

# **LIVING GLUTEN-FREE**



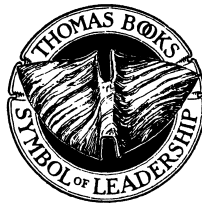
# LIVING GLUTEN-FREE

**Meal Plans, Recipes, and Consumer Tips**

*By*

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## PREFACE

This book is written as a guide to understanding the gluten-free diet. Food choices are powerful influences on your health and vitality. While *Living Gluten-Free* is not intended as a substitute for medical advice from your health care provider, it can provide you a better understanding of the diet and how to cope with the challenges that living gluten-free can pose.

Adverse reactions to certain foods or proteins in foods are not a new phenomenon, although it is more common today possibly due to the reduced variety of foods eaten. Two thousand years ago Lucretius, a Greek philosopher, expressed the idea that “one man’s meat is another man’s poison.” Doctor G. F. Still reported in *Lancet* in 1918 that “one form of starch which seems particularly liable to aggravate symptoms is bread.” Doctor D. J. Howland reported at the American Pediatrics Society in 1921 that his diet for gut disorders excluded all bread and cereals.

But it wasn’t until 1950 when W. K. Dicke completed his MD thesis at the University of Utrecht that a component of wheat was identified as the cause of the numerous symptoms of celiac disease. Following these observations, it took years to get a gluten-free diet generally accepted as essential in treatment of not only celiac disease, but also numerous other gastrointestinal disorders. Individual failure to accept the gluten-free diet as an essential part of the treatment regime was the reason many doctors have given for not recommending this food elimination regime.

Today, it is nutritionally recognized that grains containing gluten – wheat, barley, rye, spelt, kamut, amaranth and quinoa – are not essential in a healthy diet. The Nutritional Comparison of Flours chart illustrates how brown rice and corn are just as nutritious as other grains. This book provides you with recipes to make substitutions in your diet that eliminate gluten and produce a healthier life.

B.W.

## INTRODUCTION

**G**luten intolerance can be very confusing, frustrating and controversial because symptoms vary from person to person. Hidden gluten in processed foods makes meal planning even more difficult. I have had celiac disease all my life but didn't know it until I began my doctorate research in 1990!

As an infant I couldn't tolerate the usual baby cereals so my grandfather, a retired butcher, made me "little hot dogs." Skipping breakfast during school days was commonplace because it made me tired and sleepy. Lunch was half a sandwich and dinner was meat, potatoes and a vegetable. My mother was told that I would outgrow my "pediatric celiac condition" by age 7 so she never told me about it until I was 18 and came home from college so sick that I didn't want to go back. My first nutrition professor had threatened to fail me if I didn't start eating a "balanced diet" that included milk, eggs, bread and many foods I had avoided because I didn't feel good after eating them.

As a college freshman in that nutrition course I gained forty pounds and had repeated sinus infections. Several courses of antibiotics were needed to correct the damages that introducing such high concentrations of gluten caused. But I was told "it was all in my mind" and that I was suffering from "college freshman anxiety."

Finally, during my doctorate research I decided I needed to know once and for all what was happening to cause my symptoms so often expressed by people with gluten-sensitivity: irritable bowel disorder, abdominal distention, fatigue, headaches and migraines,

memory issues and poor exercise tolerance. The gold standard for diagnosis of gluten enteropathy has been in intestinal biopsy but the results of **six** biopsies were inconclusive – three were positive and three were negative. So blood work using antibody testing finally gave me adequate confirmation to live gluten-free without exceptions.

*Living Gluten-Free* gives you that opportunity to change your diet and change your health. Nutritional deficiencies and hormone imbalances also contribute to the gluten-free symptoms described. Thyroid hormone deficiencies can aggravate weight and fatigue symptoms, so have your health care provider test free T<sub>3</sub>, T<sub>4</sub>, and TSH levels for adequacy. Estrogen, progesterone and testosterone may also need to be evaluated to improve symptoms and regain health in a gluten-free diet.

