGS

Haitian *Vodou* religion views nature and its relationship to living elements and animals as sacred. Its approach to healthcare is deeply rooted in natural

Table 1
Misrepresentations, Cultural Realities and Purpose
 (Germain, 2011; Disciple Nations Alliance; Leconte, 2009)

Misrepresentations of Vodou	Vodou Cultural Realities	Purpose
Consumption of blood	Sacrificial ritual for the spirit (Lwas/Loas) and “communion”	Utilization of animal blood for spiritual cleansing and symbolism of communal sharing
Black Magic rituals	White Magic rituals	Clearing of ill spirit and evil spells or evil possession
Consumption of poisonous herbs	Intimate knowledge of healing herbs by the Vodou priests and priestesses	Healing of physical and spiritual ailment through the use of plants
Unorganized cult	Organized religion and society	Organized decision making with leadership
Body Possessing Trance	Body possession in connection with spiritual world	Receiving, sharing and interpreting answers and messages from the spiritual world
Non-Christian, Pagan	Many practice Christianity or other religions simultaneously	The practice of Haitian Vodou coexists well with other religions
Ceremonies are solely focused on religious messages	During ceremonies, <i>Loas/Lwas</i> have warned believers to protect themselves [against contracting HIV] and <i>Vodou</i> priests have distributed condoms during fairs.	Practice of Haitian Vodou involves social as well as the spiritual experience

medicine and a belief in the power of the spirit world. The health care approach emphasizes service and disease prevention. Table 1 presents a synopsis of some misrepresentations and associated cultural realities of Haitian *Vodou*. The Haitian *Vodou* priest and priestess explained the purpose of some rituals to the author.

Healthcare system

The *Hougan* explained that vodouisants seek and access healthcare on at least three levels. We can think of those three levels as forming a system of healthcare yet each level does not imply superiority over the other.

The first level consists of “proximity type of the medicine”. This is synonymous to the practice of folk or family medicine. Knowledge of healing

practices is passed down from generation to generation. Generally, an elder who may be a family member or a close neighbor prepares family recipes for medicine from plants grown in personal gardens, or obtained from communal gardens. The cost of this service is free. There is no contract signed between the person giving the medicine and receiving the medicine.

The second level of this healthcare involves consulting with a *Vodou* priest (*Hougan*) or *Vodou* priestess (*Mambo*) if the ailment is aggravated or unresolved. The *Hougan* or *Mambo* through initiation and apprenticeship learns of the body’s normal functionality and makes an educated correlation between the associated signs and symptoms, the specific plant required and the treatment preparation. The priest or priestess may decide to refer the

Figure 1

Realms of moving through disease

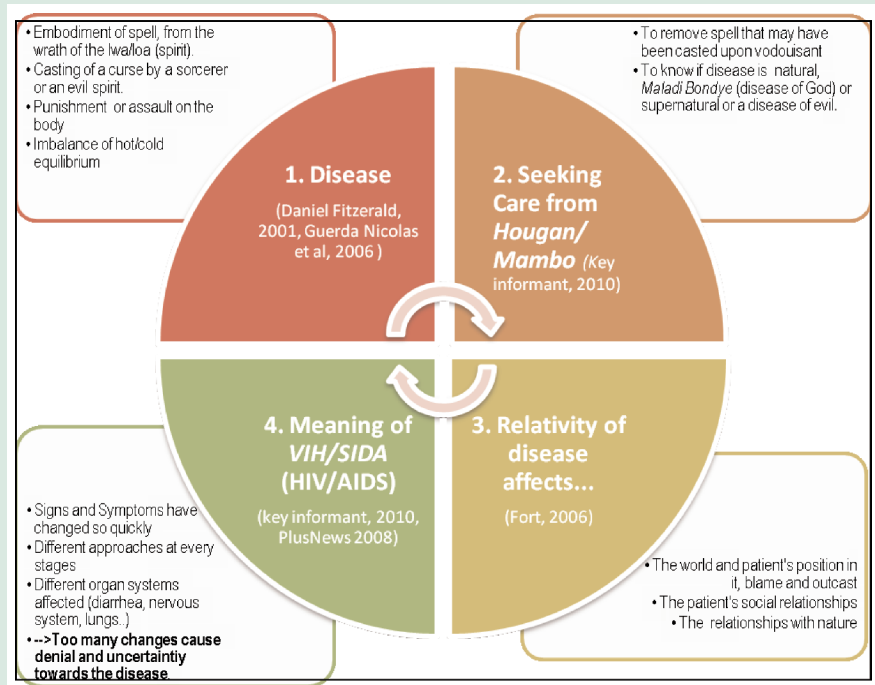
(Fort, 2006; Nicolas, DeSilva, Grey, & Gonzalez-Eastep, 2006; Fitzgerald & Simon, 2001; PlusNews, 2008)

Figure 1 represents a cycle matrix that is a compilation of themes gathered from the literature review and from the priest and priestess’ account. It is designed to illustrate how four distinctive realms collectively represent one interpretation of a *vodouisant’s* journey through making sense of disease particularly HIV/AIDS. It starts with one view of disease as a spell

- 1. **disease perception**, which influences the reasons for seeking healthcare
- 2. **seeking care from a Vodou priest or priestess**, and illustrates the effect that this disease has on their daily life
- 3. **relativity of disease**, the final part of the matrix illustrates how the understanding of HIV/AIDS has been affected by each previous step. It also demonstrates the intricacies of the signs and symptoms of HIV/AIDS and the way they shape the patients’ disease perception

4. meaning of HIV/AIDS

A *Hougan* or *Mambo* can manage fatigue, weight loss and skin conditions associated with active anti-retroviral medications’ side effects with remedies (PlusNews, 2008). Disease isn’t solely seen through a physical manifestation but also through psychosocial-spiritual lenses focused on afflictions, such as spells and punishments. *Hougans* and *Mambos* provide spiritual counseling about beliefs that someone’s HIV/AIDS status is due to an evil spirit’s or spell. They can also provide education about HIV/AIDS transmission and prevention.



patient to the hospital if s/he diagnoses a *Maladi dokte* (doctor's illness) – an illness that needs to be tended to by a conventional health practitioner.

The third level relies on the spiritual state of the being, where there is a quest to cleanse the body and rid it of disease. Every individual is considered to be a soul that carries a body. The *Hougan* states that, “The immortal soul is contained in a mortal body”. At death, the person's soul is believed to shed the body it had inhabited like a snake sheds old skin, and seeks to inhabit a healthier body to lead a better life.

A person's soul is believed to travel 16 times seeking that sound and perfect body each time: 8 times as a male's body and 8 times a female. Vodouisants believe in one God (*Bon Dye, Gran Met*), and through lineage or initiation they pray and follow a spirit (*Lwa/Loa*), whom intercedes to God (*Bon Dye, Gran Met*) on their behalf.

This last level provides insight on the *vodouisant's* perception of death and the prospect of inhabiting a healthier body.

It should be noted that in addition to family members and elders practicing folk medicine or the *Hougan* and *Mambo* offering healthcare, many Haitians also reach out to traditional/natural Haitian healers (*dokte fey*) who may not be initiated as *Vodou* priests or priestesses.

Healthcare practitioners who work within large Haitian and Haitian-American communities primarily located along the east coast of the United States should continuously seek information from their best informants: the patients themselves. It is important to include questions related to psycho-spiritual practices in the medical interview; 53% of Haitians reported that in addition to going to a medical doctor, they would pray for healing and 63% of Haitians reported that religion is very important to them in making healthcare decisions (Madison, Hung, & Jean-Louis, 2004). Prayer is a modality of complementary and alternative medicine (CAM). CAM usage can either positively or negatively influence ARV adherence management (Peltzer, Friend-du Preez, Ramlagan, Fomundam, & Anderson, 2010)

Kleinman suggests eliciting patients' perceptions about disease by asking the following questions (Kleinman, Eisenberg, & Good, Culture, Illness and Care: Clinical Lessons from Anthropologic and Cross-Cultural Research, 2006):

- What do you think has caused your problem?
- Why do you think it started when it did?
- What do you think your sickness does to you?
- How does it work?
- How severe is your sickness? Will it have a short or long course?
- What kind of treatment do you think you should receive?
- What are the most important results you hope to receive from this treatment?
- What are the chief problems your sickness has caused for you?
- What do you fear most about your sickness?

Answers to these questions can reveal the psycho-spiritual lens through which the practicing vodouisant views illness, and inform strategies to better manage the HIV/AIDS patient's care.

With 80% to 90% of Haitians and Haitian-Americans households utilizing CAM, natural and traditional medicine, it is also important to ask patients which adjunctive medicine such as herbs, drugs, ointments, syrups and juices they use. It is equally important to ask what rituals are performed, either in chants, prayers, baths or fast to support the healing process.

Healthcare practitioners need to recognize that prejudice and stigma associated with the practice of Haitian *Vodou* a misunderstood religion can contribute to the patient's reluctance to disclose the multiple methods (conventional and non-conventional) in which they are simultaneously accessing health care. Discussing or engaging in an exploratory conversation with a patient about his or her religious affiliations may have a positive impact on the way patients' care is managed. It is critical to remove bias and create a safe space for the patient to freely discuss his/her religious and spiritual practice, notably in HIV/AIDS clinical management with Haitian *vodouisants*.

IMPLICATIONS FOR PRACTICE IN HIV/AIDS CLINICAL MANAGEMENT

Studies showing that CAM is frequently used by PLWHA indicate the importance of understanding its relation to adherence to conventional western treatment (N. Jernewall, 2005; Bodeker, Carter, Burdford, & Dvorak-Little, 2006). There is a growing concern that patients, who jeopardize adherence to conventional treatment because of their existing use of CAM may be at risk of adverse side effects and poor disease prognosis (Smith, Diclemente, & Wingood, 2007). Similarly, there is decreased adherence to anti-retroviral therapy when patients begin to feel better or when patients begin to seek traditional medicine as they don't understand how HAART and Traditional Medicine work together (Mills, et al., 2006; Mison Dahab, 2008).

