



Note on Prevention of Alcoholic Cirrhosis

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DESCRIPTION

Cirrhosis is a late stage of liver scarring (fibrosis) induced by a variety of illnesses and disorders, including hepatitis and persistent drinking. When children's liver is wounded, whether from illness, too much alcohol, or something else, it tries to heal itself. Scar tissue arises as a result of this process. Cirrhosis causes scar tissue to grow, which makes it harder for the liver to function (decompensated cirrhosis). Cirrhosis in its advanced stages can be fatal. Cirrhosis has caused liver damage that cannot be reversed. Further damage can be reduced and, in rare cases, reversed if liver cirrhosis is discovered early and the cause is addressed [1].

Cirrhosis causes liver damage that cannot be reversed. Further damage can be reduced and, in rare cases, reversed if liver cirrhosis is discovered early and the cause is addressed. The liver is a big organ that plays a crucial role in youngster's body. It removes toxins from the blood, breaks down proteins, and produces bile to aid fat absorption. When a person consumes large amounts of alcohol over a long period of time, the body begins to replace good liver tissue with scar tissue. This illness is known as alcoholic liver cirrhosis by doctors [2].

The liver will cease working correctly as the illness continues and more of good liver tissue is replaced with scar tissue. Cirrhosis affects between 10% and 20% of heavy drinkers, according to the American Liver Foundation. The most advanced type of liver disease linked to alcohol consumption is alcoholic liver cirrhosis. The sickness is one of a chain of events. Fatty liver disease can lead to alcoholic hepatitis, which can lead to alcoholic cirrhosis. However, alcoholic liver cirrhosis can occur even if a person has never had alcoholic hepatitis [3].

Symptoms

Cirrhosis frequently has no symptoms until the liver has been severely damaged. When signs and symptoms do appear, they might include the following: Fatigue, bruising or bleeding easily, Nausea, legs, feet, or ankles that swell (edema), loss of weight, skin that is itchy, skin and eye discoloration are yellow (jaundice), etc[4].

Complications

High blood pressure in the veins that supply the liver (portal hypertension): Cirrhosis reduces the normal flow of blood through the liver, raising pressure in the vein that carries blood from the intestines and spleen to the liver.

Swelling in the legs and abdomen: Fluid can build in the legs (edema) and the belly due to increased pressure in the portal vein (ascites). Edema and ascites can also be caused by the liver's failure to produce adequate blood proteins, such as albumin.

Enlargement of the spleen (splenomegaly): Oral hypertension can also affect the spleen, causing it to enlarge and trap white blood cells and platelets. Cirrhosis can be detected early on by a decrease in white blood cells and platelets in the blood.

Bone disease: Cirrhosis causes some patients to lose bone strength, putting them at risk for fractures.

Prevention of alcoholic cirrhosis

Take these precautions to protect children's liver and lower chance of cirrhosis:

Do not drink alcohol if people have cirrhosis: Alcohol should be avoided if children have liver illness.

Eat a healthy diet: Opt for a plant-based diet rich in fruits and vegetables. Choose whole carbohydrates and lean protein sources. Reduce youngster's intake of greasy and fried meals.

Maintain a healthy weight: Children's liver might be harmed by having too much body fat. If children are obese or overweight, talk to doctor about a weight-loss strategy.

Reduced risk of hepatitis: Hepatitis B and C are spread by sharing needles and having unprotected intercourse. Inquire about hepatitis immunizations with youngster's doctor.

REFERENCES

1. Johnson BA, Ait-Daoud N. Neuropharmacological treatments for alcoholism: scientific basis and clinical findings. *Psychopharmacology*. 2000; 149(4):327-344.

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2. Johnson BA. Update on neuropharmacological treatments for alcoholism: scientific basis and clinical findings. *Biochem. Pharmacol.* 2008; 75(1):34-56.
3. Hill SY. The disease concept of alcoholism: A review. *Drug Alcohol Depend.* 1985 Dec 1;16(3):193-214.
4. Keller M. The disease concept of alcoholism revisited. *J. Stud. Alcohol Drug.* 1976; 37(11):1694-1717.