

Comparison Chart-Patient Observations of 7 Medical Viewpoints of Understanding of Gluten and Food Intolerances & Celiac Disease

Accepted Protocol	Drs who are Unaware of Gluten-CD Issues	The Conservatives	The Moderate Doctors	The Maverick Dr. Ken Fine, and M Hadjivassiliou, etc., and Halblaub JM, Renno J, Kempf A, Bartel J, Schmidt-Gayk H.	The Allergists	Alternative and Functional Medicine Practitioners	Spiritual, Emotional Psychological & Psychiatric Disciplines
Recognize “celiac disease only” for GF diet	NA	To <i>prescribe</i> strict GF Diet -Yes However, “Nobody <i>needs</i> wheat”	No	No	Varies-may look only for IgE antibodies so miss Gluten Intolerance	No	NA
Recognize non celiac gluten intolerances and sensitivities	NA	Recently yes, this condition <i>exists</i> but is not thought autoimmune. Not treated or addressed at some celiac centers.	Yes – but diet strictness varies	Yes- strict gluten free diet	Yes and No -Varies as Research Appears	Yes and cross reactions between gluten and food antibodies and numerous tissues	Recognize stress triggers
Standard testing methods	Low or no suspicion so do not test	Focus on tTG-IgA , also EMA, AGA-IgG, AGA-IGA, Total IGA, duodenal endoscopy/biopsy, GF diet & antibody response (gene, anemia, bone density for clues)	See Conservative List	Fecal (Stool) Testing Antigliadin IgA, tTG-IgA, Small Intestinal Malabsorption, Gene, GF Diet Response Also offers tests for egg, milk, soy, yeast, and colitis	IgE for immediate onset allergies IgG for delayed onset is becoming recognized	Varies –some test more antibodies-AGA, tTG, (IgA, IgG, IgM), Gluteomorphins, Cross reacting tissues (Neurofilaments, Myelin Basic Protein) Milk, Egg, Soy, Bioenergetics Testing, Kinesiology, Saliva, Gene	Evaluation - Focus on stress triggers such as abuse
Suspected prevalence	Very rare 1/4700+ to 1/80,000	1 in 133-healthy population 1/56-symptomatic population (digestive) 1 in 22-first degree relatives	Including non CD gluten intolerance-Higher than Conservative figures	35% - Healthy Population over 50% - Symptomatic Population or higher	?	Much higher than Conservative numbers	High
Genes recognized as associated with celiac/gluten intolerances	NA	HLA DQ 2 HLA DQ 8 Blood test recommended due to possible cheek swab (food)contamination *Do not teach info in Note below	HLA DQ 2 HLA DQ 8	HLA DQ 2, HLA DQ 8 HLA DQ 1 *See Note Below	?	HLA DQ 2, HLA DQ 8 HLA DQ 1 More coming	NA
Treatment for diagnosed celiac disease and/or gluten sensitivity	NA	Strict Gluten-Free Diet.	Strict Gluten-Free Diet	Strict Gluten-Free Diet	Strict Gluten-Free Diet	Diet, see undiagnosed gluten intolerance box below	Diet + Therapy
Stance on gluten challenges for blood or biopsy testing if already GF	NA	Gluten Challenge allowed less and less under Dr supervision. Length of challenge commonly 4 weeks, 4 slices per day, but sometimes months and accurate results not guaranteed.	Allowed less and less - 4 wks 4 slices per day is usually considered sufficient but not guaranteed	Not Recommended - Villi Biopsy not relevant if damage is elsewhere, or early damage may not show up on biopsy	Allowed as supervised – short challenges are used with elimination diets	Varies with professional Not always routine unless suspicion of other problems – Villi biopsy irrelevant if damage is elsewhere	NA
Stance on negative tests with suspicious history, symptoms, genetics, and/or diet response.	NA	Rule out Celiac Disease & retest at intervals – Check gluten or other food intolerance with elimination diet - An expert comment “Nobody <i>needs</i> wheat”	Rule out Celiac -Varies from “Remove wheat until symptoms disappear” to strict GF Diet	Try Stool, gene test positive diet response is sufficient proof of gluten sensitivity	??Some allergists are only aware of IgE testing for DX of wheat allergy (not Intolerance)	GF & SCD Diet, Energy Therapies, Fermented Foods & Soaked Grains, natural saturated fats, Chiro, Supplements, Vaccination cautions	NA
Validated, published, peer reviewed	Unaware of Research, Prevalence	Recognize validated research only	Recognize validated research only	Dr. Ken Fine-recently announced research, Expected to publish soon Halbaub & Hadjivassiliou – published papers	Recognize validated research only	Varies - Research methods differ Alternatives may listen more to the patient & his unresearched body signals	Yes
Gluten intolerance as a lifelong condition	NA	Yes	Yes if Diagnosed Celiac	Yes	Many don’t understand or recognize Gluten Intolerance at all?	Probably lifelong – no definitive research yet proves otherwise	?