An important implication is that conventional health practitioners should reach out to the priests and priestesses and learn about the risks and benefits of commonly used Vodou therapies and how they may interact with conventional medicine. Patients expect physicians to provide this information. (Leonard, Huff, Merryweather, Lim, & Mills, 2004). For example, physicians should be aware that the practice of *bain fey* (a plant bath) is commonly used among the Vodouisants and within the Haitian communities at large. The types and toxicity level of plants utilized along with the water's temperature can either enhance the immune system's function or harm it. Physicians should ask patients about whether they participate in this practice, and provide culturally competent advice regarding the risks and benefits.

Psycho-spiritual practices in general have positively affected adherence and increased treatment success; higher CD4 counts, undetectable viral loads, optimism, death acceptance (Ironson & Kremer, 2009). One study concluded that individuals not using highly active antiretroviral therapy (HAART) and who participated in spiritual activities (especially prayers and affirmations) were found to be at a reduced risk of death from HIV compared to those who did not participate in spiritual practices (Fitzpatrick, Standish, Berger, Kim, & Calabrese, 2007).

Collaboration between CAM practitioners, traditional healers and conventional healthcare

providers can help identify the obstacles to adherence, and result in several benefits for patients. Vodou priests and priestesses can educate conventional health practitioners about their treatment and related actions on the body while conventional practitioners can, in turn educate them about adherence to prescriptions drugs and intended benefits for patients, such as improved disease prognosis.

IMPLICATIONS FOR MINORITY COMMUNITIES LIVING WITH HIV/AIDS

Minority communities, particularly communities of color in the United States that have been severely affected by HIV/AIDS have created strategies to cope with high incidence and prevalence rates of HIV/AIDS (National Minority AIDS Education Training Center, Howard University College of Medicine, 2009). These strategies often involve deepening cultural understanding.

Barnes et al. (2001), emphasize that within the African Diaspora communities of Boston, different conceptualizations of disease are affected by several factors including country of origin, religious affiliations, level of acculturation, and level of education (Barnes, et al., 2001). There is therefore a need to utilize interventions that have showed continued success because of the appropriate needs assessment and applied cultural sensitivity. For example promoting the female condom campaign in hair salons in largely populated African American communities in the United States and in African, Asian, South American cities has yielded great success in reaching communities of color all the while being informed of the cultural norms (UNFPA, 2011). Lastly, alliances between conventional practitioners, CAM practitioners, indigenous traditional healers can reduce health and healthcare disparities by providing quality access to healthcare, through integrated approaches (Fort, 2006; PlusNews, 2008).

IMPLICATIONS FOR CULTURAL COMPETENCY

The Office of Minority Health (OMH) defines cultural competence as the "capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors,

and needs presented by consumers and their communities” (What is Cultural Competency?, 2005). OMH further defines it as, “the way patients and doctors can come together and talk about health concerns without cultural differences hindering the conversation, but enhancing it.”

This paper touched upon several aspects of cultural competency as it pertains to working with individuals of Haitian lineage, a vodouisant who is affected or infected with HIV/AIDS. With an understanding of the patient’s view of disease and the associated Vodou medical healthcare system as well as Kleinman’s cultural model (Kleinman, Concepts and a model for the comparison of medical systems as cultural systems, 1976) it is possible to provide more culturally competent care to a Vodouisant patient.

However, health care practitioners should not stereotype patients. Some of the obstacles with cultural competency trainings are the dangers of stereotypes that are associated with the teachings of culture-specific concepts. Though a patient comes from a collective population or espouses to a collective system of belief, each patient will contribute their individual perspective. Healthcare providers may not be able to achieve cultural competency for an entire population of patients but they can aim towards an individual-focused culturally competent patient-centered encounter. Furthermore it is important to underline that even when a patient and their care provider are of the same race and gender, their relative understanding of culture and disease may be completely different and ultimately still impact treatment adherence (Evans, 2001). Institutional initiatives aimed at increasing healthcare cultural competency skills must take into account that the existing healthcare structure does not foster intimacy in communicating with patients. Physicians’ interactions with patients usually last between 15 to 30 minutes. Regardless of the level of cultural competency training received, physicians need adequate time to understand patients as individuals.

Striving to practice cultural competency can create trust within a patient-centered encounter. This trust can positively impact adherence to clinical recommendations. Integrated practice can positively impact diseases’ outcomes and abate healthcare disparities.

This manuscript presents only a brief introduction to some of the implications that the practice of Haitian *Vodou* may have on HIV disease management for the patient, the healthcare practitioner and the *Hougan* or *Mambo*.

The author acknowledges that two key informant interviews and the lack of previous written research on this topic were limitations. While this manuscript presented a very narrow perspective of the vast intricacies and sophistication of the practice of Haitian *Vodou* and its impact on the clinical management of HIV/AIDS in the United States, it is hoped that clinicians can feel comfortable to ask about and discuss issues of Vodou practice when the need arises.

LESSONS LEARNED

- Haitian *Vodou* is practiced as a religion and followed as a lifestyle.
- The Haitian *vodouisant* is seen as a soul that carries the body and not a body that carries a soul.
- *Hougan* and *Mambo* are generally consulted not to bring ill fate to an individual but rather to cure diseases and to rid the body of perceived spells.
- 80-90% of Haitians and Haitian-American households utilize alternative or complementary medicine.
- There are many Haitian natural and traditional healers that don’t practice Haitian Vodou.
- The Haitian patient practicing Haitian Vodou may have a different disease explanatory model than a Haitian patient not practicing Vodou.
- A *Mambo* or a *Hougan* may be simultaneously involved in the healthcare of the patient. This provides an immense opportunity for collaboration.
- Conventional practitioners are encouraged to promote integrated practices with complementary and alternative practitioners.
- Questions asked through the patient’s model of disease will yield more personal information.

- It is important to recognize the limitations of conventional medicine in nourishing the patient's psycho-spiritual needs and the patient's impetus in seeking support from a Haitian priest or priestess.

KEY TERMS

Bain fey: a bath with healing herbs

Dokte fey: herb doctor or natural/traditional healer

Hougan: Vodou priest

Loa/Lwa: the spirit being served who intercedes to God on behalf of the vodouisant

Maladi bondye: God's disease, supernatural disease

Maladi dokte: Doctor's disease, disease that can only be cured or treated by a physician

Mambo: Vodou priestess

Marassa: the cult of the twin emphasizing that the soul inhabits a body 16 times; eight times as a male and eight as a female

SIDA (Syndrome Immuno-Deficitaire Acquis): AIDS in French

VIH (Virus de l'immunodeficiency humaine): HIV in French

Vodou: There are many ways of spelling Vodou. The term Voodoo is the Anglicized spelling that can be found in various bibliographies. Vodoo can be seen as pejorative by many vodouisant. The spelling of Vodou, closely related to the spelling of Vodoun or Vodun resembles the original African spelling by the Dahomey Kingdom of Benin, where the religion is still practiced.

Vodouisant: one who practices Vodou.

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HIV AND SANTERIA

Knowledge of the essential healing concepts and practices of Santeria can enhance the medical encounter, facilitate communication between patient and provider, and eliminate misunderstandings and assumptions that interfere with sound medical practice and the well-being of the patient population.

ROBERTO DANSIE, PHD

BACKGROUND

Growing numbers of individuals who are living with HIV/AIDS are turning to traditional healing practices –including Santeria- to manage their illness (Manglos, Trinitapoli, 2011). Knowledge of the essential healing concepts and practices of Santeria can enhance the medical encounter, facilitate communication between patient and provider, and eliminate misunderstandings and assumptions that interfere with sound medical practice and the wellbeing of the patient population.

Cultural competency and the application of cultural sensitivity throughout the health care system, relevant as it is in all areas of health, becomes even more significant when it concerns traditional healing practices that impact the immune system. Some patients living with HIV/AIDS (PLWHA) believe Santeria has had a critical role in improving their health. What can we learn about this phenomenon? What do health providers need to know about Santeria and HIV? What are the basic practices of Santeria? What do they mean to its followers? Why is this relevant to clinicians? Specifically, what does it mean for clinicians treating patients with HIV/AIDS? What is unique to Santeria? And why should clinicians be aware of these unique qualities?

PURPOSE

The Acquired Human Immune Deficiency Virus (AIDS) continues to be one of the leading causes of mortality around the world (Bongaarts, J. et, al.2008). While a cure continues to elude us, there are several cases of PLWHA in remission. What are the factors that led to their health improvement? Why are growing numbers of

PLWHA turning to Santeria to manage their illness? What role does Santeria play in health outcomes?

The medical paradigm is changing. Psychoimmunology research has demonstrated that the psyche plays a significant role in immune system functioning- a long- standing premise in the practice of Santeria. Physical health is affected not only by material elements, but also by thoughts, emotions and relationships. Love and intimacy are associated with health improvement while loneliness and isolation may exacerbate illness. Harry Harlow first empirically demonstrated these principles in the late 1950's (Harlow, Harry, 1958). More recently, Dean Ornish demonstrated that positive emotions give us stronger immune systems, better cardiovascular functioning, and longer life expectancies (Ornish, Dean, 1998). Santeria healers believe that emotions, thoughts and spiritual powers can have positive effects on physical wellbeing, and have incorporated these concepts in healing practices. The efficacy of some of these practices cannot be scientifically tested and practitioners do not need to endorse the Santeria system as a whole to show empathy for their patients. Positive regard for the patient's emotions and beliefs, particularly those that patients associate with their wellbeing is simply good practice.

METHODS

Between 1995 and 2010 the author conducted informal interviews with 80 PLWHA who used Santeria as one resource in managing their illness. The author also reviewed 38 scientific articles and books published between 1995 and 2011 on HIV and Santeria (Suarez, M. et, al, 1996).

FINDINGS

It is important for health care providers to understand the perspectives of their patients who practice Santeria, particularly when the patient attributes positive physical effects to some of its practices (Fanthorpe, Lionel and Patricia, 2008). Santeria is a spiritual practice that originated in Africa. The name derives from “Santo”- meaning, “saint” – it includes healing practices from indigenous communities of three continents: Africa, Europe and America. Santeros and Santeras are Santeria priests and priestesses.

In a Santeria ceremony, a member receives his or her spiritual name, is given collective and personal rituals, mentors, guides and healers, participate in healing ceremonies and communes with the spiritual world. Santeria sustains that in this realm there are forces and entities that can lend their support to a healing process for a personal or collective positive outcome (Perez, A , 1998). Such was the case of the first successful black slave insurrection, with the slaves of Haiti defeating the most powerful military force of that time: the French army. Insurrection participants attribute success to support from “*Shango*” a powerful Spirit from Africa, notorious for overcoming challenging odds. Years after the Haitian insurrection, Cubans renamed Shango Santa Barbara. His ancestral rituals were preserved under the festivities of the patron saint of the colonial island, a phenomenon known in anthropology as “syncretism.” Ex-slaves from Cuba immigrated to New Orleans, where their spiritual practice flourished (Brown, David. 2003).

The homophobia that characterized the early days of the AIDS epidemic was practically absent in Santeria. PLWHA—many of them gay men- were welcomed into the Santeria community. Special healing ceremonies were organized around them (Mason, Michael. 2002). Santeria practitioners established collaborative relationships with health organizations to educate the community on AIDS awareness and care of PLWHA, incorporating traditional healing practices, such as social support groups, spiritual ceremonies to receive positive energy from divine intervention, and the use of teas, herbs and traditional remedies. Practitioners

of Santeria believe in the healing power of the herbs or remedies if they are imbued with the spirit of an Orisha, intermediaries between the human and spiritual worlds, similar to Roman Catholic saints. The spirit evoked for healing is Obatala.

Healing ceremonies vary according to Santeros and Santeras personal practices, but have many commonalities. Healing ceremonies invoke Obatala, the creator of the human form who can cure all illness or deformity. The Santero or Santera would likely recommend that the patient take *Sutherlandia frutescens*, -taken in the form of tea-the South Africa native plant used as an immune and energy booster (Clark, Karami. 2004). Patients often contact an Orisha healing spirit to help them access their own healing power, focus on thoughts that maintain optimism and a sense of calmness, develop healthy habits, and transform negative energy into positive. The Orisha is understood to amplify healing energy by bringing the patient in contact with benign people, places and situations through “air”- the spirit of healing life force. This creates in the patient an expectation of wellness. Research has shown that positive emotions are correlated with positive health status (Ornish, 1998). Air is expected to reduce negativity – animosity, pessimism, and insensitivity - and inspire celebration of all things from the rising of the sun to the love in our relationships (Dansie, Roberto. 2005). A saying in Santeria goes, “we are not victims of the world we see; we are victims of the way we see the world” (Ocha’Ni Lele. 2010). One of the author’s clients experienced a dramatic change of perspective that may have changed her health. After being diagnosed with terminal lymphoma, the patient, a lifelong Santeria practitioner, gathered her family to announce that her life would soon end. She told them that she was not sad because she had successfully raised her only son, a recently graduated medical student, who was now happily married with a wife and a four-year-old daughter. One week after this pre-mortem wake, her son and daughter-in-law were killed in an automobile accident. The grandmother, in a psychological consultation with the author, asked, “What shall I do now?” The author asked what her beliefs, traditions and intuition told her. Through her tears

she laughed and responded, “They tell me to change my mind about dying.” Twenty years later, she hosted a fiesta to celebrate her granddaughter’s graduation from the University of California Davis School of Medicine. From the patient’s perspective, the framework Santeria provided for understanding healing made this possible.

In Santeria, death can play a positive role, one that begins long before its arrival, by reminding followers of the responsibility to embrace their purpose, that is, to bring their personal gifts from the Spirit to fruition. Daily prayers, ritual baths, herbal teas, and community gatherings keep the practitioner of Santeria consistently aware of the need for internal balance. Santeria tells followers through oral and cultural tradition that when people are reminded of their own mortality, they are given the opportunity to focus on that which is essential in their lives. In Santeria there is a practice of letting-go by symbolically getting rid of an object that represents what is consciously being removed. Followers are also encouraged to stop giving energy to that which is irrelevant (Edmons, Ennis. 2004).

Santeria uses ritual dancing (“membre”) to address physical maladies of the HIV virus. Practitioners believe that healing energy is contagious. Dance and song are vehicles of healing energy. The person in need receives the positive energy of those who dance around him or her. Santeria practitioners described in Edmons (2004) state that they experience the strongest feelings of well-being in dancing ceremonies (Spencer, Charles . 2008). Practitioners invoke many Orishas in the process of daily practice. They use tarot, prayers, and invocations.

Santeros and Santeras use herbs-, such as spearmint for calmness and anise to stimulate the immune system -in their ritual healing practices, as well as other herbs from botanicas. Herbs may be used in ritual baths or drinkable teas. They also, at times, enter a state of trance to facilitate what they describe as supernatural healing. Of the 80 patients the authors has interviewed in his practice, 74 of them believed that the trance states that they entered were the most important practice to help them endure the predicament of the disease. Some felt connected to a higher power, while others felt relief in the process of grief by the practice of directly connecting to their ancestors, or lost loved ones.

RECOMMENDATIONS

It is important for health care providers to understand what gives patients sustenance as they face their illness. Anyone confronting an incurable disease can benefit from a social system of support activities that induce peace of mind, by building healthy habits and cultivating positive relationships. Santeria, according to some of its practitioners, serves this purpose. Asking patients to discuss what sustains them invites patients to tell providers how they can best be of help.

Santeria is a spiritual practice that promotes personal and social wellbeing. It provides a structure for the process of psychological individuation, a central construct of Jungian psychology. Jung says “I use the term ‘individuation, to denote the process by which a person becomes a psychological ‘individual,’ that is, a separate, indivisible unity or ‘whole’”(Carl Gustav Jung. 1976). Santeria promotes a social network that affirms a sense of collectivity and belonging. It supports practitioners’ sense of efficacy with regard to their health (Mason, Michael. 2002).

Optimal health care depends on patients providing physicians with complete information regarding all of their health care choices. If a patient feels his or her primary care physician is opposed to the practice of Santeria, the patient may choose not to disclose that s/he is a practitioner. This may compromise care quality by preventing full disclosure about using herbs that may be unsafe to use in combination with anti-retroviral therapy and by decreasing the patient’s investment in critical conventional treatments.

IMPLICATIONS FOR PRACTICE IN HIV/AIDS CLINICAL MANAGEMENT

Though many Santeria followers experience an increased sense of well being, support, and self-efficacy as part of their practice, health care providers should be aware of some caveats. The use of some herbs and traditional remedies may interfere with the use of Western medication (De la Torre, Miguel A., 2004). An open and honest dialog about herbal remedy use with the patient is highly recommended. Alcohol and tobacco are used in

some Santeria healing ceremonies. Health care providers should counsel patients living with HIV/AIDS regarding ceremonial use of these substances, by asking for a list of Santeria herbs being currently consumed, and informing them of the impact that these substances have on their health. Health practitioners should request that patients openly discuss their treatment choices with their conventional healers and Santeria priests.

Santeria is a system of personal and collective support that encourages honesty, trust and optimism. Practitioners believe that natural and spiritual forces, one of which is the health care provider's energy, activate the body's natural healing powers. It is not uncommon for practitioners of Santeria to talk among themselves of the "healing gift" of their medical provider and to consider it as important as the medication they dispense. Santeria affirms that spiritual rapport is the foundation for all healing. Calmness even while working under time constraints is seen as a sign of a positive spiritual presence, while haste and impatience are considered illnesses of the soul (Gonzalez-Wipper, Migene.1989).

IMPLICATIONS FOR MINORITY COMMUNITIES LIVING WITH HIV/AIDS

Growing numbers of PLWHA from minority communities are turning to Santeria to manage their illness (Vaughn, Lisa. et, al. 2009). Santeria is a spiritual system of ancestral healing practices designed to combat illness and restore physical and spiritual health. It can help treat people afflicted with HIV, educate and raise awareness about the disease. Santeria offers emotional, psychological and social support. It gives its practitioners a sense of hope and meaning.

Santeria emphasizes personal responsibility for PLWA: they are to become proactive in the management of their health. It also emphasizes the responsibility patients with HIV to protect others from the virus.

Many PLWHA perceive Santeria as a system that promotes compassion and solidarity rather than judgment and fear (Fanthorpe, Lionel and Patricia. 2008). Santeros and Santeras have often worked as health promoters for their communities. They have

worked as volunteer community health liaisons, or Promotores, to promote community service. Promotores who promote health care are referred to as Promotores de Salud, Promoters of Health. This traditional system has been implemented into many mainstream health programs as a way to avoid culture and health becoming at odds. Promotores provide cultural context to the physician. They are specially trained to ask patients for critical health information, and to inform the physician when patients are using alternative treatments (Gomez-Beloz, Alfredo. et, al. 2005).

IMPLICATIONS FOR CULTURAL COMPETENCY

Santeria's spiritual leaders have often worked as health promoters who facilitate communication and understanding between mainstream health systems and minority communities' traditional healing approaches.

Health providers who ignore a basic understanding of Santeria's concepts regarding health may jeopardize the healing process of their patients and the health education of the community they serve.

LESSONS LEARNED

- Santeria is a spiritual system with numerous healing practices that impact patients living with HIV.
- Santeria relies on non-ordinary states of consciousness for healing purposes.
- Santeria priests often act as healers and can be either male or female.
- Alcohol and tobacco are used in some healing ceremonies.
- Santeria is a system with high individuation (personal meaning) and high collectivity (social network), that is, a system that provides the patient with high self esteem and strong social relations.
- Santeria across the ages has provided its practitioners with hope and meaning in the face of adversity, from fighting slavery to fighting the HIV virus.

- Santeria supports health by the promotion of healthy habits, social responsibility, by providing social support networks, and by using community networks to promote AIDS awareness.
- PLWHA are using spiritual healing practices, including Santeria to manage their illness.

Some Santeria principles are relevant to PLWHA. These include use of herbs and remedies, including the use of alcohol and tobacco; the belief in turning negative energy into positive energy, a quality that healers (including medical providers) have; a social network of support and a role in promoting community health. Santeria encourages its practitioners to address physical, emotional, mental and spiritual health while confronting an illness. The Santeria community has a long history of creating networks of social support for the population with HIV/AIDS.

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HEALING THE FEELING – EMBRACING SELF-LOVE: A Spiritually Based Approach to HIV Management

The circle provides a format for resolving challenges...sharing prayer and physical exercise...and also includes meditation and prayer.

BETTYE MUWWAKKIL, PhD

BACKGROUND

Researchers estimate that 240,000 to 325,000 African American women, about 1 in 160, are infected with HIV. Furthermore, African American women are nearly 20 times more likely than white women and nearly four times more likely than Latinas to acquire the deadly virus (Cichocki, Mark 2010). African American women who test positive for HIV/AIDS are most likely to have been exposed to the virus through heterosexual sex. Eighty-five percent of African American women living with HIV were infected this way and account for nearly half of the country's female cases (Cichocki, Mark 2010). Because rates of HIV/AIDS infection are disproportionately high among African American women, it is critical to develop effective and culturally competent intervention and prevention approaches for this population. One such intervention is spirituality.

Historically, spirituality for Black women is centered in slavery, with its attempt to destroy African culture, its sexual abuse of Black women, and its separation of families (Williams, DS. 1993). In spite of these hardships, enslaved women were able to rise above their experiences embraced in a spirituality that provided hope in personal and community relationships (Musgrave, Allen, & Allen 2002). Receiving a diagnosis of HIV is very difficult, often leaving patients feeling alienated, depressed and angry. It often inspires people to turn to spirituality (Hill 2005; Hill & Pargament, 2003; Koenig, McCullough, & Larson; Miller & Thoresen 2009). A spiritual perspective can reduce fear and increase calm, which facilitates healing by exploring personal prejudices and moving toward speaking openly and honestly about HIV (Koenig, H.G., McCullough, M.E., & Larson, D.B. 2001).

Spirituality has been associated with positive health outcomes (Hill, 2005; Hill & Pargament, 2003; Koenig, McCullough, & Larson, 2001; Miller & Thoresen, 2003; Oman & Thoresen, 2005), including improved perception of health status (Phillips, Mock, Bopp, Dudgeon, & Hand, 2006), especially among women who are experiencing challenges to their health and well-being (Musgrave, Allen, & Allen, 2002). A large majority (85%) of patients in the United States who are infected with the human immunodeficiency virus (HIV) affirm the importance of spirituality in their lives and in dealing with family, work-related, or personal issues (Lorenz et al., 2005).

Spirituality influences health practices and behavior (Rabin, 1999; Miller & Thoresen, 2003) and promotes quality of life for women with HIV/AIDS (Sowell et al., 2000). It has been considered a resource for dealing with illness (Kelly, 2004) and adjusting to uncertainties associated with chronic illness (Landis, 1996), especially when usual coping mechanisms are ineffective (Simoni et al., 2002).

For many African American women who are HIV positive, spirituality is an important resource for coping with the stressors and demands associated with the disease (Bosworth, 2006; McCormick, Holder, Wetsel, & Cawthon, 2001; Powell, Shahabi, & Thoresen, 2003; Sowell et al., 2000).

PURPOSE

Healing the Feelings; Embracing Self-Love, is a spiritual-based support “Circle”, used to empower African American women infected with HIV/AIDS and women at high-risk for HIV/AIDS and other sexually transmitted diseases (STD) through:

- offering information and training in skills critical for managing HIV;
- increasing socioeconomic opportunities through empowering activities that offer an opportunity to enhance self-confidence, improve decision making, managing stress, job training referral resources;
- educating women regarding the social determinants of health, introducing them to spirituality, healthy lifestyle and life course training and tools to strengthen value systems;
- encouraging women to confront important issues in their lives and cope effectively with stress;
- enhancing self-esteem and self-efficacy; and
- building communication, negotiation, and assertiveness skills.

The Circle offers an opportunity for women of all ages to join together to express their spiritual beliefs, innermost feelings and concerns without judgment, or criticism about their diagnosis with HIV/AIDS. The Circle also provides each of the women with opportunities to discuss how to overcome the negative feelings associated with the diagnosis and through a spirituality-based approach, empowers them to embrace life despite the diagnosis. Services are delivered by holistic health practitioners, health educators, non-denominational ministers, peer facilitators, and expressive art practitioners in safe settings. Expressive arts therapy is also included as part of the treatment modality. This is a form of therapy that uses dance, drama, music, poetry, and art to enhance the individual's overall well-being and feeling of self value. These therapies, also known as Arts Therapy, Creative Arts Therapy and Expressive Therapy, are used in therapeutic, rehabilitative, educational, and community settings to foster holistic health, communication, and expression (National Coalition of Creative Arts Therapies Associations, 2010).

METHODS

The current study presents a summary of research on the importance of spirituality and emotional and social support for health outcomes, with emphasis on the importance for African American women living with HIV/AIDS, and exploratory data on the effects of a spirituality-focused program serving the target population.

INTERVENTION

To empower African American women infected with HIV and women at high risk for HIV/AIDS and other sexually transmitted disease (STD), Bettye Muwwakkil developed a women's spirituality support group from 1988 through 1992 called Healing the Feelings; Embracing Self-Love. This is an HIV management and prevention social support service for African American women. The program offered best practices and evidence-based models such as the Health Belief Model (HBM) (R.E. Petty and J.T. Cacioppo 1980); Coping with Work and Family Stress (CWFS) (Epigee, Online Site 2009); SISTA Model (Delthea Jean Hill 2008); and the Elaboration Likelihood Model (ELM) (Renee Baker 2005) which enhances self-esteem and self efficacy, and builds skills in communication, negotiation, assertiveness and stress management. As part of the Healing the Feeling-Embracing Self Love support group; a *Sacred Praise and Healing Circle* was formed. This is a women's spirituality group activity. The circle provided a format for resolving challenges, for consulting with health educators, faith-based representatives, and peers, sharing prayer, and physical exercise. Activities in the circle include meditation, prayer, support group discussions, and opportunities to learn about health lifestyle choices.

PARTICIPANT RECRUITMENT

Participants for the circle were recruited via posting information on the organization's web-site, word-of-mouth, sending information to HIV service providers, local Health Departments, hospitals and health centers. The targeted population was African American women, ages 19-50 with HIV. However, no woman was turned away. Health

information was delivered by a Community Health Educator and Holistic Health Practitioner who shared information about living healthy with HIV emotionally, spiritually and physically.

Between, 2006 and 2008 follow up contacts were made via email or telephone with 150 participants regarding their health status. Survey questions were based on priority issues the Centers for Disease Control and Prevention identified for women living with HIV/AIDS. A total of 50 women provided follow-up data within one year after circle participation.

Survey questions:

- Have you been diagnosed with HIV/AIDS?
- Do you consider yourself healthy?
- Are you drug, alcohol and/or smoke-free?
- Are you open to share your innermost feelings as related to your life situations?
- Are you familiar with spiritual practices?
- Do you exercise daily?
- Have you any future goals?
- Can we be of assistance to you today?
- Do you have an available supportive network (family, friends, church)?

FINDINGS

Previous research establishes the importance of interventions targeting African American women and interventions focusing on emotional health and spirituality (Bosworth HB. 2006). Structured interviews revealed that in general by providing culturally focused services that target the spiritual and holistic health needs of African American women living with HIV/AIDS, spiritually was able to increase clients' healthy behavioral choices, coping skills and emotional well-being. Overall, spirituality provided emotional and psychological support for the women who participated in the group.

SPIRITUALITY IN HIV MANAGEMENT

Spirituality, that which relates directly to human spirit or soul, is strongly associated with African American women's perceptions of health (Hargrove, 2002). Since slavery, the Black church

has served a critical role in Black women's lives. God is seen as a deliverer from unjust suffering and the comforter in times of trouble (Musgrave CF, Allen CE, Allen GJ. 2002). The church provides spiritual renewal and empowerment. Health care providers should be aware that African American women can be helped to embrace their spirituality and in so doing, health promotion, healing, and coping are facilitated.

Effective prevention strategies should address risk factors associated with sociological context and promote health from a holistic perspective. This perspective recognizes the importance of self-efficacy and self esteem in choosing healthy behaviors. Positive Impact Support and Spirituality support groups (Baker, 2005) demonstrated that social support interventions that apply spiritual principals along with linguistically appropriate and inclusive prevention and health education services enhance coping strategies, influence attitudes, promote behavior inconsistent with onset of transmission of HIV/AIDS, and encourage the adoption of healthy lifestyle behaviors.

Regardless of the clinician's personal beliefs, it is beneficial to know how to respond to patients' inquiries about illness and faith or spirituality. Health professionals are encouraged to become competent in interpreting the role of culture and religion in the manifestation and treatment of African Americans women with HIV. It is critical to have an understanding about a patient's world view and this comprehension should be done in the context of empathic respect for the patient's values.

IMPLICATIONS FOR PRACTICE IN HIV/AIDS CLINICAL MANAGEMENT

Support is an ongoing process that allows women infected with HIV/AIDS to develop a sense of responsibility for managing living with their infection. To keep HIV under control, it is vital to maintain a healthy outlook and avoid stress. The body's natural ability to heal is affected by diet and stress levels, as well as psychological and emotional health. Program participants indicated that the intervention increased the likelihood of healthy behavioral choices, such as physical exercise and not using tobacco. Referring patients to interven-

tions that offer behavioral counseling along with spiritual and emotional support may increase adherence to clinical recommendations, quality of life, and longevity as well as decrease the likelihood of behaviors associated with transmitting the HIV/AIDS virus.

IMPLICATIONS FOR CULTURAL COMPETENCY

There is a wide diversity of religious beliefs and practices in the history of African Americans that influences the presentation, diagnosis, and management of the spectrum of illnesses, including HIV/AIDS. And, although there is a lack of empirical evidence that religion improves health outcomes, clinicians should understand patients as a biopsychosocial-spiritual whole. Therefore, asking about spirituality during a health assessment can help the clinician to determine whether spiritual factors will influence the patient's medical decisions, compliance and ultimately clinical outcome.

Some clinicians may hesitate to bring up spirituality while others may feel that spiritual beliefs are highly personal and outside of the domain of medicine, or beyond their expertise. Crossing the cultural divide is an important consideration in providing culturally appropriate care for African American women with HIV and clinicians should not be reticent to raise the topic when providing care within this cultural context.

Whether or not the clinician shares the beliefs or not, understanding a patient's spiritual core beliefs could greatly facilitate the clinician's ability to communicate respectfully with the patient, within the context of the patient's spiritual beliefs, but without claiming to share them.

LESSONS LEARNED

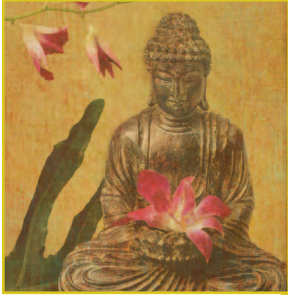
Spirituality helps women to accept the changes in themselves and their lives that result from illness. The spiritual practices offered by *Healing the Feelings; Embracing Self-Love* circle interventions have helped hundreds of women living with HIV/AIDS make informed decisions and better manage the illness.

- Spirituality teaches women infected with the HIV virus that there is significant meaning to their life even after diagnosis.
- A spiritually-based support circle offers a safe environment for women to share their innermost feelings with judgment or criticisms.
- Peer sharing assists participants in the support circle to change unhealthy pattern(s) and interactions gaining new approaches to self-defeating behaviors. Clinicians should ask patients about spirituality during a health assessment to help determine treatment options.
- Women with HIV infection express a need and desire for various forms of support and health and social information services.
- A holistic approach to communicating health information may increase adherence to clinical recommendations and improve clients' sense of efficacy and well-being.

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Embracing the Moon: Therapeutic Benefits of Zen Meditation Techniques in HIV and AIDS Treatment

The inclusion of meditation as part of a clinical program for individuals with HIV/AIDS and their family members can provide an effective strategy to address a range of psychological, physical, and medical challenges.

DAVID W. CLIPPINGER, PhD
(VENERABLE SHIH TAO-FA)

BACKGROUND

Meditation has been an integral part of Chinese religious culture for thousands of years. Both Taoist and Buddhist (Ch’an in Chinese; Zen in Japanese) spiritual practices emphasize meditation as a means of attaining what is known as the great awakening—“nirvana.” These meditative practices are vital to Traditional Chinese Medicine (TCM) and are transportable to Western modalities of health and healing.

TCM conceptualizes the body as comprising three aspects: “Jing” (essence: DNA, muscles, organs, bones and other physical elements); “Chi” (energy: the implicit energy and sources of energy such as food and oxygen necessary for the sustenance of life); and “Shen” (spirit: consciousness and intention). These three aspects are separate yet interdependent systems that constitute the health of the individual when in balance and harmony. When they are out of balance, they create disease and illness. For thousands of years, meditation has been regarded as an expedient and vital means to harmonize these three aspects and re-establish and retain overall health. Buddhism and Taoism regard meditation as a preventative health strategy and therapeutic treatment.

The purpose of this paper is to discuss the potential application, techniques, and benefits of meditation for people diagnosed with HIV/AIDS. The paper draws upon prior medical studies that document the positive impact that meditation has had for pain management, stress reduction, neuropathy, the strength of the body’s immune system, and overall quality of life in order to suggest how those findings are applicable for those with

HIV/AIDS. The author observed meditation sessions, collected anecdotal data from participants, and reviewed research literature to collect exploratory data.

PURPOSE

The overarching objective of the study is to collect preliminary, exploratory data on potential benefits of classic Ch’an Buddhist meditation techniques such as seated practice, standing postures (Chi Kung/qigong), and moving meditation practices such as T’ai Chi (taiji) for people diagnosed with immune system diseases, such as HIV/AIDS. These practices are explained in detail in the Methods section.

Numerous medical studies have been conducted measuring the outcome of such practices with quantifiable benefits in the following areas:

- Pain management
- Neuropathy
- High blood pressure
- Immunity strength

Overall sense of well-being (See the listing of research studies in the “Results” section)

This paper discusses the potential benefits of implementing programs that apply meditative modalities for people diagnosed with HIV/AIDS. To date, very little research has been done to explore the intersection of meditation and immune disorders. Applying the principles of TCM to HIV/AIDS and teaching meditative strategies to persons living with HIV/AIDS (PLWHA) have the potential to be extremely beneficial to a wide range of individuals. The essential questions for the study

are: What are the potential benefits for PLWHA? Can the informal narratives and experiences of the participants be validated by other research findings?

METHODS

The author, a recognized T'ai Chi and Chi Kung Master, an ordained Buddhist Priest, and an Associate Professor, has directed meditation sessions for patients with HIV/AIDS. He has observed and conversed with students from several classes over a period of 25 years and has retrospectively summarized and analyzed observational and anecdotal data regarding the effects of program participation. These results were compared with previously published peer-reviewed research findings on the effects of meditation. Because the current study was planned after the observational period, it did not include systematic data collection and analysis. Results are preliminary and exploratory and are intended to suggest directions for more systematic future research rather than scientific conclusions.

A total of 12-15 men and women with ages ranging from 26-70 who were diagnosed with HIV/AIDS participated in meditation sessions. Participants received training in two types of meditation: 1) traditional Ch'an (Zen) meditation with an emphasis upon single-pointed meditation, or 2) several standing Chi Kung (qigong) forms that incorporate movement and meditative concentration. In single-pointed meditation both feet are flat on the ground with the tailbone in the center of the seat. The spine should be straight but relaxed. The mind focuses upon the dantian—the physical center of the body, which is approximately one and a half inches below the navel. "Single Pointed" meditation consists of remaining focused upon the dantian through the process of staying and returning. The goal is to keep the attention on the dantian and, as various body sensations or thoughts arise, to bring the attention back to the dantian—hence training the mind to remain focused through the process of "staying and returning." This technique lays the foundation for the individual to access the documented benefits.

Chi Kung are forms of exercise developed thousands of years ago in China. Chi Kung is the physical therapy component of Traditional Chinese Medicine. Like Western physical therapy, Chi Kung is both therapeutic and preventative. The exercises incorporate gentle stretching and bending, and are coordinated with deep, diaphragmatic breathing. The exercises reduce stress and anxiety and are effective pain management tools. The ongoing attention to the breathing with the movements reduces blood pressure, reduces anxiety, and generates a sense of psychological balance and well-being (Yang, 2005). These findings were confirmed by many of the participant narratives: "I have benefited from the classes in many ways. It has helped me remain calm in certain stressful situations. It has aided me to focus on tasks My circulation [h]as been better and my hypertension has come down a 5 to 8 p[oints]. I find myself in a more possible attitude." Another person writes, the sessions have "helped to reduce blood pressure, improve our agility and help us to maintain a balance within our mind, body and spirit."

The individuals were regular participants in the activities and workshops sponsored and maintained by the Shepherd Wellness Community, a community center that offers programming for individuals diagnosed with HIV/AIDS in order to maintain quality of life.

Over an eight-week session at the Shepherd Wellness Community in Pittsburgh, Pennsylvania, the author taught meditation and Chi Kung to a diverse range of students. Since the program was a community health initiative with completely voluntary participation, the numbers of participants and the participants themselves changed from week to week. Upon completion of the first eight-week session, the original 12-15 participants requested that another session be offered since they found the sessions to be extremely beneficial. These techniques were taught to approximately 100 clients with HIV/AIDS and their families at the South West Pennsylvania Healing Weekend, an annual Healing Retreat that is partially sponsored by Shepherd Wellness Community. Again, the participants found these workshops to be invaluable and requested that they become a regular offering at the annual retreat.

RESULTS

The informal narratives and anecdotes from the sessions indicate that meditation and moving meditation therapy are effective means to address chronic pain, neuropathy, stress, and bolster well-being. One participant explained “One of the main reasons I started Tai-Chi was to manage pain. I have two health problems that are related to immune disorders. [The sessions and classes] ha[ve] been a great help in managing pain. I am becoming more aware of how I lock my knees, raise my shoulders and take shorter breaths when I am in pain. I do the warm ups every day no matter how [much] pain I am in.” This particular quote is representative of many of the responses to the sessions.

A brief review of the research literature on the impact of meditative techniques confirms the personal narrative experiences articulated by the participants at the Shepherd Wellness Community. Austin (1998) offers an encyclopedic study of meditation and neurophysical responses. Most pertinent is how meditation “causes secondary physiological and biochemical changes”, which include reduced “systolic and diastolic blood pressure.”

Siegel (cited in Heller, 2010) a faculty member at Harvard Medical School, explores how the practice of mindfulness meditation can reduce the volume of pain sensations for people with chronic pain. Jon-Kabat Zinn’s “Mindfulness-Based Stress Reduction Programs” explores the degree to which “mindfulness mediation is effective for reducing pain symptoms in chronic pain populations . . . [and] reduces the emotional suffering that accompanies pain.” (cited in Heller, 2010).

Yang (2005), states, “Recent scientific studies have documented the physiological changes induced by meditation. By measuring specific physiological responses, such as cardiovascular and pulmonary functions, hormonal and neurotransmitter levels, brain wave activity, cerebral blood flow, and skin moisture content, studies have repeatedly characterized the physical state of meditation as a reduction of sympathetic activity and an increase of parasympathetic activity”. “The potential therapeutic benefits include: Digestive/bowel

function, cardio-respiratory function, immune system function, prevention or treatment of arthritis, cognitive function...”.

