မြန်မာ့ဈေးကွက်တွင်ရှိသော တိုင်းရင်းဆေးတစ်မျိုး၏အာနိသင် ကို အသဲရောင် 'ဘီ'ပိုးနှင့် 'စီ' ပိုင်းရပ်ပိုးတို့ ကူးစက်သောလူနာအပေါ်တွင်လေ့လာခြင်း

Study of the action of marketed Myanmar Traditional Medicine on HBC and HCV infected patients

Dr Lwin Ko
SaMa – 4064
TaSa - 5932

Introduction (edkef;)

tifwmeuf0ufqkdfrSunfaom tcg (urçS)

1/ tonf;a&mift om;0g]at t}ykd;zpf;u vlrsm;(&mau;sm;) wpfydkfeuf

jzpfrm;wwfyD;vwfwvmaoqkH;rI(1%) xuf nf;yg onf/

2/]b]ykdul;puf;c&bay if; (2)bD,HI(urçS)CJD&a& okdk;zpfykH½So;D

emwm½Sfa&m*ygykdb , fqmifol(350)rD,HtJ½Syg onf/

3/]p]ykdul;puf;c&H;Dbay if; oef;(180)avmuf½So;DpmS0ft opful;puf

c&bay if;(4)oef;aum½Sdey g onf/

4/]'jynfolu ukd;uG,faom b,fay;if;(10)oef;auseftyg;onf/

5/]t jynfolonf wpfapaeaom ypönf;rsm;rS awGU&Sdaom jzpf&m uk ,fpm;zu jrif

rdkif;w]t jynfolu uk;ukd;aom (20%) aoqkd;Ekdif;aqonf/ ukd;aq;

Ekdif&m u , f aq;r½kH;o;y/

6/]b]D]pD]'jynfolonf ,Ekd uGm uk EkdifG onf uk p&dm;rif;m;ovk

ab;x ufqk ud nf½kH w , f vkd WHO u azmfjyonf/

Think globally act locally (urçUcpDf;p;y;Drdywfefu;if

twufb , fvkdq ifufv unfuyp&)txuf azjyy tcuf t vuf

awukt ajccHwufuef;xkwfunfv if rEÅv; rdUu;DSvDa& (popu>

1 million) wpfef;cef;U$onf 330000 cefU]b}ykul;putk&yD

70000 avmufu]b}ykzejzU;a&; vkdef;aw vkdaeu onf 10000

avmufu]b}y; ½Sumi; ppfy;vkdudomfvn; 60000 avmufu

rodmao;y/ (odwfvu qijcifbif avmufqijcifrdyrhrodwfbu

rqijcifuy/)]b}ykdu Sexuale contact tjyiftwpf;wh&ef;yefuef

cuf , mufu ulw , fqdwm t;vkdy&D&pyonf xdkuifwpfok

aq;xkdtyf; okdeu ovkdwpfokaufDufvkdk&wpf;aomufI

ypfHkdyif&zdUcdea&mufaeyyDokdbmfvnf tqijnifyonfqdkom

]]bDNDNcE@uk;fx0ifwkdifa&m*gjzpfpOfvm;}}

yxr - vlcE@uk;fx bAkd&yf;fwkdif onfqydpfUxkdl

u umu ,fq;xkd;m;vif cE@uk;fxrS

Antibody aw jrifm;pm½Snf;rSy/ 0ifvmwh

Akd&yf;fxdkl ay;ifvkdifyD t onfqvfx ykd0ifEkdif

at mifwm;qDvkdifw ,fxkda&m*rjzpfy/

'kwd; - vl\cEm@uk;f x Ak;f&yf;k0if vmw ,f cEm@uk;f

xrS Macrophage qk;whao;jzL0q wr&d

t'Ij;u pm;ypEk;fw ,/ 'gu Phagocytosis

vk;dcw ,f 'Dyk;fe;faq mif wmau mif;wbrS

vnf;a&m*grjzpEk;fy/

wwd; - vkUtonf;qvfrsm;twif Aef;&yfyHk&mufcif awmifvrSobm0(tifvmzm½ef) ESifhrsKd;½dyfS w,f q,fvzmel bDvmvdkcyg w,f Ak;&yf; rsKd;vm;jcif;ukdwm;qD;Edkifyg w,f olvnf; a&m*g rjzpfEdkifyg/

pwkv¬- v&Utonf;x Ak&yf;k a&muf;ae&if;awmif

qvf&Utjyifbufü (MHC1) qufk;ht vm;Hv;

