

BULLETIN
OF THE
WALTER KEMPNER
FOUNDATION

DURHAM, N.C.

OCTOBER 1982

VOL. V

NO. 1

NOTES OF INTEREST

CIRRHOSIS OF THE LIVER

Dr. Kempner's patients enjoyed reading the following story in the Durham Morning Herald, February 22, 1982:

Puppy With Ailing Liver Given New Life By Diet

FORT COLLINS, Colo. (AP)—A bulldog pup suffering from a liver disease has regained his sight and hearing after being placed on a restricted diet, and a researcher says the technique may someday be applied to humans.

Dr. Judith L. Weissinger, Colorado State University pharmacology professor, said that like the dog, "Pee Wee," people with cirrhosis of the liver may be suffering hormonal imbalances and liver-related changes in brain function which could be managed by diet.

"Pee Wee is being successfully, medically managed through diet. The things we've learned from Pee Wee could be helpful in managing cirrhosis," she said.

The pup suffered from a "portacaval shunt," meaning that toxins bypassed his liver, she said. Normally, the liver absorbs and breaks down toxins, but the dog's malfunctioning liver allowed toxins to accumulate in his body and also affected his growth hormone levels.

CSU clinicians thought the toxin ammonia, produced when the body breaks down protein, was bypassing Pee Wee's liver and going to his brain, where it would affect hormone production.

"We stopped feeding him protein," the professor said. "After two days, he was seeing and hearing. He was a normal, happy pup—hungry, but happy," she recalled.

"He gets a 2-pound bag of generic rice every day. I used to think, 'Poor Pee Wee, all he ever gets is rice,' but now I realize my other dog, who gets dry dog food, has to eat the same thing every day too. What's the difference?" the pharmacologist asked.

(Reprinted with permission of the Associated Press.)

Progress of a patient with advanced cirrhosis of the liver treated by a modified rice diet (low in protein and fat, high in carbohydrates) was reported in the Bulletin of the Walter Kempner Foundation, December 1962. In addition to the usual vitamins, she received a medication to increase the flow of bile (Decholin). After 12 weeks in the hospital, she had improved to such a degree that she could continue the dietary treatment on an out-patient basis, at the Rice House. The chart reprinted below shows the marked improvement in liver function, return to normal of relevant blood chemistry, and maintenance of the improvement over a ten-year period. (Normal 45-minute dye retention in the liver function test is 5% or less in our laboratory.)

