

Chapter 1 : Famous People with Hepatitis C - I Help C

*A Book of Love for those with Hepatitis C 1a [Sheryl Ann Hedrick] on blog.quintoapp.com *FREE* shipping on qualifying offers. Heal naturally from Hepatitis C and learn of an old medicine man's herbal recipe.*

Taxonomy[edit] The hepatitis C virus belongs to the genus *Hepacivirus*, a member of the family *Flaviviridae*. Until recently it was considered to be the only member of this genus. However a member of this genus has been discovered in dogs: E2 is globular and seems to protrude 6 nm out from the envelope membrane according to electron microscope images. The hypervariable region 1 HVR1 can be found on the E2 glycoprotein. It prevents CD81 from latching onto its respective receptor on the virus. The genome consists of a single open reading frame that is nucleotide bases long. This is why on publicly available databases, such as the European Bioinformatic Institute, the viral proteome only consists of 2 proteins. The large pre-protein is later cleaved by cellular and viral proteases into the 10 smaller proteins that allow viral replication within the host cell, or assemble into the mature viral particles. Please help improve this article by adding citations to reliable sources. Unsourced material may be challenged and removed. May Learn how and when to remove this template message

The proteins of this virus are arranged along the genome in the following order: The mature nonstructural proteins NS2 to NS5B generation relies on the activity of viral proteinases. The remaining cleavages downstream from this site are catalysed by a serine proteinase also contained within the N-terminal region of NS3. The core protein has amino acids and can be divided into three domains on the basis of hydrophobicity: Both envelope proteins E1 and E2 are highly glycosylated and important in cell entry. E1 serves as the fusogenic subunit and E2 acts as the receptor binding protein. E1 has 4â€”5 N-linked glycans and E2 has 11 N-glycosylation sites. The p7 protein is dispensable for viral genome replication but plays a critical role in virus morphogenesis. This protein is a 63 amino acid membrane spanning protein which locates itself in the endoplasmic reticulum. NS2 protein is a 21â€”23 kiloDalton kDa transmembrane protein with protease activity. It is located within the endoplasmic reticulum and forms a heterodimeric complex with NS4Aâ€”a 54 amino acid membrane protein that acts as a cofactor of the proteinase. NS4B is a small 27 kDa hydrophobic integral membrane protein with 4 transmembrane domains. It is located within the endoplasmic reticulum and plays an important role for recruitment of other viral proteins. It induces morphological changes to the endoplasmic reticulum forming a structure termed the membranous web. NS5A is a hydrophilic phosphoprotein which plays an important role in viral replication, modulation of cell signaling pathways and the interferon response. It is known to bind to endoplasmic reticulum anchored human VAP proteins. The encircled active site, unique to NS5B, is contained within the palm structure of the protein. De-novo adds necessary primers for initiation of RNA replication. It appears to be antigenic but its function is unknown.

Replication[edit] Replication of HCV involves several steps. The virus replicates mainly in the hepatocytes of the liver, where it is estimated that daily each infected cell produces approximately fifty virions virus particles with a calculated total of one trillion virions generated. The virus may also replicate in peripheral blood mononuclear cells, potentially accounting for the high levels of immunological disorders found in chronically infected HCV patients. In the liver, the HCV particles are brought into the sinusoids by blood flow. These sinusoids neighbor hepatocyte cells. The mutation rate produces so many variants of the virus it is considered a quasispecies rather than a conventional virus species. It could surround itself with lipoproteins, partially covering up E1 and E2. Recent research indicates that these apolipoproteins interact with scavenger receptor B1 SR-B1. SR-B1 is able to remove lipids from the lipoproteins around the virus to better allow for HVR1 contact. Claudin 1, which is a tight-junction protein, and CD81 link to create a complex, priming them for later HCV infection processes. This triggers the migration of occludin, which is another tight-junction complex, to the basolateral membrane. The HCV particle is ready to enter the cell. This process is aided by clathrin proteins. Once inside an early endosome, the endosome and the viral envelope fuse and the RNA is allowed into the cytoplasm. The polyprotein is then proteolytically processed by viral and cellular proteases to produce three structural virion-associated and seven nonstructural NS proteins. The NS proteins then recruit the viral genome into an RNA replication complex, which is associated with rearranged cytoplasmic

