FREE eBOOK ABOUT HEPATITIS C

Hepatitis C Virus

Hepatitis C is an inflammation of the liver caused by the hepatitis C virus (HCV).

HCV was discovered by investigators at Chiron, Inc. The hepatitis C virus is a positive, single-stranded RNA virus in the *Flaviviridae* family.

For a detailed scientific/medical description of the hepatitis C virus, read an article written by Howard J. Worman, M. D. Click on hepatitis c virus for more information

There are numerous subtypes of the hepatitis C virus, which are believed to have derived from more than 300 years of endemic infection in certain geographical regions.

No one seems to know for sure where the hepatitis C virus started, but guesses range from 500 to 2000 years ago.

Hepatitis C virus is spread (transmitted) through the blood. But since 1991 all blood donations have been tested for the hepatitis C virus and the risk of transmission through blood is now insignificant.

In fact, since blood is now being routinely screened for the hepatitis C virus, the risk of a single unit of blood transmitting hepatitis C today is less than 1 in 100,000.

Type C hepatitis virus is now often found among intravenous drug users who share contaminated needles.

There are some less common ways to get the hepatitis C virus, including:

- From mother to infant at the time of childbirth
- Through sexual intercourse with a person infected with hepatitis C virus. Having multiple sex partners is a risk factor.
- Needle sticks with hepatitis C virus-contaminated blood: This is mostly seen in health care workers. The risk of developing a hepatitis C virus infection after a needle stick is about 5-10%.
- Sharing a razor, nail clippers, or other such items with someone who has been infected with the hepatitis c virus.
- You can't get the hepatitis C virus by living with, being near, or touching someone with hepatitis C.

The source of transmission is unknown in about 10% of people with acute hepatitis C and in about 30% of people with chronic hepatitis C. For more information you need buy the book All About Hepatitis C in http://hepatitis-c.50webs.com/

The Hepatitis C Virus (HCV)

HCV was discovered in 1989 by investigators at Chiron, Inc. Portions of the HCV genome were isolated by screening cDNA expression libraries made from RNA and DNA from chimpanzees infected with serum from a patient with post-transfusion non-A, non-B hepatitis.

[Prior to the discovery of HCV, hepatitis following blood transfusion that was not caused by hepatitis A or hepatitis B was referred to as non-A, non-B hepatitis]. To identify portions of the genome that encoded viral proteins, the libraries were screened with antibodies from patients who had non-A, non-B hepatitis.

These investigators went on to show that the virus they identified was responsible for the vast majority of cases of non-A, non-B hepatitis. They called the new virus hepatitis C virus (HCV). Subsequently, the complete genomes of various HCV isolates were cloned and sequenced by several groups.

For more information you need buy the book All About Hepatitis C in http://hepatitis-c.50webs.com/

HCV is a positive, single-stranded RNA virus in the *Flaviviridae* family. The genome is approximately 10,000 nucleotides and encodes a single polyprotein of about 3,000 amino acids.

The polyprotein is processed by host cell and viral proteases into three major structural proteins and several non-structural protein necessary for viral replication. Several different genotypes of HCV with slightly different genomic sequences have since been identified that correlate with differences in response to treatment with interferon alpha.

Despite the discovery of HCV by molecular biological methods and the sequencing of the entire genome, a permissive cell culture system for propagating HCV has yet to be established. A non-primate animal model also does not exist. As a result, the production of specific drugs against HCV has been impeded although excellent diagnostic methods for have been developed.

Risk Factors for HCV Infection

Approximately 170,000,000 people worldwide and 4,000,000 in the United States are infected with HCV. The virus is transmitted primarily by blood and blood products. The majority of infected individuals have either received blood transfusions prior to 1990 (when screening of the blood supply for HCV was implemented) or have used intravenous drugs.

Sexual transmission between monogamous couples is rare but HCV infection is more common in sexually promiscuous individuals. Perinatal transmission from mother to fetus or infant is also relatively low but possible (less than 10%). Many individuals infected with HCV have no obvious risk factors. Most of these persons have probably been inadvertently exposed to contaminated blood or blood products.

