Hepatitlerde Alternatif Tedaviler Etkili mi?

Doç Dr Aysel Kocagül Çelikbaş
Ankara Numune Eğitim ve Araştırma Hastanesi
ayselcelikbas@gmail.com

KLİMİK 2016
30. YIL KURULTAYI

U.S. Department of Health and Human Services | National Institutes of Health

National Center for Complementary and Integrative Health

NIH...Turning Discovery Into Health

Tamamlayıcı ve Bütünleyici

Search NCCIH

Información en Español

Health Info | Research | Grants & Funding | Training | News & Events | About NCCIH

Complementary, Alternative, or Integrative Health: What's In a Name?

Share:

On This Page

Languages

- English
- Spanish

Related Topics

Are You Considering a Complementary Health Approach?

Children and Complementary Health Approaches

Traditional Chinese Medicine: In Depth

6 Things To Know When Selecting a Complementary Health Practitioner

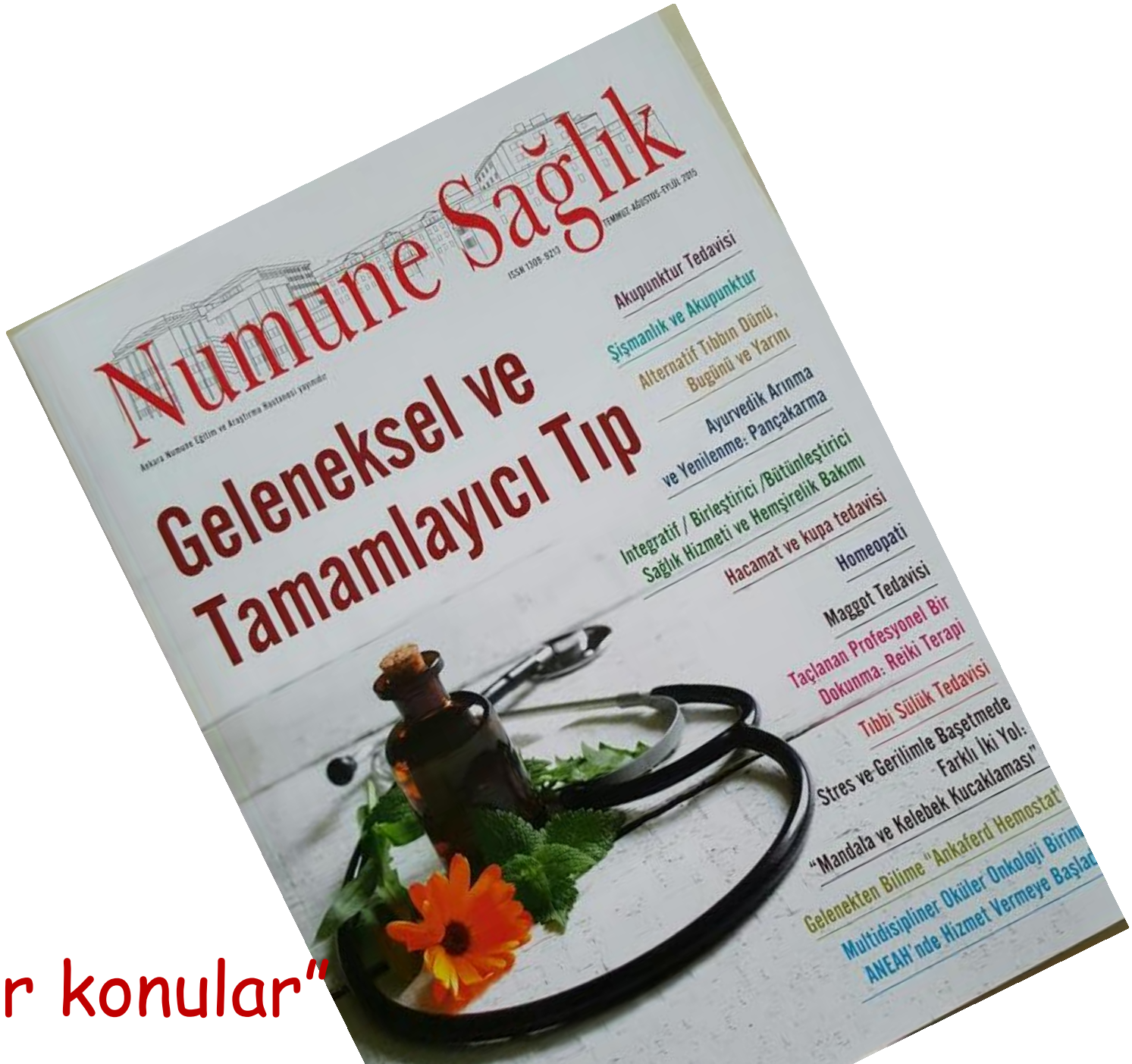
Statistics on Complementary and Integrative Health Approaches

Complementary Health Approaches on NIHSeniorHealth (NIA)

CAM Therapies Included in the 2007 NHIS

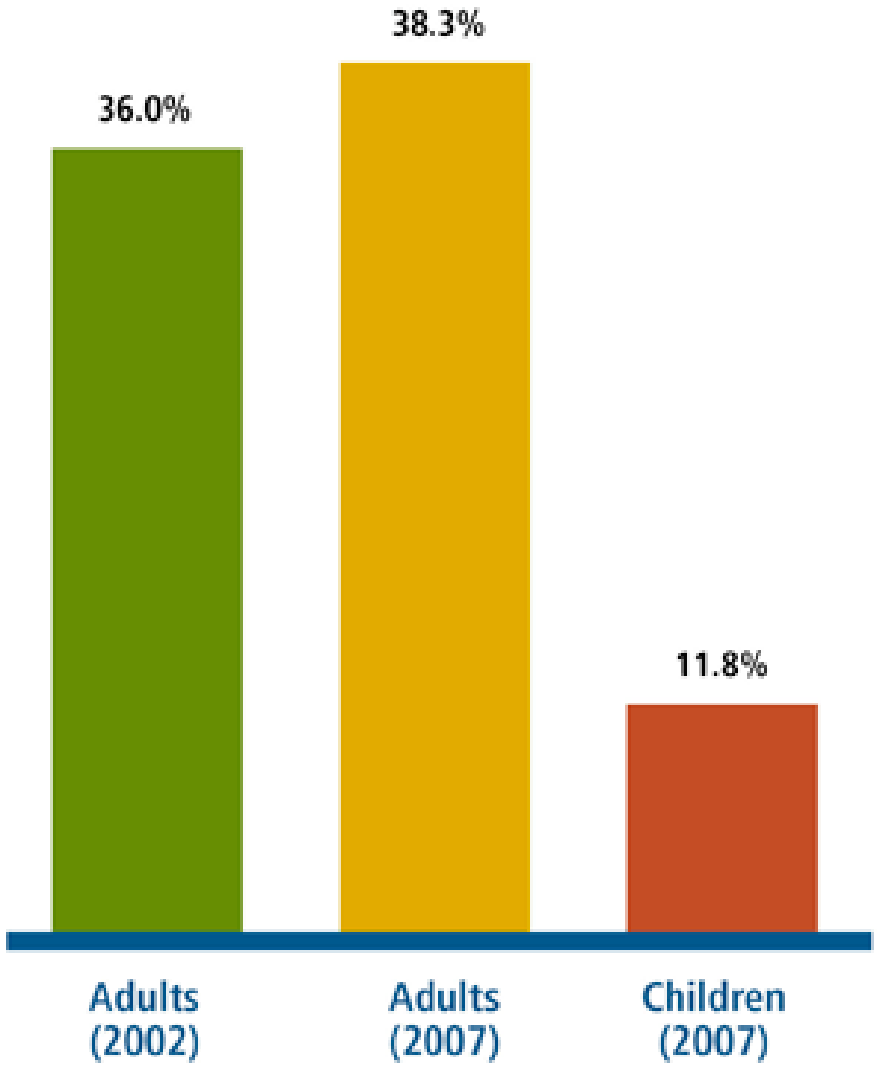
- Acupuncture*
- Ayurveda*
- Biofeedback*
- Chelation therapy*
- Chiropractic or osteopathic manipulation*
- Deep breathing exercises
- Diet-based therapies
  - Atkins diet
  - Macrobiotic diet
  - Ornish diet
  - Pritikin diet
  - South Beach diet
  - Vegetarian diet
  - Zone diet
- Energy healing therapy/Reiki*
- Guided imagery
- Homeopathic treatment
- Hypnosis*
- Massage*
- Meditation
- Movement therapies
  - Alexander technique
  - Feldenkrais
  - Pilates
  - Trager psychophysical integration
- Natural products (nonvitamin and nonmineral, such as herbs and other products from plants, enzymes, etc.)
- Naturopathy*
- Progressive relaxation
- Qi gong
- Tai chi
- Traditional healers*
  - Botanica
  - Curandero
  - Espiritista
  - Hierbero or Yerbera
  - Native American healer/Medicine man
  - Shaman
  - Sobador
- Yoga

An asterisk (*) indicates a practitioner-based therapy. For definitions of any of these therapies, see the full report (PDF) or contact the



"Popüler konular"

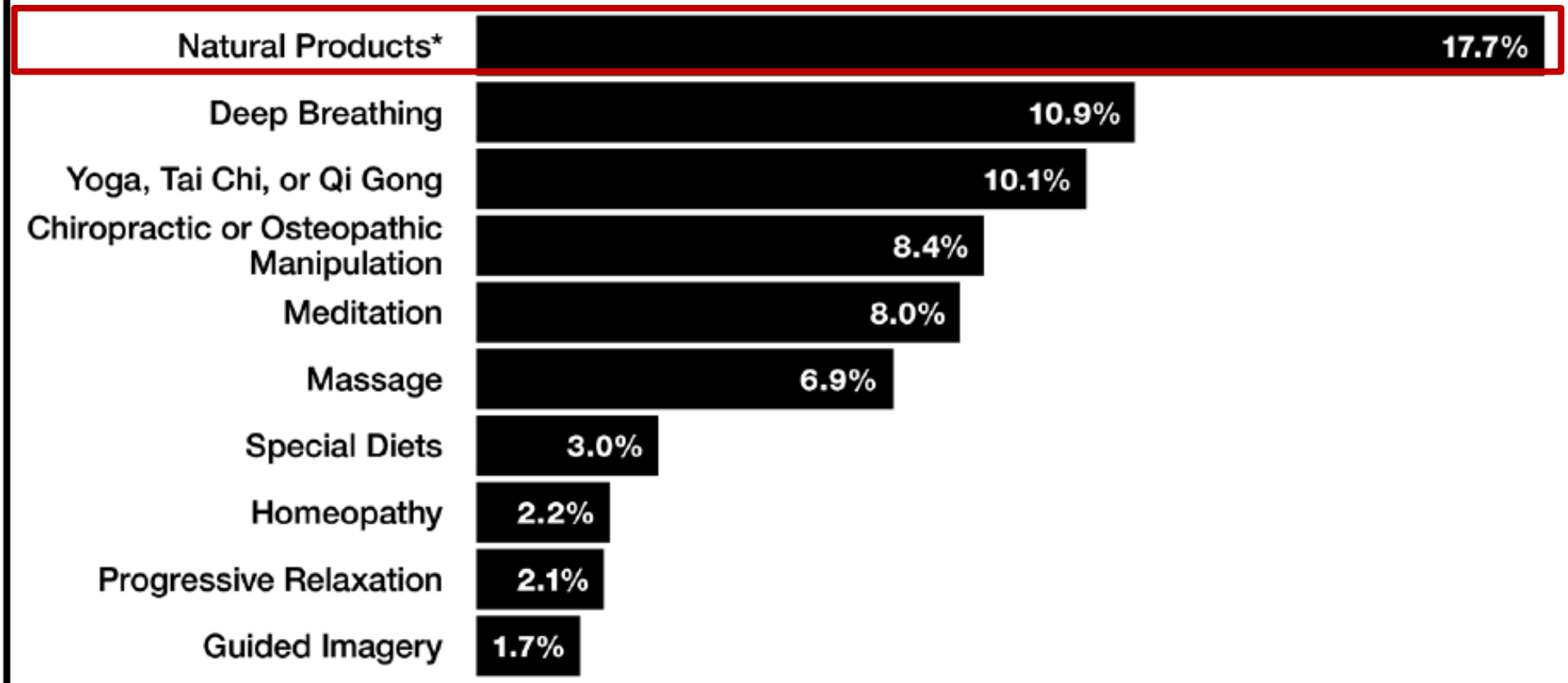
CAM Use by U.S. Adults and Children



Source: Barnes PM, Bloom B, Nahin R. *CDC National Health Statistics Report #12.* Complementary and Alternative Medicine Use Among Adults and Children: United States, 2007. December 2008.

