

Herbal Medicaments, Ascorbic Acid, Tenofovir, Treatment on HBeAg Positive or HBeAg Negative in Chronic Hepatitis B (A Combination of Treatment with Herbals)

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Short Communication

Subscribe investigation will have a percentage of the maintenance of chronic hepatitis, chronic sufferers develop liver cirrhosis and/or liver cancer, infections in infants and children caused by viral infection inflammation hepatitis B is a surveillance issues need to be addressed. Take an antiviral medication combined with a group brought medicines derived from herbs have obtained good results in removing the virus from the body, 100% of patients with HBeAg (+) will remove virus hepatitis B after 6-12 months of treatment, 100% of patients with HBeAg (-) will remove virus hepatitis B after 3-6 months of treatment. Maintenance of the inactive carrier state HBV⁻ DNA=0 UI/ml and normal Alanine Aminotransferase (ALT) after treatment. More studies took place hundreds of years ago, as well as the recent study, this study has been experimentally improvement over: Select a sufficient amount of Ascorbic Acid to help the patient increased immunity. Support Ascorbic Acid is maintained in the body without increased dosage, select Flavonoids contained in *Elipta Prostrata*. *Elipta Prostrata* have white flowers are research shows against very effective liver damage and inflammation. *Elipta Prostrata* was chosen because contains a high content of flavonoids. Use flavonoids to maintain Ascorbic Acid in liver cells, prevent oxidation caused by free radicals this is a very good job in regenerating liver cells, working to prevent cirrhosis and liver cancer. This is similar to *Elipta Prostrata*, purple color of flowers based on *Adenosma Glutinosum* has accumulated many Flavonoids, serve as protective agents, antioxidants, preserving intracellular Ascorbic Acid, Flavonoids are a group of compounds known as "the repairer of natural biochemical" thanks to the ability to repair the body reacts against the other compounds in allergens, viruses and carcinogens. *Phyllanthus Urinaria* a widely used herbal medicine, it has powerful effects in supporting treatment of chronic hepatitis B, lowers liver enzymes ALT. Tenofovir Disoproxil Fumarate-Nucleoside Reverse Transcriptase Inhibitor, Tenofovir is always present in the protocol treatment hepatitis B. The combination of drugs from natural and synthetic, a combination of effective employment as the top quality in removing the virus from the body, because there were cases

viruses in the patient's body not much but patients still cirrhosis and liver cancer. Patients will be more secure when the body is no longer the virus, last time used of drug have not found any resistance of the virus [1].

Retrospective analysis of serum HBV⁻ DNA of 36 patients with HBeAg(+) and HBeAg(-) were involved in a study conducted in Vietnam. The selection criteria for inclusion in this study were availability of serum HBV⁻ DNA quantification to pre-treatment levels by the end of treatment (every 3 months) as a quantitative test for HBV⁻ DNA. The study was conducted according to the principles of the Declaration of Helsinki and the principles of Good Clinical Practice. All patients had consented in writing notice. All patients with HBeAg positive and HBeAg negative, 33 patients underwent treatment with Tenofovir, the larger 24 month treatment by taking a single dose of the drug per day, 03 patients underwent treatment >6 months with interferon alfa-2a⁺ Tenofovir. All patients did not respond to this treatment: HBV⁻ DNA>10,000 copies/ml (HBeAg(-) and HBV⁻ DNA>100,000 copies/ml (HBeAg(+)). Study treatment included Tenofovir 300mg plus 500mg Ascorbic Acid-300 mg *Phyllanthus Urinaria*-150 mg *Elipta Prostrata*-150 mg *Adenosma Glutinosum*: one drink per day for 48 weeks. Results 3 months after treatment for cases of HBeAg(-) and 6 months after treatment for cases of HBe Ag(+) have been published previously. The purpose of this analysis, the reaction of 3-6 months after treatment has been defined as the killing and cleaning the hepatitis B virus, HBV-DNA = 00 copies/ml and biochemical (ALT ≤ 30 U/L). Reaction parameters assessed 3 years after the end of treatment as HBV

DNA=00 copies/mL and % of HBsAg(-) continues to monitor.

Extension

Maintain effective treatment can stay with the use of Hepatitis B Immune Globulin (HBIG) for patients with target not detected: HBV DNA=00 copies/ml.

Contraindications

Hepatitis B Immune Globulin (HBIG), 33 cases HBeAg negative has been to return normal (HBV⁻ DNA=00 copies/ml) after 6 months, biochemical (ALT ≤ 30 U/L) after 3 months. HBsAg negative (3 cases after 12 months). 03 cases HBeAg positive has been to return normal (HBV⁻ DNA=00 copies/ml) after 10-12 months, biochemical (ALT ≤ 30 U/L) after 3 months. HBsAg negative (no case).

Discussion

This finding to support positive in killing the hepatitis B virus, can be used on the current drug resistant cases. Virus hepatitis B has survived after using the drugs after: Tenofovir; Entecavir; Lamivudine. Community use a mix between Tenofovir and Interferon Alpha 2a (there were a fight and persists of the viruses), can use this method to kill the virus completely. Using Flavonoids from herbals, Flavonoids are slow oxidizers, prevent oxidation of free radicals, based on this advantage inclusion in the protocol treatment for hepatitis B virus and there are many great things are waiting to prove. Confidence application of

Ascorbic Acid, used to maintain and indispensable, can thought to chain reaction in protocol on the drug to take effect application. There are some important issues here need to think in combination between Tenofovir and Herbals⁺ Ascorbic Acid used to be substitute for the case to resistance Tenofovir using separate. Clinical experimentally controlled wish to eliminate the hepatitis B virus was able be done in this initiative. The drug is approved for all current cases of drug resistance. "Expanded access is currently available for this treatment".

Results

Analyzed according to the HBV⁻ DNA level, ALT, the serum conversion HBsAg over time (pre-treatment, every 3 months, and 12 months post treatment) was determined for all 36 patients according to treatment group (irrespective of age, sex and weight).

References

1. <https://clinicaltrials.gov/ct2/show/NCT01198860>