AGNIHOTRA AS AN INEXPENSIVE METHOD TO TREAT HIV/AIDS

A PILOT STUDY

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1 Introduction

Control and prevention of the HIV/AIDS epidemic remains at the centrepiece of worldwide health issues. Despite some relative successes, developing countries especially continue to suffer disproportionately because of costs and resources and lifestyle issues.

This pilot study enumerates a simple, inexpensive, holistic process which may make great strides in helping create more far reaching inroads into care, treatment and prevention of HIV/AIDS.

The non-profit organization Ananta Bharatha Charitable Trust® in Mysore (South India) is helping HIV positive children, most of them orphans or semi-orphans. Agnihotra – a Vedic fire method to heal the atmosphere and our environment and which has very beneficial effects on Human Health also – was introduced. Agnihotra is a healing fire technique which is performed exactly at sunrise and sunset, burning certain medicinal substances like dried cow dung and cow's ghee in a a copper pyramid of fixed size and shape. It is a gift to humanity from ancient most Vedic sciences of bioenergy, medicine, agriculture

and climate engineering[1]. Many experiments done by modern science have confirmed that Agnihotra purifies our environment – our atmosphere, soil, and water resources[2]. A more detailed description of how to perform Agnihotra is given in ***Paranjpe 1989*** and in ***Berk/Johnson 2009***. Homa Therapy is based on regular performance of Agnihotra, and in addition to that some more disciplines are introduced especially in the field of Homa Farming.

There are many reports showing the beneficial effect of Agnihotra on Human Health (ranging from asthma to tumours, and including positive effects on our minds, like stress reduction etc.)[3]. For detail about the effects on yield, disease prevention and control of pests see ***Berk/Johnson 2009***.

In this pilot study the effect of Agnihotra on HIV positive children was observed.

Keywords: *HIV/AIDS, Agnihotra, Human Health*

2 Methodology

In the study 10 children of both sexes with HIV infection were observed over a period of two years. They all stayed in one place (in the Amma Mane centre of Ananta Bharatha Charitable Trust®), got healthy vegetarian food, and were treated with respect. In addition to that they were performing Agnihotra twice every day.

In this pilot study, objective parameters were considered for the analysis. The children were under regular watch by a team of experts comprising of medical practitioners, psychologists and social workers. Data were collected in June 2015 (before Agnihotra was started) and then again in June 2017. During that period Agnihotra was performed regularly with the children. Parameters tested were Viral Load, and CD4.

3 Data Analysis and Interpretation

Statistical methods like descriptive statistics, paired-samples t-test and Cramer's V were employed for data analysis.

Results:

Table 1

Mean Viral Load values of male and female patients in 2015 and 2017 and results of repeated measure ANOVA

Gender	Year 2015 (pre)		Year 2017 (post)		Change
	Mean	S.D	Mean	S.D	
Male	38721.86	46822.41	10432.29	19484.23	28289.57
Female	96283.00	78573.73	29761.67	43429.84	66521.33
Total	55990.20	60055.15	16231.10	27557.47	39759.10
Test statistics	F (Change (Pre-post)) =9.737; p=.014 F (change x gender) =1.583; p=.244				

A significant decrease in the mean Viral Load values from the year 2015 to 2017 was observed (F=9.737; p=.014), where we find a decrease of 39759.10 units in the mean Viral Load. (pre mean 55990.20; post mean 16231). However, gender wise no differential decrease was observed among male and female patients as the observed F value of 1.583 failed to reach the significance level criterion of .05 level (p=.244).

