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# Comparative Study Of Immunological & Clinical Responses To NNRTI Based Triple Regimen With An Immunomodulatory Herbomineral Compound Reimun Alone And In Combination With Dual NRTI Regimen

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**Background:** Clinical & immunological benefits have been reported with an herbomineral immunomodulator Reimun. In India even with price reduction, use of ARV essentially comprises of dual NRTIs. Therefore comparative study of NNTRI based HAART with Reimun alone & in combination with dual NRTI regimen was planned.

**Methods:** Prospective sequential open labeled study was conducted in 145 HIV +ve ARV naive pts (patients) at Dept. of Medicine, G S Medical College & KEM Hospital, Mumbai. Pts were counseled regarding HIV disease, ARV therapy & Reimun. Pts were divided into 4 grps on basis of treatment opted & followed-up for 1 year. Grp A (n=57) Reimun alone, Grp B (n=38) AZT+3Tc+Reimun, Grp C (n=37) AZT+3Tc+NVP & Grp D (n=13) opted to receive no therapy (control group). Baseline investigations included clinical examination, blood, liver & renal chemistry. CD4 lymphocyte enumeration was done at baseline & repeated at 6 mts (months) interval.

**Results:** Comparable improvement in clinical status seen in 3 groups receiving treatment. Immunological improvement co-related with clinical improvement. Increments in CD4 counts were similar in 3 groups receiving therapy while control group showed a significant fall over the baseline values. In Reimun grp mean CD4 counts increased from baseline value of 339 to 439 by 6 mts & to 515 at end of 12 mts i.e increased by 100 & 176 cells at 6 & 12 mts respectively. Similarly in dual NRTIs+Reimun group, mean CD4 counts increased from baseline value 169 to 260 by 6 mts & to 322 at end of 12 mts i.e increased by 90 & 153 cells at 6 & 12 mts respectively. In HAART group, mean CD4 counts increased from 111at baseline to 203 by 6 mts & to 292 at end of 12 mts i.e increased by 92 & 181 cells at 6 & 12 mts respectively.

**Conclusions:** Pts on Reimun alone showed clinical &immunological improvement comparable to those receiving dual NRTIs in addition or those receiving NNRTI based triple regimen when therapy is initiated at higher CD4 values.