Liver impairment is a frequent concern for people with HIV. There are many different causes, including co-infection with hepatitis, HIV meds that put added stress on the liver, excessive alcohol or recreational drug use, opportunistic infections, repeated resort to antibiotics, or just consuming big doses of the over-processed, nutrient-poor junk that too often passes for food these days! (By the way, we like the rule of thumb for choosing good sunshine at the supermarket: if your grandmother wouldn’t recognize the item as “food”—then it’s probably not very good for you.)

The liver is crucial for processing and breaking down wastes, whether those produced by normal body functioning or those absorbed into the system in the form of drugs, alcohol, or toxins. So keeping it in good repair is essential for health. One specific strategy to support liver function is to maintain levels of the intracellular antioxidant to maintain levels of the intracellular detoxification duties. Here is a short list of nutritional supplements that are frequently recommended for this purpose: Vitamin C (2–6 grams per day, in divided doses); N-acetyl-cysteine, or NAC (500 mg, 3 times per day); alpha-lipoic acid (300-600 mg, twice daily). (Note that NAC and Lipoic can be taken in the combination form Thiocol, one of the key supplements stocked by NYBC.)

A another worthy option for countering stresses to the liver is an herb called milk thistle (Silybum marianum), which has a long tradition of use as a botanical remedy. Modern research has isolated compounds referred to as silymarin within this plant, and many studies have pointed to silymarin’s effectiveness in protecting liver cells from toxic chemicals, and even in stimulating the repair and regeneration of liver cells. In 2007, a federally funded investigation identified one component of milk thistle as a potent anti-cancer agent, and suggested that it held much promise in protecting against or treating liver cancer. Be advised that if you consult sources such as the Canadian AIDS Treatment Information Exchange (CATIE) website, you may encounter concerns about whether silymarin interferes with HIV meds. But here’s what a National Institutes of Health study concluded: “Milk thistle in commonly administered dosages should not interfere with indinavir therapy in patients infected with the human immunodeficiency virus.”

Now here’s a rather unusual dietary supplement that has been investigated for liver health: S-adenosylmethionine (SAM-e). First isolated by Italian researchers in the 1950s, SAM-e is synthesized by living cells from the amino acid methionine and can’t be supplemented from food sources. In several European studies of people living with hepatitis B or C, it has been shown to help reduce jaundice, fatigue, and other symptoms. And it’s also been applied to treating alcohol-related damage to the liver. The unusual aspect of SAM-e is that there’s also a great deal of published research on its value as an antidepressant and as a treatment for arthritis—so it’s quite a versatile molecule! (See the NYBC Blog at www.nybc.wordpress.com for more details.)

Last, we note that the New York Buyers’ Club, like its predecessor DAAIR, has carefully followed sorfiltration of traditional Chinese medicine as well as current clinical experience by licensed practitioners. (Please consult the NYBC website for more information about the specific herbs in these formulas, as well as recommendations for their use.) Of course we’re always interested in hearing about the experience of our members in using these products, and so we welcome your comments and questions—just email us at contact@newyorkbuyersclub.org.
REQUIRED READING FOR THE DOCTOR’S OFFICE

NUTRITIONAL STRATEGIES TO COMBAT SIDE EFFECTS

What Your Doctor Doesn’t Know About Nutrition
by Hyla Cass, M.D.

The Essential Guide to Making Prescription Drugs Work Better for You!

Hyla Cass, M.D.

BOOK REVIEW

Supplement Your Prescription: What Your Doctor Doesn’t Know About Nutrition
by Hyla Cass, M.D.

Basic Health Publications

Here’s a worthwhile guide to managing the side effects of prescription drugs through better nutrition and nutritional supplements. Dr. Cass, a practicing physician and a specialist in integrative medicine, gives an eye-opening account of how some of the most frequently prescribed drugs for conditions like Type 2 diabetes, cardiovascular disease, arthritis, and depression cause nutrient deficiencies that provoke additional health problems. The good news, she believes, is that there are nutritional strategies that can help people control or prevent these side effects. The bad news: many doctors who prescribe these drugs pay little attention to addressing the collateral damage they may cause.

Consider the most commonly prescribed drug for Type 2 diabetes, metformin, which is effective at reducing blood sugar and protecting against diabetic complications like neuropathy. Unfortunately, it also depletes Vitamin B12 and folic acid, which are needed for the body’s regulation of a dangerous chemical called homocysteine. Since elevated levels of this substance have been associated with heart disease, stroke, and hypertension, it’s a top priority, as Dr. Cass maintains, to keep the body supplied with the nutrients—especially the B vitamins—that keep homocysteine under control.