axmifvkdfyg;w,f ao;xrü uif;apmif;aewh

(Cytotoxic T Cell) u t'üDvm;Hv;jrifvkdf

wmeUtonf;qvfU Ak&yf;kudk t&nf;az;smyfpf

vkdfygw,fol;v a&m*grjzpfyg/

yÍö - v&U tonf;qvfx Akdf;&yfyka&m uaewhc

Nature Killer Cell qdkwhcEm;ukd;fx u wdkpfpf

qvfwpfrsK;u tonf;qvf;a&m Akdf;&yfyk;uyg

owEdkyfw ,f olvnf;a&m*grjzpfyg/

q|r - vlUtonfqvfrSm Alk&yfyk&m ua&w,f qkdyg

pkU txuf azmfjyyg enf;rsm;eJU ;Ek@ukdf u wkdyg

w,f Alk&yfyk& u vnfoufqkdif&m oufwm ; usif; t oufS

oeaf&;twuf y&dm,fu ,ufyg w,f / ykdrkdjym i;&

yg w,f (Mutation) 'Dwml;Ek@ukdf wifwkdif

rsm; a,mif;c sm;zpfukdyg w,f t 'Dukdaomf

tonfa&m*gzpfEkdyg w,f

(6)a,muf(1)a,muf

a&m*jzpfw,fqGJawmh ajcmufvkHjyL;xwif

usnfwpfaxmix xnfxm;Ny; qkvnfu

vnfum ukd;fcifu ypf&yo vm;/ ryp&&if

umu ,aq;xkd;wGdwefvdkw,f

]b}yk]p}yk½Sr;b , ftajc taewifaq;ukrnf/ J

Who are to be treated infected with HBV/HCV?

1/]bDyk]pDyk½do uk;ftaq ifrcifar;ao ar;uifpuav;
r;wif]bDyk]pDykukuf/ xyk;onf Plasenta ac tcif;uk
rjzwfEkdy/ uab;b0wi u;putcHv i Ep 20-30 umr cE@uk
a&*ygyk epf t vykvkojzif HB$_S$ Ag Positive ESifh HB$_e$ Antigen
Positive jzpfaomfvnf; ykuifa& jrifhwufcif; r½Sdonf ujyif
tonf tizufryupfaomf; ozifaq;ukrf vkdo;y/
(tjref umu , aq;ESifhuumu , aq;xkk;eftaa&;uyonf/)
Immune Tolerance Phase [kac onf/

2/ vlu;b0wif]bjyKuputf&Hvkif Immune clearance Phase ok

cufcif; a&muf vmojzifh Alter&yfvkyf;ukdcifcif;wkdifxkwf& tonf;

qvfr;yupfbDr;wwfygonf toufuyf toui fqm tjzpfvnf;

ajymif;Ekdifygonf HBV DNA 20000 IU/ml xufjrifhvm;EkdewwfygI

onf toti Zkdr; ykdifxufEpfqcef;wwfonf (aq;ukoj

&efvkdygonf/)

3/ a&m*gyf;pepf;aomuv (Inactive carrier stage) wiftxufazmfjy

yg tqifhjzpfm;aom tonfxckdifyupfjcifr;vnf;weuonf ykd

qkdg;jcifr½ifwmyl/ HB_S Ag Positive, HB_e Ag Negative ESifh Anti

Hbe Positive jzpfjyD ALT, AST paom tonftiZkdrifjcifr½ifyg/

(þtqifhwifaq;ukojefvkdyg/)

4/ a&m*gyDepf jyefvnfuv mjcif; Immune Reactive Phase wif tonf;tif;Zkd;rsm; jrifwuf aewwfonf Hb_S Ag Positive, HB_e Ag Positive ESifh HBV DNA 20000 IU xuf ennf;Edkifonf (aq;ukoo&ygrnf)

5/ (Resolved stage) þ tqifwif taj c taeaumif;onf Hb_S Ag Positive, HB_e Ag Positive jzpfygD HBV DNA rawG&awmh tonf;tif;Zkd;rsm;ykH(Normal) jzpfonf (aq;ukoo&efrvdkawmhyg/)

6/ , aeUþb]yg;tywuf aq;uk&mwif Hb_S Ag Positive, HB_e angligen Positive jzpfjcif;^rjzpfjcif;xuf Virus aumif;&ukdyg;Edkif p0ifrm;ygonf ukoí aymuf uif;onf qkd&mwifvnf;ygaumif& (50 IU/ml) atmuf wifo½dae jcif;ukdqkd;ygonf Sustain Viral Response (SVR) [ac:ygonf


TV သတင်းမှာ
အိပ်ငိုက်နေတာ
လူကြီးမင်း

aq;ukoa oif;onf;ajc taer;

1/ t ouf u,fpOf avav]b,dyf]Dk oif;aom ufonf;huav ukav avjzpfwwf/ HBV DNA ta& twwufusLonf; avnf;aq;ukoa oif;onf/

2/ Virus yGm;um ta& HBV-DNA r;avav ukoa oif;av jzpf;onf/

3/ rdom;pkwif HCC (t onf;u ifq) jzpf;yD;rdwif vnf;]b,dyf]Dk u xm;]b,dyf]Dk twwuf aq;ukoa oif;onf/

4/ Aeute liver Failure (½kwf&uf t onf;u qkdif) jzpf;u HBV-DNA awG½Ira;zi aq;uko &yrnf/ t onf t if;Zkdwuf^rwuf rpOf;pm;yEGS

5/ tonf;tiFu;f Normal xuf(2)q jrifhwuf;u HBV-DNA enf;ap
umrI aq;ukoiftonf/

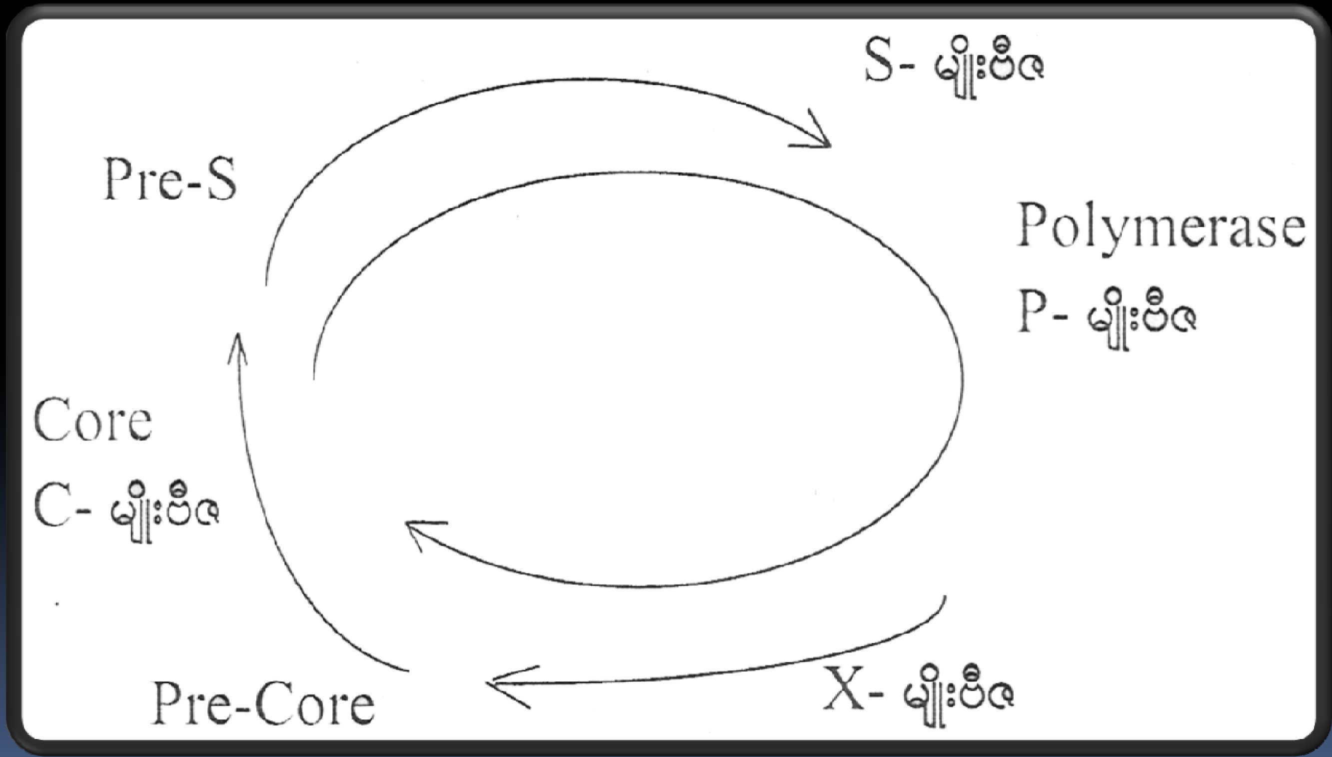
6/ tonf;uwfonf[k (Early cirrhoris) Ultra Sound wifay:aeyD Liver
Engyme rwufaomfvnf; HBV-DNA 2000 IU/ml wufrSm;aeaomf
aq;ukoay;rnf/

tusOf;csKyfqkdaom 1/ tonfuwfjci;½So½
2/]bJ;DukEmu;ukd;fwifa&muf&Sdfumrlum
3/ tonf; Enzyme wuf^rwuf
4/ HBV-DNA ta&twuf rSm;^rrSm; ay:wif
ay;if;pyfpOf;pm;í aq;ukorlu;ukd;vkd;&efvkdrvkd pOf;pm;yonf txuf
y tcsufrSm;wifrlwnfí ukEkf\ Patient rSm;ukdq;ay;yonf/

A glance to HBV (bDyd;t aumif;wapfwapmif)

þ onf;ukd.ü S HB_S Ag, HB_e Ag þ onfwkd.ü ;v nfaqyrnf]bDyd;

wiftyd;(4)yd;yg0ifonf



1/S - rsl(;AD

2/C - rsl(;AD

3/P - rsl(;AD

4/X - rsl(;AI

1/ P - rsl(;ADonf]bDy;ym;cifuk;zpaonf DNA ploymerace [kc

onf

2/ C - r,AD onf Pre - Core ESh Core [lí½ §onf Liver Cell \

nueleus rS Cytoplasm okt ref;vkf ao t c Cytoplasm rS

Pre-core tykf r; Serum ac ao;&nf unf x okpD xuf v onf

¤if Serum ukpf q;vkf ao t c HBe Ag tjzpf aw&onf C

r;AD wi Mutatin ac AD ajy i; ao t c Nucleus r t reD n

Cytoplasm okt a&uf t if ydyfif w;q;D&onf xkc Pre-core

r;onf Cell twif ½So ao v nf ao;&nf unf twif pD x uf

awmac/(ao;&nf unf) Serum uk (prf;oyf) Test vkf unf ao t c

HBe Ag ukaw&awmhy/

3/ S - ryd;ADonf Surface Antigen \ twdkuuf;zpfonf Pre-S ESS

[lÍy0ifc (ryd;ADajymifcif) Mutation jzpfyu Pre-S tyduf;

ryd;ADwifrawGawmh/ Serum ukd;rfoyaom tcwifvnf HBs

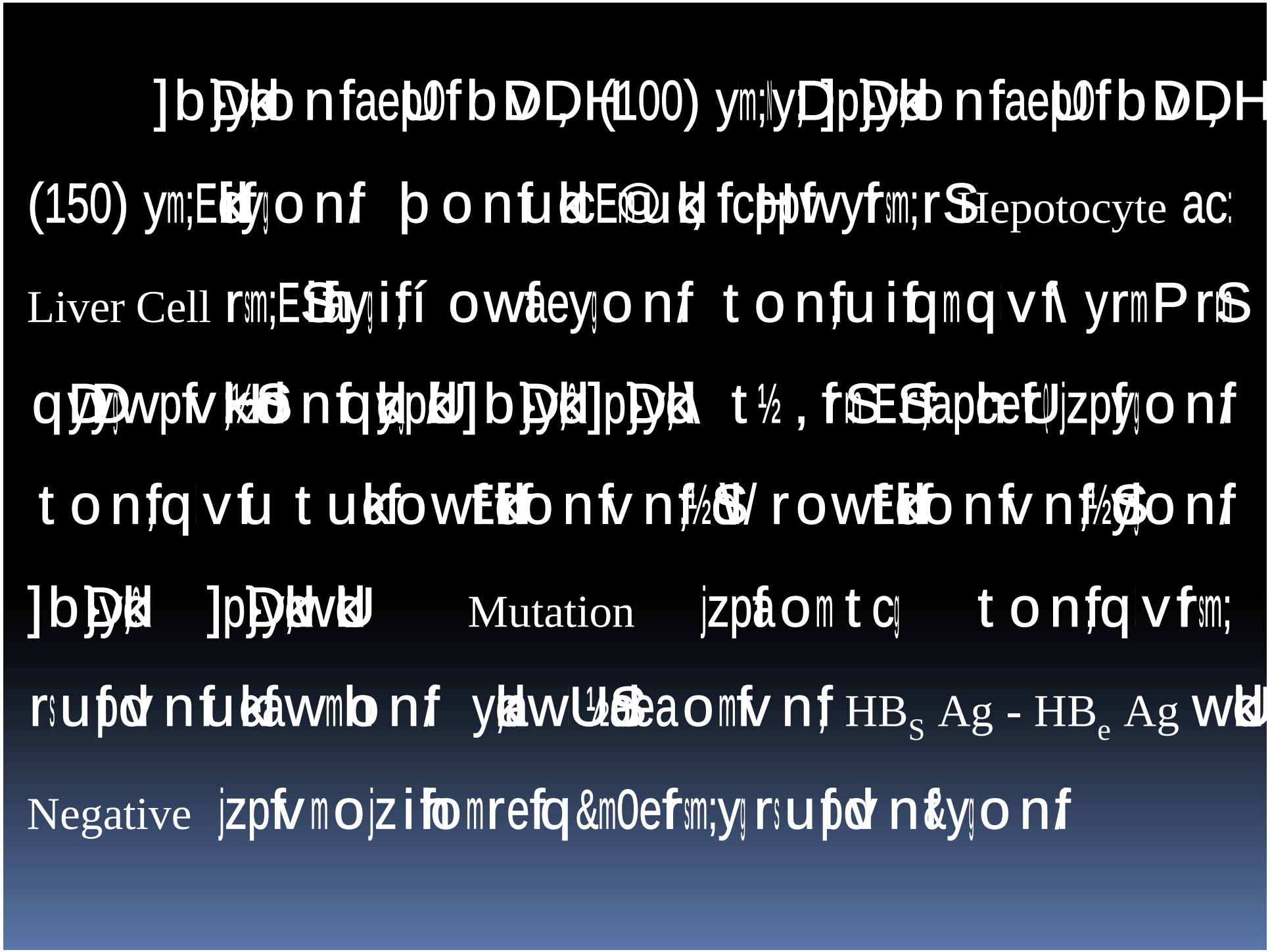
Ag udawGawmh/ DNA udawmawGawmhonf

4/ X - ryd;ADwif Mutation jzpfyu HCC ac: tonfuifqjzpf;

onf xkd;ryd;ADajymifvaom (Mutation) X gene ukdavhaom

tcwif Amino Acid (15)ckrS (19)ckxd ajymifvaeaumif;awG

onf


Hepotocyte
Mutation
HB_S Ag - HB_e Ag
Negative

taemuf&aq;Edkif½dkufpfrEkd;ao;cef;fS Result rsm;

vlem (100) aq;aumif;aumif;uk,fu

1/ 5-0;Donf Virus aumif;&vkd&ruyg (No response)

2/ aemuf 5-0;Donf ykdaumif;&usaomfvnf; (2-log) xuyfkd&ruyg

(Partial Response)

3/ aemuf 5-0;Donf ykdaumif;&usaomfvnf;aq;p;ae&if;rSyif;yefwu

wwfygonf (Break Through)

4/ aemuf 5-0;Donf aq;jzwfaomtcg ykdaumif;& jyefwufygonf

(Relapse)

5/ uef(80)0;Donf(3)v umwkfaq;jyefpp&m(5)udxdpaonfvnf;

50 IU/ml atmufom½Sdeyonf jyefwufjy/ SVR [kac:yonf

Sustained Viral response [kac:yonf (a&m*ayRmufonf[k

owfrSwfyonf)

Study Design

Exploratory pilot study.

a&m*ukd[jyKí avhvmcif;ESifaq;ukd[jyKí avhvmcif;[lí ½SdI

, ckavhvmrIonf a&m*ukd[jyKí avhvmcif;jzpfyonf

Site of Study

At my Own Clinic & Lab: at city Hospital and MMDC laboratory.

