DIAGNOSIS, TREATMENT AND COMPUTATIONAL APPROACHES: HEPATITIS-C

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ABSTRACT

Hepatitis C viral infection is a major affecting liver disease most consistently found in users of drug by injection route. The transmission is attained by percutaneous or permucosal attainment to the blood infected with Hepatitis C viral infection. This type of infection occurs 20% acutely and around 70% chronically. The major concern for the disease is that it may or may not show any symptoms, fewer than half of those infected with HCV may be aware of their infection. Majorly this infection can be leading cause of hepatocellular carcinoma. clinical manifestations of HCV infection relate to various studies about HCV associated Hepatocellular carcinoma(secondary malignancies). The pathophysiology of the disease perfectly indicated the high risks towards cirrhosis at later stages. The diagnosis of the disease is poorly screened as HCV RNA cannot be detected easily in the blood, this is called sustained virological response. In the recent past USFDA approved two new protease inhibitors for the treatment of the disease. The future aspects in the field of creating a treatment lead to various approaches of new drug discovery through computational procedures. The future aspects including all the diagnostic and treatment procedures for hepatitis c virus infection have been introduced in this review in the elaborated way, which is a more challenge in terms of innovation & sustainable development in the area of drug discovery against hepatitis-C infection.

KEYWORDS-Cirrhosis, Hepatitis C Virus, Hepatocellular Carcinoma, Protease Inhibitors

1. Introduction

Derris B. Stridersetal in United States, there are more than 2.7 million people who are affected with Hepatitis C virus (HCV) infection. Nowadays, the major health problem amongst the people is liver damage and, the cause of this is only HCV infection. The main aim of writing this article is to provide and spread the information amongst the people and to aware them regarding the HCV infection and its related terms. [1] The data given by MaxineDennison etal showed that between 2001 to 2008 people who had participated in National Health and Nutrition Examination Survey (NHANES), only 49.7% were aware of their HCV infection although 85.9% heard of HCV. So, these data indicate that more efforts should be taken to reduce the risk of HCV infection. [9] Many symptoms like weariness exertion and also fatigue have been seen in the patients infected with HCV. According to some estimates approximately 3-4 million people get infected by HCV infection each year. [4,7] The transmission of HCV include exposure to infected blood or other blood derived body fluids, transportation of organs from infected person, reusing the used needles. To prevent the spread of HCV some strategies should be taken into
account like routine check-up, awareness camps, counselling of patients, usage of effective vaccines, etc. [5,7]

The diagnosis of HCV infection includes Anti-HCV tests, HCV RNA assays, HCV genotyping. Currently in USA the second generation enzyme immunoassay (EIA-2) is majorly playing an important role in diagnosis of HCV infection through Anti-HCV tests. Up to 60% of the patients with HCV 1 genotype infection do not have a sustained virological response to many drugs. Various studies have found that alcohol consumption increases the risk of having liver cirrhosis in patients ongoing HCV infection. [8,13] Currently the computer aided drug design is a most important and useful parameter in identification, optimization, and structure elucidation of candidate drugs. As HCV infection has become much more troublesome to handle, so with the help of computer aided drug designing we can design new drugs for curing HCV infection. [15]

2. Epidemiology

Hepatitis C virus is the virus which takes up the transmission route through the blood and comes as a sexually transmitted disease which actually incorporates a higher risks of occurrence in people with concurrent changing sex partners.(1) Also the transmittal tendency of the virus increases when the drug consumers are taking the drug through injection. This causes a high rate of outburst contact risking to the virus from percutaneous and permucosal which leads to cause of HCV(2,5). The global epidemiology of HCV is indicating the risk of HCV infection according to various areas related to different geographic. A study by Hanafiah M K et al stated that Central and East Asia have high prevalence of the disease, Caribbean, Oceania, Australia has moderate risk of disease occurrence and North America at a lower risk of occurrence. The lower prevalence area also includes the western Europe and Australia(5). The estimated global prevalence is around 3-5%, 170 million infected by HCV infection (18). Since the HCV have no symptoms all the time it is very important for the proper diagnosis of the disease, it should have correct medical follow ups among the people of society.(9). The population throughout the world is affected to chronic HCV infection in a number of 130-170 million around the world(11). The rates and number may vary with the different studies but high prevailing geographical area always incubates the disease causing virus. Throughout a good health care framing system it has been recommended for consecutive follow ups for the people among the injection users(15,2). A study also marked the statement that the number of persons with anti-HCV in worlds has increased from 1990 to 2005 (7).

