

THE GLUTEN CONNECTION: How Gluten Sensitivity May Be Sabotaging Your Health - And What You Can Do to Take Control NOW (published 2007 -ISBN-13: 978-1-59486-387-5)

**Author: Shari Lieberman, PhD, CNS, FACN, a practicing clinical nutritionist and current board member of the Certification Board for Nutrition Specialists. www.drshari.net
with Linda Segal award-winning writer and editor**

Foreword: Stephen T. Sinatra, MD, FACC, FACN, CNS, specialist in preventive and metabolic cardiology

Report by Myke Taylor - Co-leader, Sacramento Peripheral Neuropathy Support Group

This book, published in 2007, is a real eye-opener, even for me who has been on a gluten free diet for approximately 10 years. Even though a laboratory test at Kaiser didn't indicate I had Celiac Disease, I've adhered to the diet, by eliminating wheat, oats, barley and rye because my digestive symptoms disappeared. It turns out that Celiac Disease is the end stage of Gluten Sensitivity and does show up on blood test until Celiac Disease is full blown (Oats do not contain gluten but are processed by machines that also process the gluten grains).

The book is well-documented with many studies of this affliction. Some of the interesting information follows: silent inflammation is the main factor in the development of cardiovascular disease, gastrointestinal problems, diabetes, cancer, Parkinson's disease, and other neurodegenerative diseases as well as insidious food intolerances such as "leaky gut," "irritable bowel," Chron's disease type syndromes that cause immune-system dysfunctions such as lupus and rheumatoid arthritis, as well as osteoporosis, multiple sclerosis, chronic fatigue syndrome, and some forms of dermatitis and psoriasis that can slowly undermine our health—all of which affect the heart.

Many of our medical professionals sadly are not as aware as one might hope. Most doctors think in terms of Celiac Disease being a rare disease rather than the final stage of Gluten Sensitivity.

Another clue is that it's genetic and it's been observed that women are more vulnerable than men. Northern Europeans have a higher incidence of celiac disease than African Americans or Asians.

Researchers have discovered that Celiac Disease afflicts just under 1 % of the population in the USA but that 29% of the population are Gluten Sensitive—nearly 3 out of 10 people!

The author also gives a brief history of reasons how this developed over long period of time since Paleolithic man originally was a hunter-gatherer - through the age of agriculture when Neolithic man began to cultivate grains which could be stored, and better control of his food - unfortunately the human genome hasn't changed. And with the arrival of the industrial revolution, modern man refined wheat, added "vital gluten" so that the food we get at the grocery store today is processed to contain more gluten than any time in history.

In our digestive process, food is churned in the stomach and mixed with gastric juices into a sloppy kind of soup which then passes into the small intestine where it is absorbed by finger-like projections called villi which in turn pass the nutrients to the bloodstream. That which cannot be absorbed passes to the large intestine and is eliminated. If you are Gluten Sensitive, your digestive system does not have the ability to break down gluten into soluble proteins (amino acids). When the gluten gets into your bloodstream in this "raw" form your body forms antibodies to combat it. As your body valiantly but unsuccessfully tries to break down the invader gluten, the lining of the intestine becomes inflamed and the villi become flattened and the antibodies that formed to fight the gluten also pass into the bloodstream. Unfortunately, this does not show up in the currently commonly used blood test until you actually have Celiac Disease. And is not routinely used by most American doctors to screen their patients - reference Chapter 10.

The author devotes a chapter to explaining the difference between an allergy and an intolerance to explain that Gluten Sensitivity is not an allergy, but a food intolerance, A major difference is that while an allergic reaction

can sometimes evoke a violent effect it does no long-term damage to organs. Food intolerance reactions, on the other hand, are insidious, and their long-term effects on organs throughout the body can be devastating, even leading to premature death; e.g. gluten can cause the production of inhibitory and excitatory neurotransmitters in the central nervous system resulting in symptoms of ataxia and neuropathy. Whether it's an allergy or an intolerance, the only cure is to abstain from the offending foods. While you can take antihistamines to counteract an allergy, there are no medications to alleviate gluten intolerance symptoms. The intolerance/sensitivity never goes away!

She explains that Gluten Sensitivity is a chameleon-like disease hiding behind a variety of symptoms, making it difficult—but not impossible—to diagnose correctly. Misdiagnosis, because of Gluten Sensitivity's ability to masquerade as—and, in some cases, piggyback onto—the symptoms of other diseases and disorders, can have devastating effects. Not only are the misdiagnosed relegated to "living with" a disease (when they might be able to be free of it), but living with this condition can lead to severe consequences—such as the irreversible crippling of rheumatoid arthritis, bone loss and breakage, infection, or even death. There are 6 separate chapters devoted to: Gluten and Skin Disease; Neurological Disorders; Other Auto immune Diseases; Digestive Disorders; and Undiagnosed Diseases and Conditions.

Chapter Nine is devoted to case studies from doctors and other health professionals—who documented their successes in using gluten-free treatments.

