The Treatment of Patients with Chronic Viral Hepatitis C with Cytomix

V. Pantea, V. Cebotarescu, V. Smesnoi

Department of Contagious Diseases, Nicolae Testemitanu State Medical and Pharmaceutical University
163, Stefan cel Mare Avenue, Chisinau, Republic of Moldova

Corresponding author: +37322205342. E-mail: infectiifpm@yahoo.com
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Abstract

Methods of investigation: Biochemical investigations (to determine the ALAT, ASAT, bilirubin, thymol test, prothrombinic index, GGTP), clinical investigations (haemoleucogram), serological investigations (to determine the anti-HVC IgM), molecular biological investigations (to determine the ARN-VHC quantitative test by PCR Real-Time), immunological investigations (to determine the immune status spectrum). Citomix treatment in patients with HVC contributed to the improvement of clinical symptoms; the improvement of cytolysis syndrome indices indicating the hepatoprotective features of the drug; a moderate decreasing of anti-HVC IgM titres with a bias in 2; an improvement of the immune status in 66.6% of the patients enrolled in the study, which confirm the immunomodulatory proprieties of the drug.

Key words: Cytomix, chronic viral hepatitis C.

Лечение Цитомиксом больных хроническим вирусным гепатитом С

Лечение Цитомиксом проводилось у 30 больных хроническим вирусным гепатитом С в течение 4-х месяцев. Методы исследования: биохимические (определение билирубина, АЛАТ, АСАТ, тимоловой пробы, протромбинового индекса, ГГТП), гемолейкограммы, серологические (определение anti-HVC IgM), моллекулярно-биологические (определение ARN-VHC количественный тест методом PCR Real Time), иммунологические (определение спектра иммунологического статуса). Лечение Цитомиксом пациентов ХВГС способствовало улучшению, вплоть до исчезновения клинических симптомов, показателей цитолитического синдрома, что говорит в пользу гепатопротективного действия, умеренного уменьшения титров Anti-VHC IgM, с исчезновением симптомов у 2 пациентов, улучшения имунного статуса с нормализацией показателей у 66,6% исследуемых пациентов. Это доказывает иммуномодуляторные свойства препарата.

Ключевые слова: цитомикс, хронический вирусный гепатит С.

Introduction

Viral hepatitis continues to be a worldwide public health problem. According to their incidence they follow the acute respiratory and acute intestinal infections. But the significance of tackhling of this problem is imposed not only by the high morbidity, but also because of its severity and the consequences with a high biological and social impact.

The virus hepatitis C infection is a major public health problem. About 3% of the world´s population is infected with hepatic virus C, and the percentage of chronicity is rather high (50-90%). The progression rate in patients with viral chronic hepatitis C to hepatic cirrhosis is 5-10% in a 10 years interval and 20% after 20 years of evolution, being less in young patients and women. The risk of hepatocellular cancer in patients with cirrhosis with VHC is 1-2.6-6.9% according to bibliographical data.

New conceptions of treatment appeared in medical practice, including antiviral treatment. But clinical practice shows that antiviral treatment cannot be administered in all cases taking into consideration the high costs of these medicines and incomplete therapeutic effects in some cases (in case of viral chronic hepatitis C up to 50%). So to study the new drugs it is necessary as it would would have benefic effects on the function of the liver.

The tasks of the study

1. To study the evolution of clinical symptomatology in patients with viral chronic hepatitis C.

2. To essesse biochemical indices in dynamics (bilirubin, ALAT, ASAT, the thymol test, prothrombinic index, GGTP) in patients with viral chronic hepatitis C at the beginning of treatment, in two months and at the end of treatment.

3. To essesse the changes of the immunological indices of patients with viral chronic hepatitis C at the beginning, in two months and at the end of treatment.

4. To essesse the changes of anti-HVC IgM titre at the beginning, in 4 months and at the end of treatment.

5. To assess the dynamics of viral load (through PCR Real Time, a quantitative test) at the beginning and at the end of treatment.

6. To determine the tolerance and side effects of the homeopathic drug Citomix in patients with viral chronic hepatitis C.

Material and methods

Clinical investigations performed in 30 patients with chronic viral hepatitis C, aged 21 to 71, the average age was 50.0 ± 9.1 of which 15 were males and 15 women, 20 (66.7%) from urban area, and 10 (33.3%) from rural areas. The length of the disease was from 1-5 years in 15 patients and from 7-15 years in 15 patients. The patients were administered treatment with Citomix. The scheme prescription of the medicine was: 3 granules twice a day sublingually in the morning and in the evening 15 minutes before the meals or an hour after meals for 4 months.

Our clinical study included the use of homeopathic drug Citomix.

