

CELIAC DISEASE/GLUTEN FREE NUTRITION

A general surgeon is responsible for knowing about the entire human body. I have seen about everything you could imagine as it relates to our physical bodies, and some things you couldn't. One of the most common complaints a surgeon has to deal with is abdominal, or stomach pain. We have to decide whether it is a surgical abdomen or a non-surgical abdomen. This simply translates into: Does this patient need surgery or not? It is not an easy task and a great deal rides on your decision, i.e., the health and life of a human being. Frankly, this is why it takes four years of medical school and five years of surgical residency to become a surgeon.

Sometimes, it's very easy. For example, I once saw a patient in the emergency room who suffered a shotgun blast to the abdomen. He was unstable and his intestine was visible outside his abdominal cavity. This is a glaring example of a surgical abdomen.

Other times, it is difficult to diagnose exactly what is causing a patient's symptoms. One such example is an illness called Celiac Disease. It is also called the following: Celiac Sprue, Non-tropical Sprue, Gluten Enteropathy, or Gluten Sensitive Enteropathy. Let's get down to it and learn about Celiac Disease and why it is important.

First, let's define it. Celiac Disease is a genetic, autoimmune disease of the gastro-intestinal tract, mainly affecting the small intestine. Genetic means it runs in families. It is mostly a disease affecting people of white, European descent. It affects women more than men. Autoimmune means the body essentially attacks itself. In Celiac Disease, exposure to a protein found in wheat, rye, and barley triggers the attack. Oats are another story, mainly due to possible storage contamination, so the verdict on oats is still in question. The offending agent is GLUTEN. When you eat food, it passes from the mouth, through the esophagus, into the stomach, and then the nutrients, vitamins, and minerals are absorbed in the small intestine. From there, it goes to the large intestine and passes into the rectum, and I think you know the rest of the story.

The small intestine contains finger-like projections called villi. The villi are responsible for absorbing nutrients, minerals, and fat-soluble vitamins, A, D, E, and K. Once the gluten is consumed, the immune response begins. Your body's own immune system, as a result of gluten exposure, attacks the small intestinal villi. One thing to consider, gluten can also be found in other things, like lip balm for example. This can trigger an attack, just like food.

The reason I write about this disease is because it affects a significant number of people. It is also very difficult to diagnose. Reports show patients see numerous doctors before the correct diagnosis is made. We as physicians are beginning to recognize this, so we are thinking it about it now more than ever. The reason it is so difficult to diagnose is because the symptoms and complaints of the patients vary tremendously. Also, it is relatively easy to fix if the disease is caught early enough where permanent damage has not taken place. Simply remove gluten from the diet, and the patient will live a normal life. Left undiagnosed or unchecked, the patient can suffer great damage, and even develop cancer of the gastro-intestinal tract, usually in the small intestine.

Let's cover some of these signs, symptoms, and complaints, so you will have a better understanding of what it is like to be a doctor seeing a patient with Celiac Disease.

First, we will cover the abdominal complaints: pain, bloating, constipation, nausea, vomiting, diarrhea with foul smelling, greasy stools.

Next, the disease is associated with other disorders: Type I Diabetes, Down's Syndrome, Turner's Syndrome, and auto immune thyroiditis.

A patient may also present with anemia, arthritis, bone pain, and failure to thrive. Please just think about it for a moment, if the nutrients you eat can't be absorbed and utilized, then as a result, a patient with Celiac Disease may be short in stature, thin, fatigued, and may for lack of a better term, just look "sick." Malnourishment is a big problem.

Delayed puberty, seizures, irritability, mouth ulcers, and dental enamel defects in permanent teeth may also be seen.

There is even an itchy, skin rash associated with up to 25 percent of patients, called Dermatitis Herpetiformis. It is seen most commonly on the knees, elbows, and buttocks.

Some patients may or may not have symptoms. If so, they may have some of these symptoms, but not others. See how troublesome this diagnosis can be? It can frustrate the patient, the family, and the doctors who are trying to help, because the symptoms widely vary and may affect many different parts of the human body.

Another reason I want you and your family to know about Celiac Disease is because it is more common than first thought. It is estimated three million people in the United States have this disease. One million to date have been diagnosed, so this means there are two million people who have this disease, but they have not been diagnosed. The estimates are one out of every 133 people have Celiac Disease. If you have a parent, child, or sibling diagnosed with the disease, chances are 1/22 you will be diagnosed. If you extrapolate the national data comparing it to the 3.2 million kids in U.S. Youth Soccer, these figures suggest there are 32,000 kids with Celiac Disease within your organization, 21,000 of whom are undiagnosed members. We have an opportunity to educate members and their families about Celiac Disease, get them diagnosed, and treated before permanent damage may occur.