Hepatitis C Symptom

Many people who are infected with the hepatitis C do not have symptoms. In fact, patients with

hepatitis C do not develop symptoms until they have progressed to advanced cirrhosis of th liver.
The following hepatitis C symptoms could occur:
Abdominal pain or tenderness (right upper abdomen)
Aches, fever, chills
Ascites(buildup of fluid in the abdomen)
Bleeding varices (dilated veins in the esophagus)
Fatigue
Itching
Jaundice
Loss of appetite
Low-grade fever
Nausea and vomiting
Stools that are pale or clay colored
Urine that is unusually dark
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Hepatitis C Transmission

Hepatitis C virus is spread, or transmitted, through the blood. But since 1991 all blood has been tested for type C hepatitis and the risk of transmission through blood is now insignificant.

Type C hepatitis is now often found among intravenous drug users who share contaminated needles.

Hepatitis can also be caused by exposure to alcohol, certain medications, chemicals, poisons, and other toxins, or by other diseases. For more information you need buy the book All About Hepatitis C in http://hepatitis-c.50webs.com/

There are some less common causes of hepatitis C transmission, including:

- From mother to infant at the time of childbirth
- Through sexual intercourse with a person infected with hepatitis C. Having multiple sex partners is a risk factor for hepatitis C transmission.
- Needle sticks with hepatitis C-contaminated blood: This means of hepatitis C transmission is mostly seen in health care workers. The risk of developing a hepatitis C infection after a needle stick is about 5-10%.
- Sharing a razor, nail clippers, or other such items with an infected person.

You can't get hepatitis C by living with, being near, or touching someone with the disease.

The source of hepatitis C transmission is unknown in about 10% of people with acute hepatitis C and in about 30% of people with chronic hepatitis C.

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Consequences of HCV Infection

About 85% of individuals acutely infected with HCV become chronically infected. Hence, HCV is a major cause of chronic (lasting longer than six months) hepatitis. Once chronically infected, the virus is almost never cleared without treatment. In rare cases, HCV infection causes clinically acute disease and even liver failure, however, most instances of acute infection are clinically undetectable.

The natural history of chronic HCV infection can vary dramatically between individuals. Some will have clinically insignificant or minimal liver disease and never develop complications.

Others will have clinically apparent chronic hepatitis. Of these, some go on to develop <u>cirrhosis</u>, however, the exact percentages is not known. About 20% of individuals with hepatitis C who do develop cirrhosis will develop end-stage liver disease.

Cirrhosis caused by hepatitis C is presently the leading indication for <u>orthotopic liver transplantation</u> in the United States. Individuals with cirrhosis from hepatitis C are also at an increased risk of developing <u>hepatocellular carcinoma (primary liver cancer)</u>. For more information you need buy the book All About Hepatitis C in http://hepatitis-c.50webs.com/

A major problem in discussing prognosis in patients with <u>chronic hepatitis C</u> is that it is difficult to predict who will have a relatively benign course and who will go on to develop cirrhosis or cancer.

One fairly clear factor for progression to cirrhosis is concurrent alcohol abuse. Certain findings on liver biopsy can also be helpful in predicting a relatively benign or progressive course. Viral genotype may also play a role. Additional research is urgently needed to identify host factors that are important in determining prognosis in chronic hepatitis C.

Diagnosis

The diagnosis of chronic hepatitis C is made by history, serological testing and liver biopsy. Most patients with chronic hepatitis C will be asymptomatic or have non-specific symptoms such as fatigue. In some individuals, the diagnosis will be suspected from the results of blood tests obtained for other reason (usually elevations in the serum <u>alanine and aspartate aminotransferase</u> activities).

Individuals suspected of having chronic hepatitis C include:

- 1. Those with symptoms of chronic liver disease
- 2. Those with risk factors such as past or current intravenous drug use or blood transfusions prior to 1990
- 3. Those with abnormal laboratory tests suggesting liver disease

Such individuals should be tested for the presence of serum antibodies against HCV. The presence of anti-HCV antibodies in a person with a risk factor or evidence of liver disease strongly suggests the diagnosis of chronic hepatitis C.

The absence of anti-HCV antibodies generally rules out the diagnosis. Tests for HCV RNA in blood should be done in those individuals with anti-HCV antibodies to confirm the diagnosis and in the rare patient who does not have anti-HCV antibodies but in whom the diagnosis is still strongly suspected on clinical grounds.

