

Posted on Mon, Aug. 21, 2006

HIV patients get sicker on herbal 'cures' Western pills shunned by Africans

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The Baltimore Sun

PINETOWN, South Africa - The 35-year-old high school teacher named Bheki was lucky to be alive, thanks to the free antiretroviral pills that kept his human immunodeficiency virus in check. He felt strong, had no side effects. Life was normal, as normal as it gets with a lifelong, incurable disease.

Then in February he ditched the pills and started on a mystery potion sold here outside Durban.

It is made by a former truck driver who says his late grandfather came to him in dreams with the recipe for an herbal drink that could reverse HIV's march to full-blown AIDS and death.

Eager to banish from his body the virus that stalks one in five South African adults, Bheki instead found himself sicker than ever. Three months later, he begged his doctor to put him back on antiretrovirals, only to find he has built up a resistance that makes the pills less effective.

The makers of the herbal remedy "said I was going to be cured," said a weak-voiced Bheki, who gave only his first name because of HIV's powerful stigma. "They're putting people's lives in misery."

Across South Africa and Africa, untested and unregulated traditional therapies are flourishing even as Western medicine becomes more widely available. Despite the health risks, many people prefer the old ways for various reasons, from suspicion of "white" science to evidence that some home-brewed tonics can indeed alleviate some ailments.

And South Africa's government loudly champions such age-old practices that for decades were dismissed as witchcraft by the white apartheid regime.

Nowhere are the stakes higher than with HIV/AIDS, which kills nearly 900 South Africans a day. Doctors say uBhejane, the herbal drink Bheki took and some 2,000 others still take, is the latest in a long line of

alternative therapies.

When Bheki visited the uBhejane "clinic" tucked off a busy street, he said the staff warned him not to continue taking his antiretrovirals, or ARVs. "I have to stop using them and then use this stuff," he recalled being told.

"It's a horrible disservice," said his physician, Dr. George Chidi. Nine other patients of his, including a nurse, have taken the same path. Bheki's tuberculosis has come roaring back, and Chidi suspects the uBhejane damaged his liver.

"He's quite ill now," Chidi said. "He restarted the treatment, but I don't think it's working."

When told about Chidi's 10 patients, the chief spokesman for South Africa's health minister expressed no concern. "As we have heard that story," said Sibani Mngadi, "we have also heard the stories to the opposite of that" -- that is, success stories.

South African law does not regulate traditional health practitioners or the remedies they dispense, he said. And his boss, Health Minister Manto Tshabalala-Msimang, a physician, avidly supports natural remedies as "African solutions."

Zebulon Gwala, who makes uBhejane and whose supporters include the mayor of Durban, defends his product. "You talk to the wrong people," he said when asked about Bheki. "All the results I got, I never find a negative." Citing confidentiality, he said he could not arrange a meeting with patients who have thrived.

Gwala says while people should not take both ARVs and uBhejane, he denies telling anyone that they should stop ARVs or that his product can eliminate HIV.

"I never say it is a cure; my staff would never say that. I say uBhejane is healing people who (cannot work). I'm waiting for the result from scientific people to say what uBhejane does, a cure or whatever. People are suffering. They can choose, if they want, to take my concoction."

Treatment of HIV/AIDS has long been a touchy subject in South Africa, a land of 47 million. The disease afflicts some 5.5 million South Africans -- more than anywhere after India.

Despite a belated rollout of ARVs that began two years ago, South Africa has pumped nearly \$1 billion into treatment, although doctors say waiting lists are common for free drugs. Since fall 2004, the United States has devoted \$162 million to help South Africa with drugs and support services. All health insurance plans here must provide coverage for ARVs.

Doctors say widening availability is encouraging more people to get tested, reducing stigma -- and keeping people alive. A recent study found that 93 percent of HIV/AIDS sufferers on ARV medication were alive after a year.

Some physicians believe traditional medicine can complement Western health practices. But several doctors said they could not put uBhejane in that category because Gwala will not reveal his ingredients. "It could be dishwater," said Dr. Dennis Sifris, an HIV specialist in Johannesburg. "We have no idea what's in it. It's magic, it's hocus-pocus."

Sifris is medical adviser to Lifesense Disease Management, which tracks 8,500 HIV-positive patients for health insurers. Every week his staff gets four or five reports of someone leaving ARVs for uBhejane.

Sometimes patients die. Dr. Goodman Vilakazi had a 36-year-old male patient who said he was told to stop ARVs. Vilakazi wrote that "the patient took (uBhejane) for about two weeks, developed unknown complications and demised thereafter."

Without blaming uBhejane for the death, Vilakazi called it "a case of sadness, for the patient was doing extremely well on antiretroviral treatment, with his CD4 count raised from 24 to 384." The CD4 count gauges the body's ability to fight disease, and doctors here typically prescribe ARVs when it drops below 200.

In South Africa, the parliament two years ago passed a law to regulate traditional medicine. But an interim council that was supposed to draw up standards still has not been formed. Thursday, the Constitutional Court invalidated the law, ruling that Parliament did not allow enough public participation. The court gave lawmakers 18 months to seek more input.

Despite the Health Ministry's assertion that traditional medicine therefore remains unregulated, the main opposition political party claims uBhejane violates the Medicines and Related Substances Control Act. The Democratic Alliance has sought an investigation, and the provincial prosecutor says an investigation is under way.

Gwala says he wants a clinical trial. Last year he approached the deputy dean of the University of KwaZulu-Natal medical school. But the dean felt it too soon for clinical trials and urged lab tests. Those showed uBhejane is not toxic to cells and kills or limits bacteria. He is testing uBhejane on HIV in the lab, but results are not out.

Gwala also asked a Catholic-run AIDS hospice if he could do research on residents. He supplied free uBhejane even after nursing supervisor Sue Bloom explained that "we can't go giving substances to patients when we have no idea of the content."

For some, the mystery of the ingredients poses less concern than do antiretrovirals. Despite their life-extending properties, the pills are sometimes scorned as poison because of their side effects.

Wanda Xaba, 25, recently started her 6-year-old son Mxolisi on uBhejane. The boy was diagnosed with HIV this year. His mother and father both have the virus; none is taking ARVs.

Although the pills cost less than uBhejane, Xaba said she would rather scrape together money for Gwala's product. She has no intention to seek free ARVs from a clinic.

"I won't, because they say uBhejane is better than ARVs. ARVs kill people, and uBhejane makes people get well and healthy."

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