

# HCV ADVOCATE

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Hepatitis C Support Project

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## Healthwise: Herbs and Hepatitis C

by Lucinda Porter, RN

The use of herbs is controversial in the medical community largely because of the lack of research for efficacy coupled with the potential harm these substances can inflict. Many patients are interested in alternative methods to use with or instead of the treatment their doctors have prescribed. Since many herbs can cause liver damage, this list is to help the hepatitis patient make informed choices. Many herbs can be harmful in other ways, such as by having potentially carcinogenic properties or can cause neurological damage. This list is primarily liver specific and by no means exhaustive. The substances on this list are referred to in their oral form only.

Herbs and supplements can be powerful. As with any

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## NUTRITION/DIET AND CHRONIC HEPATITIS C

by Mary Ellen DiPaola, RD, CDE  
CHRC Nutritionist

The liver is a very important organ in the break down of food and beverages to obtain the nutrients that provide energy and help maintain health. It also has an amazing ability to repair and rebuild its cells and tissue when damaged by a virus like hepatitis C, but requires extra energy, protein, and other healthy nutrients to do so. Consuming a moderate and varied diet to obtain this nutritional balance becomes critical for healthy liver function, and may help slow the progression of chronic hepatitis C.

Following a low-fat, high-complex carbohydrate, low-sodium diet which is adequate in protein follows the general guidelines for nutritional health based on the Food Guide Pyramid. Vegetable sources of protein (soy, beans/legumes, moderate amounts of nuts and seeds) are lower in fat and iron, and are more easily metabolized to help reduce liver stress. Regular and frequent meals tend to meet necessary requirements and sustain blood sugar and energy levels. Fresh, unprocessed foods tend to be lower in sodium and fat and more nutrient-rich.

Caution needs to be taken with any ingested substances that may further harm the liver, such as alcohol, drugs and other medications, many herbs, and raw or unsafe foods. Avoiding mega-doses of fat-soluble vitamins A, E, D, K, and excessive intake of high-iron foods (red meats, fortified foods) and/or supplements can help prevent liver overload and damage. Discuss any item of question with a knowledgeable health care professional, and be cautious of any advice received from unproven sources.

Utilize the assistance of a Registered Dietitian for an individual assessment of nutritional requirements, and to help tailor a diet that meets specific nutrient needs during the course of chronic hepatitis C. Nutritional

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### HCV ADVOCATE

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## A Positive Article on Hepatitis C

by Betty Perkins

Is there anything positive about having a possibly life threatening virus and no cure? This article is in response to a complaint by readers of the HCV Advocate that there aren't enough positive things written about having HCV.

First a brief history about my relationship to HCV and my liver: I've had HCV for over 20 years, have bridging fibrosis and have done interferon once and numerous "natural" health remedies ongoing. I do have symptoms of fatigue, confusion, and joint pain. On to the positive.

### 1. BODY

Healthy lifestyle. Because of the virus, I had to eliminate alcohol. I would probably not have done this on my own. Swilling down a shot of tequila followed by a squeeze of lime was too much fun to quit without a reason. And a glass of red wine with Italian food was too inviting to do without if there was no motivation. As the years pass and aging takes its toll, I notice my loved ones having to rest as much as I do because of recreational use of alcohol. As my father used to say, "The trouble with people who don't drink is, they wake up in the morning and that's as good as they're going to feel all day". I don't think I would have become an alcoholic, but because of HCV I will definitely not ever have an alcohol related problem.

Similarly, food has become another source of healing to me. Glazed donuts and ice cream would be staples if what I ate didn't make a difference. Because of HCV they are relegated to very rare treats. Instead I enjoy fresh food with a lot of roughage. Because of this I am healthier than I would otherwise be and my weight is probably less than if it didn't matter what I ate. I still enjoy coffee and desserts, but I limit my intake because I want balance in my eating.

Exercise is a higher priority for me than it would be without HCV. It helps me to get off the couch even if I don't feel like it. I found a nearby gym that I like. Only women go there and some of them are in their eighties. I'm not the only one who creaks around. The woman who teaches aerobics (low impact) is my age and not a Twiggy. Exercise and St. John's Wort help me to enjoy my life instead of dwelling about "poor me" or being irritated by friends, doctors, or telemarketers.

