

THREE "HEALTH FOOD STORE" STUDIES FROM AASLD 2009

From the AASLD (American Association for the Study of Liver Disease) Conference, Oct 31-Nov 3 2009, Boston, MA, thanks to NA-TAP:

MILK THISTLE STUDY SILIBININ: A POLYMERASE INHIBITOR

Since only about half of genotype 1 patients respond to standard treatment, newer drugs are being developed that specifically target HCV enzymes (protease, polymerase, NS3/4A, helicase, etc.) In this study, silymarin—a milk thistle extract—was tested to see whether or not it inhibits HCV enzymes. The product used in the study was Legalon SIL, now commercially available. It includes silibinin A and B, isosilybin A and B, silichristin and silydianin. The product was tested in laboratory trials in vitro [hopefully testing will soon progress to clinical trials in humans.] It was found that the silibinin A and B, and Legalon SIL inhibit the replication of the virus in a cell culture by blocking the polymerase of the virus. Silibinin A and B blocked the reproduction of genotypes 1b and 2a. None of the silymarin products attacked the protease, but the results showed that silibinin A and silibinin B, as well as Legalon SIL, successfully deter HCV replication in cell culture, possibly because they block the polymerase directly. "These results provide a basis for the optimization and subsequent development of members of the Flavonoid family as specific HCV antivirals."

VITAMIN D TRIPLE THERAPY

Standard HCV therapy (pegIFN plus ribavirin) has an approximate SVR (sustained viral response) rate of 40-50% in patients with genotype 1. It is known that vitamin D regulates the immune system, but it is unknown how it would affect treatment responses. This study investigated the addition of vitamin D to standard therapy by treating 58 patients. 27 received standard therapy plus

1000 to 4000 IU daily of vitamin D. 31 patients received only standard therapy. The vitamin D group had a higher body mass index, higher fibrosis score, and higher viral load than the standard therapy group. Even so, 96% (all but one) of the vitamin D arm, compared to 48% of the standard therapy arm, were HCV negative at week 12. There were no side effects from adding vitamin D. These are preliminary results.

FATTY LIVER: VITAMIN E vs. PIOGLITAZONE

Those faced with a diagnosis of NASH (non-alcoholic steatohepatitis, or fatty liver) find that there is no established treatment regimen for that disease. The purpose of this trial was to see which therapy was better: pioglitazone (an insulin-sensitizer) or the anti-oxidant vitamin E.

This study enrolled 247 patients (non-diabetics) with NASH. They were divided into one of 3 arms: those taking pioglitazone 30g once daily, vitamin E 800 IU once daily or placebo during 96 weeks. The patients had liver biopsies before and after treatment. All of the patients had fatty liver with a NAFLD activity score (NAS) of 4 or more.) Endpoints considered to show

improvement were a decrease in fatty liver and no worsening of fibrosis. Other items considered were liver enzymes and insulin resistance. 90% of the patients had a biopsy after treatment. Improvement in liver histology was found in 19% of the placebo group, 43% of the vitamin E group, and 34% of those taking pioglitazone improved. Compared to the placebo group, the patients on vitamin E had less steatosis and inflammation, and their ALT was lowered, but their fibrosis did not improve. Compared to the placebo group, the patients taking pioglitazone not only had less steatosis and lower ALTs, but also showed weight gain and lower insulin resistance, but again, no improvement of fibrosis. Quality of life was not affected, nor were there any serious side effects. The authors concluded that adding vitamin E improves the treatment of NASH in non-diabetic adults. Pioglitazone is helpful

LOW FAT GINGERBREAD MEN

1. 1/4 cup butter, softened
2. 3/4 cup firmly packed brown sugar
3. 1/2 cup unsweetened applesauce
4. 1 egg
5. 1/3 cup dark molasses
6. 3 cups all-purpose flour
7. 1 tsp baking soda
8. 2 tsp ground ginger, 1 tsp ground cinnamon, 1/2 tsp allspice, 1/4 tsp ground cloves



In a large mixing bowl, beat ingredients 1 through 3 until smooth. Add 4 and 5. Mix well. In another large bowl, combine 6 through 8. Add to first mixture. Stir well. Divide dough in two; cover with plastic wrap; chill for 2 hours. Preheat oven to 350°. Roll out dough to 1/4" or 1/8" thickness. Cut gingerbread men with a cookie cutter. Add candies or raisins to decorate. Place 1-2" apart on a parchment-lined baking sheet. Bake 10-12 min. Decorate when cool. Makes 30 cookies.

Source: <http://lowfatcooking.about.com>

INSIDE THIS ISSUE:

Three "Health Food Store" Studies -AASLD	1
TAP / Health Resource Fair / News	3
Stacey House	4
Treatment- Should I? / Aspirin / Meditations	5
EFT : Surviving Holiday Temptations	6
Off-label Drugs / PegCARE / PegAssist	7
Compensation	7
Coming Up	8

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Peppermint Patti's FAQ Version 8.3 is
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Place your orders now. Over 140 pages
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HepCBC Resource CD

The CD contains back issues of the
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Past articles are available at a low cost in hard
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THANKS!!

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Judith Fry, Ernie, Bruce Lemer, United Way,
and the newsletter team: Beverly A., Diana
Ludgate, Alp, Judy Klassen, and S. J.