For optimum health, consider nutrition supplements – Vitamins A, B<sub>6</sub>, C and D are essential. Minerals – magnesium, manganese, chromium and calcium, lead my list. Your health care provider may add additional ones. Don't forget probiotics, or "good bacteria" to keep the gut working in proper balance.



## ACKNOWLEDGMENTS

**T**o my father, Joseph St. Louis, who taught me that following a gluten-free diet takes dedication and conviction.

Many thanks go to Joan Mathre for her dedication and assistance in completing this book.



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## COPING WITH A GLUTEN-FREE DIET

**G**luten sensitivity is associated with eating foods containing gluten proteins – wheat, rye, barley, spelt, teff, amaranth, quinoa and kamut. Eating these grains prevents the intestine from absorbing nutrients and can lead to bacteria and fungal overgrowth in the gut. Research has shown that as little as  $\frac{1}{2}$  teaspoon of wheat flour can affect intestinal absorption leading to B vitamin deficiencies, especially folic acid.

Dutch workers in 1953 found that 100 grams of wheat flour yielded about 7 grams of gluten (3.75 grams of gliadin). The Flour Advisory Bureau at that time estimated the gluten content of a slice of white bread (25 grams/1 ounce) contained about 1 gram of gluten. A slice of whole grain bread of the same size contained 1.25 to 1.5 grams of gluten.

But the average intake of gluten in the daily diet can only be estimated because eating habits vary considerably throughout the world and at different economic levels. The average adult diet was estimated at 15 to 20 grams of wheat protein per day in 1977.

Symptoms leading up to the diagnosis of gluten intolerance of the desire to try the diet as a means of treatment for recurring gut pain, vary widely and can appear at any age. In adults, mild symptoms may have been occurring for years before a trauma or stressful life event triggers the onset of severe symptoms. Triggers for these events have been reported as environmental (eating larger amounts of whole grain wheat foods), situational (emotional stress), physical (pregnancy or surgery), or pathological (viral infection).

Latent periods where symptoms subside once a gluten-free diet is started may lead to symptoms returning. Commitment to living gluten-free is important for gut restoration in many gastrointestinal disorders.

Maize (corn) and rice are considered nontoxic gluten substitutes. Menus and recipes in *Living Gluten-Free* provide variety and satiety from living without toxic grains.

**Gluten-Free Basics**

- Rice, corn and potato become the basic starches in the diet.
- Read labels for any food that is listed in the gluten table.
- Order foods in restaurants **without** breadcrumbs, croutons, soy sauce, bread or rolls.

**Key Foods Containing Gluten**

Bagels	Malt flavoring
Barley	Malted milk
Beer	Malt vinegar
Biscuits	Matzo meal
Bran	Muesli
Bread	Oat bran
Bulgur	Pasta
Couscous	Rye
Croutons	Semolina
Durum	Spelt
Flour	Triticale
Graham flour	Wheat
Graham crackers	Wheat germ
Kamut	Wheat starch
Macaroni	Whole wheat
Malt	

Individuals who do not adhere strictly to a gluten-free diet after removing gluten-containing foods from their diet may continue to have ill health symptoms. This is often a problem in early stages of starting on a gluten-free regime or when traveling away from home. Hidden gluten sources are usually the problem but this can be corrected once eating habits return to gluten-free sources. Rarely does a person's health deteriorate to the extent that emergency care is needed.

### **Milk, Eggs and other Foods**

In some cases a person does not incur relief of all symptoms based on eating a gluten-free diet. A significant number of people may be milk intolerant. Dairy products are a double-edged sword. Some individuals may not tolerate the milk sugar lactose due to small intestinal damage. Others could be intolerant to the protein in bovine (cow) products that cause symptoms.

Eggs can also be a major contributor to additional symptoms and need to be excluded if symptoms do not subside. A challenge of a three-egg omelet could be used to assess this food interaction after a four to six-week elimination of egg products from the diet.

### **Coping with the Diet**

Maintaining a gluten-free diet means you will have to research every food you put into your body. Your health depends on how well you evaluate ingredients, food processing and food preparation. Remember, nothing stays the same in the food industry. One year a stick of gum may be dusted with cornstarch so it doesn't stick to the wrapper. The next year wheat starch could be used because it was cheaper!