Change in job. I left a perfectly good career because of Hepatitis C. There is no way I would have left my job without the motivation provided from having a serious illness. When I left my job as a school psychologist it took me two years to grieve the loss. Now I teach graduate school, write, and play music in a fifties band. It is such a relief to not be trying to keep up with something I didn't want to keep doing, but couldn't leave because it was too good.

I am the CEO of my health care team. Doctors and other health care workers are just one member of my health care system. I am the boss, the one who gathers all the information and then makes an "executive decision." By accepting responsibility as the leader, I do not expect others to understand what it's like for me on the inside. It's nice when I do feel understood but not necessary.

### 2. MIND

Setting boundaries became clear and necessary. Due to my fatigue and confusion, I had to change the pattern I had developed in my career of doing, doing, doing. I replaced doing with boundaries. I weeded out friends that I was seeing but didn't really want to. I weeded out some family events. For example, when I return from Washington, D.C. this month, a family gathering will be held the following weekend. I am opting out of that one but will attend one in June. When there's an event at my home, someone else does the cooking. I also limit my medical and other health appointments. Usually the health care person I am seeing wants to see me at more frequent intervals than what I want to do. I allow the pace I want to dictate the frequency of these visits, not the other person's recommendation. Although I help people in the community by running the support group, I don't try to get people to like me. This keeps me away from my habit of over-doing. The plastic hat syndrome. At the school district where I used to work, awards were given to "high achievers" at a staff meeting the end of each school year. The award for a job well done is a toy hat.

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About ten of them are given out to a total staff of 30. This means that 20 people won't get hats. The recognition is meant to encourage others to do more. Where my husband works, the rewards for achievement are more valuable: more pay, stock options, a good ranking. For a person like me, however, it doesn't matter if the reward is something you can spend or a useless pink fireman's hat: I will almost literally kill myself trying to earn the hat. Because of HCV I am over that. I recognize the drive in me, the yearning to be useful and acknowledged as such. And I continue to choose balance, health, and fun. When I go to Washington, D.C. for the Walk on Washington, I will be faced with my "plastic hat syndrome". I have taken on only what I want to do to help the HCV cause. I have not given my whole life to it. Others have dedicated themselves more fully to community and international service. When they are pointed out and acknowledged, if I feel a pull to put my life out of balance, I will look at photographs I am bringing along. One is of my husband, two children and two dogs. Another is a picture of my favorite place in the woods with my brother. A third is a picture of my guitar. The last photo is a friend of mine who epitomized not taking life seriously.

### **3. SPIRIT**

Death and aging in the comfort zone. A very close friend of mine who was exactly my age and in perfect health was killed last month. He was cross country skiing when he fell on train tracks and couldn't get up before the train came. I realize that having Hepatitis C caused me to know two things about death: the first is that each day is precious. All that matters is being alive. It doesn't matter that my daughter smokes, that my book hasn't been re-published, that my stomach protrudes and my face sags. The second is that we all age and die, not just people with Hepatitis C. When I think this way, it feels like no big deal to have HCV. After taking my own death into the comfort zone, having a virus that attacks my liver slowly is, well, not an emergency. I have time to live a life consciously. I have Hepatitis C to thank for getting my perspective straight. •

## **Wake up America! A Rally in our California State Capitol**

### **Why? -**

- Because 4 million Americans already suffer from this "Silent Epidemic"!
  - Because half a billion suffer worldwide!
- Because our family and friends are sick and there is NO CURE!
  - Because funding to find a cure for this disease is pathetic!

### **PLEASE JOIN US !**

Contact: Lisa Kuklenski - California Co-Chairperson - 805/659-1713; email  
[Kuklenski2@aol.com](mailto:Kuklenski2@aol.com)

## Treatment Advocate

by Joe Shaw

Having just had a bit of dental work done, I thought I'd report on some of the things dentists tell patients who are on interferon or on the combo therapy. There is anecdotal evidence to suggest that interferon may cause some dental problems, mostly as a result of dry mouth.

