



## BOOK REVIEW

# Non-alcoholic Fatty Liver Disease: A Practical Guide

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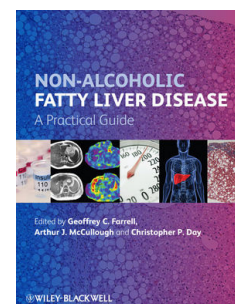
Publisher: Wiley – Blackwell, Oxford, UK

Pages: 324

Year: April 2013

ISBN: 978-0-470-67317-1

Price: \$ 149.95



The 1<sup>st</sup> Edition of this book was titled “Fatty Liver Disease: Non-alcoholic Steato-Hepatitis (NASH) and Related Fatty Liver Disorders” (2004).<sup>[1]</sup> The very fact that the 2<sup>nd</sup> Edition, appearing after a period of 9 years, has been retitled “Non-Alcoholic Fatty Liver Disease (NAFLD): A Practical Guide” speaks of the global importance of NAFLD. NAFLD has emerged as a new threat based on the new lifestyles and metabolic disposition. Whereas earlier, all the focus has been on managing cardio-metabolic risks of diabetes, NAFLD went almost unnoticed for many years. Its prevalence has been rising every year with more than 10% of the world population today, suffering from NAFLD. The variation in the prevalence range (5–40% in Asia Pacific region) is due to the variance in diagnostic specificity. In India, the overall prevalence of NAFLD is 16.6%.<sup>[2]</sup>

The editors of the book ‘NAFLD: A Practical Guide’ have aimed at providing comprehensive information on NAFLD with regards to its history, definition, pathogenesis, prevalence, assessment, diagnostic techniques and options for treatment (lifestyle, dietary supplements, medication as well as surgery). The overview of the aetiological

mechanisms of NAFLD is well-covered. The simple narrative is supported with neat diagrams and tables wherever required. In 26 chapters, the editors with their team of authors from several continents have succeeded in including the latest evidence and scientific understanding of NAFLD. Each chapter begins with ‘Key points’ - A preview summarising the details to be covered. Most of the chapters conclude with future directions which, enable the readers to know the gaps in treating NAFLD and its complications. Despite the authors being from diverse regions of the world, the editors have interwoven the chapters in a seamless manner.

The 2<sup>nd</sup> edition of the book, provides the latest guidelines from American Association for Study of Liver Disease, European Association for Study of Liver Disease and Asia-Pacific working party on NAFLD. It is desirable to evolve India - specific guidelines for NAFLD. The book covers deeply, the understanding of NAFLD with its spectrum of clinical outcomes. It starts with NASH - an inflammatory disorder which is often followed by hepatic necrosis, subsequently fibrosis which may progress to cirrhosis and sometimes hepato-cellular carcinoma. The 1<sup>st</sup> chapter introducing the concept of NAFLD and NASH is been followed-up with details in the remaining chapters which builds on the basic scaffold. Chapter 7 highlights NAFLD and NASH, as risk factors for cardiovascular.

The highlight chapters of the book are Chapter 9 and 10, where the authors have covered the relevance of invasive as well as the latest non-invasive techniques for the assessment of NAFLD, NASH and fibrosis. The imaging techniques such as ultrasonography and computed tomography have been useful in diagnosis and measurement of the degree of hepatic steatosis. However, it is often difficult to pursue the gold standard technique of histo- pathological evidence

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Received Oct 20, 2013 and in revised form Nov 5, 2013. Accepted for publication Nov 13, 2013

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of liver biopsy due to its invasive nature. Proton magnetic resonance (MR) Spectroscopy is used to assess the precise fat content in the liver. On the other hand, transient elastography (TE) is an accurate and reproducible test for detecting liver fibrosis. But the success of TE is limited in obese patients. XL probe was developed for overcoming the limitations of TE in obese patients. The new imaging techniques involving proton MR and TE are not widely available. Their cost restricts their usage in developing countries. Hence, there is a need to evolve simple, accurate and cost-effective imaging techniques for NAFLD.

Another significant chapter is Chapter 12, wherein the experts have emphasized on the pleiotropic effects of exercise resulting in beneficial physiological effects and changes in body composition. Such effects are physiological remodelling, decrease in inflammation and increase in muscle mass combined with reduction in visceral adiposity. In addition to this, resistance training (strength training) resulted in enhanced insulin sensitivity. Also, it was observed that endurance resistance through circuit weight training improved both cardiovascular reserve and muscular fitness. However, there is a need to have an integrative approach in planning the exercise schedule of individual patients, based on the NAFLD profile.

The chapters 24, 25 and 26 cover details of current therapy available for NAFLD and NASH while emphasizing the therapeutic gaps. Besides discussing the conventional management of NAFLD with metformin, dietary restriction, exercise etc., the authors have interestingly covered the natural products such as *Silybum marianum*, berberine, ursodeoxycholic acid, betaine and antioxidants such as Vitamin E. However the data available on the Natural products are limited and more studies in larger samples are required. The antioxidants, hepatoprotectives and

hydrochlorectics from Ayurveda need to be actively explored. *Picrorhiza kurroa* has shown its hepatoprotective properties in human viral hepatitis and has helped to reduce the lipid content in an experimental model of NAFLD.<sup>[3]</sup>

The volume will hereby serve as a professional guide not only to the gastroenterologists or hepatologists but also to experts in diabetes, obesity, endocrinology and internal medicine. It is strongly recommended as an authentic reference book for medical colleges, teaching hospitals and institutes dealing with diabetes, liver disease and obesity. The cost of the book is quite high, given the dollar-rupee parity. An Asian edition at a lower price is desirable to make it more affordable for students and institutions.

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**How to cite this article:** Dhama-Shah H, Vaidya RA. Non-alcoholic fatty liver disease: A practical guide. J Obes Metab Res 2014;1:62-3.

**Source of Support:** Nil, **Conflict of Interest:** None declared.