Chinese Medicine Treatment of Hepatitis C - A Case Study

by Damian Carey

ABSTRACT

Hepatitis C (HCV) is a debilitating, potentially fatal disease with serious social consequences that may well generate more social harm than the HIV/AIDS epidemic. Western Medicine (WM) treatment of HCV has a success rate of approximately 50% and the side effects of medication are very distressing. Likewise, when used alone, Chinese Medicine (CM) treatment of HCV cannot guarantee a complete cure. However, experience has shown that CM can significantly reduce the side effects of medication, slow down the progression of the disease and, most likely, considerably improve the chances of total recovery.

This suggests that the most effective treatment protocol for HCV would include concurrent and integrated treatment with both WM and CM.

BACKGROUND

Introduction To HCV

Any inflammation of the liver is defined as hepatitis. Liver inflammation can arise from a number of causes including alcohol and drug abuse as well as viral, bacterial, parasitic or fungal infections. Hepatitis A, B and C are all viral infections.

Hepatitis C (HCV) is a family of single-strand RNA viruses with six major sub-types. Type 1 HCV is notably more virulent than the others. (Schodorf, 1999)

Misha Cohen (July, 2002) states “HCV is transmitted through blood which includes transmission via blood transfusion, intravenous drug use and via sexual transmission. HCV is currently the most common blood-borne infection in the United States today.”

Serious Social Health Potential of HCV

HCV is a debilitating disease with the potential for very serious social consequences.

According to Greene (1996, p. 402) “Initial HCV infection may progress to chronic liver disease, with resultant disability and early death. Hepatitis C may also lead to a chronic carrier state, in which those infected may serve as reservoirs of the virus and continued potential sources of infection for the population.”

Other authors in numerous references, citing National Institutes of Health statistics and other sources, offer a sobering picture of the social consequences of HCV:

“HCV is the leading cause of cirrhosis, a common cause of hepatocellular carcinoma (HCC) and the leading cause of liver transplantation in the USA.” (Cohen, January, 2003)

“More than three-quarters of those who are infected will develop cirrhosis or hepatic carcinoma.” “The National Institutes of Health (NIH) estimates the mortality rate due to HCV-induced cirrhosis and hepatocellular carcinoma is expected to double or triple over the next 2 decades. (Odom & Finkbine, 2001)

“It is estimated by the US Centers for Disease Control, (CDC) that as much as 2% of the total population of the United States, or from 3.9 to 5.5 million people, may be chronically infected with HCV. The majority of these are asymptomatic and undetected and, as such, are very likely to contribute to the increasing proliferation of HCV.” (Odom & Finkbine, op. cit.)

HCV Symptoms

The profile of HCV symptoms varies over time. The period from initial infection to end-stage liver disease may be as long as 20 or even 30 years. Flu-like symptoms are often reported at the stage of initial infection. The infected person may then remain asymptomatic for many years, followed by vague symptoms like fatigue, depression, mental confusion, low-grade fever, abdominal discomfort, anorexia, nausea and itching skin. Later, as the disease progresses the patient can develop serious fatigue, malaise and weakness along with fevers, jaundice, decreased appetite and other more serious signs such as pain and enlargement of the liver, cirrhosis and mental decline.
Western Medicine Treatment of HCV

The current treatment protocol recommended for HCV combines interferon and ribavirin medication for 6 months or longer. "People taking the combination of ribavirin and interferon, rather than standard interferon on its own, are twice as likely to show signs of clearing the hepatitis C virus from their blood in the long term. (Access Information Centre At The Alfred (AICATA))

The ribavirin/interferon combination involves weekly injections of interferon and daily medication of ribavirin. Some studies have shown the average number of people with good long-term results following treatment ranges from 31% to 49%. (AICATA, op. cit.) Other studies put the success rate at 54 - 56%. (Bacon, 2004) This broad range of outcomes is apparently reflective of the initial health of the patients surveyed and the particular strain of HCV.

