

HEALTH PURSUITS REPORT, JAN.2010

The Kingston meeting on Jan.18 was packed with 17 people attending. Next meeting is Feb.1, already so soon. 7PM Isabel Turner Library.

First up, tickets, posters and cookies for the Benefit Concert on Feb.12th. If you are not selling tickets, we hope you plan to attend – and bring friends and relatives. The performers are all excellent musicians – piano, strings, voice, folk guitar. Adrienne Shannon, Karen Kimmet and Aynne Johnston and their colleagues are donating time and effort to support us so come on out and support them. Do I have to get my cheerleader outfit on?? Pompoms? Come on team Health Pursuits!

In this issue: a lot about Gluten Intolerance and a lot about vitamin D (from the American Journal of Medicine no less.) And a little nugget about biomechanics.

GLUTEN INTOLERANCE AND CELIAC

This seemed to be a big issue this meeting. Gracie gave us the following story about her call to a testing company:

My Telephone Trip to Texas

or

She Put the Kaiser on my Crackers

A friend was diagnosed by her doctor with Celiac's disease and it was definitive and it did not require an intestinal biopsy. Her doctor went through a lab in the states. She told me a doctor was needed to process the results and come up with a diagnosis, the lab results alone would not provide the diagnosis. I was interested and called the lab. I asked the woman who answered the phone, what was this information the doctor would add to the lab results to come up with a diagnosis? I wanted to know having a doctor that I believe is not much help to me in these matters.

She asked me if I had had symptoms of gluten intolerance. I said the strongest indicator was when I once made bread and put extra gluten into the dough to see if it would rise better. I ended up with the skin all over my body tightening, cracking and then under the cracks a terrible rash. She made noises indicating this was a positive sign.

She said that I could take a stool tests for gluten intolerance. It is a quantitative test for IgA. Each time a person eats gluten the bowel puts out IgA if it is intolerant. Over time the IgA quantity builds up. The test is positive if it is at 10 or higher. I said I have been gluten free for more than two years with cheating twice this Christmas and with some cheating a year ago. She said then my results will not reach ten even if I am gluten intolerant. I said I would eat wheat for two weeks to build the IgA up before I do the test. She said that two weeks of eating wheat will not make this test an accurate measure of intolerance and there is no telling how long I would have to eat wheat for to build my IgA up to make it an accurate test. She said there is no point in me taking this test.

She said that there are two genetic tests that might help. The first was for Celiac and the second for gluten intolerance. They are both obtained by scraping the inside of the cheek. Each has two markers that will show negative or positive. Each of the two markers is for the genetic information passed down from each parent. For the Celiac markers if both are positive that is a positive result. If one is positive and one is negative, then the subject is moving towards Celiac and if a person had no markers then they probably don't have Celiac. She said Celiac is like cancer, you do not "not" have it one day and then have it the next. It develops. The speed it develops is faster if the person has a lot of stress and/or an immune disorder. I have Post Traumatic Stress Disorder and fibromyalgia, so I have both, therefore if I came up with one Celiac marker, the chances are that i am close to or do have Celiac.

The markers for gluten intolerance works the same way as for Celiac. If you have two markers it is a positive result that you have gluten intolerance. If you have one marker for gluten intolerance you are moving towards intolerance and how fast you are moving has to do with you immune system health and how much stress you have in your life. If you have no marker, then you are not at risk.

She told me that in the four years she has worked in this lab, she has never seen anyone tested come up with no marker. She said that 85% of the population has at least one of the four markers. So, I said, if I have enough symptoms to seek out this testing, I am then part of the population that you see seeking testing and that I am part of the group that you see that tests 100% for having at least one marker out of four. She said yes. And, I have PTSD and fibromyalgia and I am fifty so probably I have reached my destination or am close to it for either Celiac or gluten intolerance. She said yes.

I said that I wanted to know for sure. I believe I am gluten intolerant but not Celiac so although I rarely cheat I occasionally do. She said the damage one does on cheating with gluten intolerance is different but as damaging as with Celiac. And it is significant. I said then you are not a very good sales person because you are telling me that it doesn't matter what the results are from my testing, if I have one marker out of four the diet I must eat is the same. She said that is right.

I said, what about dairy. She said that the intolerance test is the same, an IgA test. I said that I have been eating lots of dairy for about six months and before that only butter. She said that is not long enough with dairy, that it takes much longer to build up IgA with dairy than with gluten. She said it is unknown how long I would have to eat it to make the test accurate. She said the majority of the people who have gluten intolerance or Celiac are intolerant to dairy protein and and show up at least one marker. She said I should stop eating dairy protein.

I asked what else? She said that soy tests similarly to dairy and that people with gluten intolerance are usually intolerant to soy, but not eggs. She said so stop the soy as well. I said thank-you very much. I will not be getting tested but I will commit more strongly to my gluten boundary and stop the dairy protein and the soy and we ended our call. Thank goodness I can still eat eggs!

LIANA'S COOKBOOK , FOOD CHALLENGES: A SURVIVOR'S GUIDE is underway with the first module on different types of baking with alternative flours which is available from her web site www.foodchallenges.ca for \$10.

VITAMIN C AND THE CELIAC LOW IRON PROBLEM

A member has finally reversed her low iron by avoiding all grass-family foods and bumping up her vitamin C to 8 000 mg/day since vitamin C is required for iron absorption. She used the tapioca-sourced product. Citrus or corn derivations of Vitamin C may cause trouble in those sensitive to them. Remember that Vitamin C will tell us when we have too much by causing diarrhea.

Report from a Mother and daughter after testing low on iron in the kit and then removing gluten:

L is doing awesome. She has stopped coughing (asthma symptom) altogether and I have significantly weaned her inhalers.

1. We both are more awake, less knots in our bellies, no nausea, headaches, significantly less toots, more energy (no more afternoon slump or coffee!). It is truly amazing. If you have an article on gluten intolerance that would help my husband better understand it I would be grateful. Because we haven't had any medical tests to prove the gluten-intolerance, he is a very big non-believer and thinks we should put Lauren back on gluten and get a blood test. I don't agree. We are more sensitive to gluten now that we are off it.

Thank you so much for all your help!

VITAMIN D

The American Journal of Medicine Vol.122, No.9, Sept.2009 has an article, Vitamin D: Bone and Beyond, p.793-802

Here is the abstract with data from the article in brackets:

Adequate Vitamin D status is necessary and beneficial for health, although

deficiency plagues much of the world's population. In addition to reducing the risk for bone disease (95% of those with hip fractures are deficient), vitamin D plays a role in reduction of:

1. falls (muscles require vitamin D for strength., nerves require it for function)

as well as decreases in

2. pain (e.g. osteomalacic bone pain, diabetic neuropathy, non-specific musculo-skeletal pain resulting possibