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## AN EXPERIENCE OF TREATING HIV-INFECTION BY ONNURI SU JOK METHOD

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### **Introduction**

As is known, the pandemy of HIV-infection is today a great problem for humankind. In the world, more than 600 billion dollars are spent to fight with AIDS. Antiviral therapy used at present has limited effect, medicinal preparations are toxic, cause habituation which decreases their effectiveness. Specific prophylactics have not been worked out.

At present it is urgent to offer to practitioners the therapy for HIV-infection which is cost efficient and gives a very good result, since complex antiviral therapy of one patient costs approximately 1000 US dollars per month. A HIV-infection prion is a RNA-containing virus of the retroviral family, tapeviral subfamily. With HIV replication it builds into a human cell's genome, but only after its RNA, with the help of a special ferment of reverse transcriptase, transforms into DNA. A unique feature of HIV is affliction of human immune system. Major target cells for the virus are helper lymphocytes that regulate immune response. Suppression of helper lymphocytes leads to weakening of all links of immunity and on this background the so-called AIDS-associated diseases develop which are caused by saprophytes, fungi, etc., and tumours resulting in AIDS proper. Acceleration of these processes in many cases depends on influence of Co-factors which embrace accompanying viral infections and social and behavioural Co-factors such as injection drug addiction.

### **Materials and methods**

The Krasnogorsk municipal hospital of the Moscow region kindly offered us the opportunity to treat a group of HIV-infected patients on the basis of its infection department where for this purpose a day ward was opened (see the confirmation from the hospital below). Treatment was carried out only by Su Jok method. Nobody from this group of patients received specific antiviral therapy before and during Su Jok treatment.

All patients were registered at the HIV centre, after their diagnosis was officially confirmed by enzyme linked immunoassay (ELISA) and immunoblotting at Moscow HIV-centre or at the HIV-centre of the Moscow region. In the investigated sample of patients the disease was diagnosed from 1 to 12 months ago. All the patients selected for treatment were injection heroine addicts and in all of them HIV-infection was combined with chronic viral hepatitis "C" or "C+B". Before treatment immune status was determined for all the patients. The sample included only patients with pronounced immunodeficiency, that is, those with the absolute number of helper lymphocytes (Sd4+) in 1 ml<sup>3</sup> of blood 500 and lower (such patients are normally recommended specific antiviral therapy). They were 14 in number (Table 1).

No.	Sex	Age	Before treat. CD4+ in 1 ml <sup>3</sup> of blood	Before treatment. Clinical manifestations of disease	Number of procedures	After treat. CD4+ in 1 ml <sup>3</sup> of blood	Increase of absolute number of CD4+ in 1 ml <sup>3</sup> of blood as % of initial	After treatment. Clinical manifestations
1	F	19	500	Bulky lymphadenopathy, chr. viral hepatitis "C" with minimum activity	26	732	+146,4	Decrease of lymph nodes
2	M	39	499	Bulky lymphadenopathy, chr. viral hepatitis "C" with minimum activity	14	571	+114,4	Decrease of lymph nodes
3	M	19	467	Bulky lymphadenopathy, chr. viral hepatitis "C" with minimum activity	17	713	+152,6	Decrease of lymph nodes
4	M	21	459	Bulky lymphadenopathy, chr. viral hepatitis "C" with minimum activity	10	636	+138,5	Decrease of lymph nodes
5	M	27	443	Acute inferior lobe pneumonia with affliction of 3 segments. Bulky lymphadenopathy, Chr. viral hepatitis with minimum activity	23	267	-165,9	Resolution of acute pneumonia within 10 days
6	M	24	441	Bulky lymphadenopathy, chr. viral hepatitis "C" with minimum activity	11	1083	+245,5	Decrease of lymph nodes
7	F	19	414	Bulky lymphadenopathy, chr. viral hepatitis "C" with minimum activity	14	605	+146,1	Decrease of lymph nodes

8	M	21	398	Bulky lymphadenopathy, chr. viral hepatitis "C" with minimum activity	14	542	+136,1	Decrease of lymph nodes, decrease of hepatitis activity
9	M	28	343	Bulky lymphadenopathy, chr. viral hepatitis "C" with minimum activity	14	582	+169,5	Decrease of lymph nodes
10	M	20	336	Bulky lymphadenopathy, chr. viral hepatitis "C" with minimum activity	20	612	+182,1	Decrease of lymph nodes
11	F	18	240	Bulky lymphadenopathy, chr. viral hepatitis "C" with minimum activity	10	721	+300,4	Decrease of lymph nodes
12	M	30	221	Bulky lymphadenopathy, chr. viral hepatitis "C" with minimum activity hyperthermia	18	619	+280	Decrease of lymph nodes, T <sup>o</sup> to N
13	M	27	173	Intestinal candidiasis, diarrhea 8 times a day; chr. viral hepatitis "B+C", active	30	1172	+677,4	Stool N, chr.viral hepatitis "B+C" with minimum activity
14	M	28	155	Hyperthermia, urticaria-type rash, keratosis of palms and soles. Bulky lymphadenopathy, chr. viral hepatitis "C" active	31	278	+179,4 average: +193,0	All symptoms disappeared, decrease of lymph nodes, chr. viral hepatitis "C" with min.activity

**Table 1.** Assessment of results of treatment according to immunological indicators and clinical symptoms

Effect of treatment was assessed on the basis of clinical observation data, and also by the dynamic of laboratory data (increase of CD4+ absolute number in 1 ml<sup>3</sup> of blood).

