

# SPV30

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## What is it?

SPV30 is derived from the European boxwood tree *Buxus sempervirens*. It is produced by Arkopharma, a European company. The company is not willing to say exactly how the product is produced or from what parts of the plant SPV30 comes from. Arkopharma uses a freeze-drying process that it calls “cryogrinding” to extract SPV30 from the plant.

## What do HIV-positive people use this supplement for?

- **To limit the body's production of HIV**

SPV30 may influence the immune system in a way that slows the production of HIV. Most of our immune cells are in a latent or resting state most of the time. However, when the immune system recognizes that the body has been invaded by a micro-organism, like HIV, immune cells that guard against this particular infection are activated. HIV can only infect cells when they are in this activated state. HIV can also only use the cell to produce more copies of the virus when the cell is in an activated state. When a cell produces more copies of the virus, the presence of more virus activates more cells. These activated cells are, in turn, vulnerable to infection. This vicious cycle allows HIV to perpetuate itself among the very cells that would normally defend the body.

Internal studies by the makers of SPV30 suggest that this treatment suppresses the production of activated cells, leaving few cells vulnerable to infection. To date, these studies

have not been published by the peer-reviewed medical press. Additional studies done by the company also suggest that SPV30 slows the production of HIV in test-tube studies. Again the data from these studies are not available to the public.

A small placebo-controlled trial of SPV30 was done in the early 1990s. Documents offered by Arkopharma suggest that the people living with HIV (PHAs) in this study experienced an average increase of about 100 CD4+ cells after 30 weeks of treatment. Again, these results have never been published in the peer-reviewed medical press. Based on this study, the company offered SPV30 free of charge to 400 America PHAs in the mid-1990s. There was no control arm for this study, and the fact that people knew they were testing SPV30 may have influenced the results. Data from 173 subjects were presented at the 1996 International AIDS Conference in Vancouver. It suggested that people using the treatment over a six-month period saw modest decreases in viral load (more than 0.3 log in 38 per cent of the people) and slight increases in CD4+ counts (41 per cent of people had increases; the median change was 8.5 per cent or five cells). These differences are small and could be due to chance alone since they are within the range of variation usually seen with CD4+ and viral load tests. People in the study also reported feeling better and more energized. As well, an improvement in existing skin conditions was noted in some people.

A placebo-controlled study of HIV-positive people taking SPV30 was published in 1998. People in this study did not take any other antiretrovirals or immunomodulators; each had

250 to 500 CD4 cells. Two different doses of SPV30 were used. Those taking SPV30 were less likely to develop symptoms of AIDS or AIDS-related illnesses. The results were better for people taking the low dose of 990 milligrams of SPV30 per day than for those taking 1,980 mg.

These studies do seem to suggest that SPV30 may help control the production of virus in the body of a person with HIV. It is clear, however, that SPV30 is much less effective at reducing viral load than the currently available antiretroviral drugs. For this reason, most of the people who use SPV30 today usually use it in combination with other herbal medicines or antiretroviral drugs. A study presented at the 1998 Geneva AIDS conference reviewed the cases of eight people who had obtained a specific combination of herbal treatments from a large American buyers' club. This combination included 330 mg of SPV30 as well as curcumin, bitter melon and licorice extract. Over about an eight-week period, viral load was reduced significantly (more than a one log) for three subjects; it remained stable for two subjects and increased for two others. An eighth person experienced an initial drop in viral load (of more than one log) followed by a substantial increase after a bout of the flu.

### Available forms and usage

SPV30 is manufactured by Arkopharma in 330 mg capsules. SPV30 should be taken three times a day with or without food to reach the 990 mg/day dose. A one-month supply costs about \$50. SPV30 will likely not be available in your local health or herbal store unless that store serves many people with HIV. It can be ordered by mail or through the Internet from health food stores and buyers' clubs in large Canadian and American urban centres. If you're having trouble finding a supplier, call CATIE at 1-800-263-1638 for help.

### Cautions and concerns

SPV30 causes few side effects, although some people in the American study did report

occasional episodes of diarrhea or abdominal cramps.

One continuing concern about this product is that several of the major studies that might support its use remain unpublished. This fact continues to raise questions about the reliability of these studies.

### References

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