Then there’s the case of non-steroidal anti-inflammatory drugs (NSAIDs), ranging from older choices like aspirin to the newer, highly advertised prescription products like Celebrex. These drugs are very commonly used for arthritis pain, but have the unfortunate side effect of inhibiting the enzymes needed to create cartilage. “Essentially,” Dr. Cass writes, “this means that the drugs used to relieve arthritis-related discomfort accelerate the progression of the disease.” (p. 86) Indeed, as she notes, there’s a study showing that people taking NSAIDs on a regular basis to relieve knee arthritis pain actually have a greater risk of worsening the disease over time than people who take a dummy pill! Moreover, another study indicated that people taking NSAIDs for knee arthritis were at higher risk for developing arthritis in the hip or in the other knee, compared to people who did not take these drugs.

So how does a person manage arthritis pain without making the condition even worse over the long run? One suggestion is to try supplementing with glucosamine chondroitin, shown in a federally-funded study to measure up very well against NSAIDs for controlling some kinds of arthritis pain—and without the side effect of undermining the body’s cartilage production. Dr. Cass also points to recent investigations highlighting the importance of Vitamin C for people with osteoarthritis. It’s just now becoming clear that this antioxidant vitamin plays an important role in joint health, and that supplementing with C significantly improves outcomes over time.

Many more useful insights in this book, so we certainly recommend browsing through it at your local bookstore, maybe even including it in your next doctor’s appointment. Perhaps your health care provider will also find it a learning experience!

ATTENTION, NEW YORK CITY NYBC MEMBERS!

Did you know that you can pick up your NYBC order in Manhattan once a week at a reduced shipping cost (rather than having it shipped to your home)? Thanks to the generosity of Gay Men’s Health Crisis (GMHC), we have a table most Friday evenings where we distribute literature - and where NYBC members can pick up their orders. Since these orders are grouped, we charge only $3 per person for shipping, regardless of the size of the order. (We sometimes lose out a bit on shipping charges if there are only one or two orders, so additional contributions are always welcome!)

The table is located in the 12th floor cafeteria during GMHC’s Friday evening dinners, from approximately 5:30 - 7:00pm. To take advantage of this service, you need to phone in or place your order online by 1:00pm Thursday, and pay by credit card (in advance) or check (upon pickup). We do have a few items, such as multis, on hand that we can sell on the spot (without pre-ordering).

On Fridays that fall before a three-day holiday weekend, GMHC doesn’t serve dinner, so we are not there on those Fridays; also, occasionally, no one is available to staff the table, so it’s a good idea to confirm your pickup order by phone or email. (We can sometimes make special arrangements for GMHC pickups at other times, since they’ve also been kind enough to give us a desk there.) We are happy to have this chance to do outreach to GMHC clients and staff and offer an added convenience to our members. So, if this service would be helpful to you, check it out!
UN HEARS VOICES OF HIV/AIDS
...IS THE WORLD LISTENING?

2008 UNGASS REPORT
GEORGE M. CARTER

I recently participated in the the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) as a delegate for FIAR (Foundation for Integrative AIDS Research) and a member of “civil society.” This session built on the 2006 UNGASS, which followed up the landmark UN Declaration of Commitment produced in 2001. This year’s presentations by civil society were delivered in summary form to the President of the UN General Assembly. The commentaries centered on the need for governments to recognize human rights for people living with HIV, as well as to meet the goals of Universal Access to care and treatment by 2010.

Universal Access includes HIV prevention, care, treatment and support. Stigma and discrimination against people living with HIV only stymie such programs. During the conference, loud calls were made to end discriminatory travel restrictions on people with HIV, something the US shamefully embraces.

Vulnerable populations were represented by members of civil society in moving testimonies: women, girls, prisoners, injection and other drug users, males who have sex with males and other sexual minorities, and commercial sex workers. Members of civil society, most living with HIV, gave passionate and impassioned presentations. These people are in the forefront in holding our respective governments’ feet to the fire to make sure the promises made in the Declaration of Commitment will be kept.

Nutrition, unfortunately, was not represented as a serious and critical issue. I was able to raise the matter both at the Civil Society open meeting on Monday and again urged its inclusion in the document provided to the President. Clearly, access to adequate nutrition and clean water is key to survival.