Study Period

One and half year.

Sample Szie

Number of patient = (13)

Choice of patient

HBV and HCV infected patient who has no other systemic diseases – Eg. No hypertension, No Heart problem, No renal problem, No neurological problem, No musculo-skeletal and skin problem; who are between 20 to 60 years of age are given tested medicine two BD for six monthes. (One capsule = 500 mg).

Object of Study

- To know the effect of BTM on HCV and HBV infected persons.
- To know the side effect (ill effect) of BTM on the patients.

(BTM = Burmese Traditional Medicine)

Results

The study of the action of A Marketed Traditional Medicine

On HBV and HCV infected patients

RESULTS

No.	Name & Age	Date	RESULTS							
			Body Weight	US Abd:	Liver function tests			PRC-RNA	VIRAL LOAD	REMARK
					AST	ALT	ALK PHO			
					<37	<42 M <32 F	80-306			
1	Ma Tha Zin 47-yrs	7.4.12	128	NAD:	40	56	139	1826010 IU/ml	6.2 log U/ml	HCv-RNA
		29.7.12	134		27	35	293	1479000 IU/ml	6.0 log U/ml	HCV-RNA
		24.10.12	148		28	35	290			

No.	Name & Age	Date	RESULTS							
			Body Weight	US Abd:	Liver function tests			PRC-RNA	VIRAL LOAD	REMARK
					AST	ALT	ALK PHO			
					<37	<42 M <32 F	80-306			
2	U Tin Win 58-yrs	7.4.12	162	Chr. Hepatits	122	130	191	3316000 IU/ml	6.52 log U/ml	HBV-DNA
		22.9.12	166	Chr. Hepatits	152	155	201	1285000 IU/ml	6.0 log U/ml	HBV-DNA
		24.10.12	176		120	58	171			

No.	Name & Age	Date	RESULTS							
			Body Weight	US Abd:	Liver function tests			PRC-RNA	VIRAL LOAD	REMARK
					AST	ALT	ALK PHO			
					<37	<42 M <32 F	80-306			
3	Daw Tin Myint 56-yrs	7.4.12	1a72	Col Hepatitis	68	99	406	34000 IU/ml	4.53 log U/ml	HCV-RNA detected
		27.7.12	180	Col Hepatitis	46	30	482	Below detection Limit		HCV-RNA not detected
		24.10.12	182		49	23	390			

NYEIN Hospital

ABBOTT REAL TIME PCR MOLECULAR DIAGONSTIC TEST REPORT

Name	: DAW TIN MYINT		Reference No. CL- 790
Age	: 56 YRS		Received on: 7/4/2012
Sex	: FEMALE		Reported on: 10/4/2012
Referred Doctor	: CITY HOSPITAL		

Assay	Result	Interpretation
Real Time PCR HCV Viral Load (Quantitative assay for HCV RNA)	34,400 IU/mL (4.53 logIU/mL)	HCV RNA DETECTED

The Abbott Real Time HCV assay is an in vitro reverse transcription-polymerase chain reaction (RT-PCR) assay for the quantitation of HCV RNA in human plasma from HCV infected individuals.
Abbott m24sp system offers automated extraction & Real Time amplification and detection is performed with the m2000rt system for the Abbott Real Time assay by using Abbott ms sample preparation system reagent and Abbott real time HCV amplification reagent kit.
The results are reported in IU/ml (LogIU/mL)

Limit of Detection	:	Highly sensitive assay - 12 IU/ml (0.5 ml sample input)
Linear Range	:	Lower limit of Quantitation (LOQ) is equivalent to 12 IU/ml Upper limit of Quantitation (ULQ) is 100 million IU/ml
Specificity	:	≥ 99.5%
Genotype Detection	:	Equal quantitation of genotype 1, 2, 3, 4, 5 and 6
Standardization	:	Second WHO International Standard for HCV RNA
Internal Control	:	Added to lysis buffer during extraction and detected at all levels

Dr. Khin Win Sein
M.B.,B.S, M.Med.Sc (Biochemistry)
Ph.D (Biochemistry)

(330), 82nd Street, Between 29th & 30th Street, ChanAyeTharSan Township, Mandalay. Ph: 02-65460, 32050, 34795, 65505

MMDC
MYANMAR MOLECULAR & DIAGNOSTIC CENTRE

LABORATORY REPORT

Patient Name	Daw Tin Myint	Collected on	24-Nov-12
Age / Sex	56/Female	Received on	29-Nov-12
Date of Birth		Reported on	29-Nov-12
Requested By	Dr. NA	Lab Registration No	CM1-A7284VR
Referred Center	City / 97 Lwin Ko	Result ID	CM1-A7253iR

PROCEDURE	RESULT
HCV Viral Load	HCV RNA NOT DETECTED
HCV Real Time (PCR)	Below Detection Limit

This report is generated by Rotor-Gene Real-Time Analysis using artus® HCV RG RT-PCR Kit.

