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**REVIEW** 

### Asymptomatic stage of human immunodeficiency virus infection is the optimal timing for its management with Traditional Chinese Medicine

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### Abstract

Acquired immune deficiency syndrome (AIDS) is a

worldwide public health problem and an incurable disease. The roles of Traditional Chinese Medicine (TCM) on AIDS had been recognized and accepted by more and more people. Being a relatively long period, to initiate combination antiretroviral therapy (cART) for the asymptomatic human immunodeficiency virus (HIV) infection patient is not consensus. According to TCM theory, not only the imbalance of Yin and Yang but also the disharmony of internal body function and external natural environment had occurred in the body of the patient, the imbalance and the disharmony should be adjusted by the means of the treatment based on the patters identified among the symptoms in terms of TCM. We aimed to analyze the feature of patients with asymptomatic infection, and compare the advantages and disadvantages of the usage of cART for asymptomatic infection, explored the possible mechanism underlying TCM treatment of the asymptomatic infection, by reviewing the TCM treatment progress on asymptomatic HIV infection.

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**Key words**: Acquired immunodeficiency syndrome; Medicine, Chinese traditional; Antiretroviral therapy, highly active; Asymptomatic infections

#### INTRODUCTION

Acquired immune deficiency syndrome (AIDS) is a quite complex disease caused by the human immuno-deficiency virus (HIV) infection. The immune system

would be destroyed gradually once HIV invades human body and leaves the body vulnerable to opportunistic infections and life-threatening cancers. Being an emerging infectious disease, the prospect of an effective HIV vaccine to contain the pandemic remains uncertain,<sup>2</sup> and there was no recognized cure for the conditions except for a few cured cases reported.<sup>3,4</sup>

Since 1996, the combination antiretroviral therapy (cART) was introduced for the to treat the patients with advanced AIDS, it has reduced HIV-related the morbidity and mortality drastically.<sup>5</sup> But the effect of cART on patients with asymptomatic infection is still uncertain.

In this article, we will analysis the feature of patients with asymptomatic infection, compare the advantages and defects of the usage of cART for asymptomatic infection, explore the possible mechanism behind the treatment of asymptomatic infection with Traditional Chinese Medicine (TCM) by reviewing the TCM treatment progress on asymptomatic HIV infection.

### FEATURE OF ASYMPTOMATIC HIV INFECTION

The progresses of AIDS can be divided into such three stages: acute HIV infection stage, asymptomatic HIV infection stage, and AIDS stage.<sup>6</sup>

Generally, following the stage of acute infection, regardless of detectable or undetectable symptoms, patients enter a stage of asymptomatic infection which always is regarded as a relatively longest period, people who are infected with HIV may have no symptoms (i.e. AIDS defined symptoms or diseases) for almost 6-8 years or longer, but only for a week or month in acute HIV infection stage, and less than 2-3 years in early symptomatic HIV infection and advanced AIDS stage. So the asymptomatic HIV infection stage is regarded as the longest period among those three stages.

In asymptomatic stage, the progress of the disease is still going on, some dangers and risks are existing (the immune system would be weakened gradually, HIV can be transmitted from HIV+ patient to the others, some HIV-related or no-HIV-related symptoms and signs are still common). Those symptoms or signs might negatively affect quality of life, adherence, virological response and survival, and should be treated immediately. Furthermore, the patient often suffers the stigma and discrimination from social and family, and the the quality of life is much lower than the normal one.

Therefore, it is necessity to offer treatments or interventions for those patients with asymptomatic HIV infection, and to prolong the asymptomatic HIV infection stage through various methods is also important.

## ADVANTAGES AND DISADVANTAGES OF CART FOR THE TREATMENT OF THE ASYMPTOMATIC INFECTION

The cART is a effective therapy in the advanced AIDS stage, but the HIV cannot be eliminated from patient's body, so they must take lifelong medication.

However, there is still no consensus on the right timing for administering cART in individuals infected with HIV,8 especially no consensus on that any HIV+ persons in asymptomatic HIV-infection with CD4+T cell counts above 350 cells/uL should initiate cART (i.e. early therapy);9 e.g. the 2013 World Health Organization (WHO) treatment guidelines strongly recommend cART should be initiated for all patients with CD4+Tcell counts 500 cells/µL or less;10 cART always is recommend in any HIV-positive person with a current CD4+T cell counts below 350 cells/ml and considered below 500 CD4 + Tcells/µL in the guidelines of European AIDS Clinical Society (EACS)<sup>11</sup> and UK;<sup>12</sup> and the United states recommended that cART be administered for any HIV-positive persons no matter what their CD4 T cell counts were.15

It is noteworthy that the benefits and risks of the early therapy are still under discussion. Some researches demonstrated the benefits from early treatment recently, 14 for example, the early therapy can reduce rates of sexual transmission of HIV-1 and clinical events,15 improve the survival rate of patients living with HIV,16 delay the progression of asymptomatic HIV infection to AIDS, 17 decrease the risk of opportunity infections and non-AIDS defined incidents<sup>18</sup> (prominently included hepatic, cardiovascular, and pulmonary diseases, as well as non-AIDS malignancies), and enhance the reconstruction of impaired immune function. 19 As some researchers have worried, there may be some risks and dangers for early therapy, such as increasing the adverse effects of cART, reducing the patient treatment compliance, enhancing the drug resistance, and reducing the opportunity of using cART.<sup>20</sup>

Briefly, the timing of initiating cART is not absolutely consensus, the benefits and shortcomings from early therapy should be confirmed through more researches, for we have to find a best joint-point between individual benefits (reduced risk of mortality, progression to AIDS or death, and diagnosis of an AIDS defining illness) and population benefits (prevention of HIV-1 infection) for earlier initiation of cART.

# POSSIBLE MECHANISM UNDERPINNED THE TREATMENT OF ASYMPTOMATIC INFECTION WITH TCM

TCM has a long history of thousands years. Its thera-

peutic philosophy and treatment methods are different from the convenient medicine.<sup>21</sup>

TCM has a theory system rooting in clinical application. Its practitioners do believe that the diseases are understandable, preventable and curable. The thought of "preventive treatment theory" has existed for thousands years, which emphasizes the importance of disease prevention and early-stage treatment and stands for the characteristic and essence of the TCM. In order to hold back or delay the progression after HIV infection, they often suggest their patients pay more attentions to recuperating, and regulating emotion, diet section, moderate exercise and initiate the early therapy, when they treat their patients.

TCM plays an important role in primary care in China. It often is used for infection disease treating, and some infection diseases had been successfully cured and controlled such as severe acute respiratory syndromes, influenza A virus subtype H1N1, a epidemic encephalitis B, and hepatitis, the controlled such as severe acute respiratory syndromes, and an epidemic encephalitis B, and hepatitis, the controlled such as severe acute respiratory syndromes, and an epidemic encephalitis B, and hepatitis, and hepatiti

According to TCM theory, AIDS is an infectious disease because of the invasion of the pathogen. Although the asymptomatic HIV infection stage is quite long, and the progress of the disease is still going on rather than no progress. In asymptomatic HIV infection stage, not only the imbalance of Yin and Yang but also the disharmony of internal body function and external natural environment had occurred in the body of the patient for TCM believes that the human body is an organic whole which is made of "Yin and Yang" or "Qi and Xue", and the imbalance and/or disharmony should be adjusted to avoid further damages. In other words, if we give positive intervention to eliminate the discomfort of patient with asymptomatic stage, the disease progression would be prolonged and other dangers would be decreased, especially when the effect of early therapy is not confirmed. So the asymptomatic HIV infection stage is a prime time to manage for TCM.

## PROGRESSE ON THE TREATMENT OF ASYMPTOMATIC INFECTION WITH TCM

In the last 30 years, the progress on TCM treatment of AIDS has been made promoted by the State Administration of Traditional Chinese Medicine of China. A pilot program was conducted to treat AIDS by combining TCM with anti-retroviral therapy funded by National Science Foundation, National 973 Program, and National 863 Project etc.

