

NIH says "Yes" to acupuncture

Acupuncture alleviates post-surgical pain and nausea. It is useful in treating headache, menstrual cramps, fibromyalgia, low back pain, carpal tunnel syndrome and tennis elbow. Moreover, there is enough evidence of acupuncture's therapeutic value in addiction, asthma and the rehabilitation of stroke patients to justify serious scientific laboratory and clinical research.

These surprising conclusions emerged from an intensive three-day meeting at the National Institutes of Health (NIH) last month, during which a 12-person "consensus" panel, composed of experts trained in various disciplines of Western



medicine, reviewed more than 300 published studies. Despite prior misgivings about the subject, the panel stated quite unambigu-

ously that acupuncture has a real role to play in medicine. No attempt was made to apply Western scientific standards to proving whether Qi—the set of energy lines or meridians hypothesized to control the energy flow through the body on which the method is based—exists, but the panel did apply rigorous Western judgment to accurate reporting of diagnosis or medical complaint, the size of patient populations, controls and evidence of a physiological or biochemical explanation for acupuncture's empirical benefits. Regarding pain, the data were consistent with Western thinking: patients undergoing acupuncture are shown to release endorphins or other opioids in the central nervous system that would account for pain relief.

The panel found no evidence of acupuncture benefit in smoking cessation, but concluded that data regarding other forms of addiction deserve follow-up. However, the consensus panel put no dollar estimate on its call for more research. Nor have the Office of Alternative Medicine and the other NIH institutes that sponsored the conference, decided what they will do in light of the results.

It is now up to the NIH to put its money behind the call for more research by the independent panel, who found some valid evidence in the face of suspicions they would find nothing but quackery.

BARBARA J. CULLITON
Washington, DC

UNAIDS expands HIV drug access in developing countries

UNAIDS, the Joint United Nations Programme on HIV/AIDS, recently launched the pilot phase of an HIV drug access initiative in four developing countries—Vietnam, Chile, Uganda and the Ivory Coast—where 20 million live with HIV and AIDS-related diseases, but less than 10 percent have access to appropriate medical care.

Pharmaceutical companies, including Glaxo Wellcome, Hoffmann-La Roche and Belgian diagnostics-maker Virco, will supply anti-retrovirals, including protease inhibitors, drugs to treat opportunistic infections and antibiotics for sexually transmitted diseases, at a discount of 50 percent or more. UNAIDS will contribute \$1 million to the program.

Discussions are also being held with other companies, including Janssen, Boehringer Ingelheim, Merck and Organon. However, certain drugs, such as Merck's Crixivan, may not be used because its use must be accompanied by nephrotoxicity testing, which is a relatively complicated procedure, said Joseph Saba, program coordinator, who is also overseeing a controversial, short-term AZT trial for pregnant women in Africa.

As part of the program, two new entities will be created in each country: a national HIV/AIDS drugs advisory board, under the Minister of Health, composed of representatives of local medical, public health and HIV communities, which will devise a national policy for the provision of HIV-related drugs, and a non-profit company which will function as a clearinghouse for ordering and distributing drugs.

Sites were selected based on their geographical diversity, political stability and commitment to the program, existing community health structures and a lack of standing AIDS programs. The scheme was started in the Ivory Coast and Uganda in November, with patients scheduled to receive drugs in the first half of next year. The program extends to Vietnam in January and Chile in February, and patients in those countries should begin therapy during the second half of 1998. Around 2,500 patients will be treated ini-



tially in each country, and UNAIDS will evaluate the program with an emphasis on understanding the factors influencing compliance.

"This program is more than just getting drugs to people and getting them used properly," Saba said. "Our goal is to develop a workable solution which can be exported to other countries, to start small and develop an infrastructure to provide ongoing, expanded care after the pilot phase," Saba told *Nature Medicine*.

However, a prominent US AIDS researcher has expressed some concern about the venture: "In principle, the idea is positive and a step in the right direction, but I wonder how practical it is," he said. "It may be just a drop in the ocean, a short-term solution, when what is really needed is a long-term answer—a vaccine."

AMFAR (American Foundation for AIDS Research) president Arthur Ammann disagrees. "Not allowing geographic sanctuaries of AIDS to flourish is the key," he said. "Short of a vaccine, the question is, how can we use drugs to slow down the transmission of HIV and AIDS?" He went on to add that the potential problem of drug resistance to newer compounds (see *Letters to the Editor*, page 1303) is no reason not to use them in developing nations. "Viral mutation is a problem even without the misuse of antivirals," said Ammann.

National Institute of Allergy and Infectious Diseases director, Anthony Fauci, is concerned about the ethical issues inherent in the program. "The idea of asking whether it's feasible to treat patients in developing countries is laudable, but once we start treating them, that opens up a lot of sticky issues—questions of ethics, economics and fairness," says Fauci. "For example, will we be able to ensure that we treat these patients for their lifetimes and how will individuals be chosen?" he asked. Fauci recommended that a panel of bioethicists be convened to consider some of these issues before treatment begins.

VICKI BROWER
New York