HEPATITIS C COUNCIL OF NSW

Newsletter Backcopies - Editions 1-9

Preface - A Brief History

The identification of the hepatitis C virus (HCV) in 1988 established a new era in the scientific understanding of hepatitis C, previously known as Non-A/Non-B hepatitis. In stark contrast though, individual people affected still faced confusion and ignorance regarding their condition. A need for community-wide information and support was and remains clearly visible. **Professor Geoffrey Farrell** of Westmead Hospital recognised this need. He supported the setting-up of a patient support group that inaugurated in November 1991 as the NSW Hepatitis C Support Group. The primary purpose of this group was to provide support for people with HCV, and to represent the interests of such people within the broader community. A toll-free 008 support line involving a network of metropolitan and non-metropolitan volunteer telephone counsellors was established.

The group became incorporated in February 1993, as the **Australian Hepatitis C Support Group**, soon gaining the status of a registered charity. While remaining committed to client support services, the group increasingly began to address public and peer education. The focus of the organisation had begun to include Federal issues as well, such as access to Interferon treatment and social security pensions. Liaison with peer health and welfare based agencies had also increased considerably.

With federal funding submissions rejected, the group could not function on a national level, and in July 1994, the Australian Hepatitis C Support Group reformed as **The Hepatitis C Council of NSW**, moving to its first offices at Belmore St, Surry Hills in Sydney.

1994 also marked the **NSW Health Department's** formal acknowledgment of the Hepatitis C Council's role by providing ongoing funding for the provision of counselling and support services. This marked the beginning of a shared commitment to address HCV need within the NSW community.

In October 1994, NSW Health convened a state **HCV Taskforce**, aimed at identifying gaps in HCV healthcare provision, and proposing strategies that would meet such gaps. The Hepatitis C Council was invited to sit on this taskforce along with other community-based groups and government departments.

In December 1994, we relocated to more suitable office accommodation at Crown St, Surry Hills. In February 1995, NSW Health approved further funding as a contribution to our core operating costs. This has enabled us to provide a more professional and effective service.

HEPATITIS C SUPPORT GROUP

NEWSLETTER NO. 3 — 1ST DECEMBER 1992

Happy Christmas and a Healthy New Year to all!

It is wonderful to have on board a fully functional Victorian Group. The Coordinator there is Krys (ph 579 5067); the secretary is Sharon whose number is (wk) 563 9555 and AH 579 2136. The postal address is PO Box 211, Bentleigh 3204. Victoria is going to take charge of publishing and distributing the national newsletter. So... contributions for the next newsletter are to be sent to Jon Brown, 2nd Fl. Charter House, Bank Pl., Melbourne. VIC 3000, before 20/2/93. Thank you Jon!

The organisation is now an incorporated and registered charity so that donations are tax deductable, and we are exempt from government sales tax if we buy anything - I wish it applied to postage! The plan now is to educate the community (including G.P.'s), keep ourselves informed, help local groups get going, and get more government action. I wonder where the next annual general meeting in September '93 will be held? Perth, Adelaide, or Melbourne? Or maybe Brisbane or the Sunshine Coast will be a late contender. Suggestions appreciated. Talk to Audrey (02 584 2421 or 6/807 Forest Rd, Peakhurst. NSW 2210).

Gosford branch is about to make its presence felt! For those in the Gosford area, please contact Heather on (043) 28 1186. In the eastern suburbs of Sydney, Heather at Bondi Beach (AH 365 0019) would like to have a local meeting, so get in touch with her and save yourselves a lot of travelling! Anyone else who would like to have a local group, just let me (Audrey 02 584 2421) know and we'll let others know. Could phone counsellors please ask people they talk to if they would like contact with others in their area? The Australia wide data base is kept in Sydney.

There has been some discussion again as to whether the Group should be made wider to include Hepatitis B. Recommendations have been heard from sociologists who advise not to, as it has been shown those groups which are more homogenous have more impact, and there are also difficulties now we have been incorporated as Hepatitis C.

According to the Public Health Bulletin September 1992, the number of cases of AIDS reported in NSW in the twelve months to September 1992 was 152. The number of cases of Hepatitis C for the same period was 2842 - about an 800% increase on last year's reports! Government funding for AIDS is ? Government funding for Hepatitis C is nil.

LICENSING OF INTERFERON FOR USE WITH HEPATITIS C - This happened in early December. It can now be legally prescribed for Hep C patients, but they have to pay for it themselves. ($150 pw approx.) We hope it will be on NHS by August.

