



Massage Today

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Hepatitis C: The Silent Epidemic

By Ruth Werner, LMP, NCTMB

Dear Readers:

The votes are in, and we have a clear winner: Hepatitis C is the disease under discussion this month. I got several letters asking for an article on this topic, but this one really caught my eye:

I have been practicing massage therapy for over 3 years now, and only a couple of days ago came across a situation that has me very concerned.

I have a client who is HIV-positive, and has hepatitis C, and a host of other physical and neurological conditions. She did not disclose her communicable disease until she was on the table, nor did she put it down on the health screen, so needless to say, I was startled at her comment. I do not want to turn her away; I love doing what I do and would feel horrible turning her away because she has a disease.

We are doing God's work; however, it does scare me. I deal with a lot of cancer patients whose immune systems are compromised, and I am also concerned about my family. Should I use gloves to do her massage? I don't want to make her feel uncomfortable. She has no open wounds except for a couple of bug bites. I have taken three classes on HIV and communicable diseases, so I should be clear on this, but I am still concerned as to how to deal with this client of mine. One book advises wearing protective gear and practicing universal precautions; another says touch should be safe as long as there are no open wounds. I come from the school of "there are no dumb questions," so I figured I should ask someone if I feel uncomfortable.

- *Kimberly*

I am so grateful to Kimberly and her willingness to ask questions like this. I called infection control at my local hospital and was referred to the Centers for Disease Control and Prevention. They publish a guidebook

(167 long pages) on occupational exposures to hepatitis B, C and HIV

(www.cdc.gov/mmwr/PDF/RR/RR5011.pdf), but the long and short of it is this: HIV and hepatitis C are most efficiently communicated through blood or sexual fluids. They do not occur in large enough amounts of saliva, sweat, urine, or other accessible fluids to be considered communicable in this form.

As long as Kimberly avoids open lesions (on herself and her client) and washes her surfaces (table, linens, bottles, hands, clothing) carefully, there is zero risk of contracting or transmitting either HIV or hepatitis C to her clients or family. Here's the lowdown on this mysterious infection:

Hepatitis C

History and Demographics: Way back in the late 70s, we had hepatitis A, hepatitis B, and a third little-understood pathogen called "hepatitis non-A, non-B." The virus wasn't named officially until 1989. (Now we have identified hepatitis types D, E, F, and G.) This virus, which is unrelated to any other hepatitis virus, causes long-term infections with a high risk for chronic liver disease.

Only 5 percent to 25 percent of infected people recover spontaneously; the rest are considered to have chronic hepatitis C infections. About 15 percent of that group develops cirrhosis within 10 to 20 years, and the risk of liver cancer is much higher than that of the general population. The presence of other illnesses, specifically HIV, hepatitis B, or alcoholism, raises the risk of complications from long-term hepatitis C infections.

Hepatitis C is the most common bloodborne infection in the U.S. It is carried by close to four million Americans, and almost three million people have the disease as a chronic infection. Hepatitis C is estimated to cause about eight to 10 thousand deaths per year.

Communicability: Blood-to-blood contact is the most reliable way to transmit hepatitis C, though in about 10 percent of all cases, the mode of transmission is unclear. Blood-to-blood contact can come about in the form of shared drug needles; accidental needle sticks in medical settings; or contaminated medical, tattoo, or body-piercing instruments. Hepatitis C is also considered a sexually transmitted disease, although this appears to be a relatively inefficient method to spread the disease, unless the uninfected partner is already health-compromised.

Signs and Symptoms: Symptoms of hepatitis C are weakness, fever, nausea, and possible jaundice. They often do not appear until many years after infection, when the liver can no longer compensate for the damage that has accumulated; however, an infected person can spread the infection to others well before symptoms appear. Because of the delay between exposure and the development of symptoms, the majority of people diagnosed in the 1990s were probably infected in the 60s and 70s when the long-term risks of unprotected sex or intravenous drug use were not fully understood.

Treatment: No vaccine or gammaglobulin shots protect against hepatitis C. Treatment starts with good sense (rest, fluids and good nutrition) and close monitoring to watch for signs of complications. Interferon and ribavirin may be prescribed separately or together to try to control the severity of the viral attack. Ultimately, a hepatitis C patient may have to consider an organ transplant. Almost one-half of all the liver transplants conducted in the U.S. every year are to correct the damage brought on by hepatitis C infections.

Massage for hepatitis C?

Many people with hepatitis C have no discernible symptoms, because their livers can keep up with the damage caused by the virus. These people are also good candidates for circulatory - or other types - of massage. Later in the disease process, judgments must be made based on the overall health and circulatory resiliency of the client. It is important to remember that the liver is a keystone for fluid management in the abdomen. Because it processes blood from both the hepatic artery and the portal vein, if the liver is overtaxed, the result may be distant edema or ascites (the accumulation of excessive peritoneal fluid). Any client who is positive for hepatitis C and who shows any signs of liver dysfunction (jaundice, malaise, edema) should consult his or her primary health care provider to determine if the circulatory impact of massage might overcome the liver's ability to adapt.

Next time: What would you like to see: West Nile Virus? Warts? Herpes? If I don't get a consensus from you, I will explore a fairly newly recognized phenomenon: metabolic syndrome. This is a group of signs and symptoms that set the stage for type 2 diabetes and heart disease -- the leading U.S. killers.

Drop me a line and let me know... what's on your table?

Many thanks and many blessings,

Ruth Werner, LMP, NCTMB

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