

From: "Alan Tillotson" <alant3@gmail.com>
Date: September 13, 2008 8:32:24 AM GMT-04:00
To: "Herbal Hall" <herbalhall@lists.ibiblio.org>
Subject: Re: [Herbalhall] Hepatitis C case
Reply-To: Herbal Hall <herbalhall@lists.ibiblio.org>

Hi Karen

I have been treating HCV for over 15 years, and gave a seminar on it to the AHG many years ago. I have also seen very good results, with three specific patients becoming HCV negative - an acupuncturist in Illinois, a gay guy in Rehobeth beach DE, and a jewish woman in north Wilmington DE - all three have no trace of HCV - it took about 4 years of treatment to achieve this.

Treating this requires some basic understanding - (A) 99% of HCV patients have suffered liver insults - and (B) one very large group is alcoholics - there is no know way that alcoholism can spread a blood borne virus, and (C) the virus is very very hard to grow in culture, so this call into question if the virus itself is a cause or a result of liver insult. I believe the latter because it explains A, B and C

Moreover, the viral load test is very unreliable and goes up and down at times almost randomly, so liver enzymes and symptoms and fibrosis scores are a better way to assess the situation than the HCV RNA PCR test.

Without too much detail, the purpose of treatment is to keep the liver inflammation down and stimulate protein synthesis in the liver, and with good diet and appropriate behavior allow the liver to heal. I have many cases where fibrosis scores have stabilized and many in which they have decreased by a point or two. I choose from a group of formulated powdered liver herbs (below) as the basis, then make adjustments based on signs and symptoms, along with large doses of silymarin. Note that capillaris is very important and underused, and that vasaca is used in Nepalese Ayurveda for chronic hepatitis (Kumbhakamala).

Alan

Agastaches herb (huo xiang / *A. rugosa*)

Bromelain enzyme (*Ananas comusus*)

Bupleurum root (chai hu / *B. chinensis*)

Capillaris herb (yin chen hao / *Artemisia capillaris*)

Cordyceps mushroom (dong chong xia cao / *C. sinensis*)

Eclipta (han lian cao / *E. prostrata*) -

Ganoderma mushroom (ling zhi / *G. lucidum*) -

Guduchi stem (*Tinospora cordifolia*) -

Licorice root (gan cao / *Glycyrrhiza glabra*) -

Persica seed (tao ren / *Prunus persica*)

Picrorhiza rhizome (Indian gentian / katuki / *Picrorhiza kurroa*) -

Red peony root (chi shao / *Peonia rubra*)

Salvia root (dan shen / *Salvia miltiorrhiza*)

Schisandra fruit (wu wei zi / *S. chinensis*) -

Scute root (huang qin / *Scutellaria baicalensis*)

Thlaspi herb (bai jiang cao / *Patrina villosa*)

Tien qi root (san qi / *Panax pseudoginseng*) -

Triphala (*Emblica officinalis*, *Terminalia belerica*, and *Terminalis chebula*)

Turmeric root (haridra / *Curcuma longa* / 50% curcumin)

Vasaka leaf (*Adhatoda vasica*)

White peony root (bai shao / *Paeonia lactiflora*)

On Sat, Sep 13, 2008 at 1:50 AM, <celtic@efn.org> wrote:

[Herbal Hall: The Professional Herbalists' Discussion List](#)

Karen,

The first case I sat in on when I did my clinical internship was a hep C case. I watched thyme herb (*thymus vulgaris*) tincture reduce the clients' viral loads in blood tests. I have repeated these results in clients of my

own over the years.

Anti-viral plants are well tolerated, but frequently go unused. This has always puzzled me.

I am thinking that for your client the thyme might become what my students call a 'twofer' in that it may also improve her emphysema or at least help protect her lungs from any opportunistic infections.

My standard formula for hep C is dandelion, milkthistle & thyme. I add other botanicals to this for the individual case and other conditions present, but keep the standard formula in high proportion.

Much luck,

Heather

Heather Nic an Fhleisdeir, Herbalist