SUPPLY OF NEEDLES - We are still trying to get syringes and needles in bulk for supply to our members when they go onto Interferon programmes as it is quite a problem to find a pharmacist who a) keeps them in stock, and b) will supply at a reasonable cost. Now we are approaching the manufacturers and other hospitals to help us. Unfortunately, the Diabetic Association who were very sympathetic, use a different sort of needle as do many needle exchange programmes. Try a needle exchange programme near you.

SAMPLES PLEASE - Brett DeVries, a science student at Sydney University, is still working independently at R.P.A. trying to isolate the HCV in body fluids (saliva etc). He is grateful for any samples given him by patients attending R.P.A. for Hep C. His phone number is 692 4037.

DISPENSING FEE - For those persons who have been charged a fee of $15 for the supply of Interferon in trials at Westmead hospital, this was a mistake. Take your receipt to the pharmacy department and you will get a refund.

DISCRIMINATION - Following reports of discrimination against a man for having THE VIRUS in Gosford, enquiries were made of the anti-discrimination board as to where we stand. Employers are NOT allowed to sack us. A person has 21 days in which to lodge a complaint through the Anti-Discrimination Board (in Sydney this is at 50 Phillip Street). A person must have 3 complaints in writing before they can be sacked.

At present the Group is making enquiries from a solicitor as to where "C's" stand re compensation for themselves, or damages for other people if they do not declare to the employer that they have Hepatitis C. The answer should be in the next newsletter.

RESULTS OF OUR SURVEY ON INTERFERON EFFECTS.- Unfortunately, very few persons answered this survey.

There were two males, one aged 35, (with mild chronic active) and the other 44, (with cirrhosis) who had both been on 3,000,000 units x 3pw for two months and had no ill effect whatever.

There was one male, 39 years, on 3,000,000 x 3pw for 4 months who was taken off the programme because his LFT's were still variable. However, now 3 months after the interferon, LFT's are normal and he feels much better than before he went on the interferon. Side effects were confusion, tiredness and irritability.

One female aged 38 (chronic active) had pains in the knees, cramps in the legs and feet, some depression of her white cell count and tiredness. She found that an antihistamine tablet (in her case Zadine) 1 hour before the injection stopped the rash appearing around the injection site and gave less likelihood of her running a fever.

One male, aged 32 with cirrhosis who was on 3,000,000 x 3 pw stopped treatment after 4 weeks because of extreme confusion, irritability, phobias and depression. But even after this short time, his LFT's are much lower and he feels much better than before interferon.

There have been 3 ladies in their early 30's who have had breakthrough menstrual bleeding which was said not to be associated with the interferon, but had not happened before. There have also been 4 people who have complained on the phone about pain in the liver through the diaphragm region towards the back. In two, the pain was so severe they ended up in hospital for observation.

Two others (fatter ladies) found they developed very dry skin and a extreme itch on a type of hive over their body. These "hives" took several months to disappear after the interferon was stopped.

One person whose biopsy showed no difference after the interferon, nevertheless has remained with normal LFT's and feels better 15 months later. In her case, she had sweats before starting interferon and these stopped while on (and after) interferon. However, she had extreme depression and tiredness.

RELATIONSHIP BETWEEN INTERFERON AND THYROID DISEASE.

It was reported in the Australian Doctor Weekly of 2.10.92 that Alpha-Interferon may cause thyroid disease in one third of patients who receive it for the treatment of chronic hepatitis C, according to a recent study. We asked Professor Farrell of Westmead Hospital for a comment on this report and here is his reply:

To date (hopefully), none of the 300 patients treated with interferon in trials supervised through Westmead have developed autoimmune thyroid deisease. The possibility of autoimmune thyroid disease was first recognized about 5 or 6 years ago when some European workers found that patients treated with interferon for more than 6 months sometimes developed thyroid antibodies (and indeed occasionally other antibodies). Jay Hoofnagle from the NIH then observed 5 patients out of rather a large number (I think more than 100) who developed thyroid disease which, unfortunately, and unlike almost all other interferon side-effects, did not respond spontaneously when the interferon was stopped.

This report from a very small number of patients treated in Italy of significant thyroid disease in one-third of 26 patients with hepatitis C treated with interferon, is surprisingly high and is certainly not typical of all the other studies done around the world. The reasons for it could be chance or it could be that the patients in that particular part of the world were more susceptible to autoimmune diseases. In terms of the practical implications for Australian patients being treated with interferon, they should be aware that thyroid disease is a potential side-effect and that if it occurs, the results could be permanent thyroid damage. Fortunately this is a relatively easy condition to control. My own view is that it is unlikely to occur in more than 1 or 2% of patients but is probably more likely in patients on long-term (more than 6 months) interferon.