membranes. The negative strand RNA then serves as a template for the production of new positive strand viral genomes. Nascent genomes can then be translated, further replicated or packaged within new virus particles. The virus replicates on intracellular lipid membranes. These structures can be induced by sole expression of the viral protein NS4B. The only limitation to this hypothesis is that the pathway is normally used for cellular budding, and it is not known how HCV would commandeer the ESCRT pathway for use with the endoplasmic reticulum. Clinical importance[edit] Parts of this article those related to direct-acting antiviral medications need to be updated. Please update this article to reflect recent events or newly available information. January Genotype is clinically important in determining potential response to interferon -based therapy and the required duration of such therapy. Genotypes 1 and 4 are less responsive to interferon -based treatment than are the other genotypes 2, 3, 5 and 6. In most of these cases, one of the strains removes the other from the host in a short time. This finding opens the door to replacing strains non-responsive to medication with others easier to treat. Common setting for transmission of HCV is also intra-hospital nosocomial transmission, when practices of hygiene and sterilization are not correctly followed in the clinic. All of the extant genotypes appear to have evolved from genotype 1 subtype 1b. A study of genotype 6 strains suggests an earlier date of evolution: This genotype may be the ancestor of the other genotypes. The time of divergence of types 1a and 1b was estimated to be 1000 years. Both types appear to have spread from the developed world to the developing world. The genotype 2 strains from Africa can be divided into four clades that correlate with their country of origin: Once introduced to a country its spread has been influenced by many local factors including blood transfusions, vaccination programmes, intravenous drug use and treatment regimes. Given the reduction in the rate of spread once screening for Hepatitis C in blood products was implemented in the s it would seem that at least in recent times blood transfusion has been an important method of spreading for this virus. Additional work is required to determine the dates of evolution of the various genotypes and the timing of their spread across the globe.

Chapter 2 : Dating and Hepatitis C - I Help C

If looking for a book A Book of Love for those with Hepatitis C 1a [Paperback] [] (Author) Sheryl Ann Hedrick in pdf format, then you've come to correct site.

I do not know what order they come in for you, but most of the time dating is first. It is never easy for a single person to get back out there. Your dreams of having a lifetime love may have been shattered by a broken relationship. Dating and Hepatitis C may not seem to go together in your mind. Your priorities revolve around your health care needs. You may be planning on treatment and wonder how that will affect your personal life. The side effects may have left you looking like something from a horror film. I felt like the Bride of Dracula except my hair did not look as good as hers. Suffice to say, there is a lot to think about. You may have found this blog because you are dating someone with Hepatitis C and need information. It takes a lot of love to date someone with HCV. But if you stand by them, you will find out that they can be the most loyal partner, friend and lover you will ever have whether they are undetectable or not. They know how to look on the bright side of life even when they are in pain. There is probably nothing you can ever go through that they will not stand beside you and offer strength and hope. That is because they have had to dig deep within themselves to find their own personal strength. Never be afraid to love someone with Hepatitis C. They have looked death in the eye and then shoved it out of their way. They have a life to live. You can consider yourself blessed if you are invited to share it with them. Can you date during Hepatitis C Treatment? That all depends on how sick you are. I looked fairly good after a blood transfusion and had a little color in my cheeks. If you are stage 4 cirrhosis like me, you may not have the energy. I worked part time and slept the rest of the time at first. My roomie had a steady boyfriend and spent a lot of time with him. I had withdrawn from everyone, including my children. I really thought that death was coming quickly. But as a divorced woman, I was lonely. I considered trying to get treated. I would meet someone occasionally for coffee. I was a drag though. I had my pill holder and my motivational books and journals in my purse. What a nerdy date. I did not know how or when to tell someone that I had Hepatitis C. You have to keep your radar up. There are certain stereotypes that fit when you are dating with Hepatitis C. Maybe you can check your next date up against personalities that I ran across. These traits can apply to men or women. The Hypochondriac – Oddly enough, some people are attracted to sick people. They want to take care of you. I dated this one guy a few times and he had my transplant planned and paid for. Come to find out, he was a bit of a hypochondriac and was looking for someone to burrow down and watch television with. Gosh, he thought we should have matching pill containers. That was NOT cute. So I found a Healthy Guy. We met outside the gym. This guy ate healthy, worked out, and looked great. But it consumed his life. He talked down about people who were sick, like it was their fault. If you find yourself feeling like less of a person because you have a virus when you are with a date, get out of that fast! I never told him about my Hepatitis C Virus until several months later when he called out of the blue. If you cannot tell a potential boyfriend or girlfriend the truth? Watch out for Clingy People. This is tricky, because it can appear sweet at first. One guy loved it that I appeared fragile. He really wanted to take care of someone! Come to find out, he wanted to control my life. He was attractive, but his attitude was controlling. He questioned me about my choice of doctors He wanted to meet my kids after 1 date. We went on one dinner date and he had 3 glasses of wine. My friends thought he was amazing. They were sure that because of his holistic lifestyle, he would be the one for this self-proclaimed nutritional ninja. We messaged a few times and it became apparent that he believed all doctors were trying to poison our bodies. I had enough to worry about trying to get on Interferon and Ribavirin. I was so close to dying that I had written out my funeral service directions. With an eye on the new protease inhibitors, I was marching straight toward getting rid of the Hepatitis C Virus. I wanted SVR so that my poor liver would get a break from all the inflammation. I believed that even a potentially harmful drug could save my life. The Religious Freak – This guy bombed me with scripture like he was my Messiah. I have one, thank you. The Bible is my favorite book historically, philosophically, and spiritually. I am all about mercy and love. If your God motivates you through fear, then I do not know your God. Mine is all about love. Do not judge me. I can feel it in my bones when you do. I will love you if you are