Yang explains the relationship between the neurological benefits (i.e., pain management, stress reduction) of meditation and its physiological impact. Participants at the Shepherd Wellness Community provided narrative statements that they felt more energized and were sleeping more soundly since learning the meditative techniques.

A husband and wife who participated in sessions and classes wrote that “We have found our reflexes, endurance, concentration and overall health to have improved far beyond the state we were when we began ... We are less susceptible to allergies and seasonal illnesses, sleep better, have more energy and find ourselves much more capable to focus on incremental approaches to long-term projects.”

Most relevant for HIV/AIDS is Yang’s claim about the immune system functioning as well as the above quote from the husband and wife who claim to be “less susceptible to allergies and seasonal illnesses.” A few studies have examined the potential for strengthening the immune system through these practices:

Irwin (2003) conducted a randomized, controlled clinical trial with 112 healthy adults ages 59 to 86 (average age of 70). Results indicated that meditative practices boosted immunity to shingles. Yang (2007) presents evidence that meditative practices improve the “antibody response to influenza vaccine.”

RECOMMENDATIONS

Previous research findings suggest that meditative practice could benefit HIV/AIDS patients by boosting immune functioning, improving sleep quality, and reducing pain and other effects of the disease or side effects of anti-retroviral treatment. Preliminary observational and anecdotal data from PLWHA who learned meditative practice suggest that at least some have experienced these benefits. The author recommends conducting systematic research using scientific data collection and analy-

sis methods to assess replicability of results and to further explore the extent of the benefits of meditative practice for patients with HIV/AIDS.

Given the low-risk of participating in meditation, and the potential benefits, these easily transmitted skills and techniques can be taught to a broad range of people. Meditation masters, who have been authorized and/or certified by their own teachers, should be utilized to teach the techniques in order to ensure maximum health benefits. Experienced masters, who are also trained in traditional Chinese medicine and therapeutic and medical Chi Kung are equipped to address potential risks of incorrect techniques that may result in dizziness, nausea, or elevated blood pressure. Furthermore, masters, after years of training under other esteemed teachers, are adept at adjusting the techniques in response to a broad range of abilities and medical conditions. Just as it is important to choose highly skilled professionals to deliver Western medical services, it is equally important that meditative services be delivered by trained professionals in order to ensure quality care and to minimize negative outcomes.

IMPLICATIONS FOR PRACTICE IN HIV/AIDS CLINICAL MANAGEMENT

The inclusion of meditation as part of a clinical program for individuals with HIV/AIDS and their family members can provide an effective strategy to address a range of psychological, physical, and medical issues:

- Meditation can reduce overall stress and anxiety to enhance overall well-being
- Meditation techniques may reduce the negative side effects (e.g., neuropathy) of pharmaceutical treatments. Moreover, since the techniques increase blood circulation, the techniques may make the pharmaceuticals more effective.
- Meditation may bolster the body's ability to heal, and prevent medical complications
- Meditation may offer individuals diagnosed with HIV/AIDS and their family members and loved ones an effective coping strategy.

IMPLICATIONS FOR MINORITY COMMUNITIES LIVING WITH HIV/AIDS

Meditation offers a cost-effective strategy for a broad base of practitioners. Since it requires no specialized equipment, socio-economic conditions are not necessary considerations for the implementation of a meditation program. In effect, the practices are applicable to anyone.

By lowering blood pressure, regulating blood sugar levels, and improving cardio-pulmonary health, meditation addresses health concerns prevalent in the Minority Community at large. While these health issues are secondary to HIV/AIDS treatment, these ancillary health benefits offer further justification for the implementation of meditation and Chi Kung programs.

IMPLICATIONS FOR CULTURAL COMPETENCY

The authentic practices of meditation and moving meditative exercises such as Chi Kung and T'ai Chi are open and inclusive by their very natures. Since these practices are commonly viewed as Asian (Zen=Japanese; Ch'an = Chinese; Chi Kung and T'ai Chi = Chinese), a necessary caveat would be to clarify that these meditative techniques are not represented by the stereotypical images portrayed in the media (i.e., Kung Fu Movies, popular culture references, and the like); nor are the practices Deistic even though they have a religious origin. The techniques can be used to complement any religious practice and translate across socio-religious perspective. An authentic meditation master would create an atmosphere of openness and acceptance of backgrounds and cultural differences. Ordained clergy such as Ch'an or Zen Buddhist monks and priests who facilitate are trained to protect confidentiality and offer an assumed level of ethical competency and trust.

LESSONS LEARNED

- Meditation offers an effective strategy for improving the quality of life for its practitioners.
- Meditation techniques are a viable means to address pain management, neuropathy, and other conditions/symptoms of HIV/AIDS.

- Meditation techniques are accessible for individuals with a wide range of physical abilities, differing levels of health, and from diverse socio-economic and racial backgrounds.
- The benefits for individual practitioners have yet to be fully measured but the informal and anecdotal narratives confirm that such programs and offerings confirm are highly valued by participants. For example, participants requested that a second session be offered so that they would be able to continue to implement the skills learned.
- Participants in the programs find the skills acquired to be valuable for improving the quality of life and an effective approach for healing.
- Clinical research on the direct impact of meditation upon HIV/AIDS is sparse and merits continued support and implementation.
- A qualified meditation teacher or Zen Master is required in order to maximize the results and to minimize the possibility of misinformation.

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Acupuncture and HIV Management

There is growing evidence for acupuncture's effectiveness in treating conditions associated with HIV/AIDS, such as peripheral neuropathy digestive disorders and viral hepatitis.

MISHA COHEN, OMD, L.AC

BACKGROUND

At Quan Yin Healing Arts Center (QYHAC), a San Francisco public health acupuncture clinic, people living with HIV/AIDS (PLWHA) seeking acupuncture treatment include a large percentage of African-American, Latino, Asian and other communities of color. In the U.S., public health acupuncture clinics such as Lincoln Recovery Center in New York and AIDS Care Project in Boston have similar demographics. This paper describes the QYHAC model of care developed over the last 26 years and the results reported by patients living with HIV/AIDS.

People seeking acupuncture often do so because they view it as an “ancient system that works”. Acupuncture and Oriental Medicine (AOM) is a complete medical system with over 3,000 years of continuous history. AOM has its own forms of diagnosis, treatment, prognosis, and therapies. AOM views the body as an energetic system in dynamic balance. *Qi*, translated as energy or life force, flows in a regular pattern through a system of vessels to all parts of the body. When the flow of *Qi* is unimpeded, there is harmony, balance, and good health. When there are *Qi* blockages, too much or too little *Qi*, there is imbalance that leads to disharmony and disease. AOM treatment helps restore the body to balance and affects all aspects of a person: mind/body/spirit. Modalities include food therapy/diet, acupuncture, herbal remedies, Chinese exercise, and meditation (Cohen & Doner, 1998).

There is growing evidence for acupuncture's effectiveness in treating conditions associated with HIV/AIDS, such as peripheral neuropathy (Shiflett & Schwartz, 2011) (Hand et al., 2004), digestive disorders (Sommers & Porter, 2005), and viral hepatitis (Cohen et al., 1998). Previous research has presented

evidence that acupuncture is effective for treating pain syndromes, (Patel et al., 1989) diarrhea (Anastasi & McMahon, 2003) and depression support when used in conjunction with Western medications (Zhang, 2011).

DESCRIPTION

Acupuncture is the art of inserting fine, sterile, metal needles into specific points to control the flow of energy through the vessels. Treatment includes ear acupuncture, body acupuncture, scalp acupuncture, moxibustion (burning the herb mugwort over the skin), electro-stimulation and acupressure. (Cohen & Doner, 1996)

QYHAC currently offers services at the central AOM clinic, drop-in clinics and satellite clinics. Prior to the final elimination of government funding in July 2009, acupuncture was also provided in familiar, culturally competent settings within a continuum of HIV services: primary care centers, homeless service centers, and HIV adult day care. The model of providing acupuncture within a familiar community center allows people who may be suspicious of Western medicine and specifically pharmaceutical treatment - often for historic cultural reasons - to receive this form of traditional medicine (i.e. acupuncture). There is then opportunity to offer clients who request only acupuncture services to be observed and offered Western medical care and case management when necessary. This model provides a safety net for people living with HIV.

Treatment frequency varies according to individual needs and HIV disease stage. Daily acupuncture is often recommended as supportive therapy to reduce street drug use or drug addiction. For severe symptoms such as severe itching or diarrhea,

acupuncture may be recommended twice a week and reduced to once a week as the problems resolve. Maintenance acupuncture varies from once a week to once a month.

According to the NIH National Center for Complementary and Alternative Medicine, “there are fewer adverse effects associated with acupuncture than with many standard drug treatments (such as anti-inflammatory medication and steroid injections) used to manage painful musculoskeletal conditions like fibromyalgia, myofascial pain, osteoarthritis, and tennis elbow.” (NCCAM Web site, 2010).

METHODS

QYHAC’s demographic data were derived from the SFDPH AIDS Office Reggie database that monitored AIDS service providers and tracked city, state and HRSA funded AIDS programs. HIV clients provided data during their initial acupuncture intake or were already part of Reggie when they first presented for services at QYHAC.

The following summarizes demographic characteristics reported on 741 patients living with HIV/AIDS who received acupuncture at QYHAC during the 2007/2008 fiscal year:

ETHNICITY: African American 20%, Asian/Pacific Islander 12%, Latino 22%, Native American 6%, White 40%

SEXUAL IDENTITY: Gay 63%, Lesbian 2%, Bisexual 10%, Heterosexual 25%

GENDER: Female 18%, Male 77%, Transgender 5%

DIAGNOSIS: Disabling AIDS 38%, AIDS 13%, Disabling HIV 29%, HIV 20%

AGE: Under 35 2%, 35 – 50 Years old 41% , 50 – 64 Years old 54%, over 64 3%

*76% of clients exist below the Federal Poverty Line

QYHAC central clinic in the San Francisco Mission District as well as the satellite clinics in the Mission, the Tenderloin, the Western Addition, and Bayview Hunter’s Point. The survey was given before a treatment session and took an average of 4 to 7 minutes to complete. Results were tallied and updated every six months.

