My Gluten Free Kitchen

Simple tasty recipes from a gluten free cook

A book of a celiac
and gluten free gourmet

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With a big thanks to my wife who has always believed in me.

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Help, I have to eat and live gluten free!

The celiac disease

The word "celiac disease" (pronounce: seuliakie, with emphasis on the "ie") is derived from the Greek word celiac disease which means "disease of the abdomen". In Dutch we mean gluten intolerance. It is a disease that is not so well known to most people, but which more and more people are confronted with, directly or indirectly.

Many scientists now believe that only the tip of the iceberg is still above water. This probably means that not 1 in 3000 people, as has been thought for years, but probably 1 in 100 people suffer from this annoying chronic disease. Diagnosis is often extremely difficult for many general physicians because the complaints are so diverse and often vague. Moreover, none of the patients have the same pattern.

About 5 to 10% of the first-degree relatives, who are parents, children, brothers and sisters of celiac patients, also experience the hypersensitivity. The condition occurs in both men and women and can develop throughout the course of life. From birth, as soon as the food contains grains, to adulthood, even though the person in question has eaten grains without too many problems throughout life. Developing the hypersensitivity seems to have two conditions:

1. Hereditary burden of the condition. Two specific genetic indicators of celiac disease, called HLA, are present in 90% of all celiac patients.

2. A reason for getting the disease. This can be caused by the food, for example an extreme exposure to grain products. But there are also external factors, such as emotional and physical stress, pregnancy or (bowel) surgery. In most cases, though,

it is a pathological reason, such as a virus or intestinal infection. Think especially of diverticulitis; this is an inflamed diverticulum, a bulge of the colon, or appendicitis. It was formerly believed that celiac disease was a childhood disease that could be overcome, as it is not uncommon for symptoms to disappear during late childhood or puberty. However, recent research shows that this only gives the appearance of a cure.

But during these so-called "healthy" years, damage to the intestinal wall will still occur, and it becomes apparent later on that these patients have suffered considerable damage to the digestive tract. Incidentally, 20% of patients are above 60 years of age.

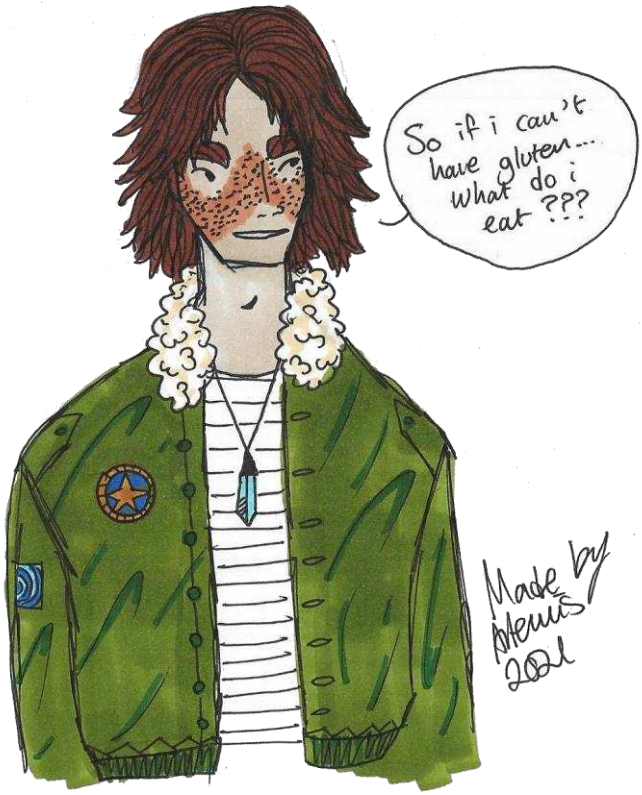
Celiac disease has a clear hereditary predisposition. The disease is associated with certain characteristic proteins on the white blood cell wall, especially HLA-DQ2 and HLA-DQ8. Both environmental and genetic factors play a role in the development of a complex disease such as celiac disease. The HLA genotype is estimated to explain only 40-50% of the genetic background of the disease. There are indications that other genes are involved in the pathogenesis. Genome studies identify the Prolyl Oligopeptidase gene as a potential candidate. Prolyloligopeptidases are enzymes that can break down gluten proteins. A shortage of this enzyme could possibly contribute to the development of the disease.

The chronic bowel disease, celiac disease, is a disease characterized by chronic intolerance to gluten. **Gluten is a mixture of proteins present in wheat, rye, barley, spelt, triticale, durum, semolina, bulgur, couscous and kamut.** These proteins contain peptide sequences that can be recognized in the small intestine by gluten-specific T cells. This causes chronic inflammation with flake atrophy, which destroys the lining of the small intestine.

The clinical symptoms include: diarrhea, abdominal pain, malnutrition, fatigue, character disorders, bone loss, infertility, joint problems, skin problems and eye

problems and in some cases even cancer of the digestive tract. Celiac disease belongs to a group of so-called autoimmune diseases. This means that your own immune system plays a very important role in developing this intolerance.

Gluten is part of a protein complex in grains, which is considered one of the most important components of the industrial recipe in food production, due to its important functional properties such as binding and aeration. This is the main reason why wheat (starch) is so widely used in the food industry.



Diagnosis

There are a number of tests on the market that more or less claim to indicate with certainty whether you have the disease or not. Unfortunately, these tests are not always reliable, especially if you have other food intolerances in addition to gluten intolerance. This is something that occurs in many patients. Lactose intolerance in particular disrupts the accuracy of these tests. In addition, these tests give a negative result if you are already on a gluten free diet. A DNA test that determines whether you have the HLA-DQ2 / DQ8 rating provides complete certainty that you are susceptible to celiac disease. Incidentally, having that gene does not confirm that you now also have celiac disease. This can only be determined with a high degree of probability, when following a gluten free diet results in a strong decrease in complaints, whether or not supplemented with a limited lactose intake.