The cost for the program of interferon/ribavirin treatment for a single person, including medication and diagnostics, is more than US$24,000 to $30,000 per patient per year. (Bacon, op. cit.) This cost can be readily justified because of the personal and social health benefits obtained.

Interferon medication is associated with a number of side effects including: flu-like symptoms such as headaches, muscle aches, joint aches and fevers/chills, nausea, vomiting, loss of appetite, diarrhoea, dry skin, hair loss, decrease in energy, fatigue, insomnia, bone marrow suppression, depression, mood swings, poor concentration, cognitive impairment, anxiety, and irritability. (AICATA, op. cit.) Of these, the neuropsychiatric side effects are often the most distressing and, consequently, anti-depressant medication is routinely prescribed.

Animal studies have shown ribavirin to lead to birth defects and patients are advised to maintain rigorous contraceptive practices. Ribavirin is also associated with anaemia as well as adverse gastrointestinal and dermatologic effects. (AICATA, op. cit.)

Due to the extremes of malaise, fatigue and depression experienced by HCV patients on interferon/ribavirin treatment, it is very common for patients to reduce their dosage and/or frequency of medication beyond that which is recommended for successful outcomes. "There is sufficient documentation in peer-reviewed clinical trials that staying on at least 80 percent of the interferon and ribavirin dose, at least 80 percent of the time, is crucial to sustained viral response." (Cohen, August, 2004)

Chinese Medicine Treatment of HCV

Chinese Medicine (CM) does not have a standardised treatment for HCV. Rather, as is the case for all conditions and diseases treated with CM, patients are treated according to their individual presentation of signs and symptoms. Furthermore, individual patients will present with varying symptoms as the disease progresses through different stages. CM is cognisant of these changes and will adjust treatment protocols accordingly.

CM treatment modalities include Chinese Herbal Medicine, Acupuncture and Moxibustion, with appropriate dietary and lifestyle modification being a significant supportive factor which should not be overlooked. In all cases treatment is aimed at the specific pattern presented by the individual patient.

In her article titled “Hepatitis C Virus: The Silent Epidemic, Part Two, Misha R. Cohen describes ten different patterns of disharmony which may appear in HCV patients, all of which are associated with disharmonies of the Liver and Spleen subsequent to Toxic Heat invasion (viral infection).

Typical treatment protocols would be directed to the following patterns:

Acute Stage
- Damp Heat or Damp Cold in the Liver or Spleen

Chronic Stage
- Deficiency of Liver or Spleen Qi
- Deficiency of Liver Yin
- Stagnation of Blood or Qi

End Stage (liver cirrhosis or cancer)
- Blood Deficiency
- Blood Stagnation
**CASE PRESENTATION**

**History**

David was diagnosed with HCV in late 1994 after tests revealed poor liver function. In David’s case the specific type of HCV was Type 3a, Grade 1, Stage 2. He was put into a interferon trial in the late 1990’s conducted through the Royal Brisbane Hospital. This trial compared the use of ordinary interferon with pegylated interferon (PEG). David responded positively during the trial, but relapsed at its cessation.

In Canberra in late 2001 David was put on another interferon trial, this time with daily doses of ribavirin. By February 2002 he was still testing positively to Hepatitis C RNA and was finding the course of treatment very hard going. He was put on an anti-depressant, Paroxetine, as well as Imovane for insomnia.

Further tests in March and May failed to detect HCV, however these results come with the warning that negative results do not necessarily exclude the presence of the virus, which may still be present in extremely low levels. By July the test was again positive.

