

BENEFICIAL EFFECT OF SILYMARIN ON URSODEOXYCHOLIC ACID IN TREATMENT OF NON-ALCOHOL FATTY LIVER DISEASE (NAFLD)

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There is not an established therapy for NAFLD, including fatty liver (predominant macrovesicular steatosis), non-alcoholic steatohepatitis (NASH) and fibrosis. Ursodeoxycholic acid (UDCA) has been put forward but with inconsistent effect. Silymarin (SIL), extracted from milk thistle plant (*Sylibum marianum*) has been successfully used in various hepatopathies.

Object: To compare efficacy of UDCA given alone for 12 months, followed by a bitherapy combining UDCA and SIL, for 6 additional months.

Methods: Fifteen NAFLD patients were enrolled because US evidence of hepatic steatosis, abnormal LFT, and histological criteria (7 patients). UDCA was given at 200-300 mg/3 x d while SIL at 280 mg/3 x d (6 vegicaps - each one 140 mg from standardized extract, Solgar).

Results: Cohort included 13 patients (6 males, 7 females; range 28-64 - mean: 47 years); 2 did not comply because of UDCA side effects. Baseline levels were: ALT-139±71; AST-104±48; AlkP-165±43; GGT-148±48 (mean±SD); serum levels after UDCA: ALT-74±42; AST-57±22; AlkP-130±26; GGT-83±24; and after 6 more months of UDCA+SIL: ALT-38±20; AST-36±13; AlkP-112±18; GGT-55±19 (NL: 42; 42; 124; 56, respectively), while at US, a decrease in fat accumulation.

Conclusions: According to these results, showing a significant decrease in transaminase concentrations, we suggest combination of UDCA and SIL as a first line therapy. However, a randomized controlled study is needed.

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