judgmental. I just do not want to spend my life or even an evening with you. This makes it look like I was a serial dater. I met a few guys for coffee and had 3 dinner dates. I refused most dinner dates because all that was on my mind was eating low sodium. I had lost so much weight that I looked anorexic. My roomie and I spent most of our time alone on her boat or crocheting pot holders and sock hats. We played Wii when I had the energy and worked giant crossword puzzles. We had the best pedicures in town. But she had a boyfriend. I was the 3rd wheel. Dating guys from church, or other social venues made me uncomfortable. I needed those places to remain safe after diagnosis. I am good just being with me. Some of the personalities described above may seem to fit the description of someone you are dating. Please do not cross someone off of your list based on that alone. These were the extreme sides to those individuals. You know how to use your head when choosing who to spend time with. Your own inner voice will guide you when you are quiet enough to listen. It is not always easy with dating and Hepatitis C. My story has a happy ending. I know that yours will too. My hope is that you will take care of yourself first.

Chapter 3 : Hepatitis C virus - Wikipedia

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Tx for geno 1 is 48 weeks. Taking Interferon and Ribivarin is like setting off a bug bomb inside your body every day for a year. However, to do alternatives, you would need to be able to take charge of your own health. That means, diet and supplements, exercise, water and thinking good thoughts. Did I miss anything? Eat from the garden, lots of green leafies, all types of vegetables, in as raw and fresh a state as possible. Fresh is best, then frozen, then dried. Canned food is dead and if we are what we eat, canned food kills us. Fresh fruits, then frozen. Juice is too sweet for the liver, so eat the whole fruit. Blenders are great for making smoothies. Spirulina and chlorella can really help you to feel top notch. For a great informational source, go to [http:](http://) Eat smaller amounts of whole grains, raw nuts and seeds. Sprouted grains are really good and easier to digest. Eat even smaller amounts of fish and eggs. Try to eliminate chicken, poultry, pork, red meat and dairy products such as milk, butter and cheese. Definitely eliminate any processed meats, such as ham, pepperoni, bologna, hot dogs, lunch meats of all kinds. Eliminate table salt, white sugar, brown sugar, refined foods, packaged foods, junk foods, tobacco, alcohol and drugs. Have lots of sex. If you can do these things, you may be able to go the natural route. If not, try Tx. There are also a lot of supplements, herbs and vitamins, that support the liver, detoxify the liver, protect the liver, interrupt the viral cycle and help build the immune system so it can fight the virus. What ever you choose to do or not to do I wish you the best and either way we are here for you. My husband over 6 yrs. Myself, over 4 yrs. GO into treatment with a positive attitude and it ups your chance of clearing. Positivity is the key! I have been clear of the virus since week 12 and am hoping to keep it that way. Do your research and talk to your doctors. Get as much information before you decide whether to treat or not. You have time to think and gather information to make a decision that is right for you. I wish you the best. Let me know how you are doing. Do yourself a favor, take the steps your doctor recommends and let them help you decide if treatment is right for you. Treatment can be tough but look at MacKenzie I am geno type 1A too. I finished 48 wks of treatment in April 08 and my viral load went from 6 million to undetectable. Side effects are different for everyone. I had a tough time, but I managed to work all throughout treatment, except for a 3 month leave of absence after my 1st month on treatment. I went back after my body got adjusted to the interferon and ribavirin. I have a desk job and that made it easier than someone who does physical labor. Treatment was rough, but doable and just think I want to live and see my daughter get married and have kids of her own someday. Plus the fact that I am only 41 yrs old. I got a lot of good yrs ahead of me, and I gave my liver a much needed rest. Now I pray the hep doesn't come back. The decision of course is yours and yours alone. Good luck with whatever your choice may be: If you start tx, drink tons of water; it flushes out the bad stuff, and helps keep your body in top operating condition so to speak during a very stressful time. If you choose tx, or NOT, and want to talk type, feel free to call on me! Give me a shout if I can help. Myself, I would go for the tx to see if I was a responder They will usually know if you are by week 12, then you will know if your chances are good or not. I had it for 29 years It was an accident they found it. Anyway, good luck and walk circumspectly through the posts Stay positive and keep positive people around you, you will do well.