VISUALISATION

Some will have heard of the positive work done by Dr. Ainslie Mears (Relief without Drugs etc.) on the use of meditation and positive imagery in the treatment of all sorts of illnesses and diseases. Others who have worked in this way are Ian Gawler with cancer (You Can Conquer Cancer, etc.), Simmington (also with cancer) and Petrea King (Quest for Life). All these approaches help a person by providing practical skills and techniques for gaining and maintaining a calm and positive attitude towards living well with life-threatening diseases. One of these skills is the skill of visualisation of positive outcomes for often, as we think, we become. Sometimes our health is a self fulfilling prophesy of our own expectations.

The daughter of one of our members who is on interferon wrote the following story for her mother to use every time she injects herself with interferon, and others may find it interesting and useful.

"Inside of my mother's body there are millions of little monsters. They are shaped like zig-zagged circles, with great big, bulgy eyes that hang out. Most of all, they have enormous mouths. These creatures are evil as they are eating my mum's liver and making her very sick. Inside her body are also millions of good white soldiers to fight the monsters but they have become very tired and keep falling asleep as she has been sick for a very long time. But now they are waking up! Mum has a needle which wakes them and oils their swords for battle. Each day they are stronger. The war has begun. So far, the soldiers are winning. They fight hard, then go back to sleep to get their energy for the next battle. (The soldiers are white blood cells and the monsters are the virus.)"

While talking about such things, people who are particularly unwell and feeling frightened may be interested to know of groups run by Quest for Life Foundation at the rear of 37 Atchison St, Crows Nest. On Mondays from 11am -1pm there is a Support Group for all persons with a life threatening illness. This is said to be a supportive group where issues can be explored and shared.

For Guided Meditation there are two groups, one at 1.30-2.30pm on Mondays and the other from 7.30-8.45pm Tuesdays, where skills are taught in relaxation, visualisation and meditation techniques and everyone is welcome. There is a suggested donation of $12 for each group and $6 for pensioners. Telephone Jennifer on (02) 906 3112 for more information. Look for similar group in your own state, or ask health services to provide them.

NOTES FROM ADDRESSES

1. PROFESSOR BOB BATEY - Associate Prof. of Gastroenterology & Hepatology at John Hunter Hospital and Newcastle University.

It was August 1989 when a kit was first available for testing for Hepatitis C in Australia, and as there is a window period for all diseases to show up in the blood, it is still possible for Hepatitis C to be transmitted through blood transfusions. This window period is 6-10 weeks on the present tests and sometimes the blood may take up to 6 months to have the antibody in a high enough concentration to be measured. Partners and children of those with Hepatitis C are excluded from giving blood now.

Latest suggestions are that there are 8 different strains of the virus and persons can catch different C Viruses. This puts a vaccine further away (of Hep B, at least 1 variant can escape the vacine.) Two months ago, there was a suggestion that scientists in Japan saw the virus. (Japan is furthest ahead in research as they devote more money and technology).

The high risk groups are recipients of blood products, IV users, persons who share toothbrushes, razors etc, exposure to more than one sexual partner, people who come from Asian or Mediterranean areas, and children of mothers who have Hepatitis C. It is interesting that in one study of 44 babies who had Hepatitis C antibodies at birth, all had lost it by 8 months of age. This is interpreted to mean that the mother had passed on the antibody but not the virus. At Westmead, there are 20% of unknown origin.

Diagnosis of where the disease process is at is only by biopsy, and a diagnosis of chronic persistent hepatitis is enough to warrant treatment for Hepatitis C. Chronic active shows a piecemeal necrosis going on. Dangers of biopsy are 1) hitting the gall bladder and 2) bleeding. (This is why you are advised to cramp that side of the abdomen and stay still for several hours to help the clotting).

The natural history of the disease is that 50% of Hepatitis C patients have no symptoms at all, but 50% have the risk of developing a chronic status. In some there are minimal liver changes, in others it leads to chronic persistent, or chronic active hepatitis which in turn can lead to cirrhosis, which leads to high pressure in the veins and bleeding or cancer. However, the majority of cirrhotic patients are <u>not</u> Hepatitis C positive. If there is no scarring on a biopsy, it could be years before you are in trouble.