*Statement from lab reports from 2 tests by Enterolab, Dallas Texas. One test reported the presence of both HLA DQ 2 and DQ 8, and the other test reported a double copy of DQ 2. “This genotype also can predispose to microscopic colitis and other autoimmune syndromes. Two copies of these genes are an even stronger predisposition than having one gene and the resultant immunologic gluten sensitivity and disease may be more severe. Furthermore, having two copies of the gene means that each of your parents and all of your children (if you have them) will possess at least one copy of the gene as well.” Note: Duplicate cheek swab and blood gene tests matched for a family member. ©Olive Kaiser – patient 04/27/06 www.glutensensitivity.net email: info@glutensensitivity.net

Doctors who are Unaware of New Gluten Intolerance and Celiac Research - This category includes a majority of the doctors and specialists in the United States today. This picture is quickly changing as doctors and patients are simultaneously educated by the media and friends and relatives. To avoid being misdirected or ignored by an otherwise good doctor, take good medical information with you when you see your doctor, and if he/she is unaware but accepts and acts on the info, then that doctor is no longer unaware. But don't let a doctor who refuses to listen to your concerns, or cooperate with your wishes regarding testing, stop you. Find another doctor or check out online referrals. The medical profession is in a state of transition and reeducation and it will take time for new information to reach the body of medical practitioners. Example: A family recently flew 2600 miles, from Corpus Christi, Texas to Chicago, for celiac blood testing because their doctor refused to test the parents *after* their daughter was diagnosed with celiac disease. This was reported in the fall, University of Chicago Celiac Disease Program newsletter, and they were not the only ones who traveled hundreds of miles to the free October screening, due to doctors at home who were uncooperative with their request to be tested.

"The Conservatives" (Celiac Disease) - Most celiac disease programs and specialists. They use blood testing, biopsy, and only then diet response and subsequent lowered antibodies as primary diagnostic tools. They also check bone density, iron levels, and gene tests. They most commonly consider diarrhea and other gastrointestinal symptoms as the only symptoms to justify testing. They now recognize but do not treat other non villi damaged gluten intolerances, and only prescribe the gluten-free diet when these diagnostic criteria are met. If blood tests are negative, they often do not perform a biopsy, but recommend a gluten-containing diet, and may advise to retest later. Some now acknowledge but do not treat non autoimmune gluten intolerance and comment that "nobody NEEDS wheat". Progress is rapidly impacting this medical viewpoint of understanding. References and Articles from this medical opinion include Celiac Disease: Myths and Facts – Dr. Stephano Guandalini, University of Chicago, Detecting Celiac Disease in Your patients Harold T. Prussner, M.D., University of Texas Medical School at Houston, The Widening Spectrum of Celiac Disease,- Oct. 1996 Transcript by Dr. Joe Murray, The multicenter study Prevalence of Celiac Disease... published in the Archives of Internal Medicine Feb, 2003, The Official Statement from the landmark Summer 2004 National Institutes of Health (NIH) conference. 1. Dig Dis Sci. 2004 Apr; 49(4):546-50 Seronegative celiac disease: increased prevalence with lesser degrees of villous atrophy. Abrams JA, Diamond B, Rotterdam H, Green PH. Department of Medicine, Columbia University College of Physicians and Surgeons, New York, New York, USA. Antibody to Tissue Transglutaminase May Fall Short for Accurate Triage of Celiac Disease - Medscape Medical News 2004. © 2004 <http://www.medscape.com/viewarticle/493035>

"The Moderates" - Celiac Disease and Gluten Intolerance/Sensitivity This School of Opinion includes many local doctors faced with diagnosing a high proportion of patients with a constellation of non celiac gluten grain related symptoms. These Drs are essentially conservative and use the same testing methods, but they acknowledge a wider circle of negative testers as gluten grain intolerant patients. In the face of positive genetics, history, symptoms, and diet response, but negative serology and endoscopy, they vary in their recommendations ranging from prescribing a strict gluten free diet to advising "remove wheat until the symptoms disappear", or similar phraseology. Some will not prescribe a *strict* GF diet without positive tests to back up the recommendation. Some suspect in some cases there is another culprit in these same gluten grains that is the offender.