I have been experiencing extreme dry mouth lately, although I drink more than a gallon of water a day. I've been on the combo therapy for five and a half months now, and about a month ago, I started having extreme dry mouth. I sometimes wake up in the night and always wake up in the morning with slightly painful dry mouth. The dryness also causes irritation on my tongue, producing small red bumps. If I eat hot, spicy foods or citrus fruit, it burns my mouth.

If you experience dry mouth, it's important to use excellent dental hygiene, flossing especially last thing before bed. Saliva is alkaline and so counters the acidic effect of carbohydrate and sugar sitting on your teeth and causing plaque. So less saliva means more plaque and tooth damage. There are also saliva producing or replacement aids on the market now apparently - the dentist didn't give me any names yet but I will report on this to you in a future article.

As usual, here's some Hep C articles, studies and other selected tidbits I've culled from the information superhighway. As always, remember these items are found on the internet, and their accuracy cannot be guaranteed, nor can their sources be verified. The source of this information is usually reliable, though. But with anything on the internet, make sure you take it with a grain of salt. If you'd like copies of a particular study or article, I'll email them to you, if you ask. My e-mail address is [joesha@yahoo.com](mailto:joesha@yahoo.com). My goal is to help you gather information and take power of your own treatment. Let's educate ourselves together!

### Natural Interferon Boosters

Here's a list of some natural interferon boosters. Please check with your doctor or health care practitioner before taking any of these items.

- **Astragalus**: a Chinese herb that enhances the antibody reaction to foreign invaders of all types including cancer.
- **Boneset**: a native American Indian herb with antiseptic, anti-viral properties used for the treatment of colds and flus, coughs, fevers, indigestion and pain.
- **Chlorophyll**: a plant pigment which can be found in a long list of green leafy vegetables and algae like spirulina, chlorella and barley green.
- **Coenzyme Q10**: an antioxidant involved in the electron transport chain needed for all energy dependent processes in the body. CoQ10 increases helper T-cells and reduces infection risk.
- **Echinacea**: the most popular herb in North America used as a treatment for toothaches, bites or stings and all types of infections.
- **Ginkgo**: a potent central nervous system antioxidant for the treatment of circulation disorders, memory problems, high blood pressure, depression, tinnitus and immune system disorders.
- **Licorice**: an anti-inflammatory and anti-allergic herb used to boost energy, treat respiratory tract infections as well as female disorders, ulcers, adrenal insufficiency and congestion.
- **Melatonin**: a hormone produced by the pineal gland with strong antioxidant and immune system boosting properties.
- **Milk Thistle (Silymarin)**: an herb most commonly recommended as a liver and complementary medical treatment for hepatitis.
- **Medicinal Mushrooms**: Reishi, Maitake, Shiitake, Kombucha and others stimulate many aspects of the immune system including the production of interferon.
- **Siberian Ginseng**: stimulates T-cell and B-cell activity, energy, libido, body fat burning and many stress-related conditions

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● **Vitamin C and bioflavonoids**, especially proanthocyanidins (pycnogenols) like grape seed extract, pine bark extract and bilberry, quercetin, hesperidin and catechin are powerful antioxidants.

From: <http://www.naturallink.com>

### **Information on Possibly Harmful Herbal Supplements**

Want to know if a particular herb or dietary supplement is hepatotoxic? Take a look at: <http://vm.cfsan.fda.gov/~dms/aems.html>

This website features "adverse event (illness or injury) reports associated with use of a special nutritional product: dietary supplements, infant formulas, and medical foods."

### **Organ Donation Rules Meet With Some Delay**

Elements of two HHS rules implemented last year one designed to increase organ donations and the other to create a more equitable distribution system have been put on hold, at least for the moment.

The Health Care Financing Administration (the agency that oversees Medicare) will not begin enforcing the rule requiring hospitals to report all deaths or imminent deaths to organ procurement organizations (OPOs) until August 21, 1999. In the meantime, hospitals and OPOs are expected to develop collaborative relationships with one another and provide training to hospital staff.