The two treatments which have held most hope are Ribovirin and Interferon. With the former, everybody relapses when they stop treatment; with the latter, there is a cure rate of 40% in IV users. Those of unknown origin seem to do worst. In USA and Europe where trials of only 4 months have been carried out, the overall success rate is 25% and in fact trials of 3 months are now standard in Europe. In Newcastle, as part of the multicentre trial, as elsewhere, those whose ALT levels do not fall by 3 months, will cease treatment. Those that remain will be divided into two arms; one goes on for a further 24 weeks and the other has intermittent doses of 8 weeks on and 4 weeks off until they have had the same amount of interferon as the first group.

Treatment is 3,000,000 units three times per week. Roche has approval for Interferon for Hepatitis B and Schering-Plough for Hepatitis C. Doctors are wary of prescribing when a person also has HIV or is pregnant, or not really committed to the experimental programme Cirrhosis leads to disturbances of salt and fluid balances and causes drowsiness. However, patients can live for 30 years with cirrhosis, but need protein to build up the liver. In transplant patients, reinfection was almost 100% and the virus progresses more rapidly than is customary.

In answer to a question, Dr. Batey said that there were some instances of the antibiotic tetracyline causing problems in patients with liver disease, but it was rare. However, doctors had the option of prescribing antibiotics which were broken down by the kidneys rather than the liver.

2. DR MARTIN WELTMAN - Registrar, Westmead Hospital.

Interferon is a peptide which is broken down by the immune mechanism.

Interferon treatment In 1993 trials for cirrhotic patients will be held at Westmead, Concord and Prince Alfred in Sydney. Those persons who have ALT levels less than 80 are not put on Interferon programmes at the moment, as they are less likely to respond to Interferon. The studies are not showing much difference in response rate between 2,000,000, 3,000,000 and 5,000,000 units; however, there is a slight suggestion that maybe the relapse rate is higher with only 2,000,000 units. Trials need to be for 6 months at least. Usually one can tell by 8-10 weeks if a person is going to respond to the drug. Response rate is now 60%, of which 25% will be cured. At least 50% of the 75% will relapse fairly soon after ceasing Interferon.

Sexual Transmission Those studies which suggest sexual transmission of Hepatitis C are poor studies. Evidence only seems to show that it may be sexually transmitted during an acute infectious phase.

Anti-pyrene tests These are only done at Westmead hospital and determine how well the liver is functioning. A liver can function 100% even if enzymes are high.

GGT Drugs and alcohol most commonly affect GGT, and hepatologists take most notice of ALT when assessing how the liver is working.

Cirrhosis Fibrosis = scars in the liver. These scars are formed as tissue is attacked and dies. As the liver tries to repair itself, its architecture changes and it gets balls of tissue surrounded by bands of scars. When the blood vessels try to find another route to get through the liver, they form a sort of varicose vein which is liable to bleed. When the liver becomes really badly damaged, it stops detoxifying and stops making albumin (an essential protein). At this point a liver transplant is considered. Cirrhosis can go on for up to 50 years. Dr Weltman suggested that he should come back another day and give a talk on cirrhosis as it is such a complicated subject in itself.

3. TONI IRWIN - Nutritionalist

The best way to assure long term health is with optimal diet, because less than optimal diets lead to lowered functioning of the immune system. Of most danger to health is too much intake of fats, then being overweight, and lastly having too much sugar and salt in the diet. The major food groups are bread and cereals which should make up most of our diet, fruit (uncooked, contrary to Latchford's article in the previous newsletter), meat (including red meat - at least 2 ozs per day for intake of iron and zinc) and dairy products. Phytochemicals are newly recognised substances which are non nutrient food substances and which seem to be important in our diet. Fish is excellent for us. Canned tuna and salmon is excellent nutrition and cheaper than fresh fish.

For a healthy life

1. Enjoy a wide variety of nutritious foods - ie avoid too much of natural contaminates
2. Eat plenty of breads, cereals (wholegrain), vegetables, legumes, and fruit
3. Eat a diet low in fat, particularly saturated fat (animal)
4. Maintain a healthy body weight - ie balancing exercise and food intake.
5. Limit alcohol intake
6. Choose low salt foods

NB With cirrhosis, levels of protein, sodium and fluid have to be carefully controlled and those who are cirrhotic should seek the advice of a dietician.

