Myths about gall bladder disease

Gallstone disease is one of the most common and costly of all digestive diseases. It is estimated that 10-20% of all US adults have gallstones. Each year, around 500,000 people develop symptoms or complications necessitating cholecystectomy, and approximately 10,000 people die annually from complications of gallstones.

Let's clear up some misconceptions!

Excess dietary fat is the culprit in gall bladder disease. This a shibboleth that needs to be put to rest. While it's true that dietary fat causes the gall bladder to contract, causing pain if you already have gallstones, studies don't support the notion that a high-fat diet *causes* gallstones, especially if carbs are limited.

In fact, there's a high-concordance between fatty liver, metabolic syndrome/insulin resistance, obesity and gall bladder problems. All these are now recognized to be more closely associated with excess dietary carbohydrates, not fats.

A recent study entitled "Dietary carbohydrates and glycemic load and the incidence of symptomatic gall stone disease in men" concludes that "Our findings suggest that a high intake of carbohydrate, glycemic load, and glycemic index increases the risk of symptomatic gallstone disease in men. *These results add to the concern that low fat high carbohydrate diets may not be an optimal dietary recommendation* [italics added]."

Why does a high-carb diet contribute to gall bladder problems? While it's true that gallstones are largely composed of cholesterol, a diet rich in refined carbohydrates causes the liver to generate a type of bad cholesterol that is more likely to create stones. Additionally, *any* diet pattern that promotes overweight, insulin resistance and Type 2 Diabetes hikes the risk for gall bladder disease. It's even been suggested that having gallstones predicts a higher risk of dying earlier—not due to the danger the gallstones pose, but because of the accompanying cardio-metabolic risks.

Gall bladder disease is rare in non-whites. We were taught the "4 Fs" in medical school: The typical gall bladder sufferer is fat, fair, female and fertile (the latter has to do with the potential for estrogen to promote gallstones). But gall bladder disease, while less common in African Americans, is rampant in Hispanics and persons of Native American ancestry. Interestingly, over **80 percent** of the Pima Indians of southern Arizona develop gallstones by age 35

Gallstones are mostly a hereditary problem. While approximately 30 percent of risk for gallstones is inherited, gall bladder problems are mostly a lifestyle disease, preventable via measures that I'll discuss in an upcoming *Intelligent Medicine* newsletter article.

The gall bladder is a useless and dangerous organ and should be removed at the

slightest sign of trouble, or if an imaging study reveals the presence of stones. While the prevalence of gallstones is high, and their presence can be life-threatening, a high percentage of the population is walking around with asymptomatic stones and are never the worse for it.

After a gall bladder attack, confirmed by evidence of the presence of stones, it's imperative to have your gallbladder taken out immediately. Or to paraphrase the Bible: "If thine gall bladder offend thee, pluck it out!" The decision to have surgery depends on several factors. "Elective" cholecystectomy, as gall bladder surgery is called when a patient's symptoms have subsided and it's decided to remove the gall bladder for preventive reasons, is based on several criteria: If stones are bigger than a certain size; if a "HIDA" scan shows the gall bladder is not emptying properly; if a patient is diabetic and might be high risk for subsequent infection; if a gall bladder polyp bigger than a certain size is spotted, raising suspicion of cancer; if the gall bladder is calcified ("porcelain gall bladder"); if a patient has sickle cell disease; if a gall bladder attack triggers pancreatitis; or if a patient has a very infected gall bladder accompanied by fever or a high white blood cell count. Because of the ease of surgery these days, it's sometimes a judgement call whether to operate to head off future attacks that may occur when the patient is older and a less suitable surgical candidate.

After undertaking some of the measures I'll outline in a future newsletter article, many first-time gall bladder sufferers dodge further attacks. Of course, repeated bouts of gall bladder pain call for removal.

Next Up: Does the "liver/gall bladder flush" get rid of stones? Can gallstones be dissolved naturally? What supplements prevent gallstones?