As we had known, TCM practitioners had demonstrated the clinical effects of TCM on AIDS stage, such as reducing plasma HIV viral loads, <sup>27</sup> increasing CD4+T cell counts, <sup>28</sup> promoting immunity reconstitution, <sup>29</sup> ameliorating symptoms and signs, <sup>30</sup> improving the health related quality of life, <sup>31</sup> and counteracting against the effects of anti-retroviral drugs, <sup>32</sup> etc.

By contrast, the far fewer studies or observations of TCM had been carried out for patient with asymptomatic HIV infection than to AIDS patient. But researcher had initiated to believe that TCM can be used to treat patient with asymptomatic HIV infection, 33 some studies had demonstrated that TCM can be used to treat patients with asymptomatic HIV infection, 34,35 and the progression of asymptomatic HIV infection can be delayed significantly by TCM intervention. 36,37 Briefly, the importance of the treatment effects of patients with asymptomatic HIV infection with TCM has been recognized and accepted by some of patients and TCM practitioners in China, and the further research had been carried out to confirm those effects of the treatment of asymptomatic HIV infection with TCM founded by the national major projects since 11th 5-year period.

### EVALUATION OF TCM EFFECT ON THE ASYMPTOMATIC CONDISTION INFECTED WITH HIV

AIDS caused by HIV infection. If the infection is not detected and treated, the immune system gradually weakens and AIDS develops. As a matter of course, CD4+T cell counts and HIV loads had been recommended as evaluation and monitoring approach for cART,<sup>38</sup> and has been used globally.

By contrast, efficacy assessment of TCM may be quite different to that of WM. For TCM rely on a holistic approach, conventional efficacy assessment measures may not be adequate. Thus, it is difficult to evaluate the treatment of TCM on AIDS simply through CD4+T cell counts and plasma HIV viral loads.

In general, TCM practitioners mainly focus on the clinical complaints of the patient and all those abnormal symptoms and signs according to the theory of treatment based on pattern and disease identification. Thus they evaluate the treatment effects through the improvements of troublesome symptoms and signs, health related quality of life, mental and spiritual, the side-effects of cART, CD4+T cell counts and/or levels of HIV loads; when they treat or change their strategy for patients for the various objectives. Furthermore, some researchers had adopted delayed time of asymptomatic HIV infection to AIDS stage as evaluation end-points in their studies.<sup>39</sup>

### **CONCLUSION**

The roles of TCM on AIDS had been recognized and accepted by more and more people. The asymptomatic HIV infection stage is a relatively long period. From the viewpoints of TCM, not only the imbalance of *Yin* and *Yang* but also the disharmony of internal body function and external natural environment had occurred during the asymptomatic HIV infection stage.

The imbalance and the disharmony can be restored by TCM methods based on the patterns identified from the symptoms for treatment. We do believe that asymptomatic HIV infection stage is a good timing of using TCM to manage the condition.