People with HIV who are malnourished may skip ARV doses for fear of a returning appetite that cannot be assuaged. Others sell ARVs for food. This can increase the risk of resistance and for too many, only first line ARVs are available. Malnourishment further increases the risk of infections, such as tuberculosis. Others become unwilling sex workers to acquire enough to eat, increasing the risk of HIV transmission. Finally, good nutrition is necessary to help minimize some drug toxicities and side effects.

A word on multivitamins. Large-scale studies of people with HIV who have shown that use of a multivitamin can slow disease progression and reduce morbidity (being ill) and mortality (death). This is an inexpensive intervention that should be part of the standard of care for ALL people with HIV disease.

Unfortunately, the value of multivitamins has been misunderstood in recent years due in no small part to an HIV denialist operating in South Africa, Matthias Rath. Rath despicably urged South Africans to stop ARV therapy, insisting that a multi is all one needs. Happily, the Treatment Action Campaign (TAC) successfully sued Rath to stop him from conducting his Mengele-esque studies in which people have died following his brain-dead advice.

Clearly, access to adequate nutrition and clean water is key to survival. People with HIV who are malnourished may skip ARV doses for fear of a returning appetite that cannot be assuaged. Others sell ARVs for food.

I was also very fortunate to be able to share this week with Lynde Francis from The Centre in Harare, Zimbabwe. FIAR and NYBC helped subsidize her participation and she stayed with me. Lynde has been doing an amazing amount of work for nearly two decades, keeping herself and others alive despite the often dire circumstances in Zimbabwe.

Although the global fight against HIV is far from over, it’s at least some comfort to see gathered in one place hundreds of incredible, dedicated, smart and fun people. If you are interested in learning more or becoming involved, don’t hesitate to contact us! Or find your own way to make a difference!

For more information and UNGASS links, go to www.NewYorkBuyersClub.org/supplement.
Lipodystrophy, a general term covering several kinds of body fat abnormalities, has been one of the most discussed side effects of HIV medications in the past ten years. A very useful review of this complex condition (or set of conditions) has recently appeared in an article by long-time AIDS treatment activist Nelson Vergel, which was published in the July-Dec. 2007 issue of GMHC’s Treatment News. (It’s available online at www.gmhc.org)

Nelson’s broad-ranging article begins by pointing out that the potentially devastating psychological effects of “lipo” (documented by several studies) have added urgency to the search for scientific understanding about the condition and treatment options to address it. His review proceeds by dividing the discussion into three parts:

**Lipoatrophy**: fat loss in the face, buttocks, arms and legs.

**Lipohypertrophy**: fat accumulation in specific areas of the body such as the neck, belly, upper torso, and breasts.

**Lipid abnormalities**: high LDL (“bad”) cholesterol and triglycerides, low HDL (“good”) cholesterol.

Nelson outlines how Zerit and AZT were especially implicated in lipodystrophy, and details the pros and cons of the various regimen-switching strategies that have been developed. He also sorts through the ongoing uncertainties about the origins of lipohypertrophy and lipid abnormalities in people with HIV on HAART. His review concludes by providing a very useful assessment of the treatment options for these three conditions, including the ongoing effectiveness of prescription drugs and nutritional supplements for managing lipoatrophy; prescription drugs for lipohypertrophy; prescription drugs like fish oil and niacin for lipid abnormalities (these are often most successful when used along with diet and exercise programs, and can enhance the effectiveness of prescription statins).

**Lipodystrophy**

**Lipoatrophy**

fat loss in the face, buttocks, arms and legs.

**Lipohypertrophy**

fat accumulation in specific areas of the body such as the neck, belly, upper torso, and breasts.

**Lipid Abnormalities**

high LDL cholesterol and triglycerides, low HDL cholesterol.

Finally, we have added **Cardio Edge** from Douglas Labs. While this combination of Sytrinol (a proprietary extract of lavones and tocotrienols), plant sterols, and pomegranate extract, is costly, there are some data that it can help to sustain healthy levels of LDL cholesterol (which can become elevated), partly through an impact on lowering apolipoprotein B. This complements the inexpensive, liver-friendly **Lechitin**, also made by Douglas Labs.

For more information on any of the products above, check out their full entries on our website. If you do not have internet access, contact us and we’d be glad to send you printed versions.

Also in NYBC Back Office news, a few items are now gone from our shelves. Jarrow has ceased the manufacture of **Colostrum Specific** and **Biosil**. Previously, they had dropped **Glycyrrizhi Nucteate Forte** from their line. We are currently investigating alternatives.

NYBC welcomes any input or suggestions you may have for either replacements for these items or other supplements that you have found helpful. As always, if you don’t see it on our list, inquire as we may be able to special order items for you!