Such testing shuld also be performed in patients who will undergo treatment. After making the diagnosis, a liver biopsy is usually indicated to assess the degree of liver inflammation and fibrosis and the presence or <u>absence of cirrhosis</u>. For more information you need buy the book All About Hepatitis C in http://hepatitis-c.50webs.com/

Hepatitis C Prevention

There is no cure or vaccine for hepatitis C. There is only prevention. If you wish to avoid becoming infected with hepatitis C, take the following prevention steps:

Hepatitis C Prevention Tip 1: Do not use intravenous drugs. If you shoot drugs, stop and seek the help of a treatment program. If you can't stop, never share needles, syringes, water. Get vaccinated against hepatitis A & B.

Hepatitis C Prevention Tip 2: Do not share personal care items that might have blood on them, like razors and toothbrushes. **Hepatitis C Prevention Tip 3:** If you are a health care or public safety worker, always follow routine barrier precautions. Be sure to handle needles and other sharp objects carefully and safely. Get vaccinated against hepatitis B.

Hepatitis C Prevention Tip 4: If you are thinking about getting a tattoo or having a body part pierced, be extremely careful. You might get infected if the tools have someone else's blood.

Hepatitis C Prevention Tip 5: Hepatitis C can be spread by sexual contact, but this is rare. If you are having sex with more than one steady sex partner, it's recommended that you use latex condoms correctly, and use them every time you have intercourse. You should also get vaccinated against hepatitis B.

If you are HCV positive, do not donate blood, organs, or tissue. Some patients with hepatitis C benefit from treatment with interferon alpha or a combination of interferon alpha and ribayirin.

For more information on treatment with medicines, click on hepatitis C medications.

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Rest may be recommended during the <u>acute</u> phase of the disease when the symptoms are most severe.

People with hepatitis C should also be careful not to take vitamins, nutritional supplements, or new over-the-counter medications without first discussing it with a doctor.

Any substance that's toxic to the liver, or hepatotoxic, can be dangerous for someone who has been infected by hepatitis C. You should stop drinking alcohol. Even moderate amounts of alcohol can be dangerous because they speed up the progression of hepatitis C. Alcohol reduces the effectiveness of hepatitis C treatment.

For information on alternatives to traditional means of treating hepatitis C, see <u>alternative hepatitis</u> C <u>treatment</u>. For more information you need buy the book All About Hepatitis C in http://hepatitis-c.50webs.com/

Treatment

All patients with chronic hepatitis C should be evaluated by a specialist for possible treatment with these agents. In general, adults less than 70 years old with evidence of active inflammation on liver biopsy and without advanced cirrhosis are good treatment candidates.

Indications for treatment of patients with very mild disease on liver biopsy are less clear. Such individuals should be considered for possible participation in clinical studies. Patients with advanced cirrhosis secondary to hepatitis C should be referred referred for evaluation for possible <u>liver transplantation</u>.

Hepatitis Cure

There is no cure or vaccine for hepatitis C. There is only <u>hepatitis C prevention</u>. If you wish to avoid becoming infected with hepatitis C:

Do not use intravenous drugs. If you shoot drugs, stop and seek the help of a treatment program. If you can't stop, never share needles, syringes, water. Get vaccinated against hepatitis A & B. Do not share personal care items that might have blood on them, like razors and toothbrushes.

If you are a health care or public safety worker, always follow routine barrier precautions. Be sure to handle needles and other sharp objects carefully and safely. Get vaccinated against hepatitis B.

If you are thinking about getting a tattoo or having a body part pierced, be extremely careful. You might get infected if the tools have someone else's blood. For more information http://hepatitis-c.50webs.com

Hepatitis C can be spread by sexual contact, but this is rare. If you are having sex with more than one steady partner, it's recommended that you use latex condoms correctly, and use them every time you have intercourse. You should also get vaccinated against hepatitis B.

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For information on alternatives to traditional means of treating hepatitis C, see <u>alternative hepatitis</u> C treatment.

Hepatitis C Alternative Medicine

There are various reasons why people seek alternative medicine for hepatitis C treatment. Traditional <u>hepatitis C treatments</u> may not have helped. Or they may have had severe side effects from <u>hepatitis C medications</u> and they don't want to continue with those treatments.