Chapter 10 discusses the frustration of testing for Gluten Sensitivity.. This chapter goes into detail about the shortfalls of blood tests. Hope is offered with the recently developed saliva and stool tests. There is also a section on genetic testing. Most of the last half of the book is devoted to going gluten-free, coping with shopping (label reading), cooking, suggested diet, lists of products and places to find them, and even recipes.

Chapter 12 talks about the supplementation needed along with a gluten-free diet Chapter 13 discusses "Cross-reactivity" and "Other Dietary Changes"

Chapter 14 is titled **WHY DIDN'T MY DOCTOR TELL ME ABOUT THIS?** Why indeed, especially since the problem of Gluten Sensitivity has been accepted all around the world—*except* in the United States. In **1976**, the **Codex Alimentarius Commission**, a joint effort between the **World Health Organization** and the **Food and Agricultural Organization of the United Nations**, adopted the **Codex Standard for gluten-free foods**. It was **amended in 1983** to define "gluten-free" as a food whose "total nitrogen content of the gluten-containing cereals used in the product does not exceed 0.05 g per 100 grammes (0.05%) of these grains on a dry matter basis" The current code lists wheat, triticale, rye, barley or oats which have been rendered gluten-free. The revised standard is now in committee awaiting additional revision.

The author recounts several other reasons why this omission of information has happened here.

Limited Educational Exposure. A survey in 2004 by *Today's Dietitian* revealed:

- Only 40% of all medical and osteopathic schools provide a separate, required course in nutrition
- At schools that require the study of nutrition, mean number of credit hours was 2.5, with a range of 1 to 10 credits
- Only 13 % of schools offer nutrition as an elective course
- Nutrition is integrated into other courses at 24% of the colleges
- Elective courses of 2 credit hours attract less than 25% of the medical school enrollment
- 23% of schools do not offer nutrition instruction at all

Too Much Information in Too Many Places. Keeping up is hard to do—often the information is not linked. The family doctor—general practitioner or internist—is the first point of contact for patients. So it is the family physician who should be "on top" of research and most familiar with the signs of Gluten Sensitivity. Yet as recently as 2005, a patient survey revealed only 11% of Celiac Disease patients were diagnosed by their

primary-care physicians. The author states that 53 different journals—specializing, in allergies, neurology, pediatrics, gastroenterology, psychiatry, and more—were cited in this one book alone. See resource lists at back of the book.

Managed Care. Time is a problem and much of the time problem centers around managed care. Doctors become a part of a network in which "medical necessity" is often determined by the insurance companies. Diagnostic testing is often denied coverage because the tests are not "mainstream."

Lack of Incentives. For researchers to invest time and money in the study of a medical problem, two conditions have to be met—the problem has to be widespread and it cannot be mitigated by any current solutions because pharmaceutical and biotechnology companies, which are the primary benefactors of medical investigations in the USA, are not motivated to invest in research. These companies funnel their money into projects that have the potential to yield large returns—most often on drugs that halt symptoms and require lifelong use. e.g. cholesterol.

Until recently, Gluten Sensitivity, in its worst-case form, Celiac Disease, was thought to be a rare disease, therefore, did not meet the widespread requirement. Gluten Sensitivity, however, meets the widespread requirement i.e. 30% of the population may be affected. But the cure is to simply eliminate gluten foods from your diet—thus fails the "new miracle drug" requirement. It would seem logical to look to the public sector - publicly funded medical schools or the National Institutes of Health. The NIH mission to: "Acquire new knowledge to help prevent, detect, diagnose, and treat disease and disability, from the rarest genetic disorder to the common cold....to uncover new knowledge that will lead to better health for everyone...." Sadly, the NIH came under fire in 2005 with the discovery that some of its employees were being paid large sums of money by pharmaceutical and biotechnology firms. Educational institutions are also at risk of being influenced by pharmaceutical companies. Drug-company representatives roam the halls of teaching hospitals offering free lunches and samples.

Progress has been made in some research areas, but the focus is on Celiac Disease, not Gluten Sensitivity. And mostly in countries other than the USA.

What can you do besides get angry? Share what you have learned with everybody you know. Purchase this book for more details than I could furnish in this brief report. I originally consulted an alternative practitioner because of my PN. I still have PN but now I know why and take NeuroHelp, a formula of Alpha Lipoic Acid, all the B-vitamins, N-Acetyl L-Carnitene and other vitamins and minerals, which has ceased the progression of the numbness up my legs and arms and eliminated the burning in my feet. It was another alternative practitioner who suggested I try the gluten-free route after years of gastric problems for which no one at Kaiser could find a solution. Perhaps you or someone you know can recognize chronic symptoms for which there seems to be no solution in the traditional medical world.

*My own Mother suffered from rheumatoid arthritis, broken hip, breast cancer and stroke. She died at the age of fifty-two

My daughter, recently returned from a tour of New Zealand and Australia, commented that restaurant menus listed items that are gluten free.