Treatment by Su Jok therapeutic method was aimed at direct blocking of replication of viral DNA built into the helper cell genome, by way of mutation of promotor that is interfering with RNA-polymerase binding.

Therapeutic influence was produced through correspondences to the Diamond energy system of hands and feet and nail energy body systems of fingers and toes. Procedures were carried out by both acupuncture technique with microneedles, and without needles, by using a colour therapy device.

Having detected the place of a viral starting gene in the Eight Origins (energies) hierarchical system, we

tonified Darkness (absence of activity) in Wind (starting gene), Darkness (viral DNA) of Brightness (T-helper), Hotness (T-lymphocytes), Darkness (immune system) of the basic energy of Heat (circulation system). For light therapy we used the trigram code of Eight Origins, forming it by light flows with different wave lengths. No special influence on the immune system was exerted in the course of treatment for danger of increasing the number of target cells (6).

The dynamic of CD4+ quantity in the course of treatment was analysed by cytofluometric method with the use of monoclonal antibodies (8).

## Results and discussion

The majority of antiviral preparations used to treat HIV-infection, act on the ferment reverse transcriptase of the virus or protease that participate in assembling viral particles (4, 5). We preferred direct influence on the process of replication of viral DNA that had already been built into the genome of the host cell (7), regarding this to be the most "narrow" place in pathogenesis of the disease. Should the virus blocked in the genome be devoid of the possibility to replicate, the victim's organism will get cleared of it within several years, since the life of a helper lymphocyte is finite. The virus will be taken out naturally, as a result of the host cell's natural death.

In working at the DNA level we used the trigram light code which, owing to its similarity to the genetic code, the genes understand well. Laboratory investigations showed that effectiveness of light stimulation does not differ from that of acupuncture.

Results of treatment are presented in Table 1.

For comparison: in International recommendations for treatment of HIV-infection in adults and teenagers of the US Department of Health (May 1999), it reads, that "the dynamics of the number of CD4+ cells is regarded clinically meaningful if it exceeds 30 and 3% respectively for absolute and relative indicators (as compared with initial ones)".

A clinical case:

Male patient M.: 27 age.

Diagnosis: HIV Stage III A-B. Chronic hepatitis "B+C", active. Candidiasis of mucous membranes of gastrointestinal tract. Chronic diarrhoea. Injection heroine addiction.

Complaints: burning in the mouth, watery stools 6 to 8 times a day, weakness, low appetite, pains in the liver area, depression.

Objective: grave condition, height 176 cm, weight 74 kg, T° 38°C. Icteric skin. Whites of the eyes bright yellow, peripheral lymphatic nodes of all groups of 1,5 to 2 cm in size. Palpation of cervical and occipital lymph nodes produces painfulness. White fur covering on the tongue. Breath sounds vesicular, no rhonchi. Abdomen soft, slightly tender along the large intestine. Liver protrudes by 2 cm from the rib arch. Spleen impalpable. Total bilirubin - 116.6 mkmoll/l, ALT - 0.70 units, AST - 0.36 units, ESR - 18 mm/h.

As a result of treatment the body temperature became normal after the first procedure.

After 2 procedures general condition improved considerably, appetite restored.

Following 15 procedures stools were normal. During treatment the patient gained 10 kg of weight, his lymphatic nodes decreased to 1 cm.

In all, 30 procedures were taken.

By the end of treatment: bilirubin 6.2 mkmoll/l, ALT 0.06 units, AST 0.14 units (Table 2, 3).

Immune status	%	Abs in 1 ml <sup>3</sup> of blood	Conclusion
Leukocytes		6400	

Lymphocytes	27	1728	Sharp decrease of number of T helpers and Th/Ts ratios. Number of other subpopulations besides T suppressors is also reduced
T-cells (sum)	38	657	
T-helpers	10	173	
T-suppressors	28	484	
Th/Ts		0,4	
B-cells	10	173	
N-killers	6	104	

**Table 2.** *The patient's immune status before treatment*

Immune status	%	Abs in 1 ml <sup>3</sup> of blood	Conclusion
Leukocytes		11200	Moderate leukocytosis, lymphocytosis. Noted increase of absolute number of T-cells of all populations, Th/Ts ratio under 1. Increased absolute number of activated T-cells
Lymphocytes	29,9	3300	
T-cells (sum)	77	2567	
T-helpers	35	1172	
T-suppressors	42	1406	
Th/Ts		0,83	
B-cells	14	469	
N-killers	10	335	
Active T-lymph	10	335	

**Table 3.** *The patient's immune status after Su Jok treatment*

### Conclusions

Our experience shows the possibility of treating HIV-infected patients by Onnuri Su Jok method. Effect of treatment correlates with specific complex antiviral therapy. Effective treatment is possible without application of needles. We are aware that our small experience is only the beginning. We will appreciate any suggestions of clinical testing with the use of complex standard modern diagnosis at the initial and subsequent stages of treatment, in statistically reliable standard groups of patients followed up by observation of treatment outcomes in dynamic.

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