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LETTER TO THE EDITOR

The efficacy of Mediterranean diet in non-alcoholic fatty liver disease

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Dear Sir,

We have read with great interest the paper published by Ginter and Simko, where the authors review the recent literature data on Mediterranean diet (MD). Our interest in this matter is particularly associated with the treatment of patients with non-alcoholic fatty liver disease (NAFLD) (1). The protective effect of this diet is attributed to the high concentration of antioxidants. It is hypothesized that carotenoids, folic acid and fiber, characteristic of MD, can play a pivotal role in the prevention of oxidative stress (2). Actually, NAFLD is an increasingly recognized cause of chronic liver disease worldwide, and represents the leading cause of hepatology referral in some centers. NAFLD is a clinical syndrome that ranges from simple steatosis to non-alcoholic steatohepatitis, fibrosis, or cirrhosis and its complications (3). It is associated with dyslipidemia, obesity, and insulin resistance, which are also the main features of the metabolic syndrome. NAFLD patients are inclined to a higher energy intake and higher simple carbohydrate intake when compared with healthy controls (2).

Recently, we have published a randomized study on the effects of MD in NAFLD overweight patients (4). We report that these patients, treated for 6 months with MD improved not only in their anthropometric parameters but also in insulin resistance and hepatic fat accumulation evaluated by ultrasound. In addition, we assess an improvement in high transaminase levels and lipid profile in patients treated not only with MD but also with an antioxidant complex containing silymarin. Silymarin is a bioflavonoid complex extract derived from dry seeds of milk thistle [*Silybum marianum* (L.) Gaernt. of the Asteraceae/Compositaceae family]. Milk thistle is a flowering herb native to the Mediterranean region, produced in many countries, particularly in East Europe. Silymarin has antioxidant, anti-inflammatory, antifibrotic, detoxifying and regenerative properties, and it was used to treat many liver diseases (5).

Considering these data, and in accordance with the author, we highlight the pivotal role of MD in patients with NAFLD. In this way, the prescription of MD in association with silymarin complex, may present an appropriate therapeutic approach in clinical practice not only to prevent simple steatosis, but also to treat the forms with injury and steatohepatitis.

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