India: Researched and compiled by the Refugee Documentation Centre of Ireland on 9 April 2009

Hepatitis C treatment in India. Hepatitis C condition and treatment etc.

According to a report from the *Indian Academy of Sciences* it notes:

> "Khaja et al.1 have highlighted a major health problem due to hepatitis C virus (HCV) which accounts for one-fourth of all cases of chronic liver disease in India. It is estimated that there are 12.5 million HCV carriers in our country2, and at least a quarter of them are likely to develop chronic liver disease in the next 10 to 15 years. In the absence of efficient anti-HCV screening among blood donors in our country, post-transfusion HCV-induced chronic liver disease is likely to increase. Also, HCV infection from other sources will continue to add to the disease pool… (Indian Academy of Sciences (October 2002) *Hepatitis C: a major health problem of India*)

The report continues

> "A short course (six months) of INF-a commonly led to transient normalization of serum alanine aminotransferase (ALT), loss of detectable virus in blood and reduction of inflammation in liver biopsies. Unfortunately, relapse occurred in most of these cases when treatment was stopped. No other treatment option was available for patients with chronic hepatitis C – thus, despite these modest responses, a six-month course of treatment with recombinant INF-a was approved by regulatory agencies in Europe and the US in the early 1990s. It was later shown that prolonging the duration of treatment with interferon for at least 12 months doubled the sustained response rate and this longer regimen was subsequently approved as the standard of care6. Due to the prevalence of hepatitis C 3 genotype in India, a six-monthly treatment regimen is enough for eradication of HCV. However, non 3 genotype requires longer treatment duration.
>
> Both interferon and ribavirin are not only expensive but can also have serious side effects. Interferon-based therapy is especially problematic in patients with psychiatric disorders such as depression. In fact, a history of severe depression or other psychiatric conditions is considered to be a relatively strong contraindication to interferon-based therapy, since dosedependent and reversible neuropsychiatric effect occurs in 30 to 40% of patients during treatment8. In a developing country like India the cost of combinational therapy of interferon for chronic hepatitis C treatment may cost something around Rs 2.5–4.5 lakhs. Since a majority of the population is not covered by health insurance, financial constraints become a major obstacle for many patients to initiate therapy. As the chronic consequences of HCV infection are becoming more evident, public concern is escalating. Therefore, there is a need to explore the scope of cost-effective natural products with minimal side effects in the treatment of chronic hepatitis C." (ibid)

The report continues

> “Indigenous herbs and plants have received recent attention for the treatment of liver disorders. Certain plant products like Picroliv, Glycyrrhizin and Phyllanthus amarus have shown to have antiviral properties.” (ibid)

However it continues

> “Data on herbs used to specifically treat hepatitis C are sparse. Many studies evaluating the use of traditional medicine in the treatment of hepatitis were published before serological testing of hepatitis C became available. (ibid)

> According to another report from the *Indian Academy of Sciences* under the conclusions it notes:

> Compared to the progress made in Western countries, research in the Indian subcontinent is going on at a slow pace. In spite of the fact that HCV continues to be a major threat to the Indian population, mandatory blood screening is not rigorously implemented. Till recently, complete cloning and sequencing of even a single Indian isolate of HCV has not been done. Guntaka et al.66 have recently completed the sequencing of one isolate of HCV from an infected Indian patient. Complete coding sequence can be retrieved from GenBank using Accn No. AY051292. This information should make it possible to speed up research on Indian species and prevailing quasispecies of HCV.” (Indian Academy of Sciences (August 2002) Current Science, VOL. 83, NO. 3, 10 AUGUST 2002 *Hepatitis C virus: The Indian scenario*)

A report from *The Hindu* says:

> “Hepatitis C, if not diagnosed and treated at the right time, can lead to cirrhosis, liver failure and liver cancer. Dr. DHARMESH KAPOOR writes about the killer disease.

> ONE hundred and seventy five million people across the world, including 12.5 million Indians, are infected with the hepatitis C virus. The number is about three times the number of HIV infected Indians. But awareness about the disease is low despite the fact that there is no protective vaccine available.

> What is Hepatitis C? It is a liver disease caused by the hepatitis C virus (HCV), found only in the blood of those who have the disease. HCV is spread by blood contact with an infected person. A distinct and major characteristic of Hepatitis C is chronic liver disease. At least 75 per cent of patients with acute Hepatitis C ultimately develop chronic infection, and most have accompanying chronic liver disease.

> Most people with a chronic infection stay healthy for a long time. Some develop symptoms of liver disease, among them tiredness, lethargy, nausea and discomfort in the upper abdomen area. After many years, some develop liver

> illness, such as cirrhosis, liver decomposition and liver cancer." (The Hindu (23 May 2004) *Silent scourge*)

The report continues

> "Treatment options for Hepatitis C infection have greatly improved in recent years. By using combination therapy, it is now possible to offer sustained improvement in liver function, as well as viral suppression, in up to 50-60 per cent of people.
>
> In India, Pegylated Interferon Alfa-2a is recommended for treatment of Hepatitis C and cases like cirrhosis and Genotype 1.
>
> The disease must be treated early because research reveals that response to treatment is better at an early age. Needless to say, though, there is no better protection against Hepatitis C or any other disease than awareness of the disease itself." (ibid)

References

Indian Academy of Sciences (October 2002) *Hepatitis C: a major health problem of India*
http://www.ias.ac.in/currsci/nov102002/1058.pdf
(Accessed 9 April 2009)

Indian Academy of Sciences (August 2002) Current Science, VOL. 83, NO. 3, 10 AUGUST 2002 *Hepatitis C virus: The Indian scenario*
http://www.ias.ac.in/currsci/aug102002/219.pdf
(Accessed 9 April 2009)

The Hindu (23 May 2004) *Silent scourge*
http://www.hindu.com/thehindu/mag/2004/05/23/stories/2004052300530600.htm
(Accessed 9 April 2009)

This response was prepared after researching publicly accessible information currently available to the Refugee Documentation Centre within time constraints. This response is not and does not purport to be conclusive as to the merit of any particular claim to refugee status or asylum. Please read in full all documents referred to.

Sources Consulted:

Amnesty International
BBC Monitoring
BBC News
Committee to Protect Journalists (CPJ)
Ethnologue
Danish Immigration Services

European Country of Origin Information Network
Google
Human Rights Watch
Immigration and Refugee Board of Canada
IRIN
Lexis Nexis
Refugee Documentation Centre Query Database
Relief Web
Sudan Tribune
UNHCR
UK Home Office
US Department of State