
USE OF NUTRACEUTICALS TO MANAGE LIVER DISEASE IN BEARDED DRAGONS (*Pogona vitticeps*)

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ABSTRACT

Liver disease in bearded dragons may have many etiologies. Hepatitis and hepatopathies may be caused by bacteria, protozoa or by adenovirus infection.⁶ Hepatic lipidosis is found in some obese adults. It is a metabolic derangement rather than a single clinical process.^{2,5} It is often seen in dragons fed an exclusive high-fat diet (such as waxworms, mealworms), but may also be seen in obese dragons fed a recommended diet of salad daily and crickets 2-3 times a week.^{1,10} Obesity includes an increase in the coelomic fat bodies as well as liver fat. Lack of exercise may play a role in obesity. Liver disease should be treated per etiology. Adjunctive therapy to support liver function includes nutraceuticals and most notably milk thistle (silymarin or silybin).⁹ Lactulose has been used to decrease the ammonia within the gastrointestinal tract in mammals and birds, but a study evaluating the effectiveness in dragons with liver disease has not been done. This also applies to L-carnitine and milk thistle. Usage is extrapolated from use in other species. L-carnitine improves the transportation of acyl-coenzyme A (CoA) across the inner mitochondrial membrane of hepatocytes.^{2,3,5} Supplementation may improve hepatic metabolism of fat. The dosage recommended in reptiles is 250 mg/kg orally daily.^{2,5} Milk thistle is regarded as a liver protectant may improve general liver function.^{4,7,8} Dosage is empirical. Choline and methionine supplementation has long been used for liver disease, however studies in rats have shown them to be ineffective. Usage is likely safe at 40-50 mg/kg orally daily.^{2,5}

LITERATURE CITED

1. Cannon, M.J. 2003. Husbandry and veterinary aspects of the bearded dragon (*Pogona* spp.) in Australia. *Seminars in Avian and Exotic Pet Medicine*. 12:205-14.
2. Divers, S.J. and J.E. Cooper. 2000. Reptile hepatic lipidosis. *Seminars in Avian and Exotic Pet Medicine* 9:153-165.
3. Flatland, B. 2003. Botanicals, vitamins, and minerals and the liver: Therapeutic applications and potential toxicities. *Compendium on Continuing Education for the Practicing Veterinarian*. 25:514-524.
4. Grizzle, J. and T.L. Hadley, et al. 2009. Effects of dietary milk thistle on blood parameters, liver pathology, and hepatobiliary scintigraphy in white carneau pigeons (*Columba livia*) challenged with B1Aflatoxin. *Journal of Avian Medicine and Surgery*. 23:114-124.
5. Hernandez-Divers, S.J. and J.E. Cooper. 2006. Hepatic lipidosis. In Mader, D.R. (ed.).

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- Reptile Medicine and Surgery 2nd Edition. Elsevier Saunders. St. Louis, MO. Pp 806-813.
6. Hyndman, T. and C.M.Shilton. 2011. Molecular detection of two adenoviruses associated with disease in Australian lizards. Australian Veterinary Journal 89:232-235.
 7. Johnson-Delaney, C.A. 2006. Nutraceuticals and herbal formulations: adjunctive therapies. Proceedings, Association of Avian Veterinarians, San Antonio, TX. Pp:79-84.
 8. Orosz, S.E. 2006. Common herbs and their use in avian practice. Proceedings, Association of Avian Veterinarians, San Antonio, TX. Pp: 239-247.
 9. Schrieber, S.J. and R.L. Hawke, et al. 2011. Differences in the disposition of silymarin between patients with nonalcoholic fatty liver disease and chronic hepatitis C. Drug Metabolism and Disposition 39:2182-2190.
 10. Stahl, S.J. 1999. Bearded dragon, *Pogona vitticeps*, care. Bulletin of the Association of Reptilian and Amphibian Veterinarians. 9:18-19.