Conclusion
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HCV has infected an estimated 170 million people worldwide and therefore creates a huge disease burden due to chronic and progressive liver disease. HCV has been the subject of intense research and clinical investigations due to its worldwide prevalence and major role in chronic liver disease. HCV infection represent significant public health problem in India. Early diagnosis and treatment can improve survival and allow preventing strategies to reduce further transmission within a community. Hence scientists, surgeons and public health officials have a vested interest in the management and challenges posed by patients infected with HCV. HCV infection is generally asymptomatic and therefore will not be identified if specific diagnostic tests are not performed. HCV infection pose a significant threat to members of the community and to the well being of health care workers who save them. Gastroenterologist and virologist who work on blood borne viruses stand in an unique position to identify the prevalence of blood borne pathogens in their patient population and to encourage preventive measures to reduce further transmission of these devastating infections.

This study confirms the high anti HCV prevalence rate, especially among elderly people. The anti HCV assay is a sensitive and specific test for high risk groups. Qualitative determination of HCV RNA status is useful for the diagnosis and treatment of patients. Although these assays have improved considerably in recent years, they may vary greatly so that constancy in choice of test and laboratory is critical. Molecular diagnosis and genotyping of HCV have provided great insights into the pathogenesis of chronic HCV. Although knowledge of molecularbiology of HCV is rapidly evolving current therapeutical strategies remains suboptimal for most patients with chronic HCV. It is hoped that with information derived form ancient literature, novel plant based therapy can be tailored to HCV affected individuals offering them the greatest likely hood of response preventing the unnecessary use of costly and occasionally unpleasant medications when treatment failure is deemed propable. Genotype 3 was most frequently found in this geographical region. ALT elevation in anti HCV positive individuals suggests the presence of liver damage and thus viral replication. Surveillance of patients with cirrhosis should be performed for early detection of HCC.
Current standard therapies for chronic viral hepatitis remain unsatisfactory in many patients, especially those with chronic hepatitis C. Sustained virological response rates with pegylated interferon-alpha and ribavirin in patients with hepatitis C are approximately 54 - 63%. The side effects and high failure rates associated with standard therapy sometimes lead patients to explore alternative treatments.

Use of herbal drugs in the treatment of liver disease has a long tradition, especially in Eastern medicine. Standardization has been a problem and randomized placebo controlled clinical trials to support efficacy are lacking. Some herbal extracts promoted for gastrointestinal or biliary disorders contain potent hepatotoxic alkaloids and are harmful. However, some of these extracts have yielded molecules, often related to flavonoids, with proven antioxidative, antifibrotic, antiviral or anticarcinogenic properties, including glycyrrhizin, phyllanthin, silibinin, picroside and baicalein which derive from licorice root, *Phyllanthus amarus*, milk thistle and *Picrorhiza kurroa* that can serve as primary compounds for the development of specific hepatotropic drugs.

The identification of high prevalence of HCV in this study can directly lead to improved education for prevention. We strongly recommend routine test of the blood for HCV in addition to HBV and HIV. We also recommend individualized counseling to identify those at risk and testing for those who wanted. Improved surveillance and periodic epidemiological studies will have to be undertaken to monitor and prevent the spread of virulent and interferon resistant strains.

In conclusion HCV infection is one of many challenges which must be met in the process of providing quality medical care to liver disease patients. Given the current incidence and prevalence data cited above, HCV infection is expected to remain a problem. Further research in the virology, epidemiology, treatment and prevention of HCV infection is essential if better outcomes are to be achieved.