Analytical Sensitivity of artus® HCV RG RT-PCR Kit – 33.6 IU / ml

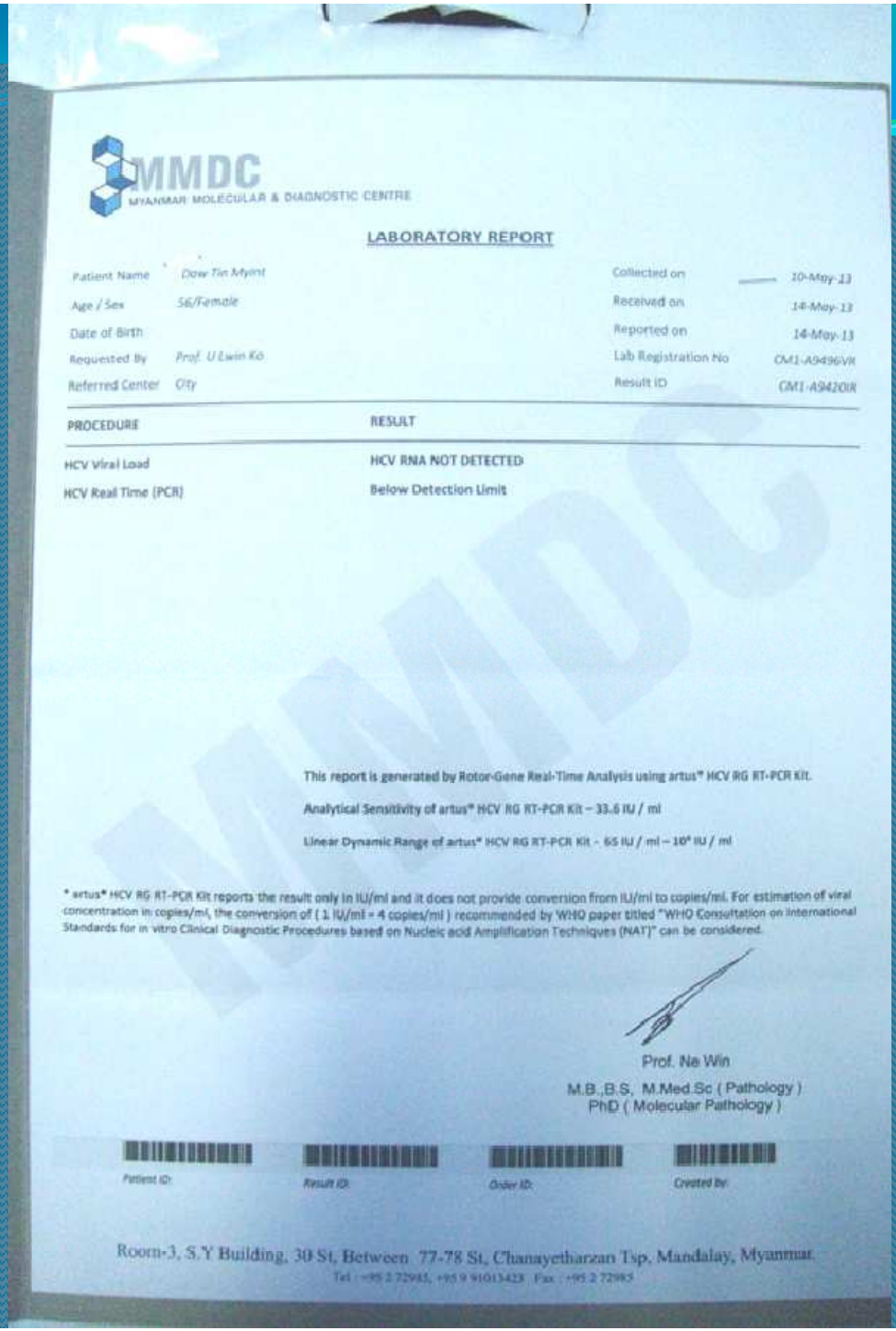
Linear Dynamic Range of artus® HCV RG RT-PCR Kit - 65 IU / ml – 10^6 IU / ml

* artus® HCV RG RT-PCR Kit reports the result only in IU/ml and it does not provide conversion from IU/ml to copies/ml. For estimation of viral concentration in copies/ml, the conversion of (1 IU/ml = 4 copies/ml) recommended by WHO paper titled "WHO Consultation on International Standards for in vitro Clinical Diagnostic Procedures based on Nucleic acid Amplification Techniques (NAT)" can be considered.