10 most common complementary health approaches among adults—2012

En Sık Kullanılanlar

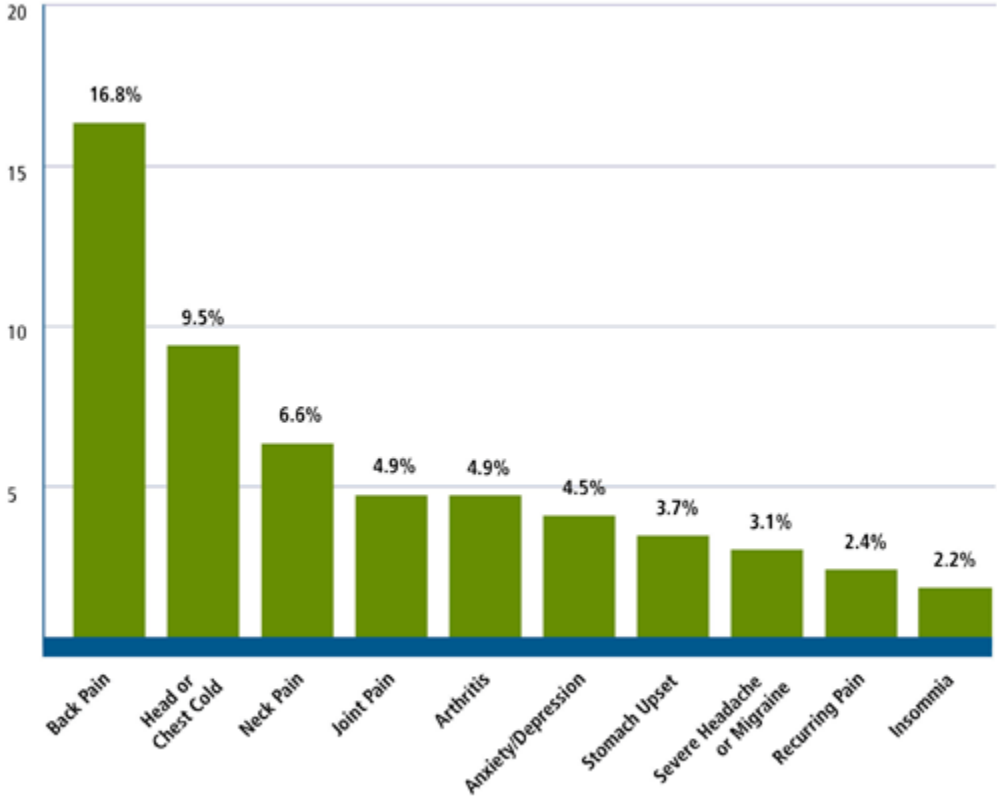


*Dietary supplements other than vitamins and minerals.

Source: Clarke TC, Black LI, Stussman BJ, Barnes PM, Nahin RL. Trends in the use of complementary health approaches among adults: United States, 2002-2012. National health statistics reports; no 79. Hyattsville, MD: National Center for Health Statistics. 2015.

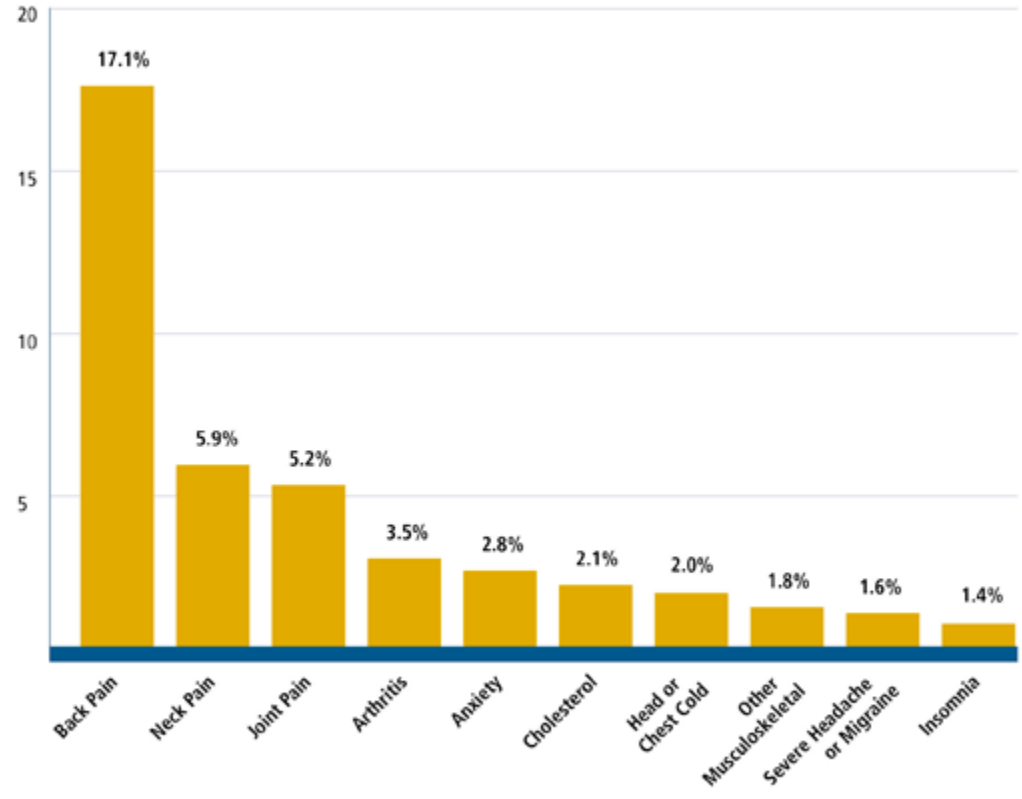
Peki Hangi Nedenlerle ?

Diseases/Conditions for Which CAM Is Most Frequently Used Among Adults - 2002



Source: Barnes P, Powell-Griner E, McFann K, Nahin R. *CDC Advance Data Report #343*. Complementary and Alternative Medicine Use Among Adults: United States, 2002. May 2004.

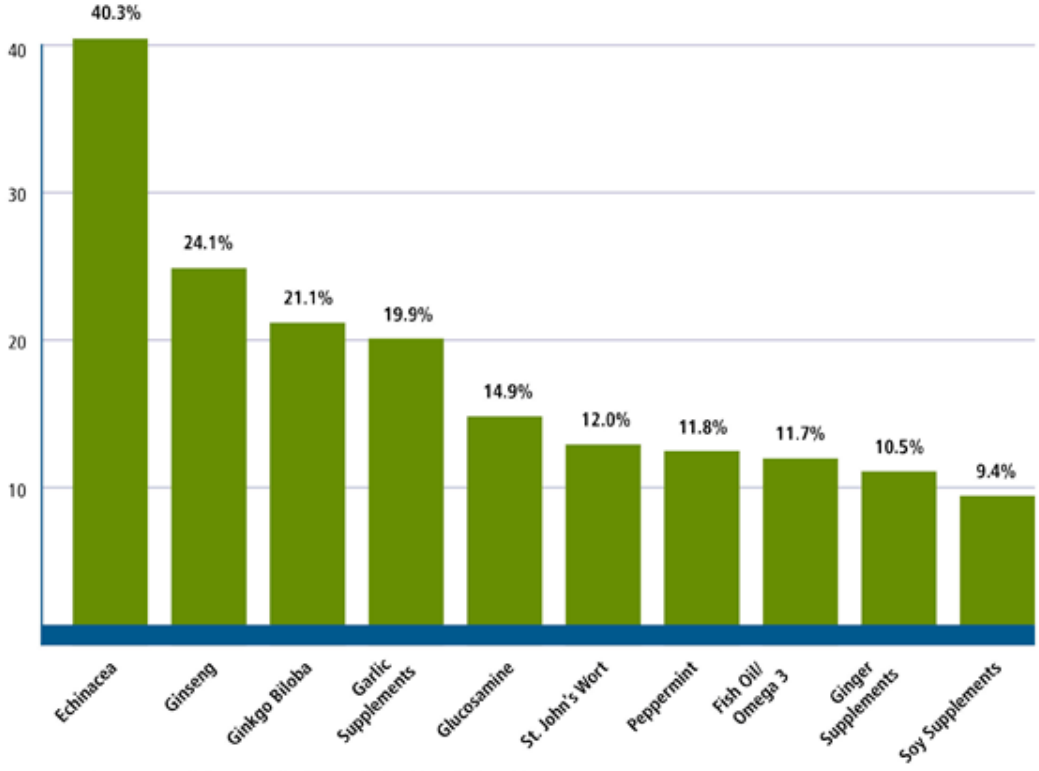
Diseases/Conditions for Which CAM Is Most Frequently Used Among Adults - 2007



Source: Barnes PM, Bloom B, Nahin R. *CDC National Health Statistics Report #12*. Complementary and Alternative Medicine Use Among Adults and Children: United States, 2007. December 2008.

En Çok Tercih Edilen Doğal Ürünler

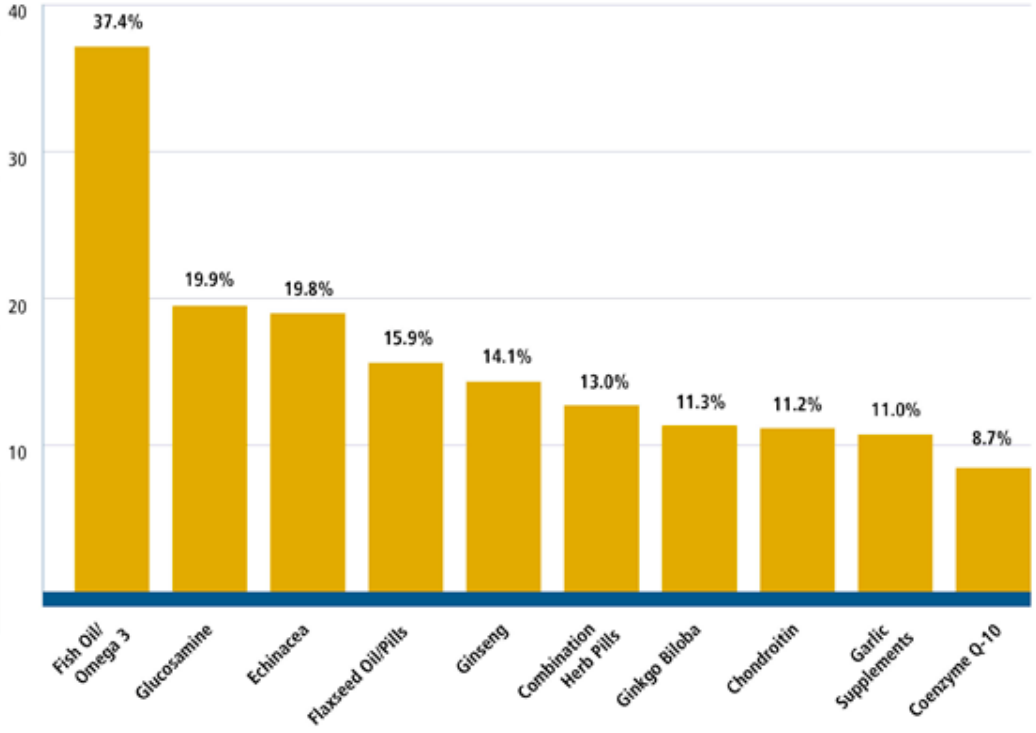
10 Most Common Natural Products Among Adults* - 2002



*Percentages among adults who used natural products in the last 12 months.

Source: Barnes P, Powell-Griner E, McFann K, Nahin R. *CDC Advance Data Report #343*. Complementary and Alternative Medicine Use Among Adults: United States, 2002. May 2004.

10 Most Common Natural Products Among Adults* - 2007



*Percentages among adults who used natural products in the last 30 days.

Source: Barnes PM, Bloom B, Nahin R. *CDC National Health Statistics Report #12*. Complementary and Alternative Medicine Use Among Adults and Children: United States, 2007. December 2008.

Ankara Üniversitesi Eczacılık Fakültesi

Anadolu Tıbbında Ocaklar ve İnanışlar

Prof.Dr. Sevgi Şar

Anadolu'da hastalıkların tedavisi amacıyla uygulama yapan hoca, şeyh, okuyucu-üfürükçü, ocaklı, izinli, orumçu gibi kişiler bulunmaktadır.

Halk hekimleri olarak tanınan "ocaklı"lar, belirli hastalıklarla uğraşırlar. Ocaklı, tedavi etme kudretini ailesinden alır. Bu yetki nesilden nesile devam eder; yetkiyi elde etmek için eğitime gerek yoktur. Ocaklı, orta Asya "şaman'ının bugüne ulaşmış şekli olarak değerlendirilmektedir. Anadolu'da her hastalığın bir ocağı bulunmaktadır: Dalak ocağı, sarılık ocağı, sıtma ocağı gibi. Ocaklıların büyük bir kısmı kadındır; kadın ocaklıların daha yetkin oldukları kabul edilir. Ocaklılar geçimlerini genellikle tedavi dışı yollardan sağlarlar.