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and Mill Bay.



CUPID'S CORNER

This column is a response to requests for a
personal classified section in our news
bulletin. Here is how it works:

To place an ad, write it up! Max. 50 words.
Deadline is the 15th of each month and the ad
will run for two months. We'd like a \$10
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To respond to an ad: Place your written
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Put that envelope inside a second one, along with
your cheque for a donation of \$2, if you can
afford it. Mail to the address above.

*Disclaimer: The *hepc.bull* and/or HepCBC cannot
be held responsible for any interaction between parties
brought about by this column.*

Got Hep C? Single? Visit:

[http://groups.yahoo.com/group/
HepCingles2](http://groups.yahoo.com/group/HepCingles2)

[http://groups.yahoo.com/group/
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www.hcvanonymous.com/singles.html

www.hepc-match.com/

www.hepcinglesonline.com/

CHAT: [http://forums.delphiforums.com/
hepatitiscen1/chat](http://forums.delphiforums.com/hepatitiscen1/chat)

TIP OF THE MONTH:

**OBTAIN , STUDY,
AND SAVE
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TESTS.**

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PRE-PLANNING YOUR FINAL ARRANGEMENTS?

Please consider arranging for donations to
your local hepatitis C organization.

TRAVEL COST COMPENSATION

About TAP:

The Travel Assistance Program is sponsored by the BC Ministry of Health and Ministry Responsible for Seniors.

TAP was created to help residents of BC to access health care services that they cannot obtain unless they travel.

In other words, if you have to travel to get access to specialists in Vancouver, for example, the TAP program will pay for, or give you discounts for your travel costs, such as ferry fares, for you, your vehicle, and for an escort, if one is needed.

Please ask your doctor for a form to complete. You also need to contact MSP to verify your eligibility and to receive a confirmation number before you travel (Phone number below).

You are eligible if you are a BC resident enrolled in the Medical Services Plan, and your travel expenses aren't covered by other insurance policies. There are regulations such as arriving at the ferry, for example, one hour before departure.

This program doesn't include meals, accommodations, car expenses, or local transportation. You must make your own travel and accommodation arrangements. You may obtain more information by calling MSP at 1-800-661-2668 from 8:30 am to 4:30 PM, Monday through Friday. You may also call 387-8277 in Victoria.



UNABLE TO START TREATMENT FOR HEP C BECAUSE OF LOW PLATELETS?

We are conducting a clinical research trial with a platelet-building investigational medication. Once required levels of platelets are achieved, subjects are started on the pegylated interferon medication of the physician's choice. At that point the subject receives either placebo platelet builder or the active medication. There is no cost to participate and all medications and study visits are provided at no cost. If you are interested please call:

**PerCuro Clinical
Research Ltd.
250-382-6270**

HEALTH RESOURCE FAIR



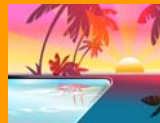
Joan King and Petra Hoffmann

HepCBC, represented by Joan King and Petra Hoffmann, participated in the Health Resource Fair 2009, put on by the staff and inmates at Surrey Pre-trial Services Centre.

The event provided information for many inmates eager for information, and a good opportunity to network with other like-minded organizations. We hope to attend again next year, and appreciate the invitation.



December 6-10, 2009
**HEP DART 2009: Frontiers
in Viral Hepatitis**
Kohala Coast
Big Island, Hawaii
<http://hepdart.com>



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www.adobe.com/products/acrobat/readstep2.html

Just send your email address to info@hepcbc.ca and say, "Send me the email version, please," and you, too, can enjoy this newsletter in glorious colour, free of charge.

NEWS

SEXUAL TRANSMISSION

Hepatitis C infection rates have been rising among gay men, especially those co-infected with HIV. Receptive anal sex seems to have explained much of it, but didn't seem to explain all of the cases.

The Study Group on Sexual Risk Factors for Hepatitis C studied 34 gay men co-infected with HIV from 2006 through 2008. They were non-IVDU (IV drug users). The subjects were matched with a control group of 67 men only infected with HIV. Four factors appeared that predicted HCV infection: Frequent fisting (anal sex with the fist) without gloves, frequent rectal trauma with bleeding, use of snorted drugs, and group sex. Other factors included dilating sex toys, the number of partners, recent STDs, and a history of major surgery. Sexual transmission seems to occur in groups of gay men practicing "serosorting" (sex only with men with the same HIV status), and when the anal tissues are damaged.

The researchers urge the use of gloves and condoms, and changing those between partners, since HCV can be transmitted from one partner to another even with a condom (or gloves), during group sex, by not changing the condom. Care should also be taken with sharing of lubricants, and the researchers suggest that party hosts provide individual snorting tubes, gloves and condoms to their guests.