There is also a blood test available that measures certain antibodies. The presence of these antibodies (anti-endomysium) is consistent with the disease, but it is not a foolproof indication, because there may also be other causes for the presence of these antibodies in your body. The only way to determine with 100% certainty if you have celiac disease is to take an endoscopic biopsy from your small intestine. With a steerable flexible hose on which a small camera is mounted, an endoscope, a sample of your intestinal villi is taken through your mouth, esophagus and stomach. You will not feel any of this, but given the feeling of nausea that the examination evokes in you, it is certainly no fun to undergo. Fortunately it only takes about ten minutes.

Since the diagnosis has many consequences, it is still preferable to diagnose the disease with a biopsy. A healthy small intestine has an enormous amount of intestinal flakes on the inside. The doctors call these "villi". In a celiac patient, these intestinal villi are slowly destroyed by gluten and can therefore no longer excrete enough enzymes for the digestion process and the absorption of the nutrients

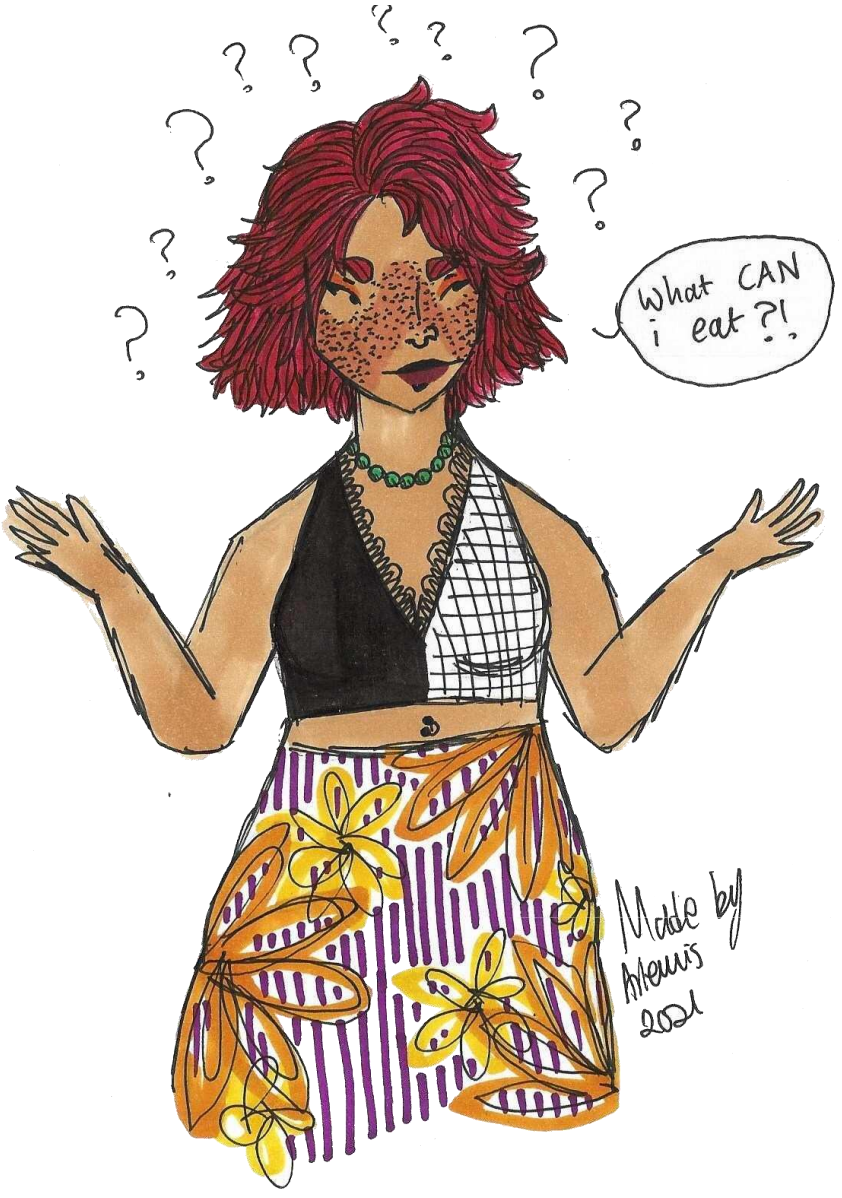
offered. As a result, shortages of all kinds of essential substances slowly develop in the patient's body.

These deficiencies produce a different clinical picture for each vitamin or mineral deficiency separately. That is why this disease causes so many different complaints and these complaints are not the same for everyone. Doctors are regularly misguided about the diagnosis of the celiac patients, which they cannot be blamed for, given the variety and sometimes the vagueness of the complaints of the patients.

The intestinal surface of a healthy person, due to the very large amount of intestinal flakes, has an area of about half a square kilometer. The intestinal surface of a celiac patient can, in extreme cases, even be reduced to the surface of only two to three square meters. It is no wonder that in this situation the body of this patient is almost unable to use the food offered, leaving many valuable substances unused and quickly excreted by the bowel. This results in a lack of all kinds of vital substances in the body.

Unfortunately, celiac disease cannot be cured for the time being. The only way to reduce the effects of the disease is by relieving the symptoms and following a lifelong diet.

The remedy for this chronic disease seems to be very simple: follow a gluten free diet so that the intestinal wall will then slowly recover and all complaints will gradually disappear. Your body is recovering! So it looks simple; don't eat bread and pasta too regularly! But unfortunately, for many patients this solution is not as simple as it seems. A truly gluten free diet involves much, much more than just not eating bread or pasta.


What CAN i eat?!
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