Described here is a sample of the surveys that were collected from June 1 through October 31, 2007. Patient Satisfaction Surveys were distributed to 180 HIV positive clients. A total of 148 clients (82%) responded to the Patient Satisfaction Survey. There were 23 questions with additional space for client comments. Between June 1, 2007 and October 31, 2007, 74 clients completed the Self Evaluation Survey. Clients used a 5-point Likert scale, with “1” indicating “Much Better” and “5” indicating “Much Worse” to rate improvements on: symptoms, quality of life (QOL), and success in managing medication side effects. This allowed patients and providers to evaluate medical progress that occurred while using complementary treatments. The survey listed 14 signs and symptoms of chronic conditions frequently seen at the clinic. The signs and symptoms listed were: sinus problems, substance use, night sweats, skin problems, respiratory problems, fever, viral warts, pain, anxiety, mood swings, neuropathy, depression, insomnia and fatigue. Patients also indicated whether they had HCV co-infection.

QYHAC implemented pilot programs to evaluate treatment need. One successful pilot program served a predominantly African American community with little access to HIV care (Wilson & Cohen, 2002). During the early months of 2001, QYHAC provided free acupuncture treatment during the morning breakfast program of Tenderloin AIDS Resource Center (TARC), a harm reduction service center for homeless people living with HIV. QYHAC provided acupuncture on site twice weekly for an estimated 2.5 hours for 6 weeks. Anyone interested received treatment. Treatment included ear acupuncture, press-on ear seeds, and a minimal number of body points. More than 50% of the participants were African-Americans. Latinos - the majority transgender male to female - comprised 20%. After 6 weeks, 40 individual clients had received 135 treatments; 30% of clients came each week. Survey results indi-

Patient Satisfaction and Client Self Evaluation Surveys were distributed to all clients with HIV on a quarterly basis from 1998 through 2009 at the

cated that TARC clients had responded to the ease of accessibility of the acupuncture and had enthusiastically utilized the service. Private funding was acquired to continue free treatment at the end of the pilot program.

After funding was eliminated, QYHAC staff contacted former subsidized HIV clients by phone and e-mail. They usually reported they wanted to receive acupuncture but were unable to because there were no HIV specific subsidized or free acupuncture programs.

Client comments from surveys:

- “I have received acupuncture for pain, depression and fatigue over the past year. I feel confident in my practitioner’s knowledge, skill and attention to all my concerns.”
- “I have been coming here for 5-6 years...my quality of life has improved so much.”
- “I get acupuncture here (SF General) when I come for my primary care – I have no money and it is the best treatment for my neuropathy and nausea.”

SYMPTOM:	1-MUCH BETTER	2-BETTER	3-SAME	4-WORSE	5-MUCH WORSE	TOTAL RESPONSES
Sinus problems	26.67 % (12)	62.22 % (28)	8.89 % (4)	2.22 % (1)	0% (0)	45
Substance use	27.27 % (12)	52.27% (23)	18.18% (8)	2.27% (1)	0% (0)	44
Night sweats	18.92 % (7)	64.86% (24)	13.51% (5)	2.70% (1)	0% (0)	37
Skin problems	30.56 % (11)	41.67% (15)	22.22% (8)	5.56% (2)	0% (0)	36
Respiratory problems	27.27% (12)	63.64% (28)	6.82% (3)	2.5% (1)	0% (0)	44
Fevers	27.27% (9)	48.48% (16)	21.21% (7)	3.03% (1)	0% (0)	33
Viral Warts	15.38% (4)	53.85% (14)	26.92% (7)	3.85% (1)	0% (0)	26
Overall Pain	37.29% (22)	44.07% (26)	15.25% (9)	3.39% (2)	0% (0)	59
Anxiety	34.78% (24)	55.07% (38)	8.70% (6)	1.45% (1)	0% (0)	69
Mood Swings	40.0% (24)	55.00% (33)	3.33% (2)	1.67% (1)	0% (0)	60
Neuropathy	25.93% (14)	51.85% (28)	20.37% (11)	1.85% (1)	0% (0)	54
Depression	28.79% 19	50.00% (33)	16.67% (11)	4.54% 3	0% (0)	66
Insomnia	21.82% (12)	43.64% (24)	10.91% (6)	3.64% (2)	1.89% (1)	55
Fatigue	37.29% (22)	47.46% (28)	10.17% (6)	3.39% (2)	1.69% (1)	59
Quality of Life	62.16% (46)	31.08% (23)	4.05% (3)	1.35% (1)	1.35% (1)	74

FINDINGS

A total of 74 clients filled out the QYHAC Self Evaluation Survey from June 1, 2007 through October 31 2007. Survey results indicated that quality of life and several symptoms were improved after receiving acupuncture treatment. Responses indicated improved ability to manage pharmaceuticals, less diarrhea, decreased hepatitis symptoms and other symptom relief. Respondents gave ratings only for the symptoms they had experienced. The table summarizes a sample of quarterly data from 74 surveys submitted to the SFDPH.

- “If it wasn’t for acupuncture at the drop-in clinic (TARC), I wouldn’t be sober today.”
- “I have gratitude to Quan Yin that I can stay on my HIV drugs because I get acupuncture treatment every week.”
- “As a Chinese gay man, I am grateful to Quan Yin that I can get treatment in my own cultural center (API Wellness).”

Overall, findings indicate that for some PLWHA, acupuncture provides symptom management and increased ability to manage medications

RECOMMENDATIONS

PLWHA should have access to choices in health care including AOM. HIV is a chronic disease that requires effective approaches to managing medications, minimizing side effects from life-sustaining medications, and addressing issues associated with aging and co-occurring health conditions. This finding is further corroborated by QYHAC staff who, on informal questioning reported that some people who relied upon subsidized acupuncture services have chosen to stop or reduce HIV medications due to side effects that are no longer controlled by acupuncture. Evidence shows that reducing medications leaves people living with HIV much more at risk for disease progression. Furthermore, this loss of subsidized services has especially impacted communities of color that no longer have access to treatment in culturally appropriate community health centers. Some people in these communities purposefully seek out traditional medicine (in this case acupuncture treatment) and distrust Western medicine treatment. These patients now have been lost to either initial care or follow-up as part of the continuum of care provided within an integrated setting that includes acupuncture as just one service.

IMPLICATIONS FOR PRACTICE IN HIV/AIDS CLINICAL MANAGEMENT

Based on the data presented, as well as growing evidence from acupuncture studies, evidence indicates that acupuncture should be offered as part of HIV/AIDS clinical management in primary care as well as community-based settings. There are people living with HIV who fail, stop, or will not take anti-retroviral medications. Non-adherence to HIV medication regimens can lead to drug resistance, development of AIDS-defining conditions as well as additional AIDS-related infections and cancers in people already diagnosed with AIDS, as well as increased risk for disease transmission. Studies show access to acupuncture and related therapies will improve adherence (Robinson et al., 2002). Traditional medicine and AOM help people with HIV to improve adherence to anti-retroviral regimens and make it possible to tolerate regimens

for longer than the average 10.6 months (CDC, 2001) – increasing potential for successful viral suppression and improvement in immune health. People on long-term anti-retroviral treatment need help coping with drug toxicities and adverse effects in order to remain on drug therapy. Similarly, studies have shown that getting acupuncture in harm reduction and drug treatment settings helps keep individuals, including PLWHA, in treatment and reduces relapse (Haikalis, 2000).

Clients use acupuncture treatment an average two to four times per month and may see their medical doctor once every two to six months. Therefore, if serious problems arise, the acupuncture provider is likely to notice them earlier and make referrals to Western medicinal care. Acupuncture is less costly than medical treatment and may be used as an alternative treatment in many cases for pain management, sinusitis, diarrhea, lack of appetite, rashes and other HIV-related issues. Each dollar goes further to treat more people – leaving more resources for others in need. Therefore, medical practitioners treating people with HIV/AIDS should be able to refer clients to acupuncture treatment in accessible settings for supportive care.

IMPLICATIONS FOR MINORITY COMMUNITIES LIVING WITH HIV/AIDS

Acupuncture is a licensed and regulated practice of medicine in most of the United States. It is not experimental and there are adequate data regarding safety and a growing body of efficacy and effectiveness data to support its use.

Acupuncture is sought for HIV treatment by people of color throughout the United States. Acupuncture care can positively impact the health of people living with HIV who have been identified as the most vulnerable. For example, African American gay and bisexual men are at a disproportionately high risk for HIV infection. Access to care should be available regardless of ability to pay, gender identity, sexual preference, ethnicity, race or color.

Providers should be aware of the most recent evidence regarding risks and benefits of acupuncture. Western medical practitioners serving minori-

ty communities need to differentiate the regulated practice of AOM from unregulated and sometimes dangerous and inappropriate “natural” practices and be educated in the differences so they can give culturally appropriate messages to clients with HIV.

IMPLICATIONS FOR CULTURAL COMPETENCY

AOM has served the people of San Francisco for more than 150 years - since the first Chinese immigrants arrived. Communities of color within San Francisco and other cities have long histories of seeking alternative methods of health care, from their own culture and from other cultural traditions. In the United States and its territories, acupuncture is a licensed practice of health care in 47 states and Puerto Rico. It is important that acupuncture be offered within a culturally competent setting with culturally competent practitioners who respect the culture from which the practices arises. Western practitioners and case managers should be trained to understand acupuncture as a culturally appropriate safe modality when provided by a well educated licensed acupuncturist. This will allow health care providers to make appropriate referrals and provide integrated services.

