

Milk Thistle May Prevent Liver Damage



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When you take a drink, it is likely that every cell in your body will feel the effect of that drink. In moderation, alcohol intake is harmless and, in some cases, it may even be therapeutic for certain diseases, such as red wine for cardiovascular disease. In the case of alcohol abuse, however, the effects can be grim.

Alcoholism is a physiological and psychological dependence on alcohol and may lead to an array of health concerns, including physical, social and emotional disorders. Alcoholism can double the death rate in men and triple the death rate in women. It can lead to a 10 to 12 year decrease in life expectancy and increase the suicide rate six times. In 25- to 44-year-old men, alcoholism is the fourth leading cause of death as a result of liver cirrhosis. Current research shows that milk thistle may have a protective effect on the liver and prolong life expectancy in liver cirrhosis.

Milk thistle (*Silybum marianum*) has been used medicinally for over 2,000 years for the treatment of liver and gallbladder disorders. Milk thistle is believed to have a hepatoprotective effect, meaning simply that it protects the liver from damage. Milk thistle's hepatoprotective effect has been attributed to the antioxidant and free-radical scavenger properties of its flavonoid constituents, silymarin and silybin. Milk thistle is also believed to increase protein synthesis, decrease tumor-promoting activity, stabilize immunologic response, protect against cellular radiation damage and increase stability of cellular membranes.

In a study of 106 patients with alcoholic liver disease, subjects were randomly divided into two groups. One group received milk thistle for one month while the other group received a placebo. After one month of treatment, markers of liver disease (liver enzymes: AST and ALT) were statistically lower in subjects taking milk thistle compared to subjects who did not receive milk thistle. The liver cell biopsies of subjects taking milk thistle were shown to be closer to normal than subjects who did not take milk thistle.

Another study of 40 patients with alcoholic liver cirrhosis demonstrated that milk thistle had a protective effect on the liver by decreasing markers of liver disease (liver enzymes: AST, ALT and GGT, and blood bilirubin).

Another study was conducted at the 1st Department of Gastroenterology and Hepatology, University of Vienna, Austria on 170 patients with liver cirrhosis, 91 of which had alcoholic liver cirrhosis. Of the patients enrolled in this study, 87 received 140 mg of milk thistle while the remaining patients received a placebo. The four-year survival rate was 58% in patients treated with milk thistle compared to 39% in patients who did not receive milk thistle. The authors reported that no side effects were observed with the ingestion of milk thistle. The authors subsequently concluded that milk thistle appears to prolong life expectancy in patients with liver cirrhosis of alcoholic and other origin.

Based on current research on the antioxidant properties of milk thistle, it may effectively minimize some of the adverse effects of chronic alcoholic damage on the liver and possibly prolong life. It must be noted, however, that milk thistle is not a cure for alcoholism nor should one expect that milk thistle supplementation alone will offset all of the adverse effects of chronic alcohol abuse. Alcoholism is a progressive disease and is most effectively remedied through cessation of alcohol consumption.