Neutriceuticals are ingredients of food that have health enhancing qualities e.g.added antioxidants. A, C and E are antioxidants (i.e. they help the liver get rid of unwanted toxic products from metabolism). These can help with remission of leukemia. Take Vitamin A as beta carotine (carrots) or retinol forms, as A otherwise can also be toxic to the liver. In beta carotine or retinol form you are able to take 10 times the recommended dietary level i.e. 750 mcg. D is also toxic. E is safe in high doses and with C you need a high fluid intake to prevent kidney stones. Tissue saturation occurs at 2000mg per day. It is best to take it as Bioflavinoids. If you are taking B6 in high doses (i.e.50 times recommended dietary intake) this can be risky as the body does not expel fat soluble vitamins. In natural foods, antioxidants are mostly found in fruit and vegetables.

ROYAL PRINCE ALFRED HOSPITAL STUDY INTO THE TRANSMISSION OF HEPATITIS C WITHIN FAMILIES

(Dr John Rasko, on behalf of the Royal Prince Alfred Hospital (Sydney) Hepatitis C Study Group, is the author of the following article which was published in the Haemophilia Sociey of New South Wales October 1991 newsletter)

Over a year ago we asked interested patients cared for at the Haemophilia Centre (and their family members) to participate in a research study. We aimed to answer the question: 'is the newly identified Hepatitis C Virus a risk to sexual or household contacts of people already known to have been exposed to it?" In that way, we hoped to be able to offer some guidelines regarding risks of Hepatitis C infection.

The study is now complete and we wish to thank all those involved for agreeing to give us a little of their time (and blood!). All participants should have been individually informed of their results by this time.

Ever since Factor Concentrates have been used for the treatment of bleeding disorders, we have known that hepatitis can occur following therapy. At first the Hepatitis B Virus was identified by a blood test, and so it could be almost completely excluded from Concentrates. However, even though Hepatitis B was excluded, there were still cases of hepatitis occurring in the 1970's. Because no specific test was available for this other type of hepatitis, it became known as "non-A, non-B hepatitis". By far the majority of people who have received Factor Concentrates in the past have known of their past exposure to this hepatitis-causing virus that is neither Hepatitis A nor Hepatitis B (perhaps it should have been called neither-A, nor-B Virus instead!)

We all had to wait over two decades for the techniques of molecular biology to identify and clone the non-A, non-B Virus. Once identified, it could then be given a name - which was (predictably, but without much imagination) Hepatitis C. Nevertheless, although tests for the presence of the Hepatitis C Virus have become available to hospital laboratories recently, it has never been seen under a microscope! It is still early days in the study of this virus.

The results of our particular study have shed some light on the questions we set out to answer. By the end of our study, 98 people with bleeding disorders and 177 of their household contacts agreed to participate in the study. (Of the 177 contacts, 48 were also sexual partners.) We found, as expected, that of those who had received regular Factor Concentrates in the past (haemophiliacs), 87% had evidence of past exposure to the Hepatitis C Virus. However, only a small proportion of their long-term household and sexual contacts had evidence of past exposure to the Hepatitis C Virus (less than 2.5%). This was reassuring to us all.

Since our results are consistent with other studies performed in several centres worldwide, we offer the following general recommendations:

* The risks of transmission of the Hepatitis C Virus to long-term household contacts appears to be very low and only general rules of hygiene (handwashing and cleanliness, etc) need to be followed. That is, there is very little risk to friends and family members who have normal household exposure to persons carrying the Hepatitis C Virus, and they need not alter their usual daily routine.

* The risks of transmission of the Hepatitis C Virus to long-term sexual contacts appears to be low (less than 2.5%), but a little higher than the risk posed to household contacts. We cannot yet give recommendations with any certainty and therefore suggest that the safest approach would be to practise safe sex (using a condom) for the time being. Ultimately each couple must make their own decisions based on the above information and their own opinions.

* There is no vaccine for the Hepatitis C Virus and there will not be one for at least the short-term. Therefore, anyone exposed to the blood of a person known to carry the Hepatitis C Virus should seek the advice of their medical practitioner as soon as possible. Vaccination against Hepatitis B does not protect against Hepatitis C.

* Haemophiliacs known to carry the Hepatitis C Virus should inform their doctors, dentists and health care workers if any surgical procedure is planned.

We firmly believe that through studies such as these, we may ultimately better understand the current problems of haemophilia care. Once again, thank you to all of those who kindly participated in the study.

WENDY'S TALE

... Here is a resume of my collisions with the hepatitis virus and my methods of fighting, coping, adjusting and preparing to farewell the virus.