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### REFERENCES

- Sepkowitz KA. AIDS-the first 20 years. N Engl J Med 2001; 344(23): 1764-1772.
- 2 **Munier CM**, Andersen CR, Kelleher AD. HIV vaccines: progress to date. Drugs 2011; 71(4): 387-414.
- 3 **Hütter G**, Nowak D, Mossner M, et al. Long-term control of HIV by CCR5 Delta32/Delta32 stem-cell transplantation. N Engl J Med 2009; 360(7): 692-698.
- 4 Henrich TJ, Hu Z, Li JZ, et al. Long-term reduction in peripheral blood HIV type 1 reservoirs following reduced-intensity conditioning allogeneic stem cell transplantation. J Infect Dis 2013; 207(11): 1694-1702.
- Palella FJ JR, Delaney KM, Moorman AC, et al. Declining morbidity and mortality among patients with advanced human immunodeficiency virus infection. N Engl J Med 1998; 338(13): 853-860.
- 6 AIDS Group. Society of Infectious Disease, Chinese Medical Association. Guideline of diagnosis and treatment for AIDS. Chin J Clin Infect Dis 2011; 4(6): 231-330.
- 7 de Boer IM, Prins JM, Sprangers MAG, Smit C, Nieuwkerk PT. Self-reported symptoms among HIV-infected patients on highly active antiretroviral therapy in the ATHENA cohort in the Netherlands. HIV Clin Trials 2011; 12(3): 161-170.
- 8 Anglemyer A, Rutherford G W, Easterbrook P J, et al. Early initiation of antiretroviral therapy in HIV-infected adults and adolescents: a systematic review. AIDS 2014; 28 Suppl 2: S105-S118.
- 9 Lundgren JD, Babiker AG, Gordin FM, Borges ÁH, Neaton JD. When to start antiretroviral therapy: the need for an evidence base during early HIV infection. BMC Med 2013; 11(1): 148.
- World Health Organization. Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. Online, 2013-6-30, cited 2014-1-1; 1:132 screens. Available from URL: http://www.who.int/hiv/pub/ guidelines/arv2013/download/en/.
- 11 European AIDS Clinical Society. Guidelines, version 7.1, Online, 2014-11-1, cited 2015-1-8; 1:8. Available from URL: http://www.eacsociety.org/guidelines/eacs-guidelines/eacs-guidelines.html.
- 12 **Williams I**, Churchill D, Anderson J, et al. British HIV association guidelines for the treatment of HIV-1 positive adults with antiretroviral therapy 2012. HIV Medicine 2014; 15 (Suppl 1): 1-85.
- 13 **Thompson MA**, Aberg JA, Hoy JF, et al. Antiretroviral treatment of adult HIV infection: 2012 recommendations

- of the International Antiviral Society-USA panel. JAMA 2012; 308(4): 387-402.
- 14 Gong MC, Yang F, Li ZT, Li TS. Benefit and risk of the early start to highly active antiretroviral therapy in infected HIV-1. Zhong Hua Nei Ke Za Zhi 2010; 49(8): 710-713.
- 15 Cohen MS, Chen YQ, McCauley M, et al. Prevention of HIV-1 infection with early antiretroviral therapy. N Engl J Med 2011; 365(6): 493-505.
- Makadzange AT, Ndhlovu CE, Takarinda K, et al. Early versus delayed initiation of antiretroviral therapy for concurrent HIV infection and cryptococcal meningitis in sub-saharan Africa. Clin Infect Dis 2010; 50(11): 1532-1538.
- Jaén Á, Esteve A, Miró J M, et al. Determinants of HIV progression and assessment of the optimal time to initiate highly active antiretroviral therapy: PISCIS Cohort (Spain). J Acquir Immun Defic Syndr 2008; 47(2): 212-220.
- 18 PalellaJr FJ, Baker RK, Moorman AC, et al. Mortality in the highly active antiretroviral therapy era: changing causes of death and disease in the HIV outpatient study. J Acquir Immun Defic Syndr 2006; 43(1): 27-34.
- 19 **Gras L**, Kesselring A M, Griffin J T, et al. CD4 cell counts of 800 cells/mm3 or greater after 7 years of highly active antiretroviral therapy are feasible in most patients starting with 350 cells/mm3 or greater. J Acquir Immun Defic Syndr 2007; 45(2): 183-192.
- 20 Braithwaite RS, Roberts MS, Goetz MB, et al. Do benefits of earlier antiretroviral treatment initiation outweigh harms for individuals at risk for poor adherence? Clin Infect Dis 2009; 48(6): 822-826.
- 21 Sun DZ, Li SD, Liu UY, Yang MH. Differences in the origin of philosophy between Chinese medicine and western medicine: exploration of the holistic advantages of Chinese medicine. Chin J Integr Med 2013; 19(9): 706-711.
- 22 Zhang MM, Liu XM, He L. Effect of integrated traditional Chinese and Western medicine on SARS: a review of clinical evidence. World J Gastroenterol 2004; 10(23): 3500-3505.
- Wang C, Cao B, Liu QQ, et al. Oseltamivir compared with the Chinese traditional therapy Maxingshigan Yinqiaosan in the treatment of H1N1 influenza: a randomized trial. Ann Intern Med 2011; 155(4): 217-225.
- 24 Tu JW, Dong MJ, Liu ZY, Li Y, Chen J. A control study on Chinese medicine for light of common type of epidemic encephalitis B. Zhong Yi Za Zhi 2013; 54(12): 1028-1030.
- Deng X, Liang J, Wu FS, Li YB, Tang YF. Effects of the Ganning formula on liver fibrosis in patients. J Tradit Chin Med 2011; 31(4): 282-287.
- Wang J, Zou W. Recent advances of HIV/AIDS treatment with traditional Chinese medicine in China. J Tradit Chin Med 2010; 30(4): 305-308.
- 27 **Shi D**, Peng ZL. Randomized double blind placebo paralleled clinical research on HIV/AIDS with Qiankunning tablets. Zhong Yi Yao Xue Kan 2003; 21(9): 1472-1474.
- 28 **Liu Z**, Wang J, Lin HS, Li Y. Effect of immune 2 with highly active antiretroviral treatment on immune function of HIV/AIDS patients with poor immune reconstitution. Zhong Guo Zhong Yao Za Zhi 2013; 38(15): 2458-2462.

