

LIVER Health TODAY

Management and Treatment - A Practical Guide
for Patients, Family and Friends

SPECIAL American Liver Foundation ISSUE



LOOK AND LISTEN

How the ALF helped one family
cope with liver disease

ALF RESEARCH GRANTS

How your donations go to fund
ground-breaking research

WOMEN AND HCV

Doctors discuss
women's concerns

**PLUS: COPING WITH ALCOHOL
DEPENDENCY ACUPUNCTURE AND
LIVER DISEASE SHOULD YOU ENROLL
IN A CLINICAL TRIAL? AND MORE**



Your Liver. Your Life.

Mailbox



I'd like to input this letter to the editor regarding the eating of red meat (see "Don't Have a Cow," Jan.-March 2009). Whether or not a patient has HBV or HCV does not define when he/she can eat red meat; it is the degree of damage to the liver (fibrosis/cirrhosis) from any hepatic malady that determines if red meat should be eliminated from one's diet.

The proteins in red meat combine with bacteria normally residing in our gut to produce ammonia, a toxic substance that is generally cleared from the body by the liver. In some - but not all - cirrhotic patients with end-stage liver disease (ESLD), the few functioning hepatocytes cannot metabolize all the ammonia, and that may lead to hepatic encephalopathy and, as in my case, coma.

In the ESLD patients who do have elevated ammonia levels, a special laxative, lactulose, must be taken. Lactulose binds to the ammonia and causes its rapid excretion from the body. The hepatologist may also prescribe an antibiotic to decrease the normal bacteria levels that are combining with the proteins to cause this ammonia. A caregiver may use a test from my transplant team to determine if their loved one with ESLD may need lactulose. The test is available at www.fairfoundation.org/ammonia_test.htm.

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Palm Desert, Calif.

Dr. Darling is the president and founder of the FAIR foundation and a former guest columnist for this magazine. His book, "Coma Life," which chronicles his survival of hepatitis C, a coma and three liver transplants, is available through this magazine.