Prof. Ne Win
M.B.,B.S, M.Med.Sc (Pathology)
PhD (Molecular Pathology)

Patient ID: Result ID: Order ID: Created by:

Room-3, S.Y Building, 30 St, Between 77-78 St, Chanayetharzan Tsp, Mandalay, Myanmar.
Tel : +95 2 72985, +95 9 91013423 Fax : +95 2 72985



MMDC
MYANMAR MOLECULAR & DIAGNOSTIC CENTRE

LABORATORY REPORT

Patient Name	Daw Tin Myint	Collected on	10-May-13
Age / Sex	56/Female	Received on	14-May-13
Date of Birth		Reported on	14-May-13
Requested By	Prof. U Ewin Ko	Lab Registration No	OM1-A9496VR
Referred Center	City	Result ID	OM1-A9420IR

PROCEDURE	RESULT
HCV Viral Load	HCV RNA NOT DETECTED
HCV Real Time (PCR)	Below Detection Limit

This report is generated by Rotor-Gene Real-Time Analysis using artus® HCV RG RT-PCR Kit.

Analytical Sensitivity of artus® HCV RG RT-PCR Kit – 33.6 IU / ml

Linear Dynamic Range of artus® HCV RG RT-PCR Kit - 65 IU / ml – 10^8 IU / ml

* artus® HCV RG RT-PCR Kit reports the result only in IU/ml and it does not provide conversion from IU/ml to copies/ml. For estimation of viral concentration in copies/ml, the conversion of (1 IU/ml = 4 copies/ml) recommended by WHO paper titled "WHO Consultation on International Standards for in vitro Clinical Diagnostic Procedures based on Nucleic acid Amplification Techniques (NAT)" can be considered.

Prof. Na Win
M.B.,B.S, M.Med.Sc (Pathology)
PhD (Molecular Pathology)

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Tel : +95 2 72985, +95 9 91013423 Fax : +95 2 72985

No.	Name & Age	Date	RESULTS							
			Body Weight	US Abd:	Liver function tests			PRC-RNA	VIRAL LOAD	REMARK
					AST	ALT	ALK PHO			
					<37	<42 M <32 F	80-306			
4	Daw San Win 47-yrs	26.2.12	104	Col with Portal Hypertension	123	76	258	15217662 IU/ml	6.18 log U/ml	HCV-RNA detected
		1.6.12	100	Col with portal Hypertension	66	30	257	1447442 IU/ml	6.0 log U/ml	HCV-RNA detected
		1.8.12	100		76	65	275			

No.	Name & Age	Date	RESULTS							
			Body Weight	US Abd:	Liver function tests			PRC-RNA	VIRAL LOAD	REMARK
					AST	ALT	ALK PHO			
					<37	<42 M <32 F	80-306			
5	Ko Win Zaw Oo 38-yrs	5.7.12	139	Mild hepatitis Hepato splee-nomagley	125	117	330	5117306 IU/ml	6.71 log U/ml	HCB-RNA detected
		5.10.12 6.1.13	158 180		75 65	112 112	241 149	5111887 iu/ml	6.70 log U/l	HCV-RNA detected

No.	Name & Age	Date	RESULTS							
			Body Weight	US Abd:	Liver function tests			PRC-RNA	VIRAL LOAD	REMARK
					AST	ALT	ALK PHO			
					<37	<42 M <32 F	80-306			
6	U Win Shwe 60-yrs	11.4.12	160	Chronic Hepatitis	112	96	290	5274348 IU/ml	6.41 log/ml	HCV-RNA detected
		6.8.12	182		96	66	248	4240892 IU/ml	6.2 log/ml	HCV-RNA detected
		1.2.13	195		60	29	226			

No.	Name & Age	Date	RESULTS							
			Body Weight	US Abd:	Liver function tests			PRC-RNA	VIRAL LOAD	REMARK
					AST	ALT	ALK PHO			
					<37	<42 M <32 F	80-306			
7	U Myint oo 46-yrs	2.2.13	170	Hepatitis With renal stone	70	82	240	4152035 IU/ml	6.62 lg/ml	HCVRNA detected
		11.5.13	172	/	35	60	167	891245 IU/ml	5.421 log/ml	HCV-RNA detected

No.	Name & Age	Date	RESULTS							
			Body Weight	US Abd:	Liver function tests			PRC-RNA	VIRAL LOAD	REMARK
					AST	ALT	ALK PHO			
					<37	<42 M <32 F	80-306			
8	Daw Kyi Aye	26.10.12	173	Hepatitis	107	75	256	719965 IU/ml/	6.88 log/ml	HCV-RNA detected
		26.1.13	175		102	58	240			
		7.5.12	180		77	47	298	38014 IU/ml	4.58 log/ml	HCV-RNA detected

No.	Name & Age	Date	RESULTS							
			Body Weight	US Abd:	Liver function tests			PRC-RNA	VIRAL LOAD	REMARK
					AST	ALT	ALK PHO			
					<37	<42 M <32 F	80-306			
9	Daw Kho 62-yrs	24.3.12	120	COL with Small Liver	66	111	300	550667 IU/ml	5.74 log/ml	HBV-DNA detected Defaulter

No.	Name & Age	Date	RESULTS							
			Body Weight	US Abd:	Liver function tests			PRC-RNA	VIRAL LOAD	REMARK
					AST	ALT	ALK PHO			
					<37	<42 M <32 F	80-306			
10	Ko Thein Win 42-yrs	2.4.13	132	NAD	23	37	124	60518 IU/ml	4.87 log U/ml	HBV-DNA detected Defaulter