3. Etiology and Pathophysiology

The causative agent of the HCV infection is the hepatitis c virus (HCV), although Anti-HCV therapies are there to treat the HCV infection but, the alliance of Ribavirin and interferon Alfa was the most effective care that is available, which was effective to only 60% of the population and showed its side effects to some extents. [25] Some characteristics of this infection include persistent infection with irregular biochemical infection, very less probability regarding sudden reoccurrence of the infection, very high probability to move to cirrhosis stage, and very less immunity to another infection. [17] The role of stem cells and apoptosis was found to be the reason behind the pathogenesis. Councilman-like bodies was found to be present in HCV infection from decades. [18] The reasons that are responsible for the HCV infection are Hepatocellular Carecinoma, which further cause liver damage. [3]
4. Clinical Manifestation
Usually the HCV infection do not provide any symptoms for the prevailing judgement of the disease(1,9). This includes the risks of prevalent of the disease to the later stages and the resultant may lead to various other effects like pain in the abdomen, gastrointestinal bleeding, swollen blood vessels seen through the skin also depression or weight loss. The further symptoms may also include yellowing of the eyes. Further stages of the HCV infection may lead to the liver cirrhosis which concludes the retardation of one part or multiple parts of the liver.(11, 14). Further studies have also reported the inclusiveness of hepatocellular carcinoma in the later and final stages of HCV infection Chronic Hepatitis C virus (HCV) infection is a leading cause of hepatocellular carcinoma (HCC) worldwide. Relative to the uninfected population, patients with HCV infection have an ~10- to 20-fold greater risk of HCC (10).

5. Diagnosis and Treatment
The HCV infection can be identified in more than 90% of cases. Clinically Anti-HCV tests and HCV-RNA assays are used to diagnose the HCV infection. The quantitative assays establish the quantity of HCV-RNA in the blood by two methods, either by target amplification or by single amplification technique. Through HCV-genotyping also, we can estimate the probability of occurrence of responses after the treatment, and also estimates the total time being required for the treatment to get completed. The Genotyping is performed either by polymorphism or by direct sequence analysis.[1]

Interferon Alfa and Ribavirin are majorly used for treating the HCV infection in patients who are currently injecting the illegal drugs, consuming alcohol, and also for the patients ongoing HCV infection with IUDs. [2] various tests like Anti-HCV tests, HCV RNA assays are being done to diagnose the HCV infection. For more prominent results, PCR technique is used. Quantitative and qualitative assays are done to check the level of HCV RNA in the serum for identifying the response to interferon treatment. [5] Many immunomodulatory therapies are given to improve the immune response of HCV infected patients. Other approaches include Therapeutic Vaccines, Modification to the interferon molecules, Protease inhibitors, Helicase inhibitors, and Molecular targeting etc. [19]

6. Future Aspects
Many steps and methods have been implemented to prevent and improve the HCV infection, which includes screening, testing, virus investigation. All these approaches have been very successful. However other strategies should also be introduced and taken into action in order to prevent the HCV infection, such as- risk reduction counselling, identification of HCV infection, rechecking of injections that had been used earlier, prevention of illegal drug injecting, improvement in identification of more specific reasons that figures out the activity and presence of pathogens in their hosts. [5], the interferon monotherapy, and drugs targeting either the host or virus, inhibits the viral replication which in turn increases the viral depletion rate. [6] Interferon Alfa was found to be effective inhibitor for Hepatitis C virus and its replication, for patients with liver transplantation, and also in therapeutic regulation. Ribavirin acts synergistically with interferon Alfa, and plays an important role in therapeutic regulation in the treatment of HCV infection. [26] . Hence there is a more challenge of innovation & sustainable development in this area of drug discovery against hepatitis-C in near future.

References
1.Doris B. Strader,1 Teresa Wright,2,3 David L. Thomas,4 and Leonard B. Scheinfeld,5,6, Diagnosis, Management, and Treatment of Hepatitis C, DOI 10.1002/hep.20119
3.Yao-Chun Hsu M.D., Chun-Ying Wu M.D., PhD., Jaw-Town Lin M.D., PhD., Hepatitis C Virus Infection, Antiviral Therapy, and Risk of Hepatocellular Carcinoma, SemenUncoil, http://dx.doi.org/10.1053/j.seminoncol.2014.12.023
4.Alison j. Rodger,1 Damien jolley ,2 Sandra c. Thompson,1 Anna lanigan,1 and nick crofts1, The Impact of Diagnosis of Hepatitis C Virus on Quality of Life


18. Erzsébet SZABÓ, Gabor LOTZ, Casillas parka, Andres Kiss, Susa staff, Viral Hepatitis: New Data on Hepatitis C Infection, (Pathology Oncology Research Vol 9, No 4, 21 5–221)


20. Jennifer camwood, have: new opportunities, high cost, biotechnology healthcare · fall 2011

21. Viral hepatitis C testing by V Thorold and H Smith


23. Muhajir Mohamed, Ruchira Fernando, Diagnostic and Therapeutic Quandaries in a Patient with Primary Hepatic


25. Prasanthi Polamreddy1,2, Vinita Vishwakarma1, Puneet Saxena2, Identification of potential anti-hepatitis C virus agents targeting non-structural protein 5B using computational techniques, DOI: 10.1002/jcb.27071