

M.M. Van Benschoten, O.M.D, CA, Inc.

HEPATITIS AND CHINESE HERBAL MEDICINE

Many patients who have failed interferon therapy for chronic Hepatitis B and C have come to our clinic looking for alternative treatment. Chinese herbal medicines have laboratory documented effects of protecting liver function, reducing viral activity, normalizing liver enzymes, and inhibiting fibrosis and cirrhosis. Our patients see improvements in both symptoms and laboratory work within a few weeks to months after beginning herbal therapy. Our clinic custom formulates each prescription for each patient to track viral mutation and resistance, rather than using a standardized treatment. Side effects are rare, usually limited to loose stools. Below are several references on the antiviral and antihepatitis effects of Chinese herbal medicines.

Anti-HBsAg herbs employing ELISA technique Zheng MS; Zhang YZ Dept. of Microbiology, Jiangxi Medical College, Nanchang. Chung Hsi I Chieh Ho Tsa Chih, 1990 Sep, 10:9, 560-2, 518

With the aid of the ELISA system this schema represented a laboratory approach to the recognition of anti-HBsAg capability of herbs by using 300 herbal extracts. Altogether 10 herbs (3.0%) were identified as effective. When forming a multiplex plan by employing 10 average P/N ratios as exemplified by 5 varying doses of herb (0.3, 0.6, 1.2, 2.5, 5.0 mg/100 microliters), 2 varying concentrations of HBsAg (10.92, 14.26 P/N ratio), and 3 varying contact time periods (immediate, 1h, 2h) for the comprehensive appraisal of herb efficacy index, these 10 effective herbs were listed in the following order: *Prunella vulgaris* (1.00), *Litchi chinensis* (1.26), *Gossypium herbaceum* (1.45), *Cudrania cochinchinensis* (1.56), *Caesalpinia sappan*(1.73), *Oldenlandia tenelliflora* (1.77), *Cautis parthenocissus* (1.99), *Evodia rutaecarpa* (2.01), *Portulaca grandiflora* (2.44), and *Anemone hupehensis* (2.83).

Clinical study of 96 cases with chronic hepatitis B treated with jiedu yanggan gao by a double-blind method Chen Z Dept. of Hepatic Diseases, Beijing TCM Hospital. Chung Hsi I Chieh Ho Tsa Chih, 1990 Feb, 10:2, 71-4, 67

This paper reported 96 cases with chronic hepatitis B treated by a double-blind method. There were 51 cases of observation group(OG) and 45 cases of control group (CG). OG was treated with Jiedu Yanggan Gao consisting of *Artemisia capillaris*, *Taraxacum mongolicum*, *Plantago seed*, *Cephalanoplos segetum*, *Hedyotis diffusa*, *Flos Chrysanthemi Indici*, *Smilax glabra*, *Astragalus membranaceus*, *Salviae miltiorrhizae*, *Fructus Polygonii Orientalis*, *Radix Paeoniae Alba*, *Polygonatum sibiricum*, etc.). CG was prescribed with three charred medicinal herbs (charred *Fructus Crataegi*, charred *Fructus Hordei Germinatus*, charred fermented mixture of several medical herbs and wheat bran). The average duration of treatment was five months. All 96 cases belong to the virus-duplication-type with positive HBsAg for over one year. Among them 65.5% of cases HBeAg, DNAP and HBV-DNA were positive. 20.8% of cases were positive in two out of the above tests. 13 data were compared statistically between two groups, and proved to be comparable (P greater than 0.05) before treatment. 27.3% and 66.7% of cases' ALT, AST returned to normal respectively in OG after treatment. However, in CG they were 9.1% and 22.2% (P less than 0.05). TTT returned to normal in 52% cases of OG and 44% in CG (P greater than 0.05). 20% cases HBeAg shifted to negative in OG, but 6.7% in CG. Cases with negative DNAP in OG occupied 34.2%, but 10.8% in CG. 31.6% cases' HBV-DNA changed to negative in OG, while 17.6% in CG. After comprehensive judgement, the total effective rate was 74.5% in OG and 24.4% in CG respectively (P less than 0.001). Eight cases were basically cured in OG and one case in CG. After one year's follow-up, one recurred in eight patients of OG, however the only one cured in CG still relapsed.

Clinical and experimental study on yi-gan-ning granule in treating chronic hepatitis B Zhang BZ, Ding F, Tan LW Hunan Academy of TCM and Pharmacology, Changsha. Chung Kuo Chung Hsi I Chieh Ho Tsa Chih 1993 Oct;13(10):597-9, 580

This paper reports that 320 patients with chronic hepatitis B (CHB) were treated with Yi-ganning Granule (YGNG) and the pharmacodynamics of YGNG in the animal study. As control, another 70 patients with

M.M. Van Benschoten, O.M.D.

Pari Vokshori, L.Ac □ Alan Sher, L.Ac □ Gila Varis, L.Ac □ Joe McSweyn, O.M.D, L.Ac □ Steven Jarsky, L.Ac

19231 Victory Blvd, Suite 151, Reseda, CA 91335

818-344-9973 (phone) □818-344-0720 (fax)

www.DrMatts.com u support@mmvbs.com

M.M. Van Benschoten, O.M.D, CA, Inc.