Chapter 4 : Hepatitis C: Frequently Asked Questions - blog.quintoapp.com

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The type of hepatitis C determines the long-term outlook. Many people live with the hepatitis C virus (HCV) without even knowing they have it. Hepatitis C, caused by HCV, damages the liver. About 15 to 25 percent of people with the virus clear it without treatment. This is called acute HCV and is rarely associated with life-threatening conditions. The other 75 to 85 percent of people will develop chronic HCV infection. Chronic hepatitis C is long-term and can lead to permanent liver scarring (cirrhosis) or liver cancer. Anywhere from 5 to 20 percent of the people who develop chronic hepatitis will develop cirrhosis within 20 years. Chronic HCV usually has no symptoms. People with chronic HCV may not even know they have it. But once symptoms appear, it means that damage to the liver has already begun. The outlook and life expectancy for people with chronic HCV depends on how much of their liver is damaged. It also depends on how well a person responds to treatment. Read on to learn about the latest treatments and outlook for hepatitis C. Treatment of chronic HCV is often treatable. It usually involves taking a combination of medications until the virus clears from your body. These drugs work to keep the virus from multiplying and eventually kill off the virus. Drug regimens for hepatitis C are always changing and getting better. Talk to your doctor about the latest treatments to see if they might work for you. After treatment, your doctor will make sure the virus is gone. Being clear of the virus, also called sustained virologic response (SVR), means that it will likely not come back. But you can still get reinfected. In the United States, older drug regimens included interferon injection and Ribavirin, an oral medication. Now, newer oral medications called direct-acting antivirals (DAAs) may be more effective and better tolerated. The percentage of patients clearing the virus to undetectable levels can range from 60 to 95 percent, depending on the DAA used, viral count, severity of liver damage prior to treatment. DAAs may also shorten treatment time to between 8 and 12 weeks, depending on the medication used. Genotype Treatment success for chronic hepatitis C also depends on the genotype of the virus. Genotypes are variations of the virus that have evolved over the years. Some genotypes may be more difficult to treat than others. Currently, in the United States the most common genotypes are types 1A and 1B, which account for about 70 percent of all cases of hepatitis C. This may be because many people born between and unknowingly have HCV. Studies show that baby boomers are five times more likely than other groups to have been exposed to hepatitis C. This is most likely due to receiving blood, blood products, or transplants prior to universal screening procedures. And since people with HCV might not show symptoms, they may unknowingly transmit the virus to others. Today, the most common risk factor for hepatitis C in the United States is injection drug use. Since an HCV infection can show no symptoms, the number of new cases is likely higher than reported, according to the CDC. Cirrhosis and liver cancer cause about 1 to 5 percent of HCV-related deaths, as treatment options are limited for these conditions. It normally takes 20 to 30 years for people with chronic hepatitis C to develop cirrhosis. About 5 to 20 percent of people with chronic HCV will develop cirrhosis. Without treatment, cirrhosis can lead to liver cancer and liver failure. Treating cirrhosis and liver cancer typically requires a liver transplant. A transplant can cure both cancer and liver function impairment. But a transplant is only available for a small number of people. Research shows that interferon therapy for people with chronic HCV may improve the outlook for those who have developed liver cancer. Hope is on the horizon. In June, the U.S. Food and Drug Administration approved the combination medication Epclusa (sofosbuvir and velpatasvir). This is the first drug approved to treat all six genotypes of hepatitis C. Treatment options and new drug regimens for hepatitis C are rapidly evolving. The virus is unique because it has at least six distinct forms and 50 subtypes. But researchers are working on a vaccine that has promising results. In phase I of the safety trial, 15 healthy volunteers showed high T-cell immune response. T cells are important to naturally clearing the virus. **Takeaway** The outlook for HCV depends on the type of virus. In many cases, people may not know they have acute HCV, which in about 15 to 30 percent of cases clears on its own. Drug therapies for chronic HCV can

clear the virus and newer therapies are frequently improving the success rates of these treatments. Learn more about recent advances for hepatitis C medication. Untreated chronic HCV can lead to cirrhosis and liver cancer. About 1 to 5 percent of chronic HCV cases with cirrhosis or liver cancer lead to death. At advanced stages of cirrhosis, a doctor may recommend a liver transplant and medication. Overall, the outlook improves with early diagnosis.

