

# The Tuesday Minute

*Nutritional information.... one byte at a time*

## *This Week's Topic*

### **Are You Testing For Wheat and Gluten Sensitivities?**

Have you been paying attention to all the wheat free alternatives in the marketplace? More and more people have been found to be severely sensitive to wheat and gluten products. Are you testing for wheat and gluten sensitivities especially with your chronic patients?

Check this out. What was once thought to be limited to GI disturbances, gluten sensitivity has now been shown to cause multiple problems and in fact can have major effects on brain function and longevity.

I want to give thanks to a good friend and passionate researcher Dr. Tom O'Bryan who is bringing to light the profound implications of this multisystem problem. Gluten sensitivity has always been thought to be limited to the colon and in advanced stages diagnosed as Celiac Disease.

What is gluten and what's the big deal about it? Gluten is the major protein fraction of wheat and contains two other fractions gliadin and glutenin.

For some people the inability to tolerate these proteins can be a major focal point of their disease process. Traditional symptoms of celiac or wheat allergies include GI disturbances like diarrhea, gas, constipation, nausea, severe intestinal pain, and cramping.

The ultimate diagnosis of celiac is when biopsies of the small intestine show villi atrophy. What has been surprising to many of the scientific community is that when a broad population of "healthy" people both young and old have their intestines

examined, a number of people have documented GI damage without traditional symptoms; but these folks have damage in other areas of the body as well, sometimes severe neurological damage.

You see when we eat foods we are sensitive to, we make antibodies to those foods, then those antibodies attack our tissues and sometimes that tissue is brain tissue.

Let's look at some of the conditions associated with gluten sensitivities: migraine headaches, autoimmune disease, dermatitis periformis, severe progressive neuropathy, gait and limb ataxia, iron deficiency, osteoporosis, GERD, seizures, ADD, and ADHD are also common. Other studies have shown atrophy of cerebellum, severe malabsorption, unexplained neurological changes, and even the occurrence of schizophrenia is higher with gluten intolerant individuals.

It makes sense that multiple systems would be affected if we had small intestine malabsorption issues and leaky gut due the gluten sensitivity and the inflammation that accompanies it. Think about it. Fats, glucose, amino acids, minerals like iron and zinc as well as a host of water and fat soluble vitamins are poorly absorbed.

If we eat foods we are sensitive to, we make antibodies to those foods and then those antibodies attack tissue. For some people (25 % of the patients in one study) the reaction is with sarab-ellar tissue, antibodies attacking sarab-ellar tissue causing atrophy in the brain because the body is attacking itself.

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Normally, the intact gut provides a very effective barrier against the penetration of antibodies or macromolecules. A damaged gut, however, becomes "leaky" and allows the passage of larger molecules. As gluten ingestion continues the autoimmune reaction is further exacerbated. This creates a self perpetuated state of bowel inflammation that can only be broken by removing the offending peptide, gluten.

So for gluten intolerant people, if you eat wheat, your body makes antibodies to it; those antibodies begin to break down tissue, and it may be in your gut or other areas like brain, thyroid, kidneys or pancreas.

Let's look at a similar issue that occurs with prolonged exposure to gluten for sensitive individuals. Perfusion is a process where blood is sprayed into the brain much like a garden hose spray. With the wheat sensitive individual the spray is limited causing less blood and therefore less oxygen to the brain.

One study showed that plaqueing in the brain as documented by MRI was reversed in several individuals with wheat allergies when they got off wheat for one year. Let me repeat that because it has such profound implications. For wheat sensitive patients with documented plaque in their brains, when they got off gluten, the plaqueing reversed and disappeared.

This is the type of plaqueing that is found in Alzheimer's and multiple sclerosis as well as other advanced neurological conditions. How many people have reduced mental capacity because they have gluten/gliadin sensitivities?

How many children or adults have ADD or ADHD? How many people with anxiety or depression are suffering because they don't have enough blood to their brain and get confused by the complexities of life? A lot of people and many are your patients.

So the take home message is test to see if wheat is an issue and then remove the offending food from your diet. It is a big deal for your chronic patients or those who are presenting symptoms of unknown etiology. I have heard a number of clinicians over the years say that as many as 50% of chronic patients will do better if they remove wheat and dairy from their diets. I have never understood the mechanism. Unfortunately the methods of diagnosis for celiac disease or gluten intolerance have limitations.

This subject is extensive and I will be producing more segments on it in the future, but I hope this has stirred your interest and will cause you to look closer at your challenging patients for underlying gluten sensitivities.

Thanks for reading the Tuesday Minute... have a great week.