

WESTERN (ALLOPATHIC) MEDICINE

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SECTION

I

ALLOPATHIC HEPATITIS C TREATMENT OVERVIEW

Introduction

The majority of people in the United States receive most of their healthcare from medical doctors (MDs) or doctors of osteopathy (DOs). MDs practice “allopathic” medicine, the most common form of healthcare in the United States and the western world. Allopathic medicine is more commonly called western medicine. When selecting your own approach to maintaining health and treating disease, it is important to understand the basic concepts and philosophy that underlie the western medical approach to treating *hepatitis C*.

The Principles of Western Treatments for Hepatitis C

Three basic concepts guide the western medical approach to the treatment of hepatitis C.

- to understand and eliminate the cause of the disease (the virus)
- to treat the disease with medicines that have been shown to be effective against the virus in controlled, scientific studies and have been approved by the U.S. Food and Drug Administration (FDA)
- to improve the health and well-being of those with hepatitis C by relieving their *symptoms*, even if the virus is resistant to therapy

Understanding and Eliminating the Cause of Disease

Allopathic medicine is based on an understanding of the causes of disease and eliminating those causes. The hepatitis C virus (HCV) is understood to be the cause of *chronic hepatitis C* and the symptoms that result. Many studies have shown that eliminating HCV from the body prevents the disease from progressing further.¹⁻¹¹ Both short- and long-term improvements in liver health and quality of life are associated with having undetectable levels of HCV in the blood.^{1,12-16} An undetectable level of virus is also associated with decreasing the rate of progression to *liver failure* and/or *liver cancer*.¹⁵⁻²⁵

Hepatitis C can be cured. At least 95% of people in whom the virus has been eliminated continue to have undetectable virus, normal *liver function tests*, and improved health 5 to 15 years after treatment.²⁶⁻³⁰ The primary goal in attempting to improve the health and well-being of those with hepatitis C is elimination of the virus.

Treating Hepatitis C with Effective, FDA-Approved Medicines

Western physicians make decisions about which treatment will be most helpful to their hepatitis C patients based on controlled, scientific studies. This approach is known as evidence-based medicine. The studies used to gather evidence about what is and is not effective are called *clinical trials*.

In clinical trials, a new drug or treatment is compared to a *placebo* (an inactive pill or treatment) or to the best currently available therapy. These trials are conducted to avoid the possibility of misinterpreting a patient’s improvement as resulting from a particular treatment when it was actually due to the natural course of the disease, spontaneous improvement, or coincidence.

Most western doctors have had the experience of a new drug or therapy producing almost miraculous results in one person, only to find it to be a total disappointment in many other people. While it is possible that the treatment was the cause of the improvement in these cases, it is more likely that the improvement would have occurred without any therapy. The apparent benefit was a coincidence of timing, that is, the treatment was started just before the person was about to improve on his or her own. Even if the treatment did improve the health of one person, without scientific studies, we have no way to separate those people who might benefit from the treatment from the many others who will not benefit or may even be harmed by the treatment.

In western medicine, new treatments are tested in special studies called clinical trials to determine if there is scientific evidence showing treatment benefits for patients.

Regardless of who recommends them, we strongly advise our patients to be wary of therapies for which fantastic claims are made if there is no scientific evidence to support the claims. If such treatments were clinically effective, many healthcare providers would gladly recommend them. There is a saying in western medicine that states, "The degree of enthusiasm for a treatment is inversely proportional to the degree to which it has been studied." In other words, once new treatments have been studied in a controlled, scientific way, many initially exciting new approaches prove to be ineffective or no better than safer, less expensive therapies. American consumers are being told of such situations with increasing frequency by the national media.

The Placebo Effect

The *placebo* effect (so-called "mind over matter") is well documented. A person who strongly believes that a particular treatment will make him or her feel better often does feel better, even if an inactive placebo is used.^{31, 32} The placebo effect has many therapeutic implications. Researchers are actively exploring the complex relationships between the mind and the body in illness and healing (see *Chapter 13, Mind-Body Medicine and Spiritual Healing*). The strength of placebo effect is one of the fundamental reasons western doctors insist on specifically measurable results and carefully controlled trials when evaluating a new therapy. In these clinical trials, neither the participants nor their doctors know who is taking placebo and who is taking active drug. This is done to eliminate even unintentional bias on the part of the participants or the healthcare providers.