Source: www.natap.org/2009/EACS/EACS_03.htm 12th European AIDS Conference, November 11-13, 2009, Cologne, Germany

SYMPTOM I BET YOU NEVER THOUGHT OF: FINGERNAILS

It is common knowledge that liver problems are linked to several skin disorders. These researchers believe that changes in nails are an equally important diagnostic tool for liver disease. They set out to study 100 patients with liver disease (HCV, HBV and liver cell failure), along with 100 normal, healthy controls. All received complete diagnostic tests, including nail analysis. Changes in the nails were observed in 68% of those with liver disease, compared to 35% in the control group. The most common nail infection was onychomycosis (nail fungus). Other problems were longitudinal striations (ridges), brittle nails, onychorrhexis (splitting of nails), clubbing of fingers, dystrophic (abnormally developed) nails,

(Continued on page 4)

STACEY HOUSE: MY STAY

I just had the opportunity to test out the Stacey House...a temporary haven for out-of-towners seeking a place to stay while undergoing post-transplant treatment or Hep C treatment in Vancouver.

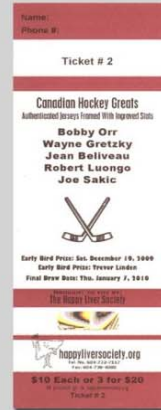
Karen Stacey was most generous in welcoming me, since we are friends, and she brought me over some dinner to share. The lovely apartment is within easy walking distance from Vancouver General Hospital, and has free underground parking. It is a roomy, one-bedroom suite, tastefully decorated and very comfortable, with a little deck.

It is well-stocked with everything one could need and more. There is even a wheelchair! It has a TV/DVD player and a dishwasher, sheets and towels. I could access an unprotected signal for my internet pleasure. It provided me with a much-needed refuge.

You are asked to replace any food you eat, and leave the apartment clean and tidy. There are coin washers and dryers in the building.

The cost is a \$25 donation per night to the Happy Liver Society, and you receive a tax receipt for that. In fact all donations over \$25 receive a tax receipt. I urge you to support this venture if you can. And take a look to your right at the hockey shirts they are raffling—great holiday present for your hockey lover!

Contact: karen@happyiversociety.org



The Happy Liver Society

STACEY HOUSE
Welcome to your home away from home

A hand up, not a hand out.

About Your Accommodation at the Liver Suite

The Happy Liver Society of BC is pleased to provide this accommodation for the exclusive use of Liver Patients and their family members who must travel to Vancouver for treatment of their Liver disease.

The Suite:

This is our first Liver Suite – a one bedroom apartment that will sleep up to four people. A traditional queen-sized bed and an adjustable twin-sized bed are located in the bedroom. The suite is fully furnished including all furniture, pots, pans and dishes; television with DVD player; telephone (for locals calls only); and bed linens and towels; wheelchair and walker; and it also has a toilet seat riser and a bath chair.

The Happy Liver Society of BC provides for the rent and utilities of this suite.

Cleaning of the suite: The Happy Liver Society is responsible for cleaning and sanitizing the suite before your arrival, including laundering of all the linens. We ask only that you leave the suite in a similar condition as you found it.

The History Book:

You will find the history book on the coffee table. It is placed here with the hope that all who stay in the suite will feel free to share their name, city/town, date and any comments. The idea of this book is to provide some continuity to the project and to create new friendships and knowledge for all. Thank you for sharing with us.

Donations can be made at any Van City credit union account number 549725 branch #8

Donations can also be made to the HAPPY LIVER SOCIETY at #720-999 west Broadway Vancouver B.C V5Z 1K5

All donations of \$25.00 or more will receive a tax receipt
Thank you for your support



(NEWS—Continued from page 3)

leukonychia (white marks) and longitudinal melanonychia (a dark brown stripe along the fingernail. This new information will help GPs and dermatologists to diagnose liver disease.

Source: www3.interscience.wiley.com/journal/122671016/abstract PMID: 19888943

STRATEGY FOR NON-RESPONDERS

It is important to develop strategies for those who have not responded to treatment, be it due to breakthrough, relapse or non-response. Response to re-treatment depends on the type of previous treatment, previous type of response and the patient's age, viral load, etc. Relapsers respond better than nonresponders to retreatment with standard therapy, but retreatment is usually not effective in nonresponders. The best rates are found in those who are treated for 72 weeks (16%), and an undetectable RNA at 12 weeks of treatment is important to predict response. Maintenance therapy is usually not effective in nonresponders. The new antivirals added to standard treatment may help these patients, but will not be on the market for some years. "... a 72-week regimen is the preferred strategy for optimizing sustained response rates in patients who have not responded to the standard of care, provided that viral RNA is undetectable at week 12 of re-treatment."

Source: <http://www3.interscience.wiley.com/journal/122670911/abstract> Dec 2009 PMID: 19889142

HCV & TREATMENT: SHOULD I BE TREATED?

Hepatitis C is generally a disease that progresses slowly. You have time to think about what you want to do.

You should get these tests:

1. A liver panel (blood test—measures enzymes such as the ALT and AST, clotting time, etc.)
2. An HCV-antibody test.
3. A PCR test (looks for the virus itself)
4. Genotype test
5. Alpha-fetoprotein test or AFP (looks for cancer)
6. Ultrasound (looks for tumours)
7. Biopsy

The first 5 are blood tests. They will give you and your doctor some important information. The AFP and ultrasound should be done at least yearly, and more often if you have cirrhosis (scarring). The only way to know how much damage has been done to your liver is from a biopsy. You may have a lot of virus, but no damage to your liver, or the other way around. You may have a high ALT, and no damage to your liver, or a low ALT and quite a bit of damage. If your liver is not damaged, you may wish to wait before being treated. On the other hand, if your liver is damaged, and you have signs of rapid progression, you may wish to be treated as soon as possible.