Chapter 5 : geno type 1A | DailyStrength

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Receive the latest news on hepatitis treatments, clinical trials, social issues and important breakthroughs. Email address We value your privacy. We will not rent your email to anyone. Many patients find his story, and the information he has gathered since his diagnosis, to be extremely helpful. His is a message of hope. Tell us about yourself, your history with Hep C. I call myself a Hepatitis C survivor because as long as I am breathing I am surviving this enigmatic and potentially deadly disease. I believe that anyone who is reading this interview should start referring to themselves the same way. Calling yourself a survivor is truthful and it is hopeful. Like many chronic Hepatitis C patients, I found out about my liver disease by surprise. In I applied for an increase in my life insurance plan. My wife Joanna and I had just had our daughter and more life insurance seemed like a good idea. Needless to say, I was shocked when our agent came to our door and told me I had been denied due to health reasons based on my blood test. I felt like I had been kicked in the gut by a karate expert. Suddenly, my mortality was right there in my face. It was NOT a good feeling. I had always been so healthy. When I discovered the problem was elevated liver enzymes I began a quest to find out why. The doctor I chose recommended by my insurance agent turned out to be over his head with my problem. At our first meeting he kept asking me if I was experiencing night sweats. Finally, after about the fourth time he asked about this, I inquired why he wanted to know. I vividly remember him taking blood and sending me for a chest x-ray and telling me he would not have results until the following week. This, again, was a Friday in fact I recall it was a Memorial Day weekend. The prospect of waiting at least four days for results was unnerving to the max. This was definitely not my favorite holiday weekend in memory. Anyway, after much fumbling and bumbling and numerous follow up appointments and tests it was determined I had chronic non-A, non-B hepatitis yes, I was diagnosed in the pre-C days. The only time in my life I had active hepatitis was around the age of 20, several weeks after giving blood. The blood drive was conducted in the basement of our county center and I imagine they may have been a bit careless with regard to optimum sterility. This was prior to many of the precautions that are taken today. At the time of that diagnosis it was just assumed I had infectious Hepatitis A and my family and friends all needed to get gamma globulin shots. Right from the time of discovery of my elevated liver enzymes from the insurance physical I began treating myself holistically. I researched all the literature I could find regarding liver disease and natural healing. I combed the library and once it became available I dove into the internet. I have been a licensed healthcare professional in New York state for over 25 years. In addition, I am the president of Natural Wellness. IHS provides home study, graduate level continuing education programs for holistic health professionals. In these varied capacities I am an educator, a healthcare professional and a business person. As host of a public access cable program, aptly named Natural Wellness. This includes holistic MDs, herbalists, aromatherapists, chiropractors, clinical nutritionists, practitioners of TCM traditional Chinese medicine and so on. I have been in the holistic health field for quite some time, as stated above, and actually met my wife Joanna in a health food store in We have two children, Michael, born in and Lia, born in As for me, I am a corporate dropout. Sales and marketing is my background. My last incarnation in the world of big business was as the director of sales training for the largest newspaper company in North America 1 billion dollars in annual revenues. I was making relatively big bucks but the traveling was keeping me from my young family plus, helping people through the healing arts spoke more to my deepest self. Finally, corporate life was just not worth the tradeoff anymore. I left there six years ago. It was then Joanna and I decided to start a natural health and distance learning education business from home. The business outgrew our home in three years and continues to expand but we still work close to home. We often have the children in the office after school either helping out or doing homework or just playing on the computers. Interestingly, I had been diagnosed with chronic hepatitis many years before and really yearned to be closer to my family and other things that really matter in my life. Since my diagnosis I