**Blood Tests**

Blood tests for liver function conducted from May to July revealed the following data:

<table>
<thead>
<tr>
<th>Date</th>
<th>02-05-02</th>
<th>15-05-02</th>
<th>05-06-02</th>
<th>10-07-02</th>
<th>29-07-02</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bilirubin (total)</td>
<td>11</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>ALT</td>
<td>45</td>
<td>29</td>
<td>34</td>
<td>86</td>
<td>179</td>
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<td>ALKP</td>
<td>59</td>
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</tr>
<tr>
<td>GGT</td>
<td>33</td>
<td>27</td>
<td>27</td>
<td>25</td>
<td>30</td>
</tr>
<tr>
<td>Albumin</td>
<td>41</td>
<td>38</td>
<td>43</td>
<td>42</td>
<td>42</td>
</tr>
</tbody>
</table>

All of the above factors are measured to test for some level of liver damage and/or inflammation when they are significantly beyond the normal range. Note that all of the factors are normal and stable with the exception of alanine amino transferase (ALT) which showed a marked increase beyond the normal range during the month of July. Increased ALT levels are associated with hepatocellular damage, consistent with a significant re-emergence of HCV infection.

**Signs and Symptoms**

In September 2002 David presented for acupuncture treatment. His primary concern in seeking alternative treatment was a depressive mind state with severe mood swings and panic attacks. He was also suffering from intense musculer pain in his back and neck, headaches, tiredness, nausea, mild hypertension and chronic insomnia.

Clinical examination revealed a very moist tongue, a cold abdomen and a very full, slippery pulse, particularly at the Spleen and Stomach positions. Although the general pulse was full, the pulse at the Liver position was noticeably deficient.

Questioning revealed a high proportion of cold and raw food in his diet as well as a habit of several cups of coffee per day.

**Diagnosis**

There were two primary pathological pathways involved here, summarised as Cold Damp in the Spleen and Deficiency of Liver Yin. The original viral infection is described by CM as an invasion of Toxic Heat. This has directly affected the Liver resulting in a deficiency of Liver Yin (mental restlessness and insomnia) along with a hyperactivity of Liver Yang (headaches and mild hypertension). The Qi of the Liver has been depleted by the Toxic Heat (tiredness).

The Spleen has also been affected by the Toxic Heat, depleting Spleen Qi and thereby disrupting the Spleen’s ability to transform fluids, with an overall internal generation of Cold, Damp and Phlegm (moist tongue, full and slippery pulse, nausea). This was further aggravated by invasion with Exogenous Cold (raw food).

A third significant (but not primary) pattern was Phlegm and Cold disrupting the Shen in the Heart (depression).
**Treatment**

David received weekly acupuncture treatment from late September 2002 for ten months. By July 2003 treatments were reduced to monthly intervals. Throughout 2004 David continued to receive occasional treatments as a matter of routine health maintenance.

The principles of acupuncture treatment were to warm the Spleen, disperse Damp and tonify Liver. Points such as Shuifen (Ren 9), Zhongguan (Ren 12), Zhangmen (Liver 13), Zusanli (St 36), Sanyinjiao (Sp 6) and Yinlingquan (Sp 9) were used with needle head moxibustion to warm the Spleen and disperse Damp. Ququan (Liv 8) and Yingu (Kid 10) were gently needled to tonify Liver. Chong Mai treatments were used to expel pathogenic Cold and Damp. Shu points of the Kidney, Spleen and Liver were needled and/or warmed to support the above principles.

Two Chinese patent herbal formulas were used to complement the acupuncture treatments: Li Zhong Wan (to supplement and warm the Stomach and Spleen and to dispel Cold) and An Shen Ding Zhi Wan (to transform Phlegm, supplement Yin and calm the Shen).

The main lifestyle modifications that were recommended was to reduce the intake of cold and raw food and to eliminate coffee.

**Results**

David reported a distinct increase in well being after the very first treatment. After five treatments he reported feeling hugely improved overall, with hardly any mood swings and much improved sleeping patterns. This improvement continued to solidify over the months. He was able to cope with high work stresses without anxiety and the full slippery quality of his pulse gradually reduced.

David ceased his anti-depressant medication in May 2003 and completed interferon treatment in early 2004. Every blood test since has recorded a “not detected” response to the virus. By August his doctor said it was highly likely the virus was clear of his system.