Remember:

1. The earlier you start treatment, the more likely you are to respond.
2. The younger you are, the more likely you will respond.
3. The disease progresses faster in men than in women.
4. The genotype test will tell you how likely you are to respond to treatment. Genotypes 1 don't respond so well as other genotypes. People with genotype 1 need longer treatment.

What is treatment like?

The standard treatment is pegylated interferon plus ribavirin. The patient injects the interferon under the skin, usually in the abdomen or thighs, once a week, and takes 5 to 6 capsules of ribavirin each day.

There are two brands of treatment approved in Canada: Pegatron and Pegasys. The side effects of either treatment can be much like having a bad case of the flu. They last about 2 weeks, and then get better. Some side effects can be permanent, like thyroid disease or eye problems. Some people lose weight and have hair loss. Both the weight and the hair return.

What else can I do?

Some people can continue working, while others are not able to do so. There can be more serious problems. Some people can't be treated because of heart problems, immune system problems, or serious depression. There are other side effects and reasons people can't be treated. Talk to your doctor.

Other recommendations:

- Stop drinking alcohol.
- Get vaccinated against hepatitis A and B.
- Get a pneumonia vaccine
- Get a flu shot each year.
- Avoid toxins like paints, gasoline and insecticides.
- Check out all medications, even non-prescription medications, with your pharmacist.
- Exercise regularly, even if you're tired.
- Eat a balanced diet.
- Join a support group.
- Read all you can about Hep C.
- Be careful with any herbs; some may hurt your liver.
- Ask a registered dietician about vitamins. Avoid mega-doses.



ASPIRIN: ANOTHER REASON

Mexican researchers, recalling that salicylates (sodium salicylate and aspirin) prevent the reproduction of flaviviruses like dengue and Japanese encephalitis, decided that, since HCV is also a flavivirus, they would study the effects of acetylsalicylic acid (ASA or aspirin) on HCV, using a cell culture system. They found that ASA suppressed HCV-RNA and protein levels by almost 58%. Their findings suggest "that the anti-HCV effect of ASA in the Huh7 replicon cells is due to its inhibitory effect on COX-2 expression, which is mediated in part by the activation of MEK1/2/p38 MAPK." It may be useful to add ASA to treatment for HCV.

Source: May 2008 www.ncbi.nlm.nih.gov/pubmed/18393288



CD Makes it Easy for People with Hepatitis C to Reduce Stress, Boost Energy with Guided Meditation

The hepCmeditations project has released an audio CD and booklet, Self-Care for Hepatitis C ~ Applied Meditation for a Healthy Liver. These meditations are specifically designed to enhance liver functioning and support healing from hepatitis C.

Many hepatitis C organizations recommend meditation, and people who do meditate find it extremely helpful. Others who recognize its potential benefit may not know how to meditate, or find it difficult to practice regularly.

This CD was created to give people easy access to meditation, with guided imagery specific to meeting the challenges of living with hepatitis C and other liver problems.

"I recommend this CD for people with all types of liver disorders; it makes it easy to do the stress reduction that aids liver health," says Dr. Robert Gish, Medical Director, Liver Disease Management and Transplant Program, California Pacific Medical Center, San Francisco, California.

Visit www.hepCmeditations.org for more information and to listen to a free sample meditation, "7 Minutes for Liver Health."

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415-452-5153

Robin@hepCmeditations.org



SURVIVING HOLIDAY TEMPTATIONS WITH EFT TAPPING

by © Karen Hodson, BA, EFT-ADV EFT Practitioner

This is a regular segment of a series on using EFT (Emotional Freedom Techniques) Meridian Tapping to create more personal peace in a rapidly changing world.

The holidays are a time of the year when temptations abound and there is an abundance of luring decadent sweets. Social gatherings fill our calendars where we are relentlessly enticed with many goodies. Surviving the holidays unscathed can be a challenge.

However with EFT meridian tapping it's easier to say "no" to the temptations without feeling deprived and yet feel more in control when you do choose to say "yes". Understanding the emotional triggers that are set off can help the choices being made.

Breaking down triggers can bring clarity to what your needs are and make resulting actions easier. If I am faced with a choice of a colorful plate of raw veggies or an enticing tray of chocolate treats it is quite obvious which the decadent decision is. However, if I tap on what I am feeling, the truth may be that I am really hungry. The more nutritious veggies may be a better meal choice—at least as the main course. I can tap on the acceptance of healthy choices and the release of the emotional sugar cravings.

Once my physical needs taken care of with "real" food in my belly, then I can tap on the emotional desire to eat the chocolate. Do I really want it? Am I stressed and shoveling sweets is a coping method? Am I emotionally hungry and if so, what do I really need? Do I crave a few peaceful minutes to calm down from the holiday stress? I may choose to let it go and not have any desserts once my true emotional needs are taken care of.

If I really do want something sweet, I can tap on the fear of not being able to stop until the entire bowl is polished off. Once at a neutral space, I can choose to indulge and fully experience the decadence of a chocolate—embracing quality vs quantity. I can be truly conscious while eating and enjoy the moment, rather than unconsciously shoveling. If even one chocolate is not a choice, then tapping can allow me to feel empowered and in control without feeling deprived. It releases the guilt and shame so that a clear and neutral answer of "no" can be voiced with ease and grace.