have consulted with naturopaths, homeopaths, clinical nutritionists, holistic M. One of the first products I began taking regularly was milk thistle extract because so much was written about it with regard to its centuries long successful use around the world for liver ailments and every holistic practitioner I spoke with recommended it without reservation. There was no other herb that had as impressive a reputation as milk thistle for liver support and protection. Give us the story of how you have become personally involved in getting a clinically proven natural liver protector to others with liver conditions. As a lifetime learner and avid reader I am always seeking out new information related to those subjects that interest me. In the February issue of the International Journal of Integrative Medicine there was an article about milk thistle written by a Naturopathic physician to learn more about Naturopaths go to www. Most of the article was a rehash of information I was already aware of, but in one paragraph the author mentioned a clinical study on a superior form of milk thistle that was shown to be dramatically more absorbable. She pointed out that one of the only shortcomings of regular standardized milk thistle extract was its extremely poor absorption. By combining the extract with phosphatidylcholine PC the researchers had achieved 8 to 10 times more absorption. At first, in my naive mind I thought all I had to do was take my milk thistle along with lecithin which contains high levels of PC and I would enjoy this valuable benefit of more milk thistle getting to my liver. Researching further I discovered that the process was much more sophisticated than that. The researchers had actually bound one molecule from the milk thistle extract to two molecules of PC on a molecular level. The resulting compound was called Silybin Phytosome. The end result was more like a medicine and less like a supplement. I think of it as a super-charged delivery system. Your body soaks up PC like a sponge soaks up water. The milk thistle extract gets to go along for the ride through your bloodstream to where it does the most good, your liver. What impressed me the most were the published clinical studies I discovered that had been done showing the dramatic superiority of this product over any other form of milk thistle. There are very few nutritional supplements that have this kind of scientific validation to back up their claims of safety and effectiveness. With still more research I found that Silybin Phytosome. At the same time I kept looking for more information and came upon the clinical studies that had been done with the product. One study done with hepatitis patients showed the median helpful dosage was mg taken three times per day. The bottle of E. The recommendation on the bottle called for one to two capsules per day. This was nowhere near what the study recommended. To attain the study dosage I had to take six capsules per day which meant one bottle would last ten days. That would be three bottles per month. I knew that this price put the product out of the range of many people who could most benefit from it. It was then I started to research the possibility of Natural Wellness. Remember, I got into the health care field because I had a strong desire to help people live healthier lives to the best of my ability. I saw this as another way to help others. Our education business already had a mail fulfillment department in place for shipping our home study programs and I had some knowledgeable associates in the supplement business. We decided that going direct to consumers through the internet was the most cost effective method and would best allow us to offer the lowest price possible. This was a dramatic savings and convinced us we were right to move forward. In order to contain costs, our first iteration of the LiverSupport. The major highlight of the site is the clinical study synopses section. Some of the studies are even hotlinked to the National Library of Medicine so people can see that they are medically recognized. The site went live in August and we have helped thousands of people get the best milk thistle product at the best possible price ever since. Incidentally, we recently redesigned the website to be more user friendly and one of my favorite features is on the home page where there are news items regarding hepatitis that are automatically updated on a daily basis. Plus, we have added more clinically proven products and a book *Healing Hepatitis Naturally* published by Freedom Press which discusses clinically proven liver remedies including Silybin Phytosome. The book, incidentally, mentions LiverSupport. We are very proud of this recognition. How do you think this product has helped you and your condition? My genotype is 1a. The last time it was checked my viral load was over 3 million. Because I have been taking care of this condition naturally since first discovering my liver was ailing, I have been fortunate not to suffer any of the symptoms so many others have. I have not had a biopsy because the results would not change what I am doing to care for my liver. Current medical therapy is too much of a long shot for me.