"The Maverick" Dr Ken Fine and other Researchers - Gluten Intolerance/Sensitivity, Celiac Disease, and related Diseases including Microscopic Colitis and Ulcerative Colitis, and Crohn's Disease "- Dr. Kenneth Fine, a gastroenterologist, researcher, and former professor helped design the 5 year celiac prevalence study published Feb, 2003. He appears to have split with his other conservative medical colleagues. He is continuing the research work of Dr. Michael Marsh and Anne Ferguson from England. Neither his nor their work has been duplicatable. He has now announced his research. His philosophy as stated on his website and his presentation "Early Diagnosis, Before the Villi are Gone" is that sometimes there is early damage not detectable in blood, or that structures and functions of the intestine other than the villi can be affected by gluten. In those cases he believes snipping villi will not find the problem. Instead he tests overall intestinal function by checking for antibodies and fat malabsorption in the stool. He claims his testing methods show problems earlier, and his tests may work for a while after the patient has adopted a gluten free diet. Also, he implicates the DQ 1 gene for gluten sensitivity as well as the DQ 2 and 8 genes. Dr. Fine processes a high number of positives, but our family did not all receive definite positives. Many people who turn to Dr Fine are so suspicious of their negative celiac blood panels and endoscopies that they are willing to pay for his tests out of pocket, thus creating a somewhat preselected sampling who may, if he is correct, be in fact positive. In absence of validation, his character and previous credibility get high ratings from those who know him. For our family member, his cheek swab gene test results matched blood test results from another respected laboratory. Other researchers including M Hadjivassiliou, R A Grünewald and G A B Davies-Jones (Department of Neurology, The Royal Hallamshire Hospital, Glossop Road, Sheffield, S10 2JF, UK) have published articles echoing similar findings as Dr. Ken Fine including an article Gluten Sensitivity as a Neurological Illness – From Gut to Brain (Journal of Neurology Neurosurgery and Psychiatry 2002;72:560-563 Gluten Sensitivity A many Headed Hydra - BMJ Hadjivassiliou et al. 318 (7200): 1710. Also just published "Clin Lab. 2004;50(9-10):551-7. Comparison of different salivary and fecal antibodies for the diagnosis of celiac disease. Halblaub JM, Renno J, Kempf A, Bartel J, Schmidt-Gayk H.

"The Allergists" - Conventional scratch testing for histamine type IgE allergies may not be helpful for delayed reaction intolerances, but it is thought that allergists may help unravel the less easily diagnosed delayed reactions of gluten intolerance. York Nutritional Labs is one of several labs that offers services to the gluten intolerant community. They and others perform finger stick blood testing for many food and airborne allergies, utilizing IgG antibody levels for analysis.

"The Alternatives" - Functional Medicine, Chiropractors, Acupuncturists, Herbalists, Nutritionists, Naturopaths -Some of these practitioners are aware of gluten problems but, allowing for variation many also seem unaware of the high prevalence. They often focus on strengthening the body's weaknesses and achieving balance in the body vs. treating disease. They often remove gluten and dairy from the diets of very ill patients routinely. Some believe "gluten isn't good for anybody". They say humans never completely break down grain proteins (as do animals that chew the cud and/or have more than one stomach), and that the undigested proteins can slip into the bloodstream and cause damage elsewhere in the body (leaky gut). Some use bioenergetics testing and other alternative "energy" tests to check for food intolerances. Some believe they can stop the autoimmune celiac reaction with certain manipulations, but they do not guarantee that the treatment is permanent, and do not know why the process works. Some practitioners take their patients off major glutes but are unaware of the STRICT gluten free diet. Other treatments for related symptoms are: Candida (yeast overgrowth) diet with meds, intestinal colonic cleanses, older food preparation methods including soaked grains, bone broths, (www.westonaprice.org), fermented foods and the use of saturated fats from unprocessed coconut and palm oils and grass-fed animal fats, energy therapies/acupuncture, supplementation, delaying/ reducing vaccinations, and the Specific Carbohydrate Diet which focuses on improper digestion of complex sugars (www.breakingtheviciouscycle.com - E. Gottschall). Books and Websites- www.mercola.com, www.NAET.com , and Eat 4 Your Type (Blood Type) Peter J. D'Adamo. These therapies/ research are questioned/ignored by conventional medicine. Some patients say they find them very helpful.

The Spiritual and Emotional Components -These therapists focus on the life events and dynamics that may provide emotional triggers for autoimmune and other diseases, or conversely, protect the body from them. An example of the effect of spiritual and emotional factors on health and brain structure, function, and maturity is discussed the book "The Life Model" by James G Friesen Ph.D. Some professionals in these fields say that there is a physical protector that babies need and that humans are wired to provide them that guards their immune system. That protector is JOY. We naturally give our infants that emotional component in particular patterns of eye contact and interaction that communicates our joy in them, which produces immune changing chemistry in their bodies. Infants who do not receive this affirmative joy from their parents/caregivers are more prone to corresponding physical ailments. It is suggested that this phenomenon could apply throughout life. On a different note, a book, Health Food Junkies: Orthorexia Nervosa: Overcoming the Obsession with Healthful Eating, addresses the disorders, fears, and phobias that should be avoided when a severe diet is undertaken. As more celiacs are diagnosed, undiagnosable gluten grain intolerant patients, (particularly other family members), also are adopting this and other restrictive diets and the gluten free diet and other similar diets are becoming more commonly understood and accepted (like diabetes). After the initial personal physical and emotional transition is accomplished, these are healthy, do-able diets, and will become much easier as the American food industry adjusts. New labeling laws are now in effect Jan 2006 that identify the top 8 food allergens, wheat, milk, eggs, soy, tree nuts, peanuts, fish, and shellfish, which greatly simplify diet compliance.

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