

LIVER FUNCTION RECOVERY(Fatty Liver)

Basic Treatment Guidelines

By Geoff D'Arcy Lic.Ac.,D.O.M.

Dietary Supplement Plan

1. **Hepo Protect** <https://www.darcywellness.com/shop/hepo-protect>
2. **Power shrooms** <https://www.darcywellness.com/shop/hepo-protect>
3. **Milk Thistle**
4. Alpha Liipoic Acid

It is estimated that nearly one in four US adults has nonalcoholic fatty liver disease, which can progress to liver fibrosis and eventually cirrhosis, according to latest research at the annual Digestive Disease week gathering. The estimate emerged from an analysis of data on 13,500 adult participants in the Third National Health and Nutrition Examination Survey (NHANES III, 1988-1994). According to the data, 23.5% of US adults have some form of nonalcoholic fatty liver disease. The researchers defined nonalcoholic liver disease in this study as abnormally high levels of liver enzymes AST, ALT, or GGT; negative hepatitis B and C serologic tests; transferrin saturation <50%; and an average daily alcohol intake <2 drinks per day for women and <3 drinks per day for men. Past studies have suggested that most of the ALT elevations in normal blood donors are not due to hepatitis, but to something else that seemed to be associated with obesity and diabetes." The NHANES III data clearly point to nonalcoholic fatty liver disease.

Some individuals can develop fatty liver. Most people who do not abuse alcohol and have fatty liver are obese. Fatty liver is called steatosis, and fatty liver with liver inflammation is called or steatohepatitis. Steatosis and steatohepatitis can be caused by alcohol and other drugs and can also sometimes occur in patients with diabetes mellitus. Steatohepatitis is *not* caused by alcohol and is sometimes referred to as non-alcoholic steatohepatitis or "NASH." The factors that determine who will develop fatty liver are not known. Steatohepatitis can progress to cirrhosis. Treatment (diet and exercise and supplements) may stop this progression. Fatty liver is the accumulation of fat in liver cells. Simple fatty liver is not a disease, since it does not damage the liver, but is a condition that can be identified by taking a sample of liver tissue (liver biopsy) and examining it under a microscope. Another term often used to describe this condition is fatty infiltration of the liver. Fat accumulates in the liver usually in connection with heavy use of alcohol, extreme weight gain or diabetes mellitus. Fatty liver can also occur with poor diet and certain illnesses, such as tuberculosis, intestinal bypass surgery for obesity, and certain drugs such as corticosteroids. It is not certain how fatty liver occurs. A patient has fatty liver when the fat increases the weight of the liver by 5%. Possible explanations for fatty liver include the transfer of fat from other parts of the body, or an increase in the extraction of fat presented to the liver from the intestine. Other explanations are that the liver reduces the rate it breaks down and removes fat. Eating fatty food by itself does not produce a fatty liver. Patients who drink too much alcohol for many years may develop alcoholic liver damage that includes fatty liver. An inflammation of the liver associated with an increase of fat deposits may occur in middle-aged, overweight, and often diabetic patients who do not drink alcohol. This disease, which resembles alcoholic hepatitis, is called nonalcoholic steatohepatitis (NASH). It is important to remember that simple fatty liver does not require treatment, since it does not result in damage to liver cells or clinical disease. A physical examination that reveals an enlarged liver without any other symptoms suggests fatty liver. Obese patients with fatty liver will have reduction or loss of excess fat in liver cells, as well as in other cells in the body, if substantial weight loss can be achieved. Patients who drink alcohol to excess will also have a loss of fat in the liver when alcohol is discontinued. Good control of diabetes mellitus with diet, drugs, or insulin also decreases the fat content in the liver.

In most instances, treatment of fatty liver and steatohepatitis requires control of the underlying conditions. This may include reduction of high blood triglycerides, good control of diabetes, or not drinking alcohol. In some cases, surgical reversal of intestinal bypass for obesity is required.

Since one of the liver's jobs is managing fats and cholesterol, liver function is a dominant factor in the development of fatty degeneration diseases--the appearance of fatty materials in places where they are not normally found, such as the arteries. Such deranged fat metabolism contributes to many diseases including cardiovascular disease, cancer, obesity and diabetes. High blood pressure, anemia and infertility may also arise from poor use of fats or fat-soluble vitamins caused by liver dysfunction and insufficient bile production