- 29 Wang J, Tang YL, Lin HS, Wu XF, Liu J, Li Y. Effect of immune No. 2 on the immune reconstitution in patients with HIV/AIDS after highly active antiretroviral treatment: a randomized double blind placebo controlled clinical trial. Chin J Integr Med 2013; 19(5): 340-346.
- 30 Huang L, Zhou CJ, Liang FL, Lu XE, Wang ZM. Treatment of HAART associated hepatic function damage with Dangguishaoyao powder in 48 AIDS patients. Zhong Yi Yan Jiu 2007; 20(8): 55-56.
- Xie SP, Guo HJ, Xu QL, Guo YM, Pan WQ. Effect of Aikang capsule on life quality in HIV/AIDS patients. Shanghai Zhong Yi Yao Za Zhi 2007; 41(9): 15-18.
- Jiang SQ, Sun HX, Xu YM, Jiang YL, Pei JW, Wang HL. Effects of Jingyuankang capsules on leukocyte level in AIDS patients. J Tradit Chin Med 2011; 31(4): 32-35.
- 33 Liu XW. Several thoughts on the traditional Chinese medicine perspective of AIDS in asymptomatic HIV-infected. Zhong Hua Zhong Yi Yao Za Zhi 2013; 28(2): 454-456.
- 34 **Xu LR**, Yang XP, Guo HJ, et al. Study on quality of life of asymptomatic HIV infected persons with Traditional Chinese Medicine. Zhong Guo Zhong Yao Za Zhi 2013; 38 (15): 2480-2483.
- 35 Jiang F, Zhang RX, Gu ZF, et al. Fuzhengpaidu granule

- regulates immune activation molecules CD38 and human leukocyte antigen-D related on CD4+ and CD8+ T cells in patients with acquired immunodeficiency syndrome/human immunodeficiency virus. J Tradit Chin Med 2013; 33 (4): 439-443.
- National Science and Technology Report service. Research of the effect of early TCM intervention on asymptomatic HIV infectors. 2014. Online, 2014-01-01, cited2014-05-28; 1: 67 screens. Available from URL: http://www.nstrs.org.cn/Login.aspx.
- 37 **Li Q**, Xu QL, Guo HJ. Some thoughts on present clinical research of HIV/AIDS. Shi Jie Ke Xue Ji Shu Zhong Yi Yao Xian Dai Hua 2013; 15(5): 901-904.
- 38 DHHS Panel on Antiretroviral Guidelines for Adults and Adolescents-A Working Group of the Office of AIDS Research Advisory Council (OARAC). Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Online, 2014-11-13 cited 2015-3-28; 1:46 screens. Available from URL: http://aidsinfo.nih.gov/contentfiles/AdultandAdolescentGL.pdf.
- 39 **Shao MY**, Xu LR. The design method based on TCM pattern differentiation of reducing the incidence of asymptomatic HIV carrier. Nanjing Zhong Yi Yao Da Xue Xue Bao (Natural Science) 2010; 26(4): 249-251.