

Recently, we have had many people asking a similar question:

Do I have to re-introduce gluten in order to have an accurate gluten sensitivity test done?

Dr. Woods answer has not changed.....If a person knows they are sensitive to gluten and have gone on a gluten-free diet, and want to know if they can have gluten again, then a challenge is in order (reintroduce gluten). **THIS IS STRONGLY NOT RECOMMENDED.** The gluten challenge has many cases of people who were damaged (some permanently) from the reaction to reintroducing gluten. If you know you are Gluten Sensitive, and you've gone on a gluten-free diet, and you want to know "am I better", then testing while you are still gluten-free will confirm you are being successful in 'quieting down' the inflammatory cascade that occurs with Gluten Sensitivity and which sets one up for the development of autoimmune disease.

Unfortunately, what we see clinically, is that about 6 out of 10 people who are gluten-free, and do the test (while still gluten-free) find their test results come back positive with elevated antibodies to the peptides of gluten.

This is from cross-contamination, cross-reactivity (with foods, viruses or bacteria), or a poly-reactive immune system. Without doing the test while still gluten-free, one will never know.

Problems associated with standard tests for Gluten Sensitivity.

The only blood tests (until now) for Celiac Disease have been extremely accurate and dependable if a person has Total Villous Atrophy (TVA). However, when biopsy test results with anything less than TVA, the accuracy of the test drops tremendously (to as low as being wrong 7 out of 10 times). Would you tolerate that accuracy rate for a cancer, heart disease, or even pregnancy test? Gluten has to have significantly destroyed the gut wall for current blood testing to be effective. For the majority of people that isn't the case...especially if the brain, heart, liver, or some other part of the body is the main target of attack.

Gluten Attack: Is gluten attacking your brain? Gluten ataxia is a neurologic

condition characterized by the loss of balance and coordination. However it can also affect fingers, hands, arms, legs, speech and even eye movements. Typical symptoms include difficulty walking or walking with a wide gait, frequent falls, difficulty judging distances or position, visual disturbances and tremor. Experts believe gluten ataxia may be a form of gluten sensitivity, a wide spectrum of disorders marked by an abnormal immunological response to gluten. Different organs can be affected by different types of gluten sensitivity. In celiac disease, sometimes called gluten-sensitive enteropathy, the small bowel is affected. In dermatitis herpetiformis, the skin is targeted, resulting in an itchy rash. With gluten ataxia, damage takes place in the cerebellum, the balance center of the brain that controls coordination and complex movements like walking, speaking and swallowing. Purkinje cells in the cerebellum, key in maintaining balance, are thought to be lost in gluten ataxia.

- Celiac disease is an inheritable enteropathy caused by dietary gluten from wheat, barley, and rye [1]. Its clinical manifestations are variable, but commonly include persistent diarrhea, abdominal discomfort, bloating, and fatigue. In some celiac patients, a pruritic, vesicular skin rash called dermatitis herpetiformis accompanies gastrointestinal damage.

Celiac disease and gluten-sensitive enteropathy are terms that have been used to refer to a disease process affecting the small bowel. However, evidence has been accumulated in literature demonstrating that gluten sensitivity or celiac disease can exist even in the absence of enteropathy, but affecting many organs. Based on overwhelming evidence, immunological pathogenesis has been demonstrated in the joint, the heart, thyroid, bone, and, in particular, the brain cerebellum and neuronal synapsin I. When blood samples of patients with celiac disease are tested against gliadin and different tissue antigens, in addition to gliadin antibody, a significant percentage of them exhibit elevation in antibodies against transglutaminase, heat shock protein, collagen, thyroid, myosin, endothelial cell, bone antigen (transglutaminase), myelin basic protein, cerebellar and synapsin.

The idea that disruptions in gut function might be implicated in systemic disease is an ancient one. From an ancient Ayurvedic text comes a definition of health as profound as any modern one: 'A person whose basic emotional and physical tendencies are in balance, whose digestive power is balanced, whose bodily

tissues, elimination functions and activities are in balance, and whose mind, senses and soul are filled with vitality, that person is said to be healthy. The idea was further promoted in the 19th century by the great Naturopath Louis Kühne and in the early 20th century by Nobel laureate Elie Metchnikoff. Kühne proposed that an inappropriate diet led to intestinal toxicity, with increased growth of bacteria in the bowel causing disease. Elie Metchnikoff won the Nobel Prize in Medicine for his work on the good bacteria in the intestines. One of his most famous messages to us? "Death Begins in the Colon."

Due to the increased immune activation in the intestinal tract of people with celiac disease, the digestive and absorptive processes of those affected may be compromised. Individuals with celiac disease are more susceptible to pancreatic insufficiencies, dysbiosis, lactase insufficiencies, and folic acid, vitamin B12, iron, and vitamin D deficiencies, as well as accelerated bone loss due to an increase in inflammatory signaling molecules. Beyond strict maintenance of a gluten-free diet, research has shown benefit with additional nutritional supplementation to assist in regulation of several of these complications.

Despite re-classification of celiac disease as a rare disease of childhood to a common disease affecting men, women and children at any age, most of the three million estimated sufferers remain undiagnosed. Proper education concerning the various symptoms and manifestations of the disease is necessary to increase prompt and accurate diagnosis. Celiac disease's potentially negative effect on reproductive health is among the most pressing matters associated with advancing awareness. Men and women with unexplained infertility, women with recurrent abortions, intrauterine growth retardation, low birth weight babies and menstrual disorders are rarely screened for celiac disease despite scientific studies that indicate a correlation. In the following article, we will examine the evidence for these occurrences in a literature review, examine potential theories about their cause, and discuss the need for additional research and the addition of a celiac testing to the differential diagnosis in women with reproductive health problems.

- The single most important risk factor for celiac disease is having a first-degree relative with already-defined celiac disease, particularly a sibling. A rate up to 20% or more has been noted. *World J Gastroenterol 2010 April 21; 16(15): 1828-1831*
- The prevalence of Celiac Disease has increased five-fold overall since 1974. This increase was not due to increased sensitivity of testing, but rather due to an increasing number of subjects that lost the immunological tolerance to gluten in their adulthood. *Ann Med. 2010 Oct;42(7):530-8*

- The American Journal of Gastroenterology's June 2009 issue explored the differentiation of Gluten Sensitivity and Celiac Disease with respect to gastrointestinal symptoms (both Irritable Bowel Syndrome and Functional Bowel Disorders). Researchers from Mayo Clinic focused on the "emerging concept that gluten-induced pathophysiology may constitute an underlying factor in symptom generation in a proportion of patients with IBS-like symptoms."
- The incidence of Restless Leg Syndrome (RLS) in 85 consecutive patients with Celiac Disease was 35%. Iron-deficient anemia was also present in 4 out of 10. Six months of a gluten-free diet improved RLS symptoms in 50%. Dig Dis Sci. 2010 Jun;55(6):1667-73

The Autism File Global magazine (Issue 37, October 2010), talked about the importance of eliminating foods a child is sensitive to. When children have food allergies, undesirable immune responses result that affect cognition, and indigested proteins also adversely affect cognition and behavior. So, the first step is to eliminate that which is causing adverse reactions. The next step is to repopulate the intestinal milieu with appropriate probiotics, and that is what we will discuss here today.

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