They might also be battling problems from other diseases and conditions that can be caused by or worsened by hepatitis C. For more information you need buy the book All About Hepatitis C in http://hepatitis-c.50webs.com/

No alternative, natural, or complementary medicine treatment has been scientifically proven to successfully treat hepatitis C. But authors who have done recent analyses of the scientific work have found some results that are encouraging.

The most promising complementary therapy is <u>milk thistle</u>. The active ingredient in milk thistle is thought to be a substance called silymarin. Studies done in animals suggest that silymarin may have <u>antioxidant</u> and anti-inflammatory effects that promote liver health in a number of ways.

Unfortunately, results are not conclusive because some studies showed a positive effect while others didn't.

Milk thistle is available as capsules but not as tea.

Licorice and ginseng are thought to have some positive effect because it's believed they help boost the body's ability to fight infection. Experts recommend that you be extremely careful with licorice, however. If you take too much, it can cause high blood.

Hepatitis C Medication

The doctor may prescribe <u>interferon</u> and <u>ribavirin</u>, which are are two medications that are licensed for the treatment of persons with chronic hepatitis C.

Interferon alpha, also known as Intron A, is a protein that the body makes to fight viral infection. It also has other actions in the body and has been used to treat a variety of diseases such as leukemia and other types of cancers. It has also been used to treat multiple sclerosis.

Interferon can be harmful to an unborn child, so persons taking interferon must practice effective birth control during treatment for hepatitis C and for at least 6 months afterward.

Interferon can be taken by itself, or in combination with ribavirin. Combination therapy, using pegylated interferon* and ribavirin, is currently the treatment of choice. Pegylation describes a chemical process that makes the interferon last longer in the body.

Ribavirin, also known as Virazole, is like an antibiotic for certain viruses. By itself, ribavirin has little effect on HCV, but it can be an effective hepatitis C medication effective in combination with interferon.

Most people tolerate these hepatitis C medications fairly well, but some side effects are common. These side effects range from mild to debilitating. If they are severe enough, the person may have to stop taking one or both <u>hepatitis C medications</u>, or take a lower doses. Unfortunately, lower doses generally don't work as well.

Side effects of interferon are similar to having the flu. Side effects often get better as treatment for hepatitis C continues. Common side effects of interferon include:

- Fatigue
- Low hemoglobin level in the blood (anemia) or low blood cell counts
- Muscle aches
- Nausea and vomiting
- Mild fevers
- Depression
- Irritability
- Headaches
- Weight loss

There can be other, less common side effects with hepatitis C medications. You should discuss these with your health care provider before starting your hepatitis C treatment.

The side effects of ribavirin can be severe enough that the patient wants to stop taking it and to continue with interferon-only. Like interferon, ribavirin can be harmful to an unborn child, and persons taking ribavirin must practice effective birth control during treatment and for at least 6 months afterward. Ribavirin side effects include:

- Anemia
- Fatigue
- Irritability
- Itching
- Skin rash
- Sinus congestion and cough

For more information about herbs and supplements used in hepatitis C treatment, click on hepatitis c alternative medicine. For more information you need buy the book All About Hepatitis C in http://hepatitis-c.50webs.com/

In book <u>ALL ABOUT HEPATITIS C</u> you may find:

BASICS OF HEPATITIS C

What is hepatitis C?

How do people become infected with hepatitis C?

How can I reduce the likelihood of spreading the hepatitis C virus?

What does the liver do?

DO YOU HAVE HEPATITIS C?

How do I know if I have hepatitis C?

What are the tests I might take to find out if I'm infected?

What type of doctor treats hepatitis C?

Why is my genotype important?

What is a liver biopsy and why would I need one?

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AND FREE BONUS: E-BOOK "VICTORY OVER LIVER DISEASE"

