Hepatitis C Study Using Generics

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Currently the cure rate is over 96% for people using generic DAAs to treat their Hepatitis C. The generics used in this study include APIs from China, unlicensed generics from Bangladesh and licensed generics from India. So all generic sources of Hep C treatment.
The results are based on more than 400 case studies from people who have completed their treatment and shared their treatment results either with me or Dr Freeman. Dr Freeman has compiled and analyzed the results and we are jointly publishing a paper on this in the very near future.
These results are exactly the same as the results from the branded versions of these drugs and the publication of this study will put to rest any doubts about generics being an effective and affordable way for treating Hepatitis C.
I applaud Dr Freeman for his dedication and tireless efforts to make people aware of the effectiveness of generic Hep C treatment.

Of the five relapses that I have had some personal involvement with 3 of them were genotype 3 and 2 were genotype 2.
Both of the genotype 2 cases were using Sofosbuvir + Ribavirin and did a 12 week treatment.
The three genotype 3 cases were all using Sofosbuvir + Dacalatasvir and also did 12 weeks.
I noticed over the last few months that most Australian Hep C specialist doctors were putting patients with G3 onto 24 weeks treatment with Sofosbuvir + Daclatasvir.

Apart from one guy who washed down his pills with a drink full of Tarine (which inhibits the body's absorption of Daclatasvir) there seems to be no obvious reasons why the other people failed to clear the virus when so many other with the same virus and the same medicines have succeeded.
Some authorities argue that patients with a fibrosis reading from F3 to F4 should be doing a minimum of 16 weeks treatment.
Some argue that body weight may have an affect.
Some argue that the length of time a person had carried the virus will influence the outcome.
The reality is that we really do not know for certain, other than a longer treatment seems to have better results than a shorter treatment.
So amongst every 100 people with Hep C who undergo treatment with the new DAAs, whether generic or branded the results will be the same. Out of every 100 there will be two or three who will relapse until such time as someone discovers why.
The work done by Dr James Freeman in compiling and collating the results of hundreds of cases will be very important to discovering why relapses occur.

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