There is no need to keep stuffing the bottomless hole with food because the real emotional desire is being addressed. Tap-

ping allows one to find the truth and then take action to fulfill the true desire rather than a false craving that can never be filled.

Here is what an EFT tapping session on surviving holiday temptations would look like: (*See www.pivotpoint4u.com for tapping points and a full description of EFT*)

Tap the Karate Chop (side of the hand) the Set-up Phrase (repeated up to 3 times) then the Tapping Phrase Sequence (top of head, eyebrow, side of eye, under eye, under nose, chin, collar bone, under arm, liver point) and repeat for as many rounds as needed, adding new words or phrases as they come up, until a more balanced feeling is present. Once neutralized, go onto the next set-up and tapping phrase.

Karate Chop Set-up:

"Even though I am tempted to indulge in holiday goodies, I deeply and completely love and accept myself."

Tapping a phrase on each point:

All these desires for decadent goodies; I can't stop at one; I don't know how to make healthy choices; I can't say no; Temptations are everywhere I turn; I have no will power; I feel so guilty; I don't deserve to relax; I just keep shoveling it in.

Karate Chop Set-up:

"Even though I crave all these sweet holiday temptations, I deeply and profoundly love and accept that craving part of me anyway."

Tapping a phrase on each point:

I can't stop eating; What if I can say no?; I feel so guilty eating unhealthy; What if I can choose healthier options?; I feel so deprived—others get to enjoy the holidays and I don't; I choose to feel empowered saying "no"; I keep stuffing myself; I listen to my body and stop when it's full.

These sequences can be repeated for as many rounds as needed. Once a more neutral feeling is present the following positive phrases can be introduced until it feels complete.

Tapping a Positive Phrase on each point:

I trust my healthy choices; I release those old fears; I choose to honor my body; I love this feeling of contentment; I give myself permission to rest; I am compassionate to me; I feel at peace with my choices; It is safe to enjoy social gatherings; I consciously live my life in the moment.

With so many sweet temptations during the holidays it is easy to tumble into a fast

unhealthy downward spiral. With EFT meridian tapping, you have a tool to maneuver through the enticing but dangerous trays of goodies with ease and grace. It is perfectly fine to occasionally indulge when it is appropriate and you are in charge of your emotions. By understanding the underlying emotional triggers, tapping gives you back the feeling to make empowering healthy choices based on the truth of your needs rather than unconscious false desires that can't be filled. It is the holiday gift you give yourself—freedom and peace.

Wishing everyone a happy, healthy and joyful holiday season!

Karen is an EFT Practitioner in West Vancouver and is offering a reduced fee for EFT sessions to people with hepatitis. You must mention this article, some restrictions apply and sessions can be over the phone. Karen would love to hear from you, please e-mail any comments or feedback. For more information: pivotpoint4u@gmail.com or www.pivotpoint4u.com. (604) 913-3060

The Combo Survival Guide from A to Z

<http://www.hepcsurvivalguide.org/comboguide.htm>

CHRISTMAS JOKE

Three men died on Christmas Eve and were met by Saint Peter at the pearly gates. 'In honor of this holy season,' Saint Peter said, 'you must each possess something that symbolizes Christmas to get into heaven.'

The first man fumbled through his pockets and pulled out a lighter. He flicked it on. 'It represents a candle', he said.

'You may pass through the pearly gates,' Saint Peter said.

The second man reached into his pocket and pulled out a set of keys. He shook them and said, 'They're bells.'

Saint Peter said, 'You may pass through the pearly gates.'

The third man started searching desperately through his pockets and finally pulled out a pair of women's panties.

St. Peter looked at the man with a raised eyebrow and asked, 'And just what do those symbolize?'

The man replied, 'These are Carols.'

OF INTEREST: OFF LABEL DRUGS

LOW-DOSE NALTREXONE FOR FIBROMYALGIA

A small study by Stanford University researchers has shown that low doses of naltrexone (Revia, Depade), an anti-addiction drug, may relieve symptoms of fibromyalgia (pain and fatigue). In the study, the drug reduced symptoms by 30.2% more than a placebo. The usual dose used to treat alcohol and opioid addiction is 50 mg, but the dose used in the study is just 5 mg. At the low dose, the drug acted as a neuroprotectant and suppressed inflammation. The drug is approved, but not for fibromyalgia treatment. More studies are needed, since this study only evaluated 10 patients, who recorded their symptoms daily during a two-week baseline period, 8 weeks of treatment, and then a washout period. Some patients returned to work. Some reported sleep and mood improvements.

Source: www.medpagetoday.com/Rheumatology/Fibromyalgia/13785 April 17, 2009

SORAFENIB (NEXAVAR) FOR CIRRHOSIS

Sorafenib is used to improve the health of patients with liver cancer, but now, researchers from Spain have found that it may help prevent complications related to cirrhosis. The drug inhibits the growth of new blood vessels that nourish tumours. The researchers used animal models, and found that the rats with cirrhosis treated with the drug experienced improvement in damage to the liver, scarring, and inflammation while inhibiting the growth of new blood vessels. Intestinal damage also improved. Researchers believe this drug will help humans with advanced portal hypertension in the same way, and that it might even prevent fibrosis before it becomes cirrhosis. More studies are warranted.