Okunmuş ip bağlamak

Sarılık kesme

Karaciğeri yıkamak mümk

www.medikalakademi.com.tr/karacigeri-yikamak-muemkuen-mue-ste-karaciger-dostu-bitkilerle-tek-bilimsel-detoks-

Uygulamalar Önerilen Siteler

Ana Sayfa | Sosyal Platform | Kullanıcı adı | Parola | Beni Hatırla | Giriş | Kayıt Ol

KARACİĞERİ YIKAMAK MÜMKÜN MÜ? İŞTE BİTKİLERLE TEK BİLİMSEL DETOKS YÖNTEMİ

Beğen 230 | Tweetle | Paylaş : 45

Ağrılardan, Acılardan bıkmadınız mı?

KARACİĞERİN YIKANMASI (DETOKS) FORMÜLÜ

- *200 ml temiz su*
- *İçine 1 baş sarımsak ezmeden soyularak,*
- *İri bir parça taze zencefil ezmeden,*
- *4 yemek kaşığı sızma zeytinyağı,*
- *100 ml taze sıkılmış elma suyu,*
  karıştırılıp en az 12 saat bekletildikten sonra bu karışımdan 1 çay bardağı aç karına için,
- *Yarım saat sonra 100 mg karahindibadan çay hazırlanarak 1 çay bardağı içilecek*
- *Yarım saat sonra çeyrek çay kaşığı toz Arnavut biberi 1çay bardağı suyla karıştırıp için*
- *4 gün süreyle uygulayın.*

Beşinci gün

1 büyük bardak suya 3 yemek kaşığı saf süzme bal, çeyrek çay kaşığı karabiber ve bir

Sarımsak
Zencefil
Sızma zeytin yağı
Elma suyu
Karahindiba
Arnavut biberi….

TR 22:34 12.02.2016

İnternette farklı sayfalarda karaciğer iyi gelecek farklı otlarla Hazırlanmış farklı reçetelere rastlamak mümkün

Hepatit sarılık için bitkisel tedavi kürü ve hepatite iyi gelen bitkiler İbrahim Saraçoğlu, Ömer Coşkun

İbrahim Adnan Saraçoğlu kimdir

Bitkisel tedavileriyle dünya çapında tanınan, Türk kimya profesörü

24.04.2013 - 17:18

Haberler » Biyografi »

Tüm dünya genelinde olduğu gibi ülkemizde de son yıllarda öne çıkan "doğal ürünlerle sağlıklı yaşam" akımının en önemli isimlerinden biri olan İbrahim Adnan Saraçoğlu, bilimsel araştırmaları ile ABD ve Avrupa'da yayımlanan pek çok bilim dergisinde makaleleri yayımlanmış ve uluslararası bilim çevreleri tarafından yakından takip edilen araştırmalara imza atmıştır. Modern tıbbın kabul ettiği pek çok

Yazının yer aldığı kategori: Ekim 27, 2010 | Kullanıcı Yorumları 8

Hepatit sarılık için bitkisel tedavi kürü ve hepatite iyi gelen bitkiler İbrahim Saraçoğlu, Ömer Coşkun

Bitkisel tıbbın önde gelen duayyenlerinden gerek Dr. Ömer Coşkun gerekse Prof.Dr.İbrahim Saraçoğlu, sarılığa ve hepatit hastalığna iyi gelen bitkiler ve bitkisel çözümler öneriyorlar. Bu bitkisel tedavi yollarını sizlerle paylaşıyoruz. Sarılık yani hepatit veya diğer çeşitli türlerde karaciğer rahatsızlığı (karaciğer yağlanması gibi) şikayeti olanlar için Maydanoz Limon kürü gerçekten şifalı bir iyileştirici etki yapmaktadır.

HEPATİT SARILIK İÇİN MAYDONOZ LİMON KÜRÜ

maydanoz limon

Karaciğer yağlanması (Hepatosteatoz) için mükemmel bir yardımcı tedavi maydanoz-limon kürü uygulamasıdır.
Maydanoz-Limon kürünün uygulama şekli : Saplı olarak 15-16 adet taze maydanozu mutfak robotuna yada blendera eliniz ile biraz parçalayarak koyun ve üstüne yarım limon

27 Ekim 2014 PAZARTESİ Resmî Gazete Sayı : 29158

YÖNETMELİK

Sağlık Bakanlığından:

GELENEKSEL VE TAMAMLAYICI TIP UYGULAMALARI YÖNETMELİĞİ

BİRİNCİ BÖLÜM

Amaç, Kapsam, Dayanak ve Tanımlar

3) FİTOTERAPİ

a) Tanımı: Fitoterapi, geleneksel bitkisel tıbbi ürünler ve bitkisel ilaçlarla yapılan bir tıbbi tedavi yöntemidir.

Fitoterapi ürünlerinin ruhsat sürecinde, bilim komisyonunun uygun görüşü alınarak belirlenmiş endikasyonları dahilinde sertifikalı tabip önerisiyle uygulanabilir.

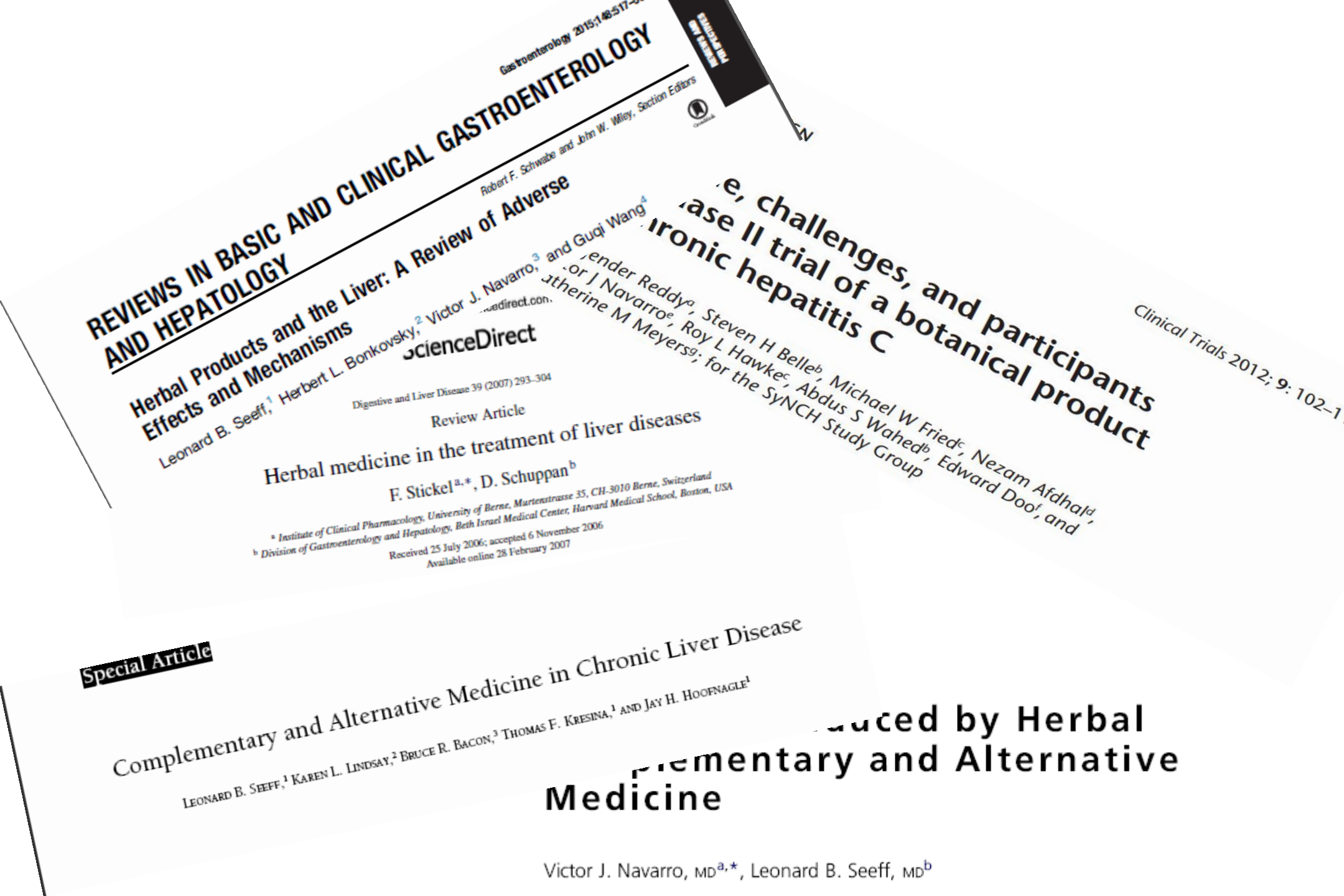
Fitoterapi uygulamasında kullanılacak tıbbi ürünler ve bitkisel ilaçların ruhsatlandırılması ve satışına ilişkin hususlar Türkiye İlaç ve Tıbbi Cihaz Kurumu tarafından düzenlenir.

b) Uygulamaya Yetkili Personel: Sertifika sahibi tabip ve diş tabibi

Aktar Dükkanları Lokman Hekimler


YASEMİN
YASEMİN
ÇİÇEK
200.00


NAT-EXT
VITIS VINIFERA
Ekstrakt
Siyah Üzüm Çekirdeği
Sıvı Ekstresi
Takviye Edici Gıda
100 ml e
Grape
Seeds
NAT-EXT
CURCUMA LONGA
Ekstrakt
Zerdeçal Sıvı Ekstresi
Takviye Edici Gıda
100 ml e
Turmeric



REVIEWS IN BASIC AND CLINICAL GASTROENTEROLOGY AND HEPATOLOGY

Gastroenterology 2015;148:517–5

Robert F. Schwabe and John W. Wiley, Section Editors

Herbal Products and the Liver: A Review of Adverse Effects and Mechanisms

Leonard B. Seeff,[1] Herbert L. Bonkovsky,[2] Victor J. Navarro,[3] and Guqi Wang[4]

...e, challenges, and participants
...ase II trial of a botanical product
...ronic hepatitis C

...ender Reddy[a], Steven H Belle[b], Michael W Fried[c], Nezam Afdhal[d],
...or J Navarro[e], Roy L Hawke[c], Abdus S Wahed[b], Edward Doo[f], and
...atherine M Meyers[g]; for the SyNCH Study Group

Clinical Trials 2012; 9: 102–1

ScienceDirect

Digestive and Liver Disease 39 (2007) 293–304

Review Article

Herbal medicine in the treatment of liver diseases

F. Stickel[a,*], D. Schuppan[b]

[a] Institute of Clinical Pharmacology, University of Berne, Murtenstrasse 35, CH-3010 Berne, Switzerland
[b] Division of Gastroenterology and Hepatology, Beth Israel Medical Center, Harvard Medical School, Boston, USA

Received 25 July 2006; accepted 6 November 2006
Available online 28 February 2007

Special Article

Complementary and Alternative Medicine in Chronic Liver Disease

LEONARD B. SEEFF,[1] KAREN L. LINDSAY,[2] BRUCE R. BACON,[3] THOMAS F. KRESINA,[1] AND JAY H. HOOFNAGLE[1]

...uced by Herbal
...lementary and Alternative
Medicine

Victor J. Navarro, MD[a,*], Leonard B. Seeff, MD[b]

AP&T Alimentary Pharmacology and Therapeutics

Review article: management of chronic hepatitis C in patients with contraindications to anti-viral therapy

V. Carreño

Fundación Estudio Hepatitis Virales, Madrid, Spain.

Correspondence to:
Dr V. Carreño, Fundación para el Estudio de las Hepatitis Virales, Guzmán el Bueno 72, 28015 Madrid, Spain.
E-mail: fehvhpa@fehv.org

Publication data
Submitted 17 July 2013
First decision 13 August 2013
Resubmitted 30 October 2013
Accepted 5 November 2013
EV Pub Online 26 November 2013

This commissioned review article was subject to full peer-review and the authors received an honorarium from Wiley, on behalf of AP&T.

SUMMARY

Background
There are patients with chronic hepatitis C who are not eligible for the current interferon-based therapies or refuse to be treated due to secondary effects.

Aim
To provide information on alternative treatments for the management of these patients.

Methods
A PubMed search was performed to identify relevant literature. Search terms included hepatitis C virus, anti-inflammatory treatment, antioxidant, natural products and alternative treatment, alone or in combination. Additional publications were identified using the references cited by primary and review articles.

Results
Several approaches, such as iron depletion (phlebotomy), treatment with ursodeoxycholic acid or glycyrrhizin, have anti-inflammatory and/or anti-

Table 1 | Summary of some studies on the effects of phlebotomy in chronic hepatitis C

Author (Ref.)	Number of patients	Phlebotomy	Results
Hayashi *et al.*[8]	10	200 or 400 mL weekly or monthly to reduce ferritin ≤10 ng/mL	Significant reduction in ALT; 50% of patients normalised ALT; disappearance of iron deposits from liver (79% of patients)
Kato *et al.*[13]	34	200 mL weekly to reduce ferritin ≤10 ng/mL and/or Hb = 11 g/dL. Additional phlebotomies if Hb >11 g/dL 6 years) and low-iron diet	Significant reduction in ALT; 65% of patients normalised ALT; significant improvements in liver necrosis, inflammation and fibrosis scores
Tanaka *et al.*[17]	19	200 or 400 mL biweekly for 6 months	Significant reduction in ALT, AST and alpha-fetoprotein levels
Kato *et al.*[18]	35	200 g weekly to reduce ferritin ≤10 ng/mL. Monthly phlebotomies (44–144 months) and low-iron diet	Significant reduction in ALT; 69% of patients normalised ALT; significant lower risk of HCC
Sartori *et al.*[19]	28	250 mL bimonthly or monthly to reduce ferritin ≤35 ng/mL. Phlebotomies every 1–3 months (minimum 2 years) to maintain ferritin at ≤70 ng/mL	Significant decrease in ALT, AST and gamma-GTP; 25% of patients normalised ALT; histological improvement in 43% of patients

ALT, alanine aminotransferase; AST, aspartate aminotransferase; gamma-GTP, gamma-glutamyl transpeptidase; HCC, hepatocellular carcinoma; Hb, haemoglobin.