**CONCLUSIONS**

The case described above highlights the beneficial effect of incorporating Chinese Medicine procedures into a concurrent Western Medicine treatment plan. The patient showed classic symptoms of anxiety/depression, which can safely be attributed to the interferon medication (the patient had no prior history of anxiety/depression). The use of anti-depressant medication in this case was clearly ineffective in achieving its stated purpose, yet with the very first session of acupuncture a distinct improvement in mental/emotional well-being was evident, with the patient continuing to improve thereafter.

To what extent the CM treatment directly contributed to the elimination of the virus can only be speculated. It is the opinion of the author that acupuncture alone is capable of rejuvenating a damaged liver. A pilot study conducted among people co-infected with HIV and hepatitis at the Quan Yin Healing Arts Center in 1995 indicated that acupuncture alone may have an effect in lowering and normalizing liver enzyme levels. “Body acupuncture and auriculotherapy are highly effective for treating side-effects associated with interferon and ribavirin.” (Cohen, August, 2004)

It may well be the case that acupuncture will generally be highly effective in relieving the symptoms of HCV and the side effects of its WM treatment, whereas Chinese Herbal Medicine and/or interferon may be required to eliminate the virus. One Chinese Herbal Medicine study of 33 hepatitis patients, treated with different formulas according to presentation of constitution and symptoms, claimed a successful cure rate of 60.6%. (Author unknown, Chinese Journal of Integrated Traditional and Western Medicine for Liver Diseases, 1994)

Wu Boping, a former teacher at the China Academy of Traditional Chinese Medicine in Beijing and considered an authority on Liver disease, offers a more cautious opinion: “How effective is TCM for treating Hepatitis C? I will tell you the outcome: you will lower the elevation in enzymes, lower the viral load and cause definite improvement of the various symptoms especially fatigue, insomnia and depression. You will delay the onset of cirrhosis and cancer. But we cannot offer a complete cure.” (Fratkin, 2002, p. 24) It should be noted that Wu Boping was talking about a classical herbal medicine approach without concurrent Western Medicine treatment.
Other researchers in the complementary medicine field are having excellent success using a combination of traditional Chinese herbs and a variety of modern nutrients. In their clinic at San Anselmo, California, USA, Joseph Odom and Steven Finkbine have over thirty documented cases of treatment of HCV and claim a 70% success rate (documented normal liver enzyme rates and decreased viral loads) including dramatic turnaround in several patients with late stage liver disease. (Odom & Finkbine, op. cit.)

No researchers known to this author have indicated any conflict between the concurrent use of WM and CM, with the notable exception of the contraindication of the use of the Chinese herb Chai Hu (Bupleurum) with patients on interferon (this contraindication is clearly spelled out in standard Chinese Herbal Medicine texts).

At her clinic in San Francisco, USA, Misha Cohen specialises in a treatment protocol for assisting with interferon/ribavirin therapy in HCV patients. She claims good success with alleviating interferon side-effects and improving bone marrow suppression related to both the Pegasys and Peg-Intron brands of pegylated interferon therapies. She states “One goal of Chinese traditional medicine and complementary and alternative medicine (CAM) during interferon therapy is to help people continue with close to full-dose therapy of Western medications, and not have to discontinue during therapy due to side-effects.” (Cohen, August, 2004)

A 50% success rate using western medication alone is clearly not an acceptable outcome for a disease that is potentially more threatening to society than HIV/AIDS. It is certainly a big improvement on the treatment protocols of the early 1990’s when interferon was used alone and success rates were down to 15% - 20%, but potentially 5.5 million people in the USA alone being chronically infected and capable of passing on a potentially fatal disease is a major threat to our social fabric.

It would appear that HCV patients are far more likely to achieve superior treatment outcomes by combining interferon/ribavirin medication with concurrent traditional Chinese Medicine protocols. Further research is required.
References

[Journal references shown below without page numbers have been sourced from web sites]

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