No.	Name & Age	Date	RESULTS							
			Body Weight	US Abd:	Liver function tests			PRC-RNA	VIRAL LOAD	REMARK
					AST	ALT	ALK PHO			
					<37	<42 M <32 F	80-306			
11	Ma Hnin New Aye 32-yrs	24.2.12	168	NAD	30	27	286	<15 IU/ml	<1.22 log U/ml	HBV-DNA detected No treatment

No.	Name & Age	Date	RESULTS							
			Body Weight	US Abd:	Liver function tests			PRC-RNA	VIRAL LOAD	REMARK
					AST	ALT	ALK PHO			
					<37	<42 M <32 F	80-306			
12	Ko Kyaw Soe 30-yrs	4.4.12	114	Hepatitis	30	27	248	<12 IU/ml	<1.08 log U/ml	HCV-RNA Detected No Treadment
	SPROUSE Ma Aye Win 28-yrs	24.4.12								HCV-RNA not detected

DISCUSSION

1/ þprf;oyfrIwif sample size, ta&twuf enf;aom;aumif;

Segnificant result xkwf&efrv, fuly/

2/ rv, fuaomfvnf;ajcwpfvSpfpxm;yD;(2)vrf;(3)vrf;tvSef;(100)

av;mufEkef;vaqmfxm;jcif;jzpfygonf/ uRefaomfvnf;aumif;

oifaomfvnf;aumif; wkd&if;aq;cspfcifbJrsm; qufvkyfygeESifh

wkd&if;aq;avmuj reftmjynfwifwGufvkbJrsm;u okwoeupkyf

rsm;wifuhDygeftBujyHygonf/

3/ þaq;wifab;xufqkdufpdwf (100%)

4/ þaq;pm;olwkdif General well being (100%) ESifh Body wt: gain (90%) of patients wifawGufygonf

5/ aq;(6)vpm;ol vlemtm;vkH Viral load usygonf olbmf a&m*gaysmufbm;yDkajymqdkavmufatmifusorhS aq; Course twkdpm;ol(8)a,muftwifwpfa,muf(12%) jzpfygonf usefvlem rsm;rSAkdif&yfykdumifa& avsmemnfonfudkwGJygonf (SVR= Sustained Viral Response a&m*gaysmufyDkdaom Akdif&yfykdta& twuf(50 IU/ml) atmufusyg/) (Dosage) ESifh (Duration) wkdif wkdifaumif;yguykdaumif;aom (Result) udkrmfvifEkdygonf

6/ aq;(6)v pm;olrsm;tm;vkH; AST, ALT tifZkdrf;wuf ae&mrS

wjznf;jznf;u v,yonf Liver Cell ysufpD;rSKtcg xufaom

tifZkdrf;jzpfyonf (Liver Cell ysufpD;if; oufom;onf[k

, lqEdkifyonf)

7/ þaq; (one course) twuf ukefusp&dwfrSm (75000) usyfjzpfí

taemufwkdif; aq;jzifhukonfqkdif;uaq;b;kd;uy(oef;50) ywfoef;u if

ukefuyfpD;b;x ufqkdif;u d½Sonf

8/ okdzpfyí þaq;onf tonf;uefr;a&;twuf taxmuftulyk

aom jref;wkdif&if;aq;wpfzkH(wpfcGuf)jzpfaomuif awG½Suf;t&

o½SEdkifyonf

þaq;ukdu Ekjprf;foyf&mwifazmfjyyg t ñeT;twkdif (6)v aq;au;

ukojcifjzpf&m Dosage ukdom f v nf;aumif Duration ukdom f v nf;

aumif wkdprf;foyfrI jyvkdoif aumif ykdaumifao m Result &Ekdif y

aumifrSdqufoplfoukwoD;t m;wkdif wef;t yyf onf/

CONTENT OF TESTED MEDICINE

uEkjf , ckprf;foyf ao m aq;u uf wif½Sdao m aq;wpfzkHaw mifLjL

eEif; w½kwfuepk D;aq;c;u Dprkd;f udrf;So H ifq lyefvkt apwk

yg0ifyg onf/

Acknowledgement

u©efawmf\ þoalwoewif aq;r\Sm;yh\Sm;ay;aom xkwfvkfol

aq;wkkyfk[\Sm;tm;vnfaumif;? Aq;ukkyfk\Sm;í u©efawmf\ ppfaq;rLuk

reSSfcH,lí ao;ppfaq;cGufrSm; vkkyfbv jy\vkkay;aom

vlemrSm;tm;vnfaumif; þpmwrf;tm; zwf½ILm;wif oifcif;jyaom

wkd&Sif;aq;ynmOD;pDXme nefu m;a&;rSLcyfESihf w m0efrSl to;D;D m;

vnfaumif;rSwfwif&Sif;au;Zl;pum;ajym;um;tyfygonf


BE PREPARE
DIG THE TREASUR
THE APPORTUNITY
CAN COME FROM SOMEWHERE


When will it come?
It will definitely come to you at one of the tomorrows.
Don't shut the door and asleep when opportunity knock your door.


ချစ်ကြည်ရင်းနှီး ရိုင်းပင်းကူညီမှုဖြင့်
ငါတို့ကလေးအားလုံး ခေါင်းဆောင်ကောင်းများဖြစ်ကြပါစေ


Thank You
Dr Lwin Ko
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