Similarly, Congress has issued a moratorium for the rule that would have required the United Network for Organ Sharing to develop a more equitable organ distribution plan, one based primarily on medical urgency, not geographic location, as is the case now. During this moratorium expected to last at least a year the Institute of Medicine will review the rule and the controversies that have surrounded it. Among the concerns: Whether a national waiting list needs to be created and the repercussions of such a list.

From: RNWeb

### **Expanded Indications Bring More Complications in Hepatitis C Treatment New Patients Receive Strong Warnings about Potential Risk to Fetus with Combination Therapy**

After just six months on the market, revised safety information tells doctors and patients to be even more cautious in the use of combination therapy to treat hepatitis C. A "black box" warning in the revised prescribing information for Rebetron (Schering-Plough) warns that patients and their partners must use two forms of contraception because of the risk of birth defects or loss of a pregnancy from combination therapy.

Even if only one partner is taking Rebetron, both members of the couple need to use adequate contraception during therapy and for six months after the end of treatment. Rebetron consists of interferon-alfa plus ribavirin. It is the ribavirin component that is blamed for the risks to the fetus.

### **Search Engine for Doctor Information**

The AMA (American Medical Association) has a search engine where you can look up the credentials of many doctors in the US. If anyone is interested in seeing if their doctor is on there, it's at: <http://www.ama-assn.org/aps/amahg.htm>

It gives professional information but nothing about bedside manner, so you're on your own there.

### **Ribavirin Helps Immune System Eliminate Virus Infections**

Scientists at ICN Pharmaceuticals, Inc. have discovered that treatment with ribavirin, a synthetic nucleoside with antiviral activity discovered and developed by ICN, enhances the ability of human immune system cells to make critical proteins that help eliminate virus infections.

The laboratory research, reported in the March 1999 issue of Journal of Hepatology, helps explain the mechanism by which ribavirin provides benefit in combination therapy with interferon in the treatment of hepatitis C.

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The immune response to virus infections is predominately mediated by T-cells, which eliminate virus-infected cells from the body. The T-cell response is regulated by certain proteins called cytokines. Some cytokines enhance this T-cell response, while other, different cytokines enhance the production of antibodies that help protect against a repeat infection.

An ICN research team headed by Robert Tam, Ph.D. found that ribavirin can increase production of those cytokines that enhance the T-cell response.

### **Interferon Helps Hepatitis C Patients**

Treatment with interferon reversed liver fibrosis in two patients infected with the hepatitis C virus, according to a report in the journal *Digestive Diseases and Sciences*. The finding contradicts the commonly held belief that cirrhosis of the liver due to the infection is irreversible.

Cirrhosis, a degenerative condition of the liver, may develop in up to 50% of patients with chronic hepatitis C. "Once cirrhosis has developed, it is generally believed to be irreversible and untreatable," Dr. Jean-Francois Dufour of Tufts University Medical School in Boston, Massachusetts, and colleagues write. "The two cases we report suggest that there are exceptions and demonstrate that hepatic fibrotic tissue is a dynamic structure that is capable of remodeling and dissolution. In both of our patients, hepatic fibrosis regressed to the point that cirrhosis was no longer demonstrable on liver biopsy."

Both patients were treated with interferon-a for 18 months. The team report that liver biopsies showed that "cirrhosis and/or extensive fibrosis... disappeared in response to treatment." The researchers believe the therapy reduced the ability of the hepatitis virus to replicate, which in turn reduces inflammation and cell death in the liver.

"The response of our patients to interferon-a is consistent with reports of patients with other types of cirrhosis or extensive fibrosis in whom the fibrosis regressed after effective therapy. These include patients with hemochromatosis, Wilson's disease, primary biliary cirrhosis, and autoimmune chronic active hepatitis," the investigators conclude.

*From: Digestive Diseases and Sciences 1998;43:2573-2576.*

### **Echinacea Found to Boost Activity in White Blood Cells**

Results of a preliminary study indicate that echinacea, an herb sold over-the-counter as a cold remedy, boosts activity in white blood cells, immune cells that fight infection, according to a researcher at the University of Florida in Gainesville.