Source: www.hivandhepatitis.com/hep_c/news/2009/042409_b.html April 24, 09



PegCARE

PegCARE is a reimbursement program to help people who have been prescribed Pegetron and need assistance with any co-payment they might have, whether through their provincial coverage (i.e., Pharmacare) deductible or their 3rd-party health insurance. It is pro-rated, so the less the family income is, the more help they get. If someone's net family income is less than \$30,000, they will get 100% reimbursement. The income maximum is \$100,000. Patients must be signed up for Fair Pharmacare to qualify, and they need to provide a copy of last year's T4 form.

There is a 24/7 Nursing Hotline and bilingual assistance available, at no charge. Other services are access to live translation services (150 languages) and injection assistance from registered nurses. Patients starting on Pegetron should ask their doctor or nurse to enroll them in PegCARE. It's an easy single-page form to fill out, which they will provide. PegCARE: 1-866-872-5773

PEGASSIST

The PegAssist Reimbursement Assistance Program provides reimbursement coordination assistance for patients who have been prescribed Pegasys or Pegasys RBV. The program will assist in securing funding for patients to ensure that they can start, stay on, and complete their treatment successfully.

PegAssist Reimbursement Specialists are available (Monday to Friday, 10 AM- 6 PM EST) by calling: 1-877-PEGASYS or 1-877-734-2797. Patients can also obtain a program enrollment form from their nurse/physician to gain access to the program.

The program provides financial aid to qualified patients, alleviating any financial barriers which may prevent patients from starting treatment, i.e., deductibles and/or co-payments.

In partnership with CALEA Pharmacy, the program can conveniently deliver the medication directly to patients' homes or to the clinics.

COMPETITION!

HepCBC needs writers for the *hepc.bull*, and will pay \$50.00 for a featured article. The article should be original, 500 to 800 words, and be about hepatitis C. It may be, for example, about the author's experience with hepatitis C, a study (with references) on some aspect of Hep C, or a call for action. Submissions must be in by the 15th of next month, *stating interest in the bonus*. If there is more than one submission chosen, the editors reserve the right to print both, or leave one for a future edition. info@hepcbc.ca

COMPENSATION

LAW FIRMS

1986-1990

Bruce Lemer/Grant Kovacs Norell
Vancouver, BC
Phone: 1-604-609-6699
Fax: 1-604-609-6688

Pre-1986/ Post-1990

Klein Lyons
Vancouver, BC 1-604-874-7171,
1-800-468-4466, Fax 1-604-874-7180
www.kleinlyons.com/class/settled/hepc/

David Harvey
Lauzon Belanger S.E.N.C. (Quebec)
Toronto, ON
Phone 416-362-1989; Fax 416-362-6204
www.lauzonbelanger.qc.ca/cms/index.php?page=108

Roy Elliott
Roy Elliott Kim O'Connor LLP
hepc@reko.ca www.reko.ca/html/hepatitisc.html

Kolthammer Batchelor & Laidlaw LLP
#208, 11062 - 156 Street,
Edmonton, AB T5P-4M8
Tel: 780-489-5003 Fax: 780-486-2107
kkoltham@telusplanet.net

Other:

William Dermody/Dempster, Dermody, Riley & Buntain
Hamilton, ON L8N 3Z1 1-905-572-6688

LOOKBACK/TRACEBACK

Canadian Blood Services Lookback/Traceback & Info
Line: 1-888-462-4056

Lookback Programs, Canada: 1-800-668-2866

Canadian Blood Services, Vancouver, BC

1-888-332-5663 (local 3467) or 604-707-3467

Lookback Programs, BC: 1-888-770-4800

Hema-Quebec Lookback/Traceback & Info Line:
1-888-666-4362

Manitoba Traceback: 1-866-357-0196

Canadian Blood Services, Ontario

1-800-701-7803 ext 4480 (Irene)

Irene.dines@Blood.ca

RCMP Blood Probe Task Force TIPS Hotline

1-888-530-1111 or 1-905-953-7388

Mon-Fri 7 AM-10 PM EST

345 Harry Walker Parkway, South Newmarket, ON L3Y
8P6 Fax: 1-905-953-7747

CLASS ACTION/ COMPENSATION

Class Action Suit Hotline: 1-800-229-5323 ext. 8296

Health Canada Compensation Line: 1-888-780-1111

Red Cross Compensation pre-86/post-90 Registration:
1-888-840-5764 HepatitisC@kpmg.ca

Ontario Compensation: 1-877-222-4977

Quebec Compensation: 1-888-840-5764

http://www.phac-aspc.gc.ca/hepc/comp-indem_e.html

CLAIMS ADMINISTRATOR

1986-1990

Administrator 1-877- 434-0944
www.hepc8690.com info@hepc8690.com
www.hepc8690.ca/PDFs/initialClaims/tran5-e.pdf

Pre-86/Post-90

Administrator 1-866-334-3361
preposthepc@crowco.ca
www.pre86post90settlement.ca
Settlement Agreement: http://www.reko.ca/html/hepc_settlement.pdf

COMING UP IN BC/YUKON:

Armstrong HepCURE Contact 1-888-437-2873 Phone support.