- Amaç: interferon tedavisi alamayan hastalarda demir yükünü azaltarak karaciğer hasarını azaltmak
- Haftada bir veya ayda bir flebotomiler + düşük demir yüklü diyet ile, ferritin ve Hb düzeyini düşük tutmak demir yükünü azaltmak
- ALT normalliği sağlamış, viral yük değişmemiş, nekroz inflamasyon ve fibrozis azalmış

Bitkisel Tedaviler

World Journal of Gastroenterology

Online Submissions: http://www.wjgnet.com/esps/
bpgoffice@wjgnet.com
doi:10.3748/wjg.v20.i11.2941

World J Gastroenterol 2014 March 21; 20(11): 2941-2947
ISSN 1007-9327 (print) ISSN 2219-2840 (online)

TOPIC HIGHLIGHT

WJG 20th Anniversary Special Issues (2): Hepatitis C virus

Medicinal plants against hepatitis C virus

Usman A Ashfaq, Sobia Idrees

Table 1 Medicinal plant phytochemicals as anti- hepatitis C virus agents

Phytochemicals	Viral step	Effect
Diosgenin[43]	Replication	Inhibition of transcription factor 3 and signal transducer
Silymarin/silibinin[37,44,45]	Viral entry (viral attachment) Replication	Inhibition of core protein and NS5 RNA-dependent RNA polymerase
Iridoids[46,47]	Viral entry	Blockage of E2 and CD81 contact
Naringenin[48,49]	Viral assembly	Suppression of core protein activity
EGCG[50,51]	Viral entry	Disturbance in glycoprotein activity and Inhibition of cell-cell transmission
Quercetin[52,53]	Replication	Inhibition of IRES activity and NS3 polymerase
Ladanein[54]	Post attachment entry step	Inhibition of receptor interactions, virus endocytosis, or membrane fusion
Luteolin and apigenin[55]	Replication	Inhibition of NS5B polymerase activity

IRES: Internal ribosomal entry site. EGCG: Epigallocatechin gallate.

Meyan (licorice)

- Licorice root, licorice, liquorice, sweet root, gan zao (Chinese licorice)
- Latince adı : *Glycyrrhiza glabra, Glycyrrhiza uralensis* (Chinese licorice)
- Licorice: Türkiye, Yunanistan ve Asya'da yetişir. Bu yörelerde geleneksel olarak mide ülseri, bronşit, boğaz ağrısı, hepatit gibi viral hastalıkların tedavisinde kullanılır.
- Kapsül, tablet, süspansiyon ve IV formları üretilmiş

Journal of Gastroenterology and Hepatology (1999) **14**, 1093–1099

HEPATITIS C VIRAL INFECTION

Intravenous glycyrrhizin for the treatment of chronic hepatitis C: A double-blind, randomized, placebo-controlled phase I/II trial

TEKLA GJ VAN ROSSUM,* ARNOLD G VULTO,† WIM CJ HOP,‡ JOHANNES T BROUWER,*
HUBERT GM NIESTERS§ AND SOLKO W SCHALM*

- 57 olgu interferon yanıtsız
- 240
- 160
- 80
- Plasebo

  Haftada 3 gün 4 hafta süreyle IV
- Tedavinin 2. gününde her üç tedavi kolunda da serum ALT düzeyi %15 azalmış
- Tedavi sonunda ortalama ALT düşüşü %26, ALT normalizasyonu % 10
- ALT'ye etkisi tedavi sonunda kaybolmuş
- Tedavi süresince viral klirens görülmemiş

JOURNAL OF VIRAL HEPATITIS JVH

Journal of Viral Hepatitis, 2012, 19, 537–546 doi:10.1111/j.1365-2893.2011.015

Glycyrrhizin in patients who failed previous interferon alpha-based therapies: biochemical and histological effects after 52 weeks

Faz III çalışma İnterferon yanıtsız olgular,

Randomize, çift kör, Plasebo kontrollü

Grup 1 haftada 5 gün GL (200 mg) IV

Grup 2 haftada 3 gün GL (200 mg) IV + plasebo

Grup 3 haftada 3 gün plasebo IV

Plasebo kolu hariç, Açık etiketli 40 hafta

12 hafta Plasebo'dan üstün

52. Hafta
- ALT ler normal
- Olguların %45'inde nekroinflamasyonda gerileme

phase, and (2) the proportion of patients with improvement of necro-inflammation after 52 weeks as compared with baseline. The proportion of patients with ALT reduction

Keywords: ALT, chronic hepatitis C, fibros hepatocellular carcinoma, IFN non-res inflammation.

Ashfaq et al. Journal of Translational Medicine 2011, 9:112
http://www.translational-medicine.com/content/9/1/112

JOURNAL OF TRANSLATIONAL MEDICINE

RESEARCH Open Access

Glycyrrhizin as antiviral agent against Hepatitis C Virus

Usman A Ashfaq[1*], Muhammad S Masoud[1], Zafar Nawaz[2] and Sheikh Riazuddin[3]

Abstract

Background: Hepatitis C virus is a major cause of chronic liver diseases which can le damage, hepatocellular carcinoma and death. The presently available treatment with limited benefits due to adverse side effects such as anemia, depression, fatigue, and plants have been used for centuries against different diseases including viral diseases source of new compounds to treat bacterial and viral diseases.

Material: The present study was design to study the antiviral effect of Glycyrrhizin (G purpose, HCV infected liver cells were treated with GL at non toxic doses and HCV ti Quantitative real time RT-PCR.

Results and Discussion: Our results demonstrated that GL inhibit HCV titer in a dos resulted in 50% reduction of HCV at a concentration of 14 ± 2 μg. Comparative studi alpha to investigate synergistic effects, if any, between antiviral compound and interf showed that GL exhibited synergistic effect when combined with interferon. Moreov by transiently transfecting the liver cells with HCV 3a core plasmid. The results prove inhibit the expression of HCV 3a core gene both at mRNA and protein levels while t

Conclusion: Our results suggest that GL inhibit HCV full length viral particles and HC function in a dose dependent manner and had synergistic effect with interferon. In f will be better option to treat HCV infection.

- İnvitro
- HCV enfekte hepatosit
- 14 ± 2 μg konsantrasyonda GL ile HCV yükünde %50 azalma sağlamış
- İnterferonla birlikte uygulandığında sinerjistik etki

Background

Hepatitis C viru
ciated diseases a
the world's popu
are chronically

because of adverse side

GL gelecekte Hepatit C tedavisinde interferonla birlikte iyi bir tedavi seçeneği olabilir

Hepatology Research 2007; 37 (Suppl. 2): S287–S293 doi: 10.1111/j.1872-034X.2007.00199.x

Glycyrrhizin injection therapy prevents hepatocellular carcinogenesis in patients with interferon-resistant active chronic hepatitis C

Kenji Ikeda

Department of Hepatology, Toranomon Hospital, Tokyo, Japan

Retrospektif
ALT yüksek
346 olgu sirozsuz ve sirozlu
224 olgu IV GL kullanmış
102 olgu GL kullanmamış

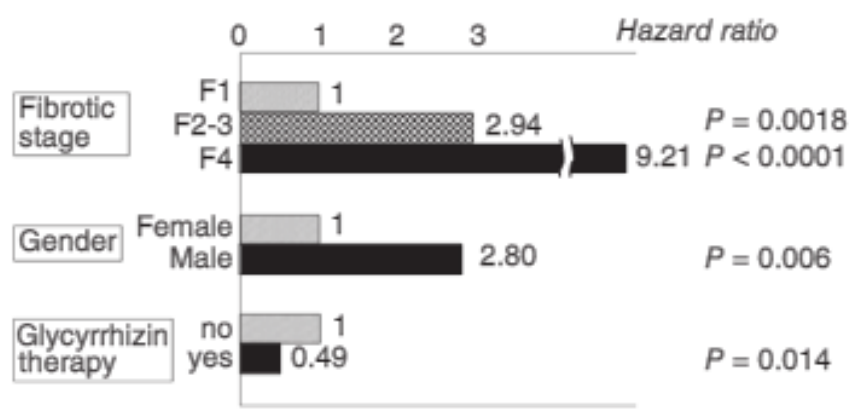


Figure 3 Independent risk factors affecting hepatocellular carcinogenesis (time-dependent Cox proportional hazard analysis).

	HCC % GL+	HCC % GL-
5. yıl sonuçları	13.3	26
10. yıl sonuçları	21.5	35.5

Meyan kökü

- Gıda takviyesi olarak 4-6 haftadan uzun kullanımının güvenli olup olmadığına dair veri bulunmamaktadır
- Fazla miktarda tüketilirse, glycyrrhizin nedeniyle **hipertansiyon, tuz ve su retansiyonu, hipopotasemi ve kardiak patolojilere** neden olabilir.
- Gebelikte preterm doğum eylemine neden olabilir.

Yeşil Çay (Green Tea)

(−)-Epigallocatechin-3-Gallate Is a New Inhibitor of Hepatitis C Virus Entry

Noémie Calland,[1] Anna Albecka,[1] Sandrine Belouzard,[1] Czeslaw Wychowski,[1] Gilles Duverlie,[2] Véronique Descamps,[2] Didier Hober,[3] Jean Dubuisson,[1] Yves Rouillé,[1] and Karin Séron[1]

HEPATOLOGY, Vol. 55, No. 3, 2012

Here, we identify (−)-epigallocatechin-3-gallate (EGCG) as a new inhibitor of hepatitis C virus (HCV) entry. EGCG is a flavonoid present in green tea extract belonging to the subclass of catechins, which has many properties. Particularly, EGCG possesses antiviral activity and impairs cellular lipid metabolism. Because of close links between HCV life cycle and lipid metabolism, we postulated that EGCG may interfere with HCV infection. We

- Epigallocatechin-3-gallate (EGCG) içerir
- HIV ,HCV, HSV ve İnfluenza' ya karşı **antiviral etkisi** mevcut
- Bu catechin genotipten bağımsız olarak **HCV'nin hepatosit içine girişini potent olarak inhibe eder**. Bu özellik HCV nedeniyle karaciğer transplantasyonu olan hastalarda yeni HCV enfeksiyonu gelişmesini önleyebilir

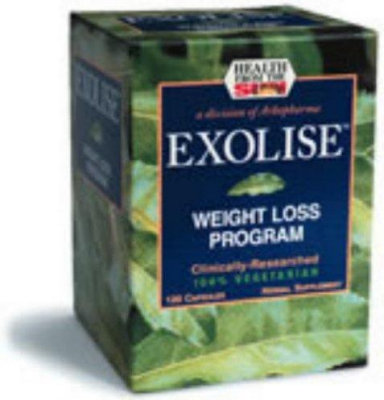
Yeşil Çay (Green Tea)

TOXICOLOGICAL SCIENCES **52 (Supplement),** 111–117 (1999)

Green Tea in Chemoprevention of Cancer

Hasan Mukhtar[1] and Nihal Ahmad

Kanser hücrelerinin çoğalmasını inhibe ederek (hedef gen ekspresonu ile ilişkili apopitozis arttırarak) hepatosellüler karsinom gelişmesini engelleyebilir



2003

Exolise isimli zayıflama ilacı

Yüksek doz EGCE içeriyor

13 karaciğer hasarı

World Journal of Gastroenterology

Online Submissions: http://www.wjgnet.com/esps/
wjg@wjgnet.com
doi:10.3748/wjg.v19.i31.5174

World J Gastroenterol 2013 August 21; 19(31): 5174-5177
ISSN 1007-9327 (print) ISSN 2219-2840 (online)

CASE REPORT

Green tea extract: A potential cause of acute liver failure

Shreena S Patel, Stacey Beer, Debra L Kearney, Garrett Phillips, Beth A Carter

Seddik M, Lucidarme D, Creusy C, Filoche B. [Is Exolise hepatotoxic?]. *Gastroenterol Clin Biol* 2001; **25**: 834-835

Eur J Clin Pharmacol (2009) 65:331–341
DOI 10.1007/s00228-008-0610-7

REVIEW ARTICLE

Hepatotoxicity from green tea: a review of the literature and two unpublished cases