LESSONS LEARNED

- Acupuncture should be offered as part of the continuum of care for HIV. Acupuncture services should be subsidized for a portion of people living with HIV. While people with insurance coverage for acupuncture or adequate income to afford out-of-pocket treatment costs are able to receive acupuncture, people who are underinsured or lack insurance and are lower income require free and subsidized programs in order to receive acupuncture.
 - Physicians, care providers and case managers should be educated that acupuncture can help to improve the health and decrease symptoms for people living with HIV.
 - Evidence regarding the effectiveness and applications of acupuncture services should be considered when making policy decisions regarding health care treatment coverage.
 - City and State Governments should fund acupuncture treatment for people with HIV and co-infections as part of routine care.
 - Medicaid programs should include acupuncture for HIV as part of the continuum of care.
- Research funding sources should support studies to further investigate acupuncture’s effectiveness in improving immune system, reducing associated symptoms, increasing adherence to antiretroviral therapy, and managing HIV treatment. Evidence is the mechanism that will move acupuncture from an “alternative” treatment to becoming part of the medical model for management in HIV/AIDS, and thus a procedure eligible for coverage by most payers.

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HIV AND CURANDERISMO

Curanderismo is a healing practice that has grown out of the indigenous traditions of America with influence from Europe, Africa and Asia. Its name comes from the Latin “cura” which means “to heal.” Healers are called “curanderos.”

ROBERTO DANSIE, PHD

BACKGROUND

Curanderismo remains the oldest and most widely used health system in the Americas as well as one of the least understood by conventional health care providers (Trotter, Robert T., and Juan Antonio Chavira . 1997). Growing numbers of persons living with HIV/AIDS (PLWHA) continue to turn to Curanderismo to manage their illness. Knowledge of the basic healing concepts of Curanderismo can improve the rapport of health care providers with patients who rely on Curanderismo for their well-being (Sandoval, Anette, 1998).

While currently there is no cure for HIV, modern medicine has generated a wide range of medications and treatments to minimize the impact of the HIV virus. Access to these medications and education about their effects are paramount for HIV patients, particularly in the community of people of color who are disproportionately affected (Bauer, H.H . 2006). Patients who utilize ancestral healing practices of Curanderismo report some health improvements in their management of HIV. This article reviews the essential healing concepts of Curanderismo and the most common remedies it applies for HIV/AIDS.

PURPOSE

This article reviews the basic concepts of Curanderismo; the herbs, remedies and healing practices of Curanderismo used in HIV; and the healing principles of Curanderismo relevant to health care professionals who provide HIV/AIDS prevention, education and treatment service in communities that rely on traditional healing practices.

METHODS

The present article is based on a systematic literature review on Curanderismo and HIV. The review includes articles published over the past two decades. Articles focused on Curanderismo practices and integrating modern medicine and Curanderismo approaches to HIV. Both approaches offer benefits to PLWHA. Just as bilingual individuals have access to a wider range of signs by which to make sense of the world, modern medicine and Curanderismo offer a wider range of healing practices than either one alone. It is important for medical practitioners to be aware of Curanderismo practices and how their patients use them.

FINDINGS

Curanderismo is a healing practice that has grown out of the indigenous traditions of America with influence from Europe, Africa and Asia. Its name comes from the Latin “cura” which means “to heal.” Healers are called “curanderos.”

Curanderismo focuses on everything that impacts our wellbeing, our emotions, thoughts, attitudes, sense of purpose and relationships (Torres, Eliseo. 2011). In Curanderismo the four elements of earth, water, air and fire are the foundation of wellbeing, namely, body, heart, mind and soul. Patients perceive that the role of healers, whether conventional or curanderos, is to impact these four domains. Curanderismo works on the premise that energy, including the provider’s is contagious.

Many of its plants and remedies found their way into medical practices, beginning with quinine to treat malaria (Schultes, Richard Evans, and Nemry, Maria Jose. 1998). Today, over a thousand

plants from the Amazon wait on the shelves of the National Cancer Institute to be submitted to scientific scrutiny to determine their medicinal properties (Destefano, Anthony M . 2001). In the meantime, traditional populations continue to use them according to their millenary experience: Many of their plants that have not yet been vetted through the U.S. Food and Drug Administration's approval process, however they are currently available as "food supplements", a distinction that makes no difference to their traditional users.

Curanderismo uses two herbs to treat HIV that are of special interest given their popularity and the impact reported by their users. One of them, known botanically as *Uncaria Tormentosa* –commonly known as Cat's claw—is currently available as bark powder in American botanicas (stores that sell healing herbs and remedies) (Spelman K. Burns J. et, al .2006), health stores, and supermarkets. Peruvian Indians have used Cat's claw to stimulate the immune system for two thousand years. It is sold in market stalls in South and Central America as cut wood, in capsules, and in tea bags. In the United States it is available through botanicas.

The other medicinal plant of interest is known scientifically as *Croton Lechleri*, in Spanish as "sangre de drago" and in English as "Dragon blood." The medicine comes from the resin of a tree that grows in the northern Amazon. It produces gummy latex with a deep reddish color that gives it its popular name. The resin has been traditionally used to treat diarrhea and other gastrointestinal problems. It is now used by Curanderos, and naturopaths to treat PLWHA for the same malady (Jones, K. 2003).

RECOMMENDATIONS

Based on the above findings, the author recommends that clinical practitioners:

- Be aware of the use of herbs and remedies that may interact with medications when patients are using Curanderismo.
- Ask the patient if he or she is using any traditional remedies.
- When a child is using an object or amulet for protection, ask for permission to make physi-

cal contact –otherwise you may be perceived as an intruding force.

- Be aware that Curanderismo practices view the practice of healing as a "gift" rather than a profession. From the perspective of Curanderismo, the provider of health services is medicine and his or her energy is just as important as the medications prescribed for treatment.

IMPLICATIONS FOR PRACTICE IN HIV/AIDS CLINICAL MANAGEMENT

Curanderismo includes a concept of an illness called "*susto*", which disrupts our emotional and mental wellbeing. *Susto* is suffering with no outlet. It often affects people living with HIV. *Susto* consists of intense, prolonged and highly uncontrollable bursts of fear, anger and anxiety. *Susto* drains energy and erodes sense of meaning. Curanderos sustain that our body's composition changes with *susto* when we turn our mind and toxic emotions against ourselves. The healing of *susto* consists in removing this accumulated negative energy through a cleansing process called "*limpia*" during which the healer passes an egg, sage, or candles over the patient's body. Next, the Curandero provides the patient with a set of principles for staying focused on the present and practices for keeping negativity at bay.

Most PLWHA who use Curanderismo to manage their illness that I have interviewed state that the "*limpia*" process provided them with a long-lasting feeling of calmness, invigorated appetite and mental clarity. One patient informed me that it was during the experience of "*limpia*", that he was finally able to let go of his feelings of pain associated with past traumas, which he credited for his long-lasting health improvement.

Curanderos believe that an HIV-positive diagnosis is a heartbreaking, unbearable truth. Curanderos suggest that the "*head breaks*" in an attempt to keep the heart from breaking. This response keeps the suffering trapped within a patient, allowing unexpressed emotions to cause physical damage. Curanderismo includes the premise that a patient is not ready to fight an illness until he or she has accepted the fact of having it and rec-

ognizes the resulting emotions. The pain then “descends from the head to the heart.” The head comes together, the heart breaks. Suffering now has an outlet. Curanderos then give patients one of life’s lessons: a broken heart has more room for love. Curanderos encourage patients to accept their mortality and embrace a meaningful life by taking care of ourselves and being of service to others.

IMPLICATIONS FOR MINORITY COMMUNITIES LIVING WITH HIV/AIDS

Curanderismo is a system of healing and hope that affirms cultural and spiritual roots. It is as old as the first inhabitants of the American continent and is still among us (Dansie, Roberto. 2004). It raises self-esteem, provides a paradigm to make sense of life’s challenges –including illnesses- and affirms clients’ spiritual beliefs (Trotter, Robert T. et, al. 1997).

Curanderos have historically been members of the cultural community they serve and are already culturally and linguistically competent to connect and communicate with the patients they serve. Patients call Curanderos “Cuate” which means “my other me”- indicating the rapport between healers and patients (Dansie, Roberto. 2009).

IMPLICATIONS FOR CULTURAL COMPETENCY

One of the reasons Curanderos have such extraordinary rapport with their patients is that each healing encounter includes the following components:

- 1) Curanderos establish a sense of empathy with the patient before proceeding with diagnosis and focusing on the malady.
- 2) After establishing empathy, Curanderos make brief and clear recommendations about the malady (Dansie, Roberto. 2009).
- 3) Curanderos close each healing encounter by giving a blessing to the patient, the formal Spanish “adios,” meaning, “go with God.”

Curanderos also encourage their patients to practice undrowning and cultivating “subjective health,” the ability to not feel sick even while being

ill (Mosack, KE. et, al. 2009). This process consists in finding a person who is trustworthy and periodically opening one’s heart to that confidant (undrowning). This cultivates subjective health by turning the conscious mind to uplifting elements that the confidant adds to the environment for that purpose (referred to as “ofrendas”- offerings).

It is important for health care providers to understand that HIV impacts a patient’s whole being (that is, his or her body, emotions, and thoughts, as any patient with HIV can confirm). A provider will have established cultural competency when he or she is known in the community as “Cuate.”

LESSONS LEARNED

- Curanderismo is an ancient and widely used traditional American health care approach.
- Growing number of patients are turning to Curanderismo to manage HIV.
- Two traditional medicines from Curanderismo commonly used to treat HIV symptoms are Cat’s claw and Dragon blood.
- Patients who rely on Curanderismo in the United States may be using traditional medicines that circulate as food supplements.
- Curanderismo views susto as an effect of HIV.
- Curanderismo views health as the balance of the elements of earth, water, air and fire, which correspond to body, heart, mind and soul.
- Curanderismo patients view health care providers’ energy as part of the healing process.

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National Minority AIDS Education and Training Center
HOWARD UNIVERSITY COLLEGE OF MEDICINE
1840 7th Street, NW, Second Floor
Washington, DC 20001
202.865.8146 • 202.667.1382 Fax

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