AIDS Vancouver Island The following groups provide HCV info, harm reduction, support, education and more:

♦ **Campbell River:** Drop in, 1371 C - Cedar St. Contact 250-830-0787 leanne.cunningham@avi.org

♦ **Comox Valley** Drop in, needle exchange. 355 6th St. Courtenay. Contact Sarah 250-338-7400 sarah.sullivan@avi.org

♦ **Nanaimo** Contact Anita 250-753-2437 anita.rosewall@avi.org

♦ **Port Hardy** (Port McNeil, Alert Bay, Port Hardy, Sayward, Sointula and Woss) Drop-in kitchen. 7070 Shorncliffe Rd. Contact Tom, 250-949-0432 tom.fenton@avi.org.

♦ **Victoria** Drop in, disability applications. 1601 Blanshard St., 250-384-2366 info@avi.org

Boundary HCV Support and Education Contact Ken 250-442-1280 ksthomson@direct.ca

Castlegar Contact Robin 250-365-6137 eor@shaw.ca

Courtenay HCV Peer Support and Education. Contact Del 250-703-0231 dggrimstad@shaw.ca

Burnaby HCV Support Contact Beverly at 604-435-3717 batlas@telus.net

Cowichan Valley HCV Support Contact Leah 250-748-3432 r-l.attig@shaw.ca

Cranbrook HeCSC-EK Phone support. Contact Leslie 250-426-6078, ldlong@shaw.ca

HepCBC info@hepcbc.ca, www.hepcbc.ca

♦ **Victoria** Peer Support: 4th Tues. monthly 7-8:30 PM, Victoria Health Unit, 1947 Cook St. Drop-in/Office/Library, 306-620 View St. Contact 250-595-3892 Phone support 9 AM-10 PM. 250-595-3891

♦ **Fraser Valley** Meeting Dec 22, 7PM, N. Surrey Rec Centre. Info: 604-576-2022.

Kamloops AIDS Society of Kamloops (ASK Wellness Centre) HIV/HEPC Peer Support Group each Thurs. 11-2 PM, 433 Tranquille Rd. Support/Referral. info@askwellness.ca 250-376-7558 1-800-661-7541 www.askwellness.ca

Kamloops Hep C support group, 2nd and 4th Wed monthly, 10-1 PM, Interior Indian Friendship Society, 125 Palm St. Kamloops. Contact Cherri 250-376-1296 Fax 250-376-2275

Kelowna Hepkop: Last Sat. monthly, 1-3 PM, Sep-May, Rose Ave. Meeting Room, Kelowna General Hospital. Contact Elaine 250-768-3573, eriseley@shaw.ca, Lisa 1-866-637-5144, ljmortell@shaw.ca

Mid Island Hepatitis C Society 2nd Thurs. monthly, 7 PM (Location to be arranged.) Contact midislandhepc@hotmail.com

Nanaimo Hepatitis C Treatment Peer Support Group 1st & 3rd Thurs. monthly 4-5 PM, AVI Health Centre, #216-55 Victoria Rd, Nanaimo. Contact Fran 250-740-6942. hepctxpeersupport@hotmail.com

Nelson Hepatitis C Support Group 1st Thurs. every 2nd month, afternoons. ANKORS Offices, 101 Baker St. Drop-in library M-Th 9-4:30. Contact Alex or Karen 1-800-421-2437, 250-505-5506, information@ankors.bc.ca alex@ankors.bc.ca www.ankors.bc.ca/

New Westminster Support Contact Diane Morrissett, 604-525-3790 before 9 PM. dmorrissettie@excite.com

North Island Liver Service - Viral Hepatitis Information, support and treatment, serving Fanny Bay North to Pt Hardy, Vancouver Island. Toll free 1-877-215-7005

Pender Harbour Contact Myrtle Winchester 604-883-0010 myrwin@dccnet.com

Powell River Hep C Support Powell River Community Health, 3rd Floor-5000 Joyce Ave. Contact Rosemary rosemary.moran@vch.ca 604-485-3310

Prince George Hep C Support Group 2nd Tues. monthly, 7-9 PM, Prince George Regional Hospital, Rm. 421. Contact Ilse 250-565-7387 ilse.kuepper@northernhealth.ca

Princeton Contact the Health Unit (Princeton General Hospital) 250-295-4442

Prince Rupert Hep C Support Contact: Dolly 250-627-7942 hepcprince Rupert@citytel.net

Queen Charlotte Islands/Haida Gwaii & Northern BC support. Contact Wendy 250-557-2487, 1-888-557-2487, wendy@wendyswellness.ca www.wendyswellness.ca <http://health.groups.yahoo.com/group/Network-BC/>

Slocan Valley Support Group Contact Ken 250-355-2732, ken.forsythe@gmail.com

Smithers: Positive Living North West Contact the Prince George group, please.

Sunshine Coast-Sechelt Healthy Livers Support Group Information/resources, contact Catriona 604-886-5613 catriona.hardwick@vch.ca or Brent, 604-740-9042 brent.fitzsimmons@vch.ca

VANDU The Vancouver Area Network of Drug Users. 380 E Hastings St. M-F 10-4 Contact 604-683-6061 vandu@vandu.org www.vandu.org

Vancouver Pre/post liver transplant support Contact Gordon Kerr sd.gk@shaw.ca

Vancouver Hepatitis C Support Group Contact 604-454-1347 or 778-898-7211, or call 604-522-1714 (Shelley), 604-454-1347 (Terry), to talk or meet for coffee.

