

and Wheat Allergies

and Vitamin B deficiency anemias) due to malabsorption. Gluten sensitivity may make the gut so hypersensitive that lactose intolerance and other food allergy issues occur. Neurological symptoms, some forms of depression and other mental illnesses may actually be the result of chronic B vitamin deficiencies secondary to the malabsorption issues of gluten sensitivity.

In a normal healthy colon, finger-like projections called villi or microvillae are found on the lining of the intestinal wall.

These villi only allow nutrients, well-digested fats, proteins and starches to cross into the bloodstream while preventing bacteria, toxins and larger food molecules from doing the same. When the intestinal lining becomes inflamed in a patient with a food sensitivity (whether wheat, gluten, dairy, eggs etc), it becomes unable to produce the enzymes and secretions necessary for healthy digestion and nutri-



ent absorption. Vitamins, amino acids, electrolytes and essential fatty acids may not be carried through the intestinal wall into the bloodstream. Malnutrition or sub-clinical malnutrition may become a consequence of this situation and many of the symptoms mentioned above arise at this time. Anemia is often a direct outcome of this condition.

Furthermore, when the intestinal lining is chronically inflamed, spaces may develop between the cells of the intestinal wall. In between the cells of the intestinal wall, desmosomes act like glue holding adjacent intestinal cells together, which form a strong, sturdy barrier that prevents larger molecules from entering the bloodstream. With inflammation of the intestinal wall, the desmosomes weaken; allowing spaces to develop that may be large enough for foreign

substances to enter the bloodstream. Once this happens, an immune system reaction occurs with antibodies being produced to attack the foreign substance(s). This immune system response can trigger both allergic and/or autoimmune symptoms, especially if it occurs repeatedly over time.

In its most severe form, gluten sensitivity will result in celiac disease and/or dermatitis herpetiformis, an itchy rash of water-filled blisters. **Contrary to what**

most medical doctors still believe, you don't have to have an abnormal small intestine biopsy (with flattened microvillae) to have gluten sensitivity issues.

Over 250 symptoms involving nearly every part of the body have been reported with celiac disease and gluten sensitivity. Symptoms include fatigue, bone and joint pain, headaches, skin rashes and even autoimmune conditions such as thyroid disease, diabetes, rheumatoid arthritis and lupus. Malabsorption complications such as anemia, osteoporosis and neuropathy can also occur. Unless you provide your doctor with distinct clues, as in a family history of celiac or mention the possibility that you think you might be gluten sensitive, she often won't

consider wheat or gluten sensitivity or allergy as a possible cause of these types of symptoms.

If you suspect you have symptoms that may be related to gluten sensitivity and ask your family doctor to do the appropriate testing, your request



Clinically, there have been times in my office when I suspect a patient should have a high RDW and they don't. Generally, this is due to them being either clinically anemic or borderline anemic (from malabsorbing of either B12 or iron.) Nutritional support for

the anemia coupled with no change to diet along with retesting of the CBC at 30-45 days will then show a high RDW. Other blood tests used to identify gluten sensitivity issues or wheat allergies include specific immunoglobulin tests, antibody recognition tests and even genetic markers for sensitivity. This testing may be expensive and the outcome, if the patient tests positive, is a wheat- and gluten-free diet. Many times, if the patient's symptoms are severe enough, we'll start them on a purification diet that eliminates all forms of wheat and gluten. By giving the body everything it needs to heal over a 21 to 28 day period, most patients do remarkably well. At the end of the

may still be ignored. Unless you insist on the testing due to your own family history, or you present to them your own research, these preconceived biases or misconceptions about gluten sensitivity may be difficult to break. If you have mild symptoms or a family member who was diagnosed with celiac, you still may need to be tested. A very simple test that most doctors can do is the complete blood cell count. There is a particular value associated with this test called the red blood cell distribution width (RDW), which, if elevated, may be an indicator for this type of sensitivity.

purification diet, most patients are feeling very good. Many of these patients will choose to re-introduce foods they ate prior to treatment and it's always amazing to me how quickly patients develop symptoms after returning to their old eating habits. It generally doesn't take long for these patients to realize that it simply isn't worth having wheat and or gluten in their diets.

Gluten is found in wheat, triticale, rye, barley and for those with very severe sensitivity issues, oats.