CHB receiving oleanolic acid granule (OAG) were compared to 68 patients in YGNG group. YGNG is consisted of Astragalus membranaceus, Artemisia capillaris, Codonopsis pilosula, et al. Each patient has taken YGNG or OAG for 3 months. The result showed YGNG was effective on recovering the liver function and OAG had similar effect. The sero-negative conversion rates of HBsAg, HBeAg, HBcAb and positive conversion rate of HBeAb in the YGNG group were 33.1%, 40.5%, 10.5% and 15.5% respectively, which were much better than that in OAG group ($P < 0.05-0.001$). The result of 6 months follow up showed that 60 of 62 patients receiving YGNG were in stabilized state. The result in the animal study demonstrated that YGNG had significant protection from the liver damage caused by CCl₄. YGNG could decrease serum ALT level and protect the liver function of carbohydrate, fat, protein metabolism and detoxication. YGNG could induce interferon in vivo and play an important role in seroconversion of negative DHBV-DNA and improvement of pathological morphology in viral hepatitis B.
PMID: 8312695, UI: 94146507

[Short-term curative effect of cultured Cordyceps sinensis (Berk.) Sacc. Mycelia in chronic hepatitis B] Zhou L; Yang W; Xu Y; Zhu Q; Ma Z; Zhu T; Ge X; Gao J Shanxi Liver Diseases Research Co-operation Group. Chung Kuo Chung Yao Tsa Chih, 1990 Jan, 15:1, 53-5, 65

33 cases of chronic hepatitis B. patients treated with cultured Cordyceps sinensis mycelia have shown that the drug improves the liver function, promotes negative transfer HBsAg, and markedly helps to raise plasma albumin, resist high gamma globulin and to adjust body immunocompetence. It is therefore suggested that cultured Cordyceps sinensis mycelia may be used as a medicine for chronic hepatitis B. patients in adjusting protein metabolism and correcting inversion of albumin and globulin.

Antifibrotic effects of a polysaccharide extracted from Ganoderma lucidum, glycyrrhizin, and pentoxifylline in rats with cirrhosis induced by biliary obstruction. Park EJ; Ko G; Kim J; Sohn DH College of Pharmacy, Medicinal Resources Research Center, Wonkwang University, Iksan, Geonbuk, Korea. Biol Pharm Bull, 1997 Apr, 20:4, 417-20

For the past few years, we have been investigating polysaccharides from Ganoderma lucidum as antifibrotic agents. In a previous study, we discovered that polysaccharides extracted from G. lucidum lowered the collagen content in liver but had no effect on serum biochemical parameters in rats subjected to bile duct ligation and scission-induced fibrosis. In this study, we changed the extraction method and obtained polysaccharides extracted from G. lucidum. The polysaccharide from G. lucidum reduced the serum aspartate transaminase (AST), alanine transaminase (ALT), alkaline phosphatase (ALP) and total bilirubin and also reduced the collagen content in liver and improved the morphology. Pentoxifylline, which is reported to exhibit an antifibrotic effect in pigs with fibrosis induced by yellow phosphorus, did not have any antifibrotic effects in fibrosis induced by biliary obstruction. Glycyrrhizin, which is used in the treatment of hepatitis, reduced serum ALT and AST values but there was no significance. It had no effect on liver hydroxyproline content which implies that glycyrrhizin has no antifibrotic effect in the rats with fibrosis induced by bile duct ligation and scission. These data suggest that the polysaccharide from Ganoderma lucidum could be a promising antifibrotic agent. However, further study is needed to understand the inhibition mechanism of collagen deposition of polysaccharides from Ganoderma lucidum and its clinical applicability remains to be established.

In vitro studies on the effect of certain natural products against hepatitis B virus. Mehrotra R; Rawat S; Kulshreshtha DK; Patnaik GK; Dhawan BN ICMR Advance Centre for Pharmacological Research on Traditional

Remedies, Central Drug Research Institute, Lucknow. Indian J Med Res, 1990 Apr, 92:, 133-8
Picroliv (active principle from Picrorrhiza kurroa), its major components picroside I, catalpol, kutkoside I, kutkoside, andrographolide (active constituent of Andrographis paniculata), silymarin and Phyllanthus niruri extract were tested for the presence of anti hepatitis B virus surface antigen (anti HBs) like activity. HBsAg positive serum samples obtained from hepatitis B virus (HBV) associated acute and chronic liver diseases and healthy HBsAg carriers were used to evaluate the anti-HBs like activity of compounds/extract. The latter were mixed with serum samples and incubated at 37 degrees C overnight

M.M. Van Benschoten, O.M.D.

Pari Vokshori, L.Ac □ Alan Sher, L.Ac □ Gila Varis, L.Ac □ Joe McSweyn, O.M.D, L.Ac □ Steven Jarsky, L.Ac

19231 Victory Blvd, Suite 151, Reseda, CA 91335

818-344-9973 (phone) □ 818-344-0720 (fax)

www.DrMatts.com □ support@mmvbs.com

M.M. Van Benschoten, O.M.D, CA, Inc.

followed by HBsAg screening in the Elisa system. A promising anti-HBsAg like activity was noted in picroliv (and its major components) catalpol, P. niruri which differed from the classical viral neutralization. Picroliv also inhibited purified HBV antigens (HBsAg and HBsAg) prepared from healthy HBsAg carriers. The in vitro testing system appears to be a suitable model to identify an agent active against HBV, prior to undertaking detailed studies.

M.M. Van Benschoten, O.M.D.

Pari Vokshori, L.Ac □ Alan Sher, L.Ac □ Gila Varis, L.Ac □ Joe McSweyn, O.M.D, L.Ac □ Steven Jarsky, L.Ac

19231 Victory Blvd, Suite 151, Reseda, CA 91335

818-344-9973 (phone) □818-344-0720 (fax)

www.DrMatts.com U support@mmvbs.com