Vernon telephone buddy, M-F 10-6 Call Peter, Tel. 250-308-7756

YouthCO AIDS Society HepCATS 900 Helmcken St, 1st floor, Vancouver 604-688-1441 or 1-877-YOUTHCO www.youthco.org Support program manager: Renaud Boulet renaudb@youthco.org

Whitehorse, Yukon—Blood Ties Four Directions Contact 867-633-2437 bloodties@klondiker.com

OTHER PROVINCES:

ONTARIO:

Barrie Hepatitis Support Contact Jeanie for info/appointment jeanievilleneuve@hotmail.com

Sandi's Crusade Against Hepatitis C/Durham Hepatitis C Support Group Contact Sandi: smking@rogers.com www.creativeintensity.com/smking/ <http://health.groups.yahoo.com/group/CANHepC/>

Hamilton Hepatitis C Support Group 1st Thurs. monthly, 6-7 PM, Hamilton Urban Core Community Health Centre, 71 Rebecca St. Hamilton. Contact Maciej Kowalski, Health Promoter 905-522-3233 mkowalski@hucchc.com

Hepatitis C Network of Windsor & Essex County Last Thurs. monthly, 7 PM, Teen Health Centre-Street Health Program Office, 711 Pelissier St., Suite 4, Windsor, ON. Contact Andrea Monkman 519-967-0490 or hepcnetwork@gmail.com. <http://hepcnetwork.net>

Kingston Hep C Info HIV/AIDS Regional Service. Contact 613-545-3698, 1-800-565-2209 hars@kingston.net, www.hars.ca

Kitchener Area Chapter 3rd Wed. monthly, 7:30 PM, Waterloo Menonite Brethren Church, 245 Lexington Rd. Waterloo. Contact Bob 519-886-5706, Mavis 519-743-1922 or waterlooregionhepcsupport@gmail.com

Niagara Falls Hep C Support Group Contact Rhonda 905-295-4260, kehl@talkwireless.ca

Owen Sound Info and support. Contact Debby Minielly dminielly@publichealthgreybruce.on.ca 1-800-263-3456 Ext. 1257, 519-376-9420, Ext. 1257, www.publichealthgreybruce.on.ca/

Peel Region (Brampton, Mississauga, Caledon) Contact 905-799-7700 healthlinepeel@peelregion.ca

St. Catharines Contact Joe 905-682-6194 jcolangelo3@cogeco.ca

Sudbury Circle C Support Group 1st Tues. monthly. Contact Ernie 705-522-5156, hepc.support@persona.ca or Monique 705-691-4507.

Toronto CLF First Mon. monthly Oct. through June, 7:30 PM, North York Civic Centre, 5100 Yonge Street. More info: www.liver.ca. Contact Billie 416-491-3353, bpotkonjak@liver.ca

Thunder Bay Hep C support. Contact Sarah Tycholiz 807-345-1516 (or for 807 area only 1-800-488-5840)

Unified Networkers of Drug Users Nationally

undun@sympatico.ca

York Region Hepatitis C Education Group 3rd Wed. monthly, 7:30 PM, York Region Health Services, 4261 Hwy 7 East, B6-9, Unionville. Contact 905-940-1333, 1-800-361-5653 info@hepcyorkregion.org www.hepcyorkregion.org

QUEBEC:

Quebec City Region Contact Renée Daurio 418-836-2307 reneeaurio@hotmail.com

ATLANTIC PROVINCES:

Halifax, NS Hepatitis Outreach Society Support. Info and support line for the entire province. Call 1-800-521-0572, 902-420-1767 program@hepatitisoutreach.com. www.hepatitisoutreach.com

PRAIRIE PROVINCES:

Edmonton Contact Jackie Neufeld 780-939-3379.

Wood Buffalo HIV & AIDS Society #002-9908 Franklin Ave, Fort McMurray, AB Contact 780-743-9200 wbhas@telus.net www.wbhas.ca

Manitoba Hepatitis C Support Community Inc. Each 2nd & last Tues. monthly, 7 PM, United Church, Crossways-in-Common, 222 Furby St., side door, Main Floor. Look for signs. Everyone is welcome. Contact Kirk 204-772-8925 info@mbhepc.org www.mbhepc.org

Medicine Hat, AB Hep C Support Group 1st & 3rd Wed. monthly, 6:30 PM, HIV/AIDS Network of S.E. AB Association, 550 Allowance Ave. Contact 403-527-7099 bettyc2@hivnetwork.ca

STAYING HEALTHY

Make sure you get an ultrasound and Alpha-Fetoprotein (AFP) blood test every year, or every 6 months if you have cirrhosis.

If you have a Canadian HCV support group to list here, please send details to info@hepcbc.ca by the 15th of the month. It's free!

ADVERSE EVENTS

Report problems with medical products, product use errors, quality problems and serious adverse events.

www.accessdata.fda.gov/scripts/medwatch/medwatch-online.htm