"If for years we've been saying echinacea does this, it's nice to know that it does," said researcher Susan Percival of the University of Florida's Institute of Food and Agricultural Sciences.

Echinacea, derived from the purple coneflower, has been used for centuries in the belief that it can reduce the severity and duration of colds.

In the study, Percival gave 10 healthy, college-age men an echinacea supplement for four days. Taking samples of their blood on day 1 and day 4, she found that by day 4, the men's white blood cells had a three times greater ability to kill bacteria.

But in a statement issued by the University of Florida, Percival said her findings do not mean that people should take the herb regularly, in the absence of cold symptoms.

Percival noted that "a stimulated immune system produces a lot of free radicals, and we know from other research that free radicals are not a good thing. We want the free radicals to kill microorganisms, but we don't want free radicals being produced all the time because they will damage healthy tissues."

*From: American Journal of Public Health 1999;89:308-314.*

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**Early prediction of response in interferon monotherapy and in interferon-ribavirin combination therapy for chronic hepatitis C: HCV RNA at 4 weeks versus ALT.**

**BACKGROUND/AIMS:** There is consensus that interferon for hepatitis C should be stopped if alanine aminotransferase (ALT) remains elevated after 12 weeks; however, this may lead to unjust treatment withdrawal in around 20% of potential sustained responders. No consensus exists for interferon-ribavirin combination therapy. The aim of this study was to assess the predictive value of an HCV RNA test at 4 weeks in comparison with ALT, both in interferon monotherapy and in interferon-ribavirin combination therapy. **METHODS:** Plasma HCV RNA was tested at 4 weeks in 149 naive patients undergoing 6 months and 187 undergoing up to 12 months of interferon monotherapy, and in 40 non-responders treated for 6 months with interferon-ribavirin combination therapy.

**RESULTS:** For 6 and up to 12 months of interferon monotherapy, the predictive value for non-response was 99% resp. 97% for a positive HCV RNA at week 4, versus 97% resp. 91% for an elevated ALT at week 12. Using a positive HCV RNA at week 4 as a stopping rule would lead to missing 5% resp. 12% of potential sustained responders, versus 10% resp. 28% for an elevated ALT at week 12. In interferon-ribavirin combination therapy, the predictive value for non-response was 100% for week 4 HCV RNA versus 95% for week 12 ALT, and 0% potential sustained responders were missed by a test for week 4 HCV RNA versus 20% for week 12 ALT. The overall sensitivity and specificity of a week 4 HCV RNA test was significantly better (area under ROC 0.85) as compared to testing ALT at week 4 (0.78,  $p < 0.001$ ), week 8 (0.76,  $p < 0.001$ ) or week 12 (0.78,  $p < 0.001$ ).

**CONCLUSION:** A positive HCV RNA test ( $>$  or  $=10(3)$  copies/ml) at 4 weeks is highly predictive for non-response and leads to significantly less misidentification of potential sustained responders than ALT at week 4, 8 or 12, both in 6 or up to 12 months interferon monotherapy and in 6 months interferon-ribavirin combination therapy of chronic hepatitis C.

From: *Journal of Hepatology* 1999 Feb;30(2):192-8

**For more information about hepatitis C, please contact the following organizations:**

- American Liver Foundation                      800-223-0179                      <http://www.liverfoundation.org/>
- Hepatitis Foundation International              800-891-0707                      <http://www.hepfi.org/>
- Hep C Connection                                      800-522-4372                      <http://www.hepc-connection.org>

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HCV ADVOCATE  
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San Francisco, CA 94142  
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\*If you can not afford the cost of the newsletter, scholarships are available for \$6:00. Please fill out above information and indicate on the form that you would like a special scholarship

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medication, please be certain your care practitioner is aware of what you are taking or plan to take. Since herbs can vary in strength and purity, it may be wise to take a standardized and certified form. The German Commission E is the world's leading authority on herbs. An herb carrying this label meets their standards. The American Herbal Pharmacopoeia is developing standardization guidelines for the American marketplace. Since herbs can be contaminated, use common sense before ingesting anything.