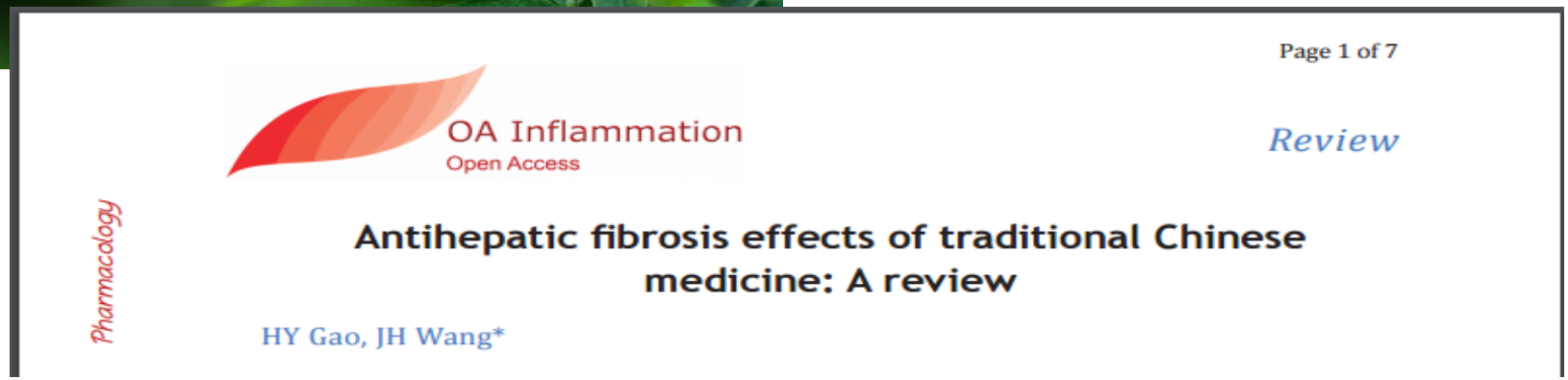
Gabriela Mazzanti · Francesca Menniti-Ippolito · Paola Angela Moro · Federica Cassetti · Roberto Raschetti · Carmela Santuccio · Sabina Mastrangelo

Epigallo-catechin gallate ve metabolitleri oksidatif stressi arttırarak hepatoksik etki oluşturabilir

CYP 450 sistemini etkileyip eş zamanlı ilaçlarla kullanıldığında toksisitesi artabilir

Oxymatrine (Sophora Flavescens)

- HCV' ye karşı güçlü antiviral etkinlik
- Hepatik fibrozisi azaltır
- Alkol toksisitesi ve hepatit B olgularında karaciğer koruyucu etkinlik



Page 1 of 7

OA Inflammation
Open Access

Review

Pharmacology

Antihepatic fibrosis effects of traditional Chinese medicine: A review

HY Gao, JH Wang*

OA Inflammation 2013 May 01;1(1):5. C

PO Box 2345, Beijing 100023, China
Fax: +86-10-85381893
E-mail: wjg@wjgnet.com www.wjgnet.com

World J Gastroenterol 2004;10(8):1176-1179
World Journal of Gastroenterology
 ISSN 1007-9327

• VIRAL HEPATITIS •

Inhibitory effect of oxymatrine on serum hepatitis B virus DNA in HBV transgenic mice

Lun-Gen Lu, Min-De Zeng, Yi-Min Mao, Jing-Yuan Fang, Yu-Lin Song, Zhao-H

İnvitro

- HBV replikasyonunu
- HBs Ag ekspresyonunu inhibe etmiş

The Journal of International Medical Research
2009; 37: 1411 – 1419

Inhibition of the Replication of Hepatitis B Virus *In Vitro* by Oxymatrine

M LIN, LY YANG, WY LI, YP PENG AND JK ZHENG

Central Laboratory, Chaozhou Central Hospital, Chaozhou, Guangdong Province, China

This study investigated the inhibitory capacity of oxymatrine on *in vitro* hepatitis B virus (HBV) replication. HepG2.2.15 cells were treated with oxymatrine 50, 100, 200, 400, 800 or 1000 mg/l, or with human interferon-α2b (IFN-α2b 1000 U/l) as a positive control. Levels of hepatitis B surface antigen (HBsAg), hepatitis B e antigen (HBeAg) and HBV-DNA in cell supernatants were determined by enzyme-linked immunosorbent assay and fluorescent quantitative-polymerase chain reaction, respectively. 3-(4,5-Dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT) assay, flow cytometric analysis and terminal deoxynucleotidyl transferase deoxyuridine triphosphate nick-end labelling were used to evaluate the cytotoxicity of oxymatrine. The inhibitory effects of oxymatrine gradually increased as the concentration increased from 200 to 1000 mg/l for HBsAg and HBeAg, and from 200 to 400 mg/l for HBV-DNA. There was no inhibitory effect of oxymatrine at concentrations < 200 mg/l. No significant difference was seen between human IFN-α2b (positive control) and oxymatrine ≥ 200 mg/l. It is concluded that oxymatrine can inhibit *in vitro* HBV replication and antigen expression at concentrations ≥ 200 mg/l.

RECORD ABSTRACT ARTICLE

Oxymatrine therapy for chronic hepatitis B: a randomized double-blind and placebo-controlled multi-center trial.

Authors: Guang Chen, Ye She, Jin Zhu, Yi Mao, Yao Wang, Shan Wu, Min Zeng, Xiong Cai, Hong-Hui Wang, Tian-Mo Wan, Lun-Gen Lu, Zhong Li, Feng Zhang, Fang Tang, Qing Fu, Xia Zhou, Xiang-Jun Ye, Qiang Li

Publication date: 2003-10-31

PubMed ID: 14606080

- 216 Kronik hepatit B olgusu
- 108 oral oxymatrine
- 36 IV oxymatrine
- 72 plasebo
- ALT normalleşmesi , HBV DNA negatifleşmesi plaseboya göre daha yüksek
- Yan etki plasebodan yüksek değil
- Etkin ve güvenilir

Schisandra

- Uzak doğuda karaciğer hastalıklarının tedavisinde
- Zehirlenmelere karşı karaciğer koruyucu olarak kullanılmakta

Phytochemistry

Volume 116, August 2015, Pages 253–261

Isolation and anti-hepatitis B virus activity of dibenzocyclooctadiene lignans from the fruits of *Schisandra chinensis*

Yongbo Xue[a, b], Xifeng Li[c], Xue Du[a], Xiaonian Li[a], Weiguang Wang[a], Jianhong Yang[a], Jijun Chen[a], Jianxin Pu[a], Handong Sun[a]

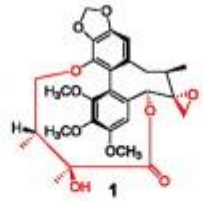
ONCOLOGY REPORTS 28: 1103-1109, 2012

The α-iso-cubebenol compound isolated from *Schisandra chinensis* induces p53-independent pathway-mediated apoptosis in hepatocellular carcinoma cells

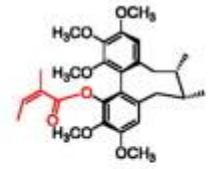
JI EUN KIM[1], SUN GUEN KIM[2], JUN SUE GOO[1], DA JEONG PARK[2], YOU JIN LEE[2], IN SIK HWANG[1], HAE RYEON LEE[1], SUN IL CHOI[1], YOUNG JU LEE[1], CHUNG HUN OH[3], YOUNG WHAN CHOI[2] and DAE YOUN HWANG[1]

- HBV DNA replikasyonu aşamasında potent anti-HBV ajan
- Hepasellüler karsinoma hücrelerinde apopitoza neden olarak antikanser özellik gösterir
- Anti-inflamatuvar
- Antioksidan

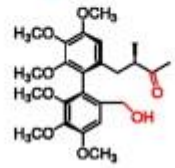
Schisandra chinensis



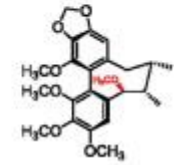
1



7



8



13

VIROLOGICA SINICA 2015, 30 (4): 261-268
DOI: 10.1007/s12250-015-3584-5

RESEARCH ARTICLE

Inhibition of hepatitis B virus replication by quercetin in human hepatoma cell lines

Zhikui Cheng[1], Ge Sun[2], Wei Guo[3], Yayun Huang[2], Weihua Sun[2], Fei Zhao[1]✉, Kanghong Hu[1,2]✉

1. State Key Laboratory of Virology, Wuhan Institute of Virology, Chinese Academy of Sciences, Wuhan 430071, China
2. Sino-Germany Biomedical Center, Hubei University of Technology, Wuhan 430068, China
3. Department of Infectious Disease and Institute of Infectious Disease, Tongji Hospital of Tongji Medical College, Huazhong University of Science and Technology, Wuhan 430030, China

Hepatitis B virus (HBV) infection is one of the most serious and prevalent viral diseases in the world. Although several anti-HBV dru
limit treatment efficacy. Therefore, it i
flavonol quercetin has shown activity
unclear. In the present study, quercetin
transfected with an HBV plasmid. Que
antigen (HBsAg) and Hepatitis B e a
both cell lines. In addition, co-incubat
further enhanced the quercetin-induce
associated with decreased heat shock
that quercetin inhibited HBV antigen
lines, which suggests that quercetin may be a potentially effective anti-HBV agent.

Isı şok proteinlerinde azalma

HBs ve Hbe antijen düzeyi ve HBV DNA 'da azalma

HBV replikasyonunda azalma

Etkili bir anti HBV ajan olma potansiyeli taşımakta

Hepatology
FREE Volume 50, Issue 6, Article first published online: 10 AUG 2009
Abstract | Article | References
Wiley Or

The Heat Shock Protein Inhibitor Quercetin Attenuates Hepatitis C Virus Production

Oscar Gonzalez,[1] Vanessa Fontanes,[2] Santanu Raychaudhuri,[3] Rachel Loo,[4] Joseph Loo,[4,5,6] Vaithilingaraja Arumugaswami,[7] Ren Sun,[6,7,8,9] Asim Dasgupta,[2,6,8,9] and Samuel W. French[1,8]

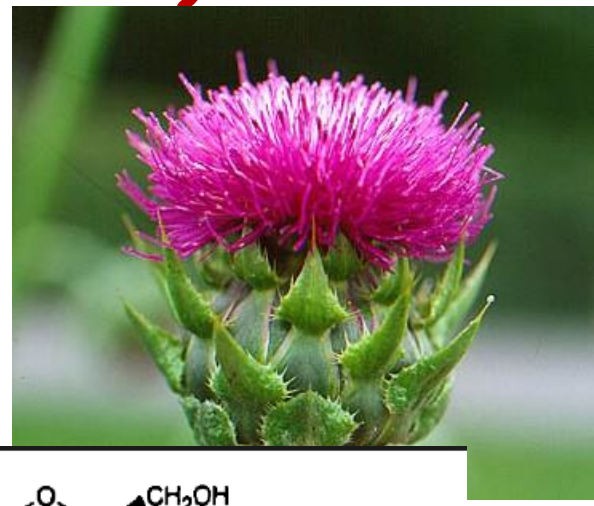
The hepatitis C viral (HCV) genome is translated through an internal ribosome entry site (IRES) as a single polyprotein precursor that is subsequently cleaved into individual mature viral proteins. Non-structural protein 5A (NS5A) is one of these proteins that has been implicated in regulation of viral genome replication, translation from the viral IRES and viral packaging. We sought to identify cellular proteins that interact with NS5A and determine whether these interactions may play a role in viral production. Mass spectrometric analysis of coimmunoprecipitated NS5A complexes from cell

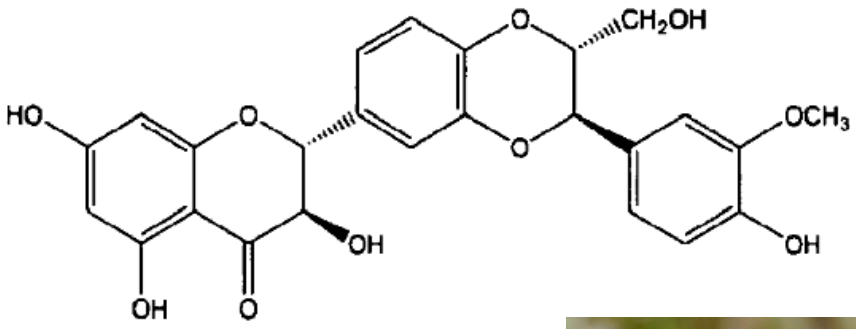
HCV NS5A proteinleri HSPs 40 ve 70 ile aynı lokalizasyonda

Quecetin bu proteinlerin inhibitörü ve HCV virüs üretimini baskılıyor

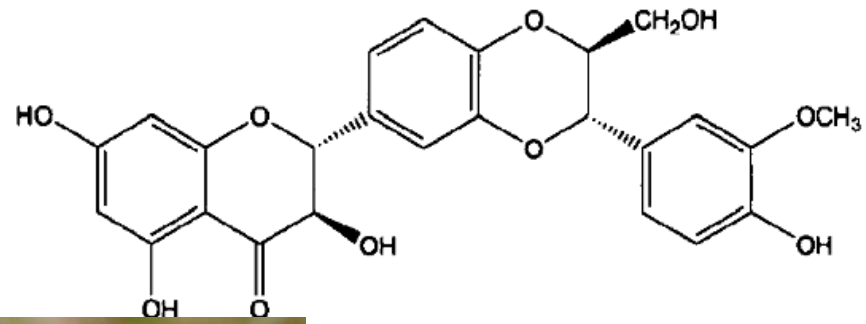
Deve Dikeni (Milk thistle)