Chapter 6 : A Survivor's Story | Hepatitis Central

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I am treating her for chronic infection with the hepatitis C virus HCV which she has been carrying in her body for over 60 years. The good news is that her health has improved greatly and she has lost 33 pounds 15 kilograms in weight. Anna was born in Yugoslavia and became a refugee of the Second World War. In her early childhood, she spent 18 months on a train between Russia and Yugoslavia. She spent a long time in dirty and crowded refugee camps during the war and eventually settled in Germany. Anna remembers feeling unwell during her time on the train and in the camps. This is probably where she contracted the HCV, although in those days this virus had not yet been identified. Married in Germany, Anna and her husband then immigrated to Australia in where they acquired a small farm in the south western area of Sydney. In , Anna was diagnosed with the HCV and cirrhosis of her liver after years of having elevated liver enzymes. She had not had any surgery or blood transfusions whereby she could have contracted the HCV. It was obvious that she had contracted the HCV during her childhood when she lived in filthy crowded camps. She may have had vaccinations using contaminated needles or had childhood injuries contaminated with blood. The HCV can only be contracted via blood and is only very rarely contracted via sexual activity. When I first saw Anna she had all the typical signs of cirrhosis – elevated liver enzymes, low levels of platelets in her blood and her ultrasound showed that her liver had a coarse texture typical of cirrhosis scarring of the liver however her liver was a normal size. Her spleen was slightly enlarged, which is typical in cirrhosis. Anna had been suffering with the HCV for many years and, unbeknownst to her, this virus had been causing chronic inflammation in her liver leading to scarring. She had seen a liver specialist who had advised Anna to take Interferon and Ribavirin chemotherapy to try and clear her body from the HCV. However, because Anna felt reasonably well and was not young, she decided not to take these drugs. I told Anna that this was reasonable – she had the strain of HCV known as genotype 1A which did not respond well to the drugs and we would try nutritional medicine instead. Anna had several problems – Cirrhosis and raised liver enzymes showing liver inflammation Obesity and this is known to make liver inflammation from the HCV much worse A weakened immune system from a recent spider bite and facial infection Varicose veins and damaged deep veins in her right leg from a previous deep vein thrombosis I started Anna on a low carbohydrate eating plan eliminating all grains and sugar. I prescribed a liver tonic containing Milk Thistle, B vitamins, amino acids and antioxidants and an extra selenium supplement. I also prescribed the enzyme Serrapeptase to help her varicose veins as she was no longer taking anti-coagulant drugs. Over a two year period Anna lost the excess weight and her symptoms of fatigue and bloating reduced. Fortunate to live on a farm where she and her husband produced their own organic fruits and vegetables, poultry and eggs, Anna also had a considerable knowledge of herbal medicine. She grew therapeutic herbs such as thyme, hypericum, chives and many others and made herself herbal brews and oils, which she used regularly. Anna also had a wonderful spiritual and intuitive connection with God and taught scripture at the local church where she was much loved by hundreds of children. It was always a delight to see her as she was such a happy woman and had an aura of love and light and she was always so grateful to be helped. Her liver function was good, with normal blood levels of albumin and globulins, which are proteins manufactured by the liver. This augured well for Anna as her disease was very stable. Even better, her liver enzymes had all reduced significantly indicating less inflammation in the liver. Her liver ultrasounds were done every 6 months and showed no deterioration in the cirrhosis. I also ordered a blood test called AFP every 6 months, which is a tumor marker, that if elevated can indicate the growth of liver cancer. If Anna had remained overweight and continued to consume excess carbohydrates I am sure that her liver disease would not have improved to the extent that it has now. Even though the HCV will remain in her liver unless she tries the new drugs now available, I think she will continue to do well. However it is her choice and no matter what the patient decides, it is always important to harness the wonderful healing

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Chapter 7 : Hepatitis C “ an interesting case history “ Liver Doctor