Natural Versus Manufactured Drugs

Western doctors consider any compound that is ingested to improve health or fight disease to be a drug. The distinction between so-called natural compounds and those that are manufactured is often an artificial one.

Many manufactured drugs are derived from natural sources by taking extracts from plants, living organisms, or other naturally occurring materials. Other manufactured drugs are exact copies of naturally occurring compounds. For example, the drug *alfa interferon*, the basis of all current western therapies for HCV, is a copy of the *alfa interferon* the human body manufactures to combat viruses. The flu-like side effects of *interferon-based therapy* are not surprising when you realize that the same symptoms occur when the body releases its own *interferons* to combat a viral infection.

Any manufactured drug can have uncomfortable, even sometimes dangerous, side effects. The same holds true for natural drugs. Western doctors consider it wise to regard anything we take into our bodies as potentially dangerous. They look for evidence-based proof not only that a drug is effective, but also that it has been adequately studied to be certain that it is not harmful. The FDA requires documentation of both safety and usefulness for each newly approved drug. However, the FDA does not evaluate or regulate natural additives, herbal therapies, or dietary supplements. Therefore, you must read the advertisements for such products carefully. The phrase, "meets all FDA guidelines" does not mean a substance is FDA approved. In fact, the FDA has no guidelines for the use of natural additives, herbal therapies, or dietary supplements. Do not be fooled by slick advertising, whether it is for an FDA approved treatment, an herbal remedy, or any other product.

Goals of Western Treatment for Hepatitis C

The goal of western treatment for people infected with HCV is to eliminate the virus so that:

- progression of the disease to *cirrhosis*, liver failure, and/or liver cancer (*hepatocellular carcinoma*) are prevented
- symptoms of hepatitis C infection are reduced or eliminated
- quality of life is preserved and/or improved.
- Defining Successful Western Therapy
- Defining “success” in the western treatment of chronic hepatitis C is an outgrowth of the goals stated above. Treatment is considered successful if:
 - ALT levels are below 30 IU/mL
 - HCV *viral load* is undetectable using the most sensitive *PCR* test
 - there is no progression of *inflammation* and/or *fibrosis* on *liver biopsy*

Approximately 50% to 60% of people treated with current western therapy (*pegylated interferon plus ribavirin*) achieve sustained hepatitis C *viral clearance*.^{9-11, 33, 34} While interferon-based therapy is not always successful in ridding the body of HCV, several studies have shown that these therapies can still benefit most patients by slowing disease progression, reducing the risk of liver cancer, and reducing liver cell *necrosis*, inflammation, and fibrosis.^{5, 26, 15-18, 35-38} Virtually none of the severe, life-threatening complications of hepatitis C occur until a person develops cirrhosis. Therefore, preventing progression to cirrhosis is critical, even if the virus cannot be eliminated.

Interferon has been shown to decrease the activation of *stellate cells* (the cells that produce fibrosis or scarring in the liver) in laboratory experiments^{39, 40} and in human studies.⁴¹ This effect occurs even when interferon fails to decrease the amount of circulating virus. Interferon also reduces liver cell necrosis and inflammation.

Summary

The two basic tenants of western medicine regarding the treatment of hepatitis C are:

- to determine the cause disease
- to eliminate that cause of disease

The goal of western medical doctors in treating people with hepatitis C is to eliminate the virus in order to stop disease progression, relieve the symptoms associated with the disease, prevent the spread of the infection outside the liver, and improve quality of life.

With recent advances in the treatment of chronic hepatitis C, many people are candidates for treatment. If you have elevated ALT levels, other conditions related to your HCV infection, a detectable viral load, and/or chronic inflammation on liver biopsy, you might be a candidate for therapy.

Hepatitis C is a curable disease. At least 95% of people in whom HCV has been eliminated using interferon-based therapy continue to have undetectable virus levels 5 to 15 years after the conclusion of treatment.

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