- Antiviral etkinlik
- Anti oksidan
- Anti inflamatuvar
- Anti proliferatif
- Antifibrotik
- İmmün modülatuvar





silibinin A



silibinin B

149mg- 2.1 g

1-2 haftadan
1 yıla kadar

Siroz
Viral Hepatitler
Mantar zehirlenmesi

HEPATOLOGY
Official Journal of the American Association for the Study of Liver Diseases
AASLD

REVIEW

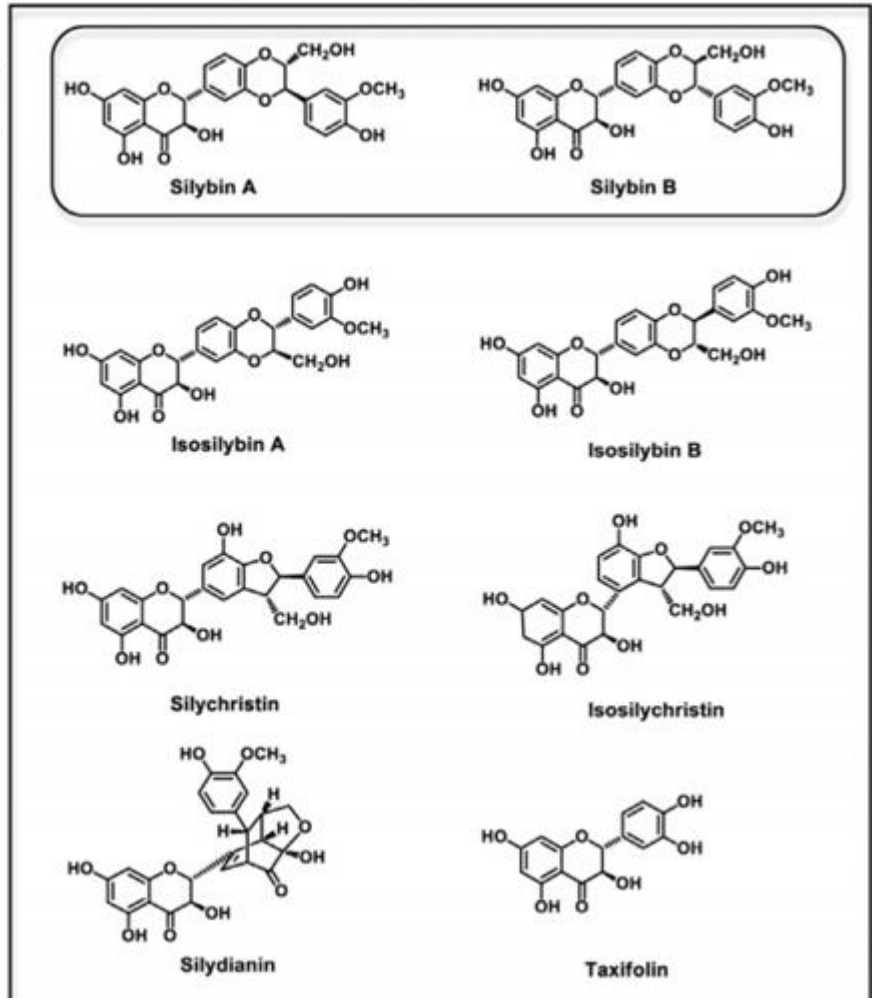
Hepatoprotective and Antiviral Functions of Silymarin Components in Hepatitis C Virus Infection

Stephen J. Polyak,[1,2,3] Peter Ferenci,[4] and Jean-Michel Pawlotsky[5,6]

Hepatit çalışmalarında
En çok kullanılan
Silibilin A ve B

Silibinin

Silymarin Compounds



HEPATOLOGY

AASLD
AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES

Standart ilaç tedavisi

Silymarin

Multiple Effects of Silymarin on the Hepatitis C Virus Lifecycle

Wagoner,[1] Amina Negash,[1]* Olivia J. Kane,[2†] Laura E. Martinez,[3] Yaakov Nahmias,[4] Nigel P
[6] Joe Grove,[7] Claire Brimacombe,[7] Jane A. McKeating,[7] Eve-Isabelle Pécheur,[8]
Oberlies,[9] Volker Lohmann,[10] Feng Cao,[11] John E. Tavis,[11] and Stephen J.

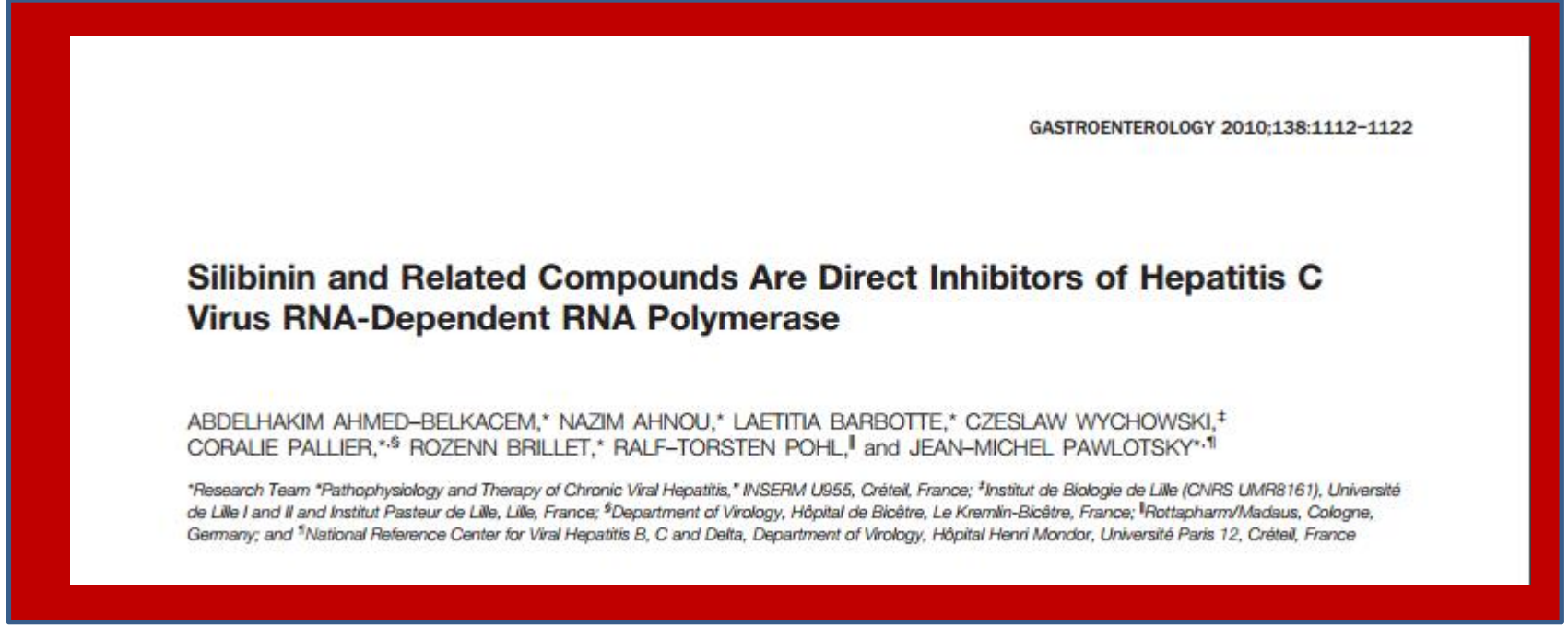
İnsan karaciğer hücre kültürü + HCV

İnsan karaciğer hücre kültürü + HCV

ymarin, an extract from milk thistle (*Silybum marianum*), and its purified fl
nans have been recently shown to inhibit hepatitis C virus (HCV) infection, both *in vi*
and *in vivo*. In the current study, we further characterized silymarin's antiviral actions.
Silymarin had antiviral effects against hepatitis C virus cell culture (HCVcc) infection that

1. Hepatit C virüsünün hücreye füzyonunu ve girişini engellemiş
2. Virüsün RNA sentezini engellemiş, Genotip 2a NS5B polimerazını inhibe etmiş
3. İnterferona göre daha az düzeyde olsa da viral yük azalmış
4. Virüsün hücreden hücreye yayılmasını azaltmış

(HEPATOLOGY 2010;51:1912-1921)



GASTROENTEROLOGY 2010;138:1112–1122

Silibinin and Related Compounds Are Direct Inhibitors of Hepatitis C Virus RNA-Dependent RNA Polymerase

ABDELHAKIM AHMED–BELKACEM,* NAZIM AHNOU,* LAETITIA BARBOTTE,* CZESLAW WYCHOWSKI,‡ CORALIE PALLIER,*,§ ROZENN BRILLET,* RALF–TORSTEN POHL,‖ and JEAN–MICHEL PAWLOTSKY*,¶

*Research Team "Pathophysiology and Therapy of Chronic Viral Hepatitis," INSERM U955, Créteil, France; ‡Institut de Biologie de Lille (CNRS UMR8161), Université de Lille I and II and Institut Pasteur de Lille, Lille, France; §Department of Virology, Hôpital de Bicêtre, Le Kremlin-Bicêtre, France; ‖Rottapharm/Madaus, Cologne, Germany; and ¶National Reference Center for Viral Hepatitis B, C and Delta, Department of Virology, Hôpital Henri Mondor, Université Paris 12, Créteil, France

- Genotip 1b replikasyon modelinde silibinin ve komponentlerinin HCV-RNA bağımlı RNA polimeraz enzimine etkisi araştırılmış
- NS5B polimerazı inhibe ettiği gözlenmiş

Herbal Product Use by Persons Enrolled in the Hepatitis C Antiviral Long-Term Treatment Against Cirrhosis (HALT-C) Trial

Leonard B. Seeff,[1] Teresa M. Curto,[2] Gyongyi Szabo,[3] Gregory T. Everson,[4] Herbert L. Bonkovsky,[5] Jules L. Dienstag,[6] Mitchell L. Shiffman,[7] Karen L. Lindsay,[8] Anna S. F. Lok,[9] Adrian M. Di Bisceglie,[10] William M. Lee,[11] Marc G. Ghany,[12] and the HALT-C Trial Group

- 1,145 katılımcı
- Çalışma National Institutes of Health (NIH),tarafından desteklenmiş
- Katılımcıların % 23 bitkisel ürünler kullanmakta
- En fazla kullanılan bitkisel ürün oral silymarin (%72) olduğu gözlenmiş
- Silymarin kullanan olguların hastalık semptomları daha az ve ılımlı
- Yaşam kalitesinin daha iyi olduğu
- Ancak virüs aktivitesi ve karaciğer inflamasyonunda fark yok

The numbers do not add up to the 269 baseline users of herbals beca
study participants used more than one product.

(HEPATOLOGY 2008;47:605-612.)

Original Contribution | July 18, 2012

Effect of Silymarin (Milk Thistle) on Liver Disease in Patients With Chronic Hepatitis C Unsuccessfully Treated With Interferon Therapy

A Randomized Controlled Trial FREE

Michael W. Fried, MD; Victor J. Navarro, MD; Nezam Afdhal, MD; Steven H. Belle, PhD; Abdus S. Wahed, PhD; Roy L. Hawke, PharmD, PhD; Edward Doo, MD; Catherine M. Meyers, MD; K. Rajender Reddy, MD; for the Silymarin in NASH and C Hepatitis (SyNCH) Study Group

[+] Author Affiliations

JAMA. 2012;308(3):274-282. doi:10.1001/jama.2012.8265.

