

IV. Type of Advice or Product

1. What advice was given by the questionable practitioner/salesperson? (Attach additional sheet if needed).

Do not take proven, tested HIV management medications. Instead treat your HIV/AIDS "naturally". Patient avoided active treatment until CD4 count = 5 and viral load = 460,000.

2. Did the questionable practitioner/salesperson provide scientific tests or studies to support the advice/product? ~~YES~~ **NO**

If yes, what tests, studies or trials were provided?

3. Cite references(s) indicating why this advice, product or service is potentially harmful:

see attached sheet

V. Type of Harm Incurred/Treatment

1. Physical Side Effects/Harm Incurred: (Circle all that apply)

- | | | | | |
|--------------------|-----------------|------------------------|----------------------|---------------|
| <u>Nausea</u> | <u>Vomiting</u> | Stomach/Abdominal Pain | <u>Diarrhea</u> | <u>anemia</u> |
| Dizziness | Rash | Itchiness | Respiratory Distress | |
| Sleepiness | Insomnia | Organ Failure | High Blood Pressure | |
| <u>Weight Loss</u> | Weight gain | Headaches | Death | |

Other: extreme wt loss, pt 5'6" tall wasted to 76#

2. Emotional Harm Incurred:

- | | | | | |
|------------|---------|-----------|-------|-----------------------------|
| Depression | Anxiety | Agitation | Anger | Other <u>being deceived</u> |
|------------|---------|-----------|-------|-----------------------------|
- None yet, pt still believes ND, but now taking management meds.

3. Financial Harm Incurred:

- a. What was the cost of the services/product provided?
unknown, but very high (likely in excess of \$100.00/mth) and ongoing.
- b. Were these costs worth the results that were obtained? YES **NO** (please describe)
Patient nearly died.

VI. Quality of Treatment

1. Was follow up care provided? **YES** NO

2. Did this treatment help the consumer/patient obtain desired results? YES **NO**

Signature of Person Filing this Report _____

Signature of Consumer/Patient (optional) _____

Please return form to: MDA Legislative Chair, c/o AMP, 3319 Greenfield Rd, #321, Dearborn, MI 48120

**Documentation of Potentially Harmful Nutrition Information and/or Products
(Confidential)**

Care Provider:

Care Setting: 1

Summary:

Client is a 49 year old female who was admitted to UM hospital 5/24/99 with diagnoses:

1. dehydration
2. AIDS
3. Anemia
4. Chronic Diarrhea
5. Cachexia & extreme wasting (5'5" & 76 lbs)

Previously admitted 3/3/99 with diagnoses:

1. Dehydration
2. Severe anemia
3. Diarrhea of unclear etiology
4. AIDS dementia
5. Endstage AIDS
6. Urinary tract infection.

Medical history significant for HIV diagnosis in 1985. Refused anti-retroviral therapy in the past, choosing instead to consult with naturopathic practitioner. Naturopathic doctor (ND) treated patient continuously from 1985 to time of hospital admissions in 1999. Did not encourage client to seek medical attention from MD or other health care provider. Over the course of approximately 14 years (1985 – 1999) patient utilized hundreds of herbs, supplements, and other alternative/complementary medicine regimens instead of seeking medical care from a licensed provider.

The patient has been followed by HATP clinic physicians & staff, since June of 1997 but has refused antiretroviral therapy consistently since care began in HATP. Attempts to get the patient to consider anti-retroviral therapy have been severely hampered by her lack of trust of conventional medicine and history of relying solely on naturopathic regimens for disease management.

I began consultation with the patient in August 1999. At this time, the patient weighed 82 lbs (66% of IBW). I saw patient every clinic visit, approximately weekly and biweekly, for a period of 3 months. Over this time, I worked very slowly to gain patient trust and build communication about the appropriate use of naturopathic remedies and conventional medications. Together, with HATP physicians, I helped the patient accept and begin to use anti-retroviral medications as well as prophylaxis for opportunistic infections. The patient stated to me in one visit, "I like you, you're not like the others in this clinic. You're open minded and I trust what you tell me."

I feel that I was instrumental in getting the patient to begin anti-retroviral medications. By working with the patient to selectively choose supplements & herbs for use that may be helpful and that had no evidence of harm or drug interaction potential, I was able to satisfy her need to use more 'natural' alternatives, while concurrently using anti-retroviral medications.

At her last clinic visit, the patient weighed 121.2 lbs. Her most recent lab results, drawn on 1/17/00 reveal a CD4 count of 198 cells/cmm and an undetectable viral load (< 50 viral copies/mL plasma). This is an excellent clinical outcome and indicates that she has had a rapid and very excellent response to nutrition and medical management of her HIV/AIDS.

References:

1. Kazanjian P. Ambulatory Care of the HIV-infected Patient. University of Michigan Press 1999.
2. Volberding PA. Advances in the medical management of patients with HIV-1 infection: an overview. AIDS 1999;13(Suppl):S1-S9.
3. Gold JW. The diagnosis and management of HIV infection. Medical Clinics of North America 1996;80:1283-1307.