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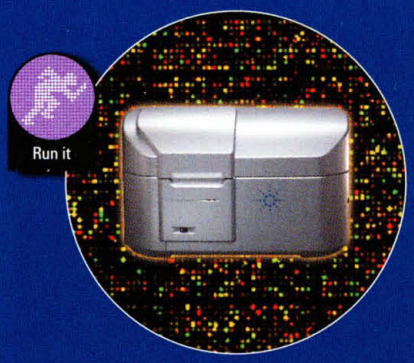

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whether the hypotheses have survived critical review by fellow scientists, and, as *Frye* suggested, the acceptance of the knowledge or technique in the pertinent field. *Frye* was not the wrong standard. It was just too simplistic. Science is not simple, and we fool ourselves looking for magic bullets to help courts deal with it without doing the work. Yes, *Daubert* is complex. Hopefully, it is complex enough to handle the complexities of expert evidence.

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Reference

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Supplementing Antiretroviral Therapy

JON COHEN'S ARTICLE "CONFRONTING THE limits of success" (News Focus, 28 June, p. 2320), which discusses the limits of antiretroviral therapy (ARV) in managing HIV disease, overlooks an important area of research. People with access to ARV have been using a variety of interventions, notably, dietary supplements as defined by the Food and Drug Administration, to prevent or manage the immediate and delayed side effects of ARV.

Unfortunately, the majority of HIV-infected individuals do not have any access to ARV. The World Health Organization has estimated that nearly 80% of the world's population relies on botanical and other indigenous medicines as their primary source of healthcare (*1*). Some of these traditional medicines may be helpful in slowing the progression of HIV and are beginning to be investigated.

There is modest research on the use of supplements to counteract drug side effects or modulate immunity and on the use of traditional medicine against HIV, but the scope of this research is limited. One study showed the benefit of glutamine in offsetting diarrhea resulting from protease inhibitor treatment (*2*). Acetylcarnitine is being assessed at the Royal Free Hospital in London for its effect in managing neuropathy related to nucleoside analog therapy.

However, a great deal more clinical data are needed to evaluate the benefits, risks, and limitations of such interventions. Certain botanicals, multivitamins, and B-complexes have shown some efficacy in slowing HIV progression (*3*–*7*). Could some combination of low-cost and locally available interventions help to delay progression and provide hope as ARV is slowly being introduced to resource-poor areas?

The long-term impact of ARV interventions may not be fully understood, but we certainly understand the outcome of failing to treat people with HIV. Methodologically rigorous and ethically sound clinical studies of botanical and dietary supplement interventions must be undertaken immediately and vigorously.

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Alternative HIV Vaccine Strategies

IN HIS EDITORIAL "STEERING A COURSE TO AN AIDS vaccine" (28 June, p. 2297), David Baltimore succinctly expresses the despair concerning the development of an effective vaccine against HIV infection. He notes the difficulties in raising antibodies and cytotoxic lymphocytes (CTL) to a virus that mutates rapidly. Indeed, escape from CTL is the hallmark of simian immunodeficiency virus (SIV) infection and CTL with high avidity can rapidly select for escape variants (*1*). In the same issue, Jon Cohen ("Monkey puzzles," News Focus, 28 June, p. 2325) describes the pessimism regarding basing an effective vaccine on CTL mechanism (*1*, *2*).

However, there is an alternative strategy to the prevalent approach of using HIV proteins or DNA. We have been guided by "experiments of nature," preventing HIV infection by targeting either alloimmunity (*3*, *4*) or the CCR5 coreceptor of HIV (*5*).

HIV virions contain HLA class I and II proteins (*6*), and alloimmunity may play a role in HIV transmission from infected mothers to