Oral preparat suda çözünmediği için biyoyararlılığı düşük

- İnterferon bazlı tedavilere yanıtsız 154 kronik HCV olgusu
- Serum Alt düzeyleri 65U/L üzerinde
- Randomizasyon

  420-mg silymarin,
  700-mg silymarin,
  Placebo

  } günde 3 kez 24 hafta süreyle oral (legalon kap)

- Serum ALT düzeylerinde başlangıca göre anlamlı bir değişiklik yok
- Hepatit C virus düzeyi ve yaşam kalitesi ölçütlerinde plaseboya göre anlamlı fark yok
- Plasebo ile karşılaştırıldığında yan etki açısından anlamlı fark yok.
- Silymarin yüksek dozda bile güvenli

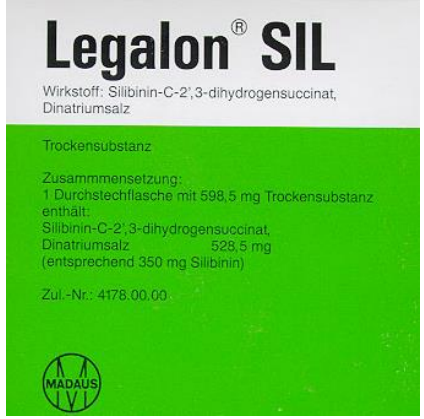
Trial Registration clinicaltrials.gov Identifier: NCT00680342

GASTROENTEROLOGY 2008;135:1561–1567

Silibinin Is a Potent Antiviral Agent in Patients With Chronic Hepatitis C Not Responding to Pegylated Interferon/Ribavirin Therapy

PETER FERENCI,* THOMAS–MATTHIAS SCHERZER,* HEIDRUN KERSCHNER,‡ KAROLINE RUTTER,* SANDRA BEINHARDT,* HARALD HOFER,* MAXIMILIAN SCHÖNIGER–HEKELE,* HEIDEMARIE HOLZMANN,‡ and PETRA STEINDL–MUNDA*

Internal Medicine 3, Department of Gastroenterology and Hepatology, Medical University of Vienna, Austria; and ‡Clinical Institute of Virology, Medical University of Vienna, Austria



16 olgu

7 gün
10 mg/kg/gün SIL IV

8. gün
3x 140 mg SIL oral
+
PegIFN+RBV

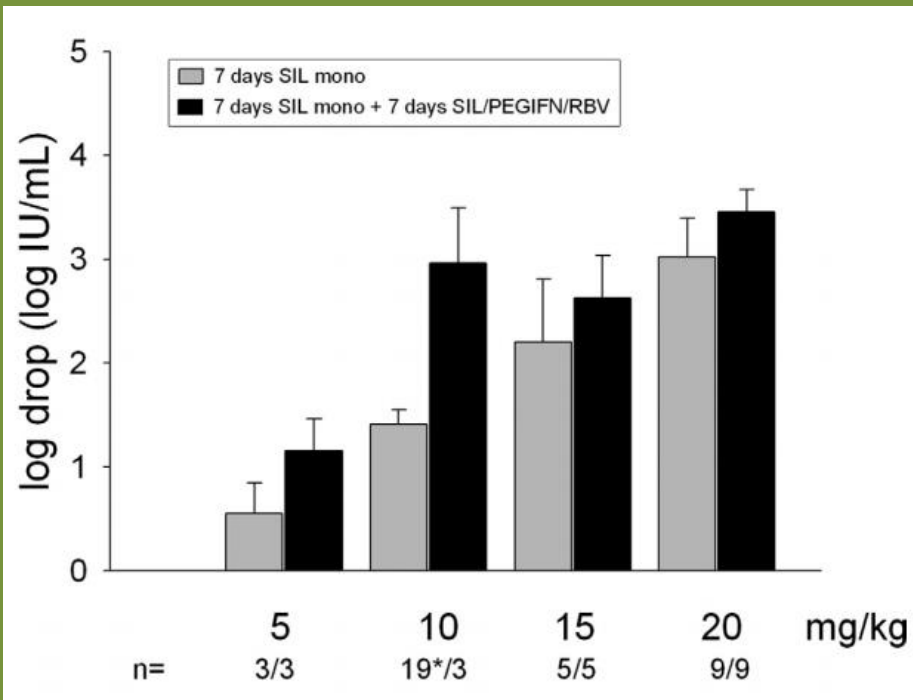
20 olgu

5-10-15-20 mg/kg/gün SIL IV
7 gün

8-14 gün
5-10-15-20 mg/kg/gün SIL IV
+
PegIFN-2a/RBV

14. günden sonra 3 x 280 SIL oral
+
PegIFN-2a/RBV

24. Hafta virolojik yanıt alınanlar
48 hafta tedavi



15-20 mg kollarında 7 hastada 12 haftada HCV RNA saptanamaz düzeyde

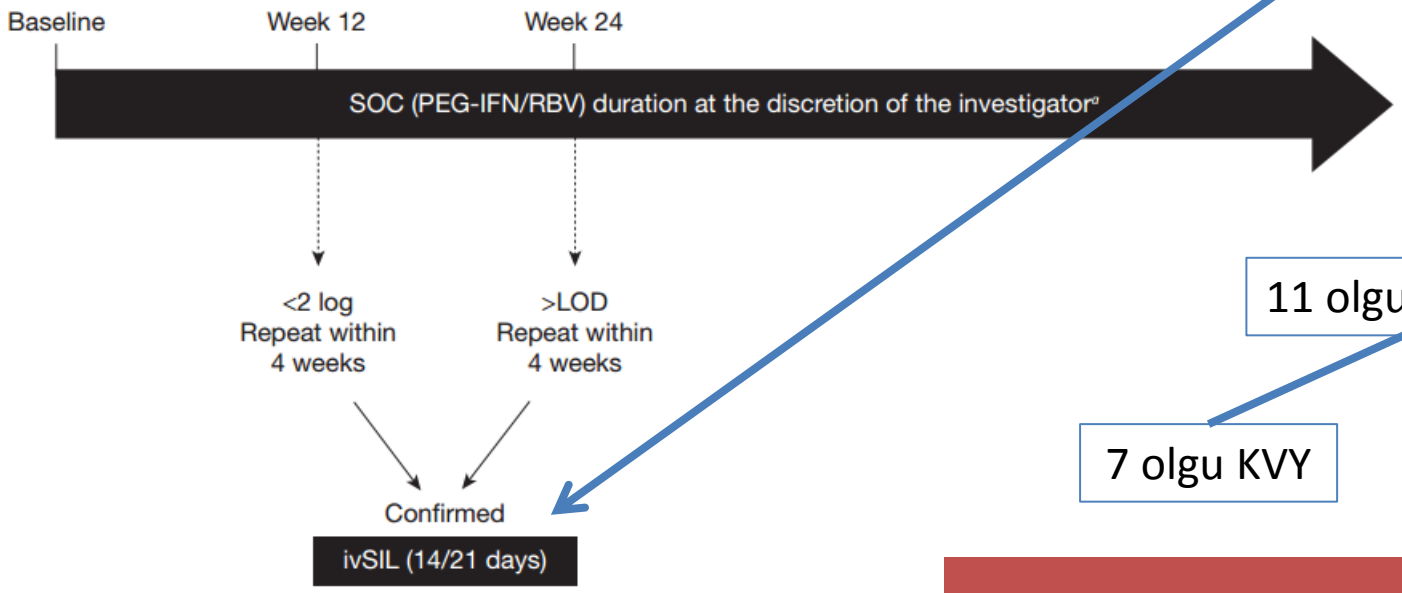
Antiviral Therapy 2011; 16:1327–1333 (doi: 10.3851/IMP1942)

Original article

Intravenous silibinin as 'rescue treatment' for on-treatment non-responders to pegylated interferon/ribavirin combination therapy

*Karoline Rutter[1], Thomas-Matthias Scherzer[1], Sandra Beinhardt[1], Heidrun Kerschner[2], Albert F Stättermayer[1], Harald Hofer[1], Theresia Popow-Kraupp[2], Petra Steindl-Munda[1], Peter Ferenci[1]**

Figure 1. Study protocol



[a]Minimum 36 weeks if HCV RNA does not become negative. ivSIL, intravenous silibinin; PEG-IFN, pegylated inte
RBV, ribavirin.

IV SIL
20mg/kg/ gün 14-21 gün
23/27 olgu HCV RNA negatif
1 olgu 8 hafta sonra negatif
5 olgu relaps

19 olgu klasik tedaviye devam

Tedavi sonu

11 olgu yanıtlı

8 olgu yanıtsız

7 olgu KVY

4 olgu relaps

IV Silibilin klasik tedaviye yanıtsız olguların Kurtarma tedavisine etkili

Journal of Clinical Virology
Volume 49, Issue 2, October 2010, Pages 131–133

Case report

Successful HCV eradication and inhibition of HIV replication by intravenous silibinin in an HIV–HCV coinfected patient

B.A. Payer, T. Reiberger, K. Rutter, S. Beinhardt, A.F. Staettermayer, M. Peck-Radosavljevic, P. Ferenci

- HIV-HCV koinfekte hasta
- PegIFN+ RBV deneyimli
- CD4+ düzeyi yüksek HIV RNA düzeyi düşük antiretroviral tedavi almıyor
- **PEGIFN/RBV ile yeniden tedavi başlanıyor**
- **1. haftadan sonra 2 hafta süreyle IV SIL uygulanıyor**
- IV silymarin tedavisini takiben HCV-RNA ve HIV-RNA saptanamaz düzeye iniyor
- 16. haftada yan etki nedeniyle hastanın isteği üzerine PEGIFN+RBV tedavisi kesiliyor
- Tedavi kesildikten sonra 24. haftada HCV-RNA hala negatif ,
- HIV RNA bazal düzeyine yükselmiş

Payer BA. American Society for Clinical Virology 49(2):131-3

JOURNAL OF **HEPATOLOGY**

Arnaud Galbois[1,2,3,*]
Dominique Thabut[2,3,4]
[1]AP-HP, Hôpital Saint-Antoine, Service de Réanimation Médicale, F-75012 Paris, France
[2]Université Pierre et Marie Curie (UPMC), Univ Paris 06, Sorbonne Universités, UMRS_938, CdR Saint-Antoine, F-75012 Paris, France
[3]INSERM, UMRS_893, CdR Saint-Antoine, F-75012 Paris, France
[4]AP-HP, Groupe Hospitalier Pitié-Salpêtrière, Service d'Hépato-gastroentérologie, Paris, France
*Service de Réanimation Médicale, Hôpital Saint-Antoine, 184 rue du faubourg Saint-Antoine, 75571 Paris Cedex 12, France.
Tel.: +33 149282315; fax: +33 149282145
E-mail address: galbois@gmail.com (A. Galbois)

Silibinin monotherapy prevents graft infection after orthotopic liver transplantation in a patient with chroni

Beta talasemili hasta
1994 HCV genotip 1a/4 miks enfeksiyon
IV SIL monoterapisi

1998
Haftada 3 gün 5 milyon ünite interferon
24. Hafta yanıtsız tedavi kesiliyor

2009 Siroz
Orthotopik karaciğer transplantasyonu planlanıyor
Preop dönemde 15 gün IV SIL monoterapisi
(20 mg/kg/gün)
Transplantasyon
Transplantasyon sonrası 25 gün IV SIL
5 ay süreyle HCV RNA saptanamaz düzeyde

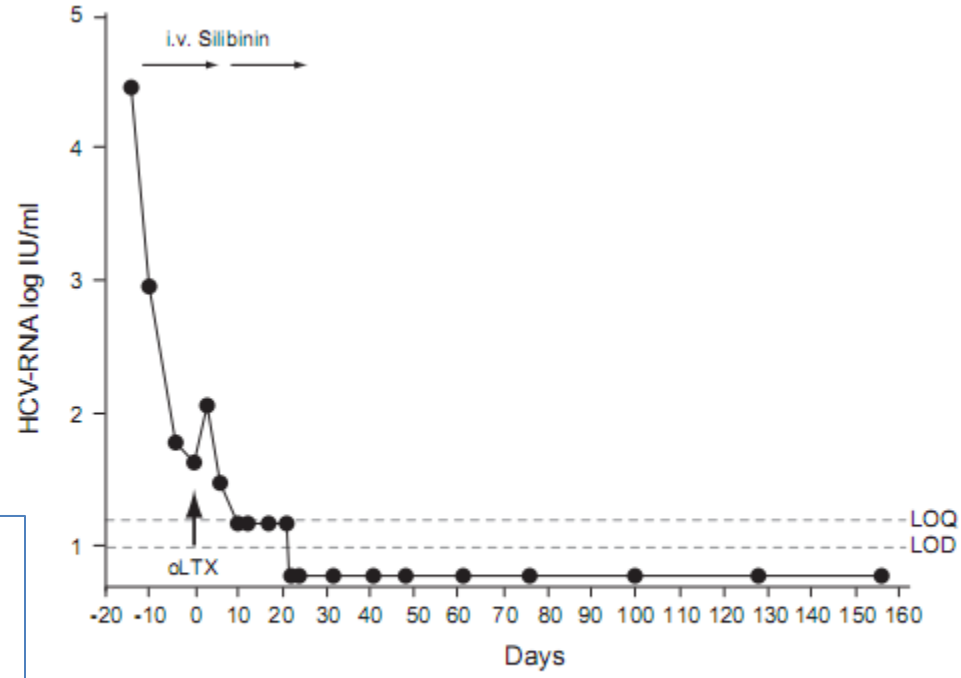


Fig. 1. HCV-kinetics during silibinin i.v. monotherapy. HCV RNA levels measured by real-time PCR (Cobas Taqman®, Roche Diagnostics, Pleasanton, CA).

KOWSAR

Hepat Mon.2012;in press. DOI: 10.5812/hepatmon.xxx

www.HepatMon.com

Failure of Intravenous Silibinin Monotherapy to Prevent Hepatitis C Genotype 2A Liver Graft Reinfection

Alessio Aghemo[1*], Sherrie Bhoori[2], Stella De Nicola[1], Vincenzo Mazzaferro[2], Massimo Colombo[1]

[1] Angela Maria e Antonio Migliavacca Center for Liver Disease, First Division of Gastroenterology, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, University of Milan, Milan, Italy
[2] Hepato-Oncology Group, Department of Gastroenterology and Surgery, IRCCS National Institute of Cancer Institute, Milan, Italy.