Celiac Disease is diagnosed with blood tests and small intestinal biopsy done through a procedure called upper endoscopy.

Let's follow a Celiac Patient and see what happened:

Amy, a ten year old white female was seen for intermittent, occasional abdominal pain. Her pain was diffuse, and never localized to one area. She had abdominal cramps, bloating, and diarrhea. She always complained of being tired. She weighed less than her peers of the same age and grade in school. She had been to many doctors, and she was always treated for her symptoms, but never the underlying cause. Many times, her diagnosis was viral gastroenteritis (stomach virus) or food poisoning. The diagnosis of anorexia/bulimia was also mentioned. One night, she suffered a severe attack of abdominal pain, nausea, and vomiting after eating pizza. I saw her because the emergency room doctor wanted me to rule out a surgical abdomen, especially appendicitis. When I saw her, she did not have signs and symptoms consistent with a surgical abdomen. I won't get into all those things, because it is beyond the scope of this discussion. However, please remember what I said in the beginning of this article; it is a big deal deciding who goes to the operating room and who doesn't. I will include a few terms I want you to know, but we won't get too technical. She looked very pale. She had no fever. Her vital signs were stable. Her abdomen was soft, and exhibited minimal tenderness. She had no "rebound" tenderness, which if present, usually punches your ticket to the operating room. Her lab values showed a decreased hemoglobin/hematocrit, simply meaning she was anemic. She had not started her menstrual cycle, so it was unusual to show a low blood count. I admitted her to the hospital, did not allow her to eat or drink anything, and gave her intravenous fluids. I watched her overnight, and her condition improved. There

was not a significant family history of illness. Another thing to consider, when she was diagnosed with food poisoning, no one else became ill, even though they ate the same food. This told me something. By the way, pizza dough contains gluten. I referred her to a pediatric gastroenterologist. She underwent blood testing and small intestinal biopsy. This proved beyond a doubt: Amy had Celiac Disease. The great thing about it was she finally received the correct diagnosis and treatment. Fortunately, it was before any serious, long term damage had occurred. She went on a GLUTEN FREE DIET, and Amy was cured.

If you are experiencing some of the things you read about in this article or your child is having some of these problems, please go to the doctor and mention this article. It is vital to obtain a correct diagnosis before any long term damage occurs. It is also an easy fix. I hope you see how important a role nutrition plays in regards to human health.

Dr. Steve's Pro Bites are GLUTEN FREE. I specifically created them this way, because I realize choice is very important, especially for athletes. Our company joined the Celiac Sprue Association, which is the largest organization in the country dealing with this disease. Our product earned their highest distinction, the RECOGNITION SEAL. This means every step of our manufacturing and packaging process tested negative for gluten. Also, the final product was tested at a major university, to demonstrate our GLUTEN FREE status. It is extremely difficult for an athlete to eat gluten free foods and avoid empty calories. In the beginning, gluten free alternatives were minimal. Now, many products are available, such as cookies, cakes, pies, pasta, muffins, etc. According to some medical reports, up to 39 percent of patients with Celiac Disease are overweight or obese. Consider this: Celiac Disease causes nutrients to not be absorbed. A patient gets diagnosed. Now, by following a gluten free diet, the intestine begins to work properly. The Celiac patient now can absorb what is eaten. When a patient consumes gluten free empty calories, he/she is going to experience the same problems as the general population concerning poor food choices. This means the patient is now at risk for diabetes and other obesity related illnesses. It doesn't mean a person can't enjoy cookies and other foods on occasion. However, we must watch what we put into our bodies on an everyday basis. Pro Bites are a healthy, gluten free choice. Just because a food is labeled gluten free, doesn't mean it's healthy. Remember, when you take great care of your body, it will take great care of you, especially when put under the stress of competitive, athletic performance.

Thank you.

Dr. Steve

Steven L. Snodgrass, M.D., F.A.C.S.

Dr. Steve Snodgrass, M.D. is a board-certified surgeon, a member of the American Medical Association, a Fellow of the American College of Surgeons, father of two athletes, and CEO of Peak Performance Foods. He created Pro Bites to help people, especially athletes and patient groups meet their special physical and nutritional needs. He has worked with athletes representing every level of competition, as well as focusing on Diabetic patients, Celiac patients, obese/overweight people, wound care patients, dialysis patients, and cancer patients.

Pro Bites contain no trans fat or cholesterol. They are convenient, ready to eat, and ideal for travel. Pro Bites were made with your great health in mind.

Please visit us at www.probites.com

You can also email Dr. Steve: drsteve@insightbb.com

Thank you.

Dr. Steven L. Snodgrass, M.D., F.A.C.S