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February 6, at It is really strict at first. You will have a little more wiggle room once you get rid of the cancer and virus. You can do this. YOU are in it to win it, right? February 7, at He drank 1 liver to death, received a transplant and drank THAT one away too. Pam Anderson was an advocate for the Liver Foundation for a little while about 12 yrs ago. Evel almost died because he actually passed on a liver to give it to a young man stating that he himself had lived a full life. He wanted the young father to have the chance to raise his family. Evel did get the next available liver. Sorry but I have a real problem when misinformation is plastered all over the web. February 10, at 7: There IS a lot of misinformation out there. I hope that you will read my blogs knowing that it is based on what I know and am able to research and what my doctors tell me. If it is a borderline topic, I state it up front and present both sides as clearly as possible. My whole state are big Micky Mantle fans and upon learning I had Hep C, I was told by my baseball loving friends that he had the virus. Maybe I should make a call and find out. His family all still lives here and his great nephew plays high school baseball nearby. Thanks for the heads up! I knew Pam had done some public work and hear she refused treatment. I did NOT know that Naomi had treatedâ€¦. You know, I watched a program about Evel before he died. When I was diagnosed and began searching for answers, I wanted the facts. Some of those facts were debatable based on who wrote them and what date it was written. My motive in blogging is not to be an expert, but a best friend sharing her experience. I will always be the first to point people to the experts. I appreciate you dropping by and commenting! I wonder if mine will? Thanks again from your sometimes inaccurate, but always honest friend, xoxo Karen: February 11, at Most all of it was wrong. People who are new to HCV are afraid enough, why make it worse by incorrect information? Newcomers to this virus are looking for answers that they can expect to be reliable. I learned to become my own medical advocate. I became a patient advocate as well. THEN research the treatments the doctors recommend. AND research their doctors! My second stop was a support group, run by and for other Hepatitis C patients. You can garner an awful lot of good information and support there. Keep in mind that nearly ALL treatment studies are run by the drug companies. They have a HUGE financial stake in getting their drugs approved. They tend to use the easiest to treat. While many treatments DO lower a viral load count, the Genotype is the thing to watch. Seldom, even today, do people with this genoytpe become undetected or stay that way. No test goes to a ZERO level. Yes I have done treatment “ 4 times in 4 years. I also know that I would have needed a transplant 10 yrs ago had I not done treatment. Interferon and even the new stuff will not reverse cirrhosis as it is permanent scarring. Not everyone needs or should do treatment. This is my opinion but why put something in your body that you think will help, only to find out it caused more damage than the HepC did? And then only IF it was a mitigating factor in your death. LeighAnn April 23, at 1: There is Harvoni approved the end of last year and a drug by Abbievie, Viekera, approved in January. Karen created this blog to help everyone, from being diagnosed with HCV to curing it, to liver cancer and treatment, to now a transplant. She helps with diet, side effects. Anything you can think of is here. There are many many pages. She is a very good writer and people are so appreciative that there is a place to come for information. Karen has done a lot of research to create this blog. She has helped so many people. Her IhelpC is all over, on Facebook and also on Twitter. She works and writes for a RN. She also works with other Hepatitis C Advocates, giving her time freely, in an attempt to help people and put the information in to words that everyone can understand. I hope you can find a good hepatologist and get treated. I wish you all the best in the future. I know how hard the interferon was I had to do it twice before I was cured. The word cured has been used for the last 3 years. I think, if you look around you will find that many many people are now cured of HCV. Research and Development has changed quite a bit since you last treated. Karen and I have been cured of Geno Type 1 for over 3 years. My best to you, good luck, Dee Louise Wicarius says:

Chapter 8 : NPR Choice page

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Food and Drug Administration earlier this month approved Harvoni , a once-daily tablet manufactured by Gilead Sciences. Harvoni is a combination medication that includes sofosbuvir Sovaldi , another Gilead breakthrough treatment approved late last year, and ledipasvir, which is also made by Gilead. Both medications have been proven to cure hepatitis C in a majority of people with genotype 1 hepatitis C within that time frame. But Sovaldi cannot be used alone, said Dr. Sovaldi was highly celebrated upon its approval last December for curing most people with genotype 1 with far fewer side effects than the use of ribavirin and interferon alone. However, it still had to be used with either those mainstays or another new drug called Olysio. Prior to Sovaldi and other recently approved drugs, interferon-ribavirin cure rates were about 50 percent or lower. Many patients complained that the side effects “ including nausea, diarrhea, itchy skin rashes, insomnia, and severe depression ” were worse than the disease itself. Harvoni is much less expensive than using Sovaldi with Olysio, Bernstein told Healthline. It is also about the same price as using Sovaldi with interferon and ribavirin. Yet he joined the chorus of gastroenterologists, hepatologists, and infectious disease doctors who have expressed dismay about patients being told they must try less expensive and less effective medications first. Injection drug users, people who snort drugs and share straws or rolled dollar bills, and men who have sex with men are at risk. However, the disease can also be spread in tattoo and piercing parlors that do not use proper sterilization techniques. The disease could also have been spread via blood transfusions, as it was not even identified until For all of the above risk factors, baby boomers have been designated as especially at risk. Centers for Disease Control and Prevention CDC has called for all people born between and to be tested for the virus. Hepatitis C can linger for decades before presenting symptoms such as jaundice and fatigue. If left untreated, it can cause cirrhosis, or scarring of the liver, and eventually death. A baby boomer, he tested positive more than 12 years ago after spotting yellow streaks in his eyes and experiencing chronic fatigue. Veterans in general have been identified as at higher risk than most people. Shutts underwent the standard pre-Sovaldi treatment, interferon and ribavirin, but found it unbearable and asked his doctor to stop after 14 months. Although treatment had reduced his viral load to , it has now rebounded to 7 million, he said. The disease caused him to lose his management position working for the Transportation Security Administration at the airport in Corpus Christi, Texas, Shutts said. Now he works in a parts warehouse for far less money. He said the work is menial and not satisfying, and he misses being a manager. He was denied access to Harvoni earlier this week but has filed an appeal. I deserve better than this. I want to be cured and start a fresh life. My family and myself deserve this. Written by David Heitz on October 26, related stories.