Characteristics of the drug

Citomix is a combined drug for profilaxis and treatment of bacterial and infectious diseases. It is a homeopathic remedy in granules to be administered sublingually.

Composition

Ananassa 3x, Granulocyte colony stimulating factor 4c, 9c, 15c, 30c; Hydrocotyle asiatica 3x; Interferon gamma 4c, Interleukin I beta 5c; Interleukin II 5c; Interleukin IV 4c; Interleukin VI 7c, 9c, 15c; Lymphatic vessel porcine 4c; Medulla ossis suis 4c; Mountain cranberry 3x; Thymus gland porcine 4c; Saccharose.

The aim. To assess the efficiency of the homeopathic drug Citomix by estimating clinical-biological parametres in patients with viral chronic hepatitis C.

Methods of investigation. Biochemical investigations (to determine the ALAT, ASAT, bilirubin, thymol test, prothrombinic index, GGTP), clinical investigations (haemoleucogram), serological investigations (to determine the anti-HVC IgM), molecular biological investigations (to determine the ARN-VHC quantitative test by PCR Real-Time), immunological investigations (to determine the immune status spectrum).

The results

After examining the obtained results in all the patients administered Citomix, a favourable evolution of the clinical symptomatology was established (tab. 1).

The analysis of tab. 1 shows that, treatment with Citomix contributed to a clinical improvement of symptomatology.

The assessment of biochemical parameters in patients in the study also shows an improvement as a result of Citomix administration for a 4 months period.

When analysing biological parameters we see that the average of transaminases both ALAT and ASAT had favourable variations under the influence of Citomix treatment, the average values being at the beginning of treatment 1.36 ± 0.9 and by the end 0.9 ± 1.0 ($p < 0.05$), while the ASAT being respectively 85.8 ± 47.8 and 74 ± 45.4 ($p < 0.05$), of thymol test 5.0 ± 4.2 and 4.5 ± 3.2 ($p < 0.05$), GGTP 62.8 ± 107.8 and 43.9 ± 71.2, general bilirubin 18.9 ± 8.7 and 17.9 ± 8.1 ($p < 0.05$).

General bilirubin with high values determined in some patients was due to the indirect bilirubin (unconjugated), these patients having been diagnosed with Gilbert´s Syndrome.

According to data from tab. 2, the number of thrombocytes at the beginning of treatment was normal, 2 patients of 30 had a decreased number of thrombocytes at the beginning and at the end of the treatment. The anti-VHC IgM titre values and those of viral loads are to be found in tab. 3.

When analysing the indices included in tab. 3 we see that a moderate decreasing of the anti- VHC IgM titre from 81.8 ± 71.1 till 70.6 ± 75.2 and no positive dynamics can be noticed. The dynamics of the immune status values of the patients included in the study is reflected in tab. 4.

From the data given in tab. 4 dealing with immune status we can conclude that there is an immunenosupression of the

Table 1

Clinical symptomatology and dynamics in evolution in patients of the study group

No	Symptoms	At the beginning of treatment	In two months	At the end of treatment
1	Pains in the right costal side	3 (10.0%)	-	-
2	Asthenia	4 (13.3%)	-	-
3	Abdominal discomfort	2 (6.6%)	-	-
4	Inappetence	2 (6.6%)	-	-
5	Fatigue	4 (13,3%)	-	-
6	Malaise	2 (6.6%)	-	-
7	Bitterness in the mouth	1 (3.3%)	-	-
8	Perspirations	1 (3.3%)	-	-
9	Vertigos	3 (10.0%)	-	-
10	1 - 4 cm of the liver	21 (70.0%)	12 (40.0%)	8 (26.6%)
11	The spleen	5 (16.6%)	3 (10.0%)	2 (6.6%)

Table 2

The average values of biochemical and thrombocytes indices of the patients in the study

Nr. d/o	The index	Normal values	At the beginning of treatment	In two months	At the end of treatment
1	ALAT	0.1-0.68 mmol/h/l	1.36 ± 0.9	1.5 ± 1.2	0.9 ± 1.0
2	ASAT	0-42 UI	85.8 ± 47.8	90 ± 50.5	74 ± 45.4
3	General bilirubin	13.0-19.0 mcmol/l	18.9 ± 8.7	20.0 ± 9.6	17.9 ± 8.1
4	Thymol test	0-4 Un	5.0 ± 4.2	5.2 ± 3.7	4.5 ± 3.2
5	GGTP	5-45 U/l	62.8 ± 107.8	56.8 ± 96.0	43.9 ± 71.2
6	Thrombocytes	120.0-320.0	268.8 ± 123.8	255.5 ± 110.5	248.0 ± 118.4