Figure 1

Mean Viral Load values of male and female patients in 2015 and 2017

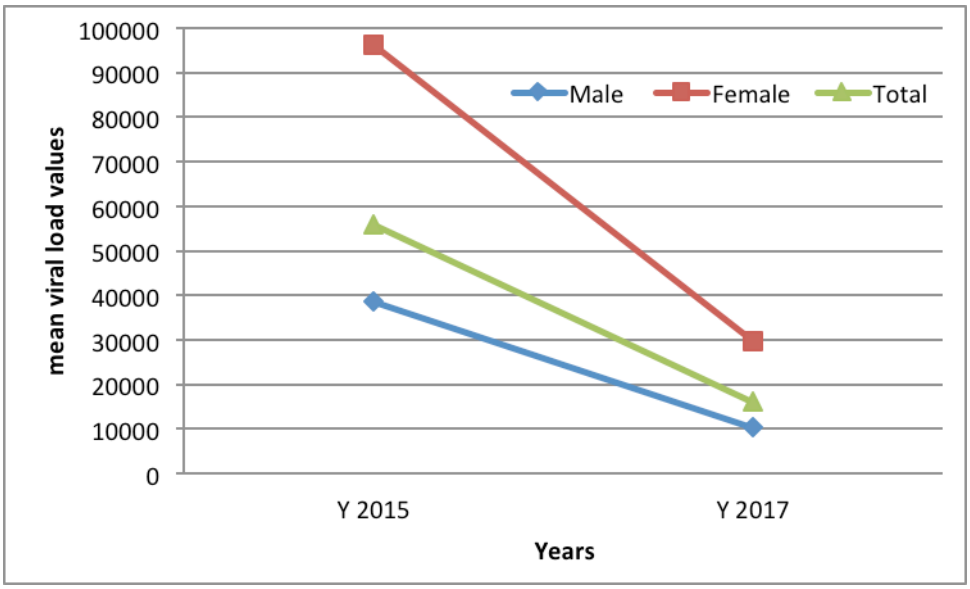
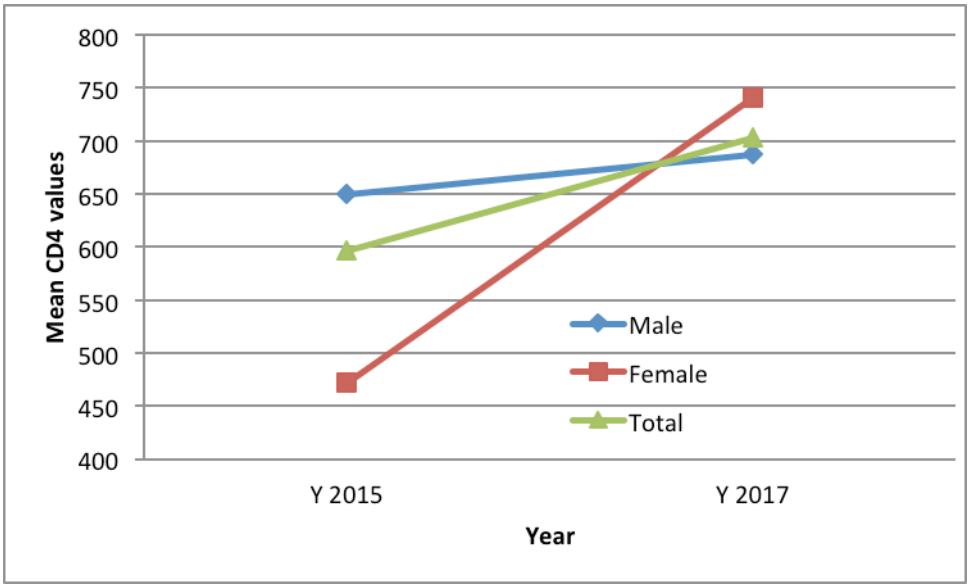


Table 2
Mean CD4 values of male and female patients in 2015 and 2017 and results of repeated measure ANOVA

Gender	Year 2015 (pre)		Year 2017 (post)		Change
	Mean	S.D	Mean	S.D	
Male	649.86	238.97	687.57	215.22	37.71
Female	472.00	207.88	741.33	177.00	269.33
Total	596.50	234.64	703.70	196.25	107.20
Test statistics	F (Change (Pre-post)) =6.522; p=.034 F (change x gender) =3.711; p=.090				

In the case of CD4 count also, we find a significant increase in the mean values from the year 2015 to 2017 was observed (F=6.522; p=.034), where we find an increase of 107.20 units in the mean CD4 count (pre mean 596.50; post mean 703.70). However, gender wise no differential decrease was observed among male and female patients as the observed F value of 3.711 failed to reach the significance level criterion of .05 level (p=.090).

Figure 2
Mean CD4 values of male and female patients in 2015 and 2017



4. Discussion

- The treatment protocol resulted in significant reduction of Viral Load and increase in CD4 count.
- Reduced frequency of opportunistic infections.
- The mechanisms of how Agnihotra reduces Viral Load and strengthens the immune system are not studied yet.

But previous studies show that bacteria are reduced in Agnihotra environment and also the virulence of harmful bacteria like *klebsiella pneumonia* and *staphylococcus aureus* was reduced as there was a

- Loss of capsule formation
- Loss of haemolytic activity
- Decreased resistance to phagocytosis[4]

5. Conclusion

The study clearly brought out the fact that the treatment protocol employed in the present pilot study is very effective in the case of reducing Viral Load and increasing CD4 count.

As this pilot study showed positive results it has been decided to do a controlled study as next step, having two groups of 20 children with equivalent health conditions, having the same arrangements for accommodation, food and daily routine (like daily Yoga), the only difference being that one group performs Agnihotra daily and the other group does not. Data (both objective and subjective parameters like psychological and social parameters) will be collected and compared after three months, six months and one year. In case the results of this controlled study are as positive as the pilot study suggests, Agnihotra could be further examined and applied as one means to control HIV infection and help the affected people to go back to a life which is worth living.

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Footnotes

[1] Agnihotra is described in detail in ***Paranjpe 1989***. A concise introduction you find on www.homatherapie.de/en/agnihotra.html

[2] A summary of the effects of Agnihotra on our environment can be found in ***Berk 2015***

[3] Some of these reports can be seen on www.homahealth.com

[4] See ***Pathade/Abhang 2014***

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Parameters

				Jun-2015		Jun-2017	
Sl No	**Name**	**Gender**	**Age**	**Viral Load**	**CD4**	**Viral Load**	**CD4**
1	AB	M	14	2,567	624	<150 ND	749
2	AK	F	14	1,37,511	348	4,132	740
3	AN	F	11	1,45,662	356	79,906	565
4	HM	M	14	304	829	<150 ND	657
5	MP	M	14	36,589	807	21,115	799
6	PT	M	14	10,121	997	384	934
7	PM	M	10	77,455	346	<150 ND	685
8	SR	M	12	18,008	543	<150 ND	745
9	VJ	M	13	1,26,009	403	50,927	244
10	VL	F	10	5,676	712	5,247	919