The first attack was in July '88, and it was first thought I may have picked up a bug from a South East Asian food outlet which had been proved had poisoned another woman. My AST was 2520 at the highest; everything about me was bright yellow and I was very ill. However asI have a dislike of hospital, I was cared for at home.

Late January '89, a relapse with ALT 1400. Not such a severe attack and not so yellow but still a big shock to know that hepatitis could recur. A bigger shock for us when we visited a Gastroenterologist and were told of acute progressive hep., liver damage, transplant and worse. It shocked me into seeking alternate treatment, the first from a G.P. in Brisbane specializing in mega vitamins. This helped greatly I'm sure, particularly with the excitement of my first trip to U.S.A. and Europe in June '89 and all that entailed. In Feb '89 I had a liver biopsy, the summary states: Established micronodular Cirrhosis and chronic active Hepatitis. The comment on the bottom of the report reads: The histological features would be consistent with chronic nonA nonB hep. although a drug aetiology cannot be excluded.

In remission for ten months until late Nov '89, no jaundice this time. Rather desperate, we searched for natural therapists who could help me overcome this intrusion into my body. Six weeks, many therapists and a great deal of money later, I met a herbalist who, sure she could help, took me off the 90 pills, drops etc. I was taking per day, and I began her herbal mixture 3 times per day at a nominal charge. I had also been visiting a Professor at Brisbane Hospital who was planning on me joining his Interferon programme, however after beginning the herbal mix on Jan 5, my blood normalized from ALT 277 on 15/2/89 to ALT 44 on 11/1/90, which precluded me joining the programme.

June '90 I began treatment from a local chiropractor specializing in no bone crunching but very gentle and effective treatment which included liver pumping. This treatment was of great benefit and usually made me feel much better.

In remission for two and a half years in which time I married and led a normal, very busy life. Early this year my mother's health deteriorated and she was placed in hospitals, waiting for placement in a Nursing Home. This was a time of daily sadness, worry and stress for many months and led to a relapse for me in March with ALT 992. Almost daily visits to the chiropractor and herbalist for 2 weeks helped contain this attack and reduce the severity, I'm sure.

Early April, I began treatment at a local clinic where the practitioner is qualified in Acupuncture, Laser, Chinese herbs, Western herbs and Homoeopathy. He treats the whole body (in fact is curing all sorts of other problems, even a ganglion in my hand!). In particular he is helping me cope with stress as I seem to have had a big problem in this area for many years. In Jan '89 the Gastroenterologist told me to try to live a life as free from stress as possible. This was the first time I had considered a connection between stress and hepatitis, however. each of the four attacks I've had have followed a period of much stress, when stress seemed to overtake me, leading to very little sleep which in turn leads to more stress management problems. I am sure when I conquer my problems managing stress, my health problems will automatically end. I have been to stress management courses, hypnosis and at present a course on 'How stress affects the body'. Fascinating, and they all help me in this learning process.

I do not think of myself as being chronically ill, in fact the term makes me feel negative and powerless. Maybe that's a form of denial but to conquer this health problem I need to be quite positive and sure of my own power in this journey to physical , emotional and mental health.

I had great assistance from a self healing group, held in the Catholic Church in Caloundra by David Hurst, a Buddhist monk in the past, (quite ecumenical). A wonderful positive message using power of the mind to bring health. Some of the group were terminal cancer patients with only a matter of weeks to live, who are now still in healthy remission 3-4 years on. David is gifted at leading meditations which I find a great help in calming inner stress. Unfortunately I am not a natural meditator but find audio tapes of guided meditations the next best.

Another ancient branch of medicine which I used with excellent results is the Indian AYURVEDIC medicinel. There is a clinic in Manly NSW run by an Australian medical doctor; Maharishi Ayer Veda Health Centre, 68 Wood St, ph 977 0160. They market a herbal liver medicine which apparently gives remarkable results.

A few of the many books I've found helpful are John Harrison's "Love Your Disease" (I think he still practises in Sydney), Ian Gawler, "You Can Conquer Cancer" (read Hepatitis), Louise Hay, "You Can Heal Your Life". So many more of course plus tapes I borrowed from the library of the Relaxation Centre in Brisbane.

I am very fortunate in having a very supportive G.P. with whom I can discuss different treatments. Best of all is having such a caring and supportive partner. How fortunate I am. My age is 56 years young. My mottos are 'One day at a time' and 'Nothing is Permanent'.