Table 3

Dynamics of average values of anti-VHC IgM titres and viral load of patients in study

Indices	Normal values	At the beginning of treatment	At the end of treatment
Anti-VHC IgM	-	81.8 ± 71.1	70.6 ± 75.2
ARN-VHC	Negative	5035993.6 ± 7559378.6	9546417.6 ± 1917777.9

Table 4

The immune status of patients included in the study

Indices	Normal values	At the beginning of treatment	In two months	At the end of treatment
Leucocytes	4.5-8.0	5.4 ± 1.7	5.9 ± 1.4	6.0 ± 2.2
Limphocytes	1.2-2.4	1.9 ± 0.5	2.1 ± 0.7	2.2 ± 0.9
Ea-RFC	0.3-0.7	0.3 ± 0.1	0.4 ± 0.5	0.5 ± 0.4
Ea-RFCtot	0.9-1.5	0.8 ± 0.4	1.0 ± 0.5	0.9 ± 0.5
Ea-RFCterm	0-0.09	0.0 ± 0.1	0.0 ± 0.1	0.0 ± 0.1
TFR-E-RFC	0.7-1.1	0.5 ± 0.3	0.6 ± 0.4	0.7 ± 0.4
Limphocytes TFS	0.23-0.43	0.3 ± 0.2	0.4 ± 0.2	0.3 ± 0.2
EAC-RFC	0.18-0.32	0.4 ± 0.2	0.4 ± 0.2	0.4 ± 0.2
CIC	≤ 60	77/2 ± 65.1	48.7 ± 36.7	78 ± 46.0
LTL	4.0-7.0	8.4 ± 6.0	6.5 ± 3.0	7.4 ± 3.6
T/B	2.0-5.0	1.9 ± 0.9	3.4 ± 2.1	3.3 ± 1.5
TFR/TFS	2.0-4.0	2.2 ± 1.9	2.7 ± 6.2	2.5 ± 0.8

III stage in 16.5% and of the II stage in 73.3% and a lymphocytosis B. CIC had high values at the beginning of treatment (77.2 ± 65.1) and became normal (48.7 ± 36.7) ($p < 0.05$) in 2 months from the administration of treatment, but it increased (78 ± 46.0) at the end of treatment.

Conclusions

Citomix treatment in patients with HVC contributed to the:

-improvement of clinical symptoms;

-the size of the liver became normal in 43.4% and in 10.0% of the spleen;

-the improvement of cytolysis syndrome indices, which indicates in favour of hepatoprotective features of the drug;

-a moderate decreasing of anti-HVC IgM titres with a bias in 2 was found;

-an improvement of the immune status was seen in 66.6% of patients enroled in the study, which confirm the immunomodulatory proprieties of the drug;

-citomix was well tolerated and no side effects were determined.

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Контроль холестерина на поликлиническом уровне в профилактике артериальной гипертонии и сердечно-сосудистой заболеваемости

М. К. Мустафаев, А. А. Агаев*

Department of Public Health and Public Health Services Organization, Azerbaijan Medical University
23, Bakixanov Street, Baku, Azerbaijan

*Corresponding author: +994553870107. E-mail: nauchnaya@rambler.ru
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M. K. Mustafayev, A. A. Aghayev*

Cholesterol Control in the Policlinics in the Prophylaxis of Arterial Hypertension and Cardiovascular Morbidity

Cholesterol levels provide one of the few tools in assessing the degree of Arterial Hypertension and Cardiovascular Diseases, and control of cholesterol is an important preventative measure that can be taken at the policlinic level though necessary measurements are not performed on a regular basis for each patient. Results of the study show that a high cholesterol level is not only a risk factor for the development of AH and CVD, but also decreases the effectiveness of medical treatment of these diseases. Strict adherence to recommended low-cholesterol diet normalizes the cholesterol level within a fixed time period of two years and increases the likelihood of successful treatment.

Key words: arterial hypertension, cholesterol, cardiovascular diseases, risk factors.

Реферат

Результаты проведенного исследования показывают, что повышенное содержание общего холестерина в крови является не только фактором риска развития артериальной гипертонии и сердечно-сосудистой заболеваемости, но и снижает эффективность медикаментозной терапии этих заболеваний. Максимальная выполняемость рекомендованной упрощенной холестериноснижающей диеты позволяет в определенный период времени (2 года) нормализовать содержание общего холестерина в крови. Изыскание подходов по повышению приверженности пациентов к холестериноснижающей диете повышает эффективность медикаментозной терапии.

Ключевые слова: артериальная гипертензия, холестерин, сердечно-сосудистые заболевания, факторы риска.