Practice common sense when choosing an herbal supplement. Recently a patient told me that she was not going to try interferon treatment because she wanted to try a complicated herbal and supplement regimen. She found the regimen on the internet and was persuaded to try it because the person promoting it said, "I've never felt better." However, it included several substances that are out of favor in the both traditional and complementary medicine. Furthermore, the person promoting it also stated that she gave up drinking, starting exercising and watched what she eats. Abstinence from alcohol alone can be why she feels better. The advice here is to apply the same caution and research to supplements as one would to prescribed medication.

Although Chinese herbs are sometimes used successfully to treat symptoms, these also need to be used with great caution. This article does not cover most of the Chinese herbs. *\*Recently there have been 16 deaths reported in Japan for HCV patients being treated simultaneously with interferon and Xiao Chai Hu Tang (Minor Bupleurum)*

### **Herbs with Known Toxicity**

#### **\*\*Signifies Potential Hepatotoxicity**

Alkanna (Alkanna tinctoria) \*\*

Chaparral (Larrea tridentata) \*\*

Comfrey (Symphytum officinale and S. uplandicum) \*\*

Dusty Miller (Senecio cineraria) \*\*

Forget-Me-Not (Myosotis arvensis) \*\*

Groundsel (Senecio vulgaris) \*\*

Hops (Humulus lupulus)

Life Root (Senecio aureus and S.nemorensis) \*\*

Mistletoe (Phoradendron leucarpum and viscum album)

Petasites (Petasites hybridus) \*\*

Ragwort (Senecio jacoboea) \*\*

Sassafrass (Sassafrass albidum)

Yohimbe (Pausinystalia yohimbe)

Borage (Borago officianalis) \*\*

Colt's Foot (Tussilago farfara) \*\*

Dong Quai (Angelica polymorpha)

Ephedra aka Ma Huang (Ephedra Sinica)

Germander (Teucrium chamaedrys) \*\*

Hemp Agrimony (Eupatorium cannabinum) \*\*

Jin Bu Huan (Lycopodium serratum)

Mormon Tea (Ephedra nevadensis)

Pennyroyal (Mentha pulegium) \*\*

Pokeroot (Phytolacca americana)

Rue (Ruta graveolens)

Skullcap (Scutellaria lateriflora) \*\*

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## **Herbs with Known Toxicity if Taken at High Doses (possibly toxic at low doses)**

Alpine Cranberry (*Vaccinium vitis-idaea*)

Mercury Herb (*Mercurialis annua*)

Sweet Clover (*Melilotus officianalis*)

Trailing Arbutus (*Epigae repens*)

Woodruff (*Galium oderata*)

Cayenne (*Capiscum annum*)

Schisandra (*Schisandra chinensis*)

Tonka Beans (*Dipteryx odorata*)

Witch Hazel (*Hamamelis virginiana*)

Uva Ursi (*Uva Ursi scrostaphylos*)

## **Herbs that May be Safe (Unproven health benefits)**

Artichoke (*Cynara scolymus*)

Chamomile (*Matricaria chamomilla*)

Licorice (*Glycyrrhiza glabra*) (not recommended for long-term use, especially for people with high blood pressure)

Maitake (*Grifloa frondosa*)

Peppermint (*Mentha piperita*)

Soybean (*Glycine soja*)

California Poppy (*Eschcholtzia californica*)

Dandelion (*Taraxacum officinale*)

Milk Thistle (*Silybum marianum*)

Rosemary (*Rosemarinus officinalis*)

### **Resources:**

The American Pharmaceutical Association Practical Guide to Natural Medicines by Andrea Peirce

The Green Pharmacy by James A. Duke

Herbs of Choice by Varro E. Tyler

The Honest Herbal by Varro Tyler

**PDR for Herbal Medications**

<http://vm.cfsan.fda.gov/~dms/supplmnt.html> FDA website

[www.theherbalists.com](http://www.theherbalists.com) Website of Douglas Schar, DipPhyt.MCPP – editor of *The British Journal of Phytotherapy*

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