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2. I have had 2 cat-scans and I have a liver mass. There has been no change in 3 mouths and the doctors
are 90% sure it is benign. I have no symptoms. I am Leary of an unnecessary biopsy because of closeness
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latest blood test show SCOT & SGPT values as 59.7U/L & 78.3 17 L respectively. Please suggest me	the
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I use to eatit does not get proper digest! mean after eating food breakfast, lunch or dinner) just a	
or maximum 2 hours I have to rush to bathroom (toilet)I consulted private surgeon doctor for thi	
purposehe told me to have endoscopyfor stomachI did thatand result was gas problem—and	<u>1</u>
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38. My husbands liver function test has been high ("between 300 and 500) for the last year now, the
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48. My ensigns are high in my liver, from blood test I am heavy none smoker, drinker drugs! Been
working out taking allot of protein drinks as well as vitamins*! Am a vegen eater, but I been eating meat
the past His because I am lifting weights. But I have stop, and went back to veggies! Had pain on my
right side I thought it was muscle but I guess it my be my liver! Don't have medical so it becomes
expensive, for testing! Was thinking of a natural cleansing, what do you think? By the way my levels
where, GOT (AST)-59.1 H, NORMAL RANGE (G-4G), GPT (ALT)-56.4, NORMAL RANGE (0
<u>38)48</u>
49. I suffer from several diseases. Diabetes, histoplasmosis, bone and disk disease. I take many different
drugs. I've recently been diagnosed with high liver enzymes. My Doctor is eliminating drugs one at a
time, testing weekly and they continue to rise. Without pain killers I am mostly confined to a whell chair,
without the steroids for the histoplasmosis my lifespan will be greatly compromised. Without the insulin
death is almost certain. Any ideas?48
50. Causes of liver inflammation49
51. How do you get hepatitis?49
52. What is "fatty liver disease" and is it curable?50

53. Sir I am 25 years I got hepatitis B and I diagnosed it before two years they told me that I am in
earring stage that's mean Hbsag+ and Hbe and Dna tests are negative, so I gone to the doctor my parents
are pressring me to get the marry by the doctor advice me to get the marry I got the marry before five
mouths before and I took my wife to doctor and she took two doses of hepatitis vaccine and the another
one is next mouth for this hepatitis somebody told me that its cure by aurvedic I used aurvedic treatment
for one year but its nor cured so please suggest me to get me the get me the good
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54. After liver transplant from a live donor, what will happen to the liver, will it regenerate? And to
<u>what extent?56</u>
55. My husband had some blood work done yesterday, the doctor called back and said everything was
fine but his liver exsims was up, they want him to go for more blood work what does this mean should we
<u>be worried57</u>
<u>56. Spot on the liver57</u>
57. What is a fatty liver? This Lave cure?58
58. How to heal liver from damage from hepatitis c?58
59. How much do you have to drink? I also smoke but u dints have any answers for
me <u>59</u>
60. How long does it take to get liver problems if you have been taking Lortab over a period of time?
59
61. How long is a person's life expectancy?
62. What are some safe pain relievers to take while liver enzymes are elevated?
61
63. I have pain in my liver area. I haven't been to a doctor because I don't know which kind of doctor is
best. I.e. ND or MD etc. I had hepatitis 30 years ago, no other history of anything
64. We take vitamins and live healthy. However, we have 3-4 drinks every night on settling down to
watch TV no earlier than 8:00pm. We have blood tests every six months. Our doctor knows of this. Are
we ill for liver trouble?62
65. Can it be cured?
66. Is there any hope for people with Cholangiocarcinoma?62
67. If only the caudate lobe remains enlarged after stetting is the liver likely to be able to function
effectively still in the long term?62
68. I started taking mega doses of Niacin over 5 years ago to help control my extremely high cholestral
(mostly genetic). Recent blood test shows 95 U/L of GGT—flag on test result. I'm just learning about
GGT. Is the Niacin damaging my liver and should I get prescription instead? I am 47. Cholestral level 7
years ago 317. Now around 200 although last year it had dropped to 170. Have not been able for have not
successfully tried) to maintain weight this past year. I am novice to liver disease and a little concerned
that I am a candidate. What am I supposed to look for, what are the signs?

69. SHOULD STEATOHEPITIS BE TREATED? Also ill conjunction with an elevated ANA and see!
<u>63</u>
70. What is the best treatment for regenerating the liver, damaged by alcohol! And many drugs like
paracetamol, amoxicillin, etc65
71. How to replace vitamins & proteins
<u>Vitamin A</u>
Vitamin B3 (Niacin)67
<u>Vitamin B667</u>
<u>Vitamin B1268</u>
<u>Vitamin C</u>
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<u>Vitamin E69</u>
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74. What foods or drinks are best to take to keep the liver strong and levels low?
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76. Spicy food?75
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78. Can someone who occasionally drinks alcohol develop liver disease as they get older?
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79. How long can a person live after being diagnosed with liver disease when they are still using drugs?
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