Yorum: Antiviral etkinlik genotip bağımlı mı?

- İnterferon bazlı tedaviye yanıtsız genotip 2a hepatosellüler karsinoma
- Orthotopik karaciğer transplantasyonu
- Transplanttan 24 saat önce IV SIL
- Postoperatif 15 gün tedavi
- Yanıt yok

Knapstein et al. Journal of Medical Case Reports 2014, 8:257
http://www.jmedicalcasereports.com/content/8/1/257

JOURNAL OF MEDICAL CASE REPORTS

CASE REPORT Open Access

Combination therapy with silibinin, pegylated interferon and ribavirin in a C virus genotype 3 reinfecti transplantation: a case repo

Johanna Knapstein, Marcus A Worns, Peter R Galle and Tim Zimmermann*

Genotip 3

KVY sağlanmış

Transplant International
Volume 27, Issue 7, Article first published online: 10 MAY 2014
Abstract | Full Article (HTML) | Enhanced Article (HTML) | References | Cited By
Wiley Online Library

TRANSPLANT INTERNATIONAL

Transplant International ISSN 0934-0874

ORIGINAL ARTICLE

Antiviral activity and safety profile of silibinin in HCV patients with advanced fibrosis after liver transplantation: a randomized clinical trial

Maria Rendina,[1] Massimo D'Amato,[2] Antonino Castellaneta,[1] Nicola Maurizio Castellaneta,[1] Nadia Brambilla,[2] Giampaolo Giacovelli,[2] Lucio Rovati,[2] Salvatore Fabio Rizzi,[1] Marianna Zappimbulso,[1] Roberto Spyridon Bringiotti[1] and Alfredo Di Leo[1]

1 Department of Emergency and Organ Transplantation, Section of Gastroenterology, University Hospital, Bari, Italy
2 Department of Clinical Research, Rottapharm SpA, Milan, Italy

20 olgu

14 gün IV SIL
20 mg /kg /gün

14 gün
Plasebo SF

Viral yük
-2.3log IU/ml

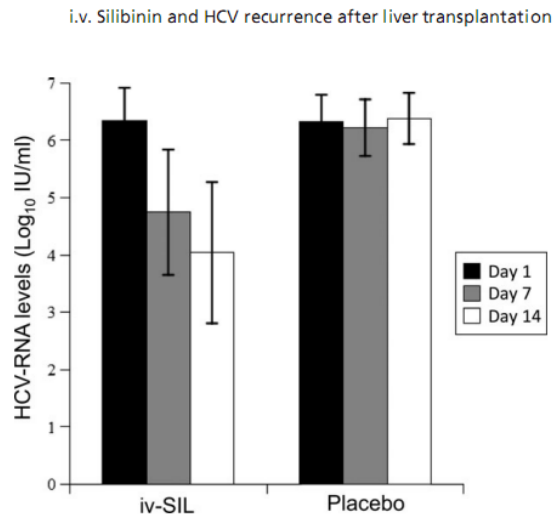
Viral yük
aynı

16 gün sonra

Viral yük
Bazal değerlere dönmüş

- Faz II çalışma
- Randomize,
- Çift kör
- Plasebo kontrollü
- İlaç etkileşimi yok
- Bilirübin yüksekliği dışında kötü bir yan etki saptanmamış

Etkin doz ve süre belirlemek için daha fazla çalışmalara gerek var



World Journal of Gastroenterology

Online Submissions: http://www.wjgnet.com/esps/
bpgoffice@wjgnet.com
doi:10.3748/wjg.v20.i11.2941

World J Gastroenterol 2014 March 21; 20(11): 2941-2947
ISSN 1007-9327 (print) ISSN 2219-2840 (online)

TOPIC HIGHLIGHT

WJG 20th Anniversary Special Issues (2): Hepatitis C virus

Medicinal plants against hepatitis C virus

Usman A Ashfaq, Sobia Idrees

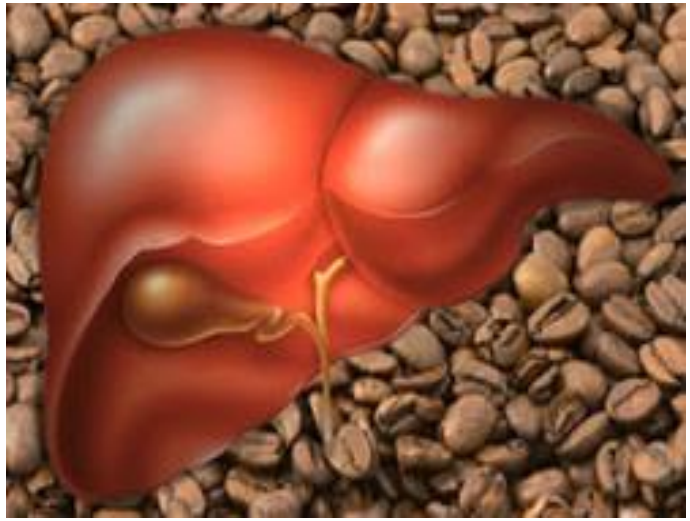
Table 1 Herbal supplements to discontinue and/or avoid while taking hepatitis C virus treatment

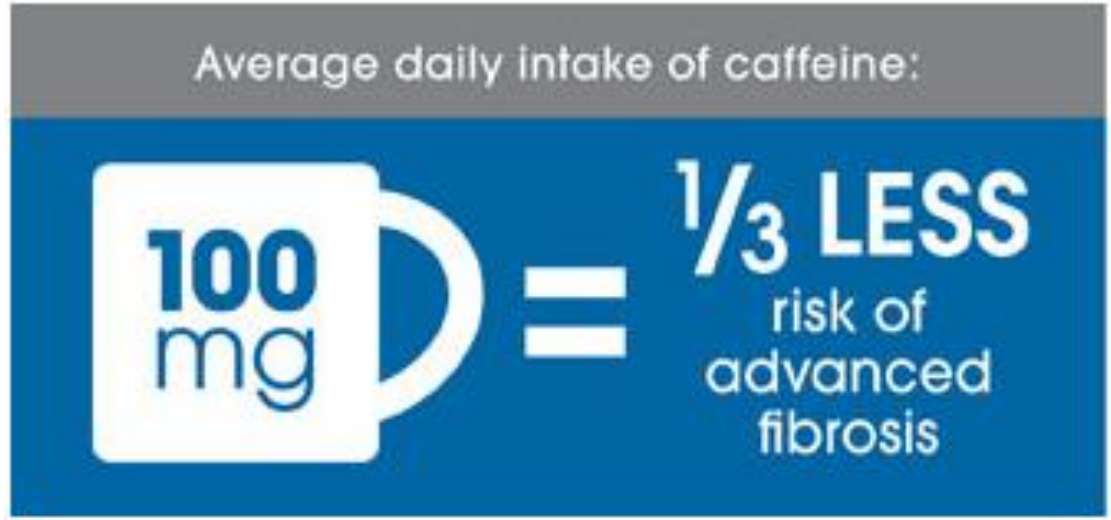
Herbal Product	Effect
Milk thistle (*Silybum marianum*)	Concomitant use of milk thistle may result in increased plasma concentrations of simeprevir
St. John's wort (*Hypericum perforatum*)	Concomitant use of St. John's wort may result in decreased plasma concentrations of telaprevir, boceprevir, simeprevir and sofosbuvir

Clinical Gastroenterology and Hepatology 2015;13:1521–1531

Coffee and Caffeine Are Associated With Decreased Risk of Advanced Hepatic Fibrosis Among Patients With Hepatitis C

Natalia Khalaf,[*,‡] Donna White,[*,‡] Fasiha Kanwal,[*,‡] David Ramsey,[*,‡] Sahil Mittal,[*,‡] Shahriar Tavakoli-Tabasi,[§] Jill Kuzniarek,[‡] and Hashem B. El-Serag[*,‡]





< Previous Article June 2013 Volume 45, Issue 6, Pages 499–504 Next A

Effects of coffee consumption in chronic hepatitis C: A randomized controlled trial

Romilda Cardin, Marika Piciocchi, Diego Martines, Laura Scribano, Marino Petracco, Fabio Farinati

Kahve;
Hepatit C ye bağlı oksidatif stress ve buna bağlı apoptozisi azaltıyor,
Kollajen sentezini azaltıp
Hastalığın ilerlemesini engelliyor

AP&T Alimentary Pharmacology and Therapeutics

AP&T Alimentary Pharmacology and Therapeutics

Systematic review with meta-analysis: coffee consumption and the risk of cirrhosis

O. J. Kennedy*, P. Roderick*, R. Buchanan*, J. A. Fallowfield†, P. C. Hayes† & J. Parkes*

Günde 2 fincan kahve
Alkolik karaciğerde
siroza gidişi azaltıyor

Gastroenterology 2015;148:118–125

Association of Coffee Intake With Reduced Incidence of Liver Cancer and Death From Chronic Liver Disease in the US Multiethnic Cohort

Veronica Wendy Setiawan,[1] Lynne R. Wilkens,[2] Shelly C. Lu,[3] Brenda Y. Hernandez,[2] Loïc Le Marchand,[2] and Brian E. Henderson[1]

Kahve HCC ve KKH ilişkili ölüm riskini azaltıyor

Fincan	HCC %	Ölüm %
2-3	38	46
≥ 4	41	71

Yeni Araştırılanlar

Vitis vinifera

Circuma longa

Çekirdeksiz Üzüm Yiyenler Dikkat !

《Journal of Xinjiang Medical University》 2007-11

Protective effects of grape seed extracts against the acute chemical liver injury in mice

DING Yu-song,MA Long,WANG Zhong,et al(Department of Toxicology,College of Public Health,Xinjiang Medical University,Urumqi 830011,China)

Objective:To study the protective effects of grape seed extracts(GSE) against the acute chemical liver injury in mice and research its possible mechanism for offering scientific basis of its health function.Methods:Randomly distribute 60 male Kunming mice to control gro up,acute chemical liver injury model group,DDB group(150 mg/kg) and low,middle,high dose groups of GSE(50,250,500 mg/kg).Determi nation and comparing of liver and spleen index between groups,using Reitman-Frankel to assay serum ALT and AST levels,xanthine oxi dase to assay liver tissue SOD activities and thiobarburic acid to assay MDA content in liver tissue,and observing histopathological chan ge of liver.Results:Treatment with different dose GSE could significantly increase serum ALT,AST levels(P0.01) and liver tissue SOD activ ities(P0.01),decrease MDA content in liver tissue(P0.01).Histopathological observations showed that GSE could ameliorate the liver injur y in different degree.Conclusions:GSE showed protective effects on the acute chemical liver injury induce by carbon tetrachloride in mice.

【Key Words】 : grape seed extracts chemical liver injury protective effect

Antioksidan
Karaciğer koruyucu

Journal of Ethnopharmacology
Volume 124, Issue 2, 15 July 2009, Pages 189–196

Antiviral effect of *Curcuma longa* Linn extract against hepatitis B virus replication

Hye Jin Kim[a], Hwa Seung Yoo[b], Jin Chul Kim[a], Chan Su Park[a], Mi Sun Choi[a], Mijee Kim[a], Hyangsoon Choi[a], Jung Sun Min[a], Yong Soo Kim[b], Seong Woo Yoon[c], Jeong Keun Ahn[a,*]

FEBS Letters 584 (2010) 2485–2490
FEBS Letters
journal homepage: www.FEBSLetters.org

Curcumin inhibits hepatitis B virus via down-regulation of the metabolic coactivator PGC-1α

Maya Mouler Rechtman [a], Iddo Bar-Yishay [a], Sigal Fishman [a], Yaarit Adamovich [b], Yosef Shaul [b], Zamir Halpern [a], Amir Shlomai [a,*]

Antioksidan,
Sitoprotektif,
Antikanserojen
Hepatoprotektif
Hücre kültüründe HBV replikasyonunu durdurmuş
HBV transkripsiyonunda ko-aktivatör olan PGC 1 alfa inhibitörü

Sonuç Olarak

- Hepatit tedavisinde kullanılan pek çok bitkisel ürün mevcut
- Ne zaman başlanmalı,
- Ne dozda kullanılmalı,
- Ne kadar süre kullanılmalı sorularının yanıtı belli değil
- İlaç etkileşimleri bazılarında önemli sorun
- Ancak gelecekte geliştirilecek yeni ilaçların öncüleri olabilirler

HEPATITIS C

Toxic, Not Healthy: Surprising Liver Dangers of Herbal Products

By Marie Suszynski | Reviewed by Judy Mouchawar, MD, MSPH

Seemingly healthy herbal teas and supplements can carry the risk of drug-induced liver injury.

Alamy

Common herbs like comfrey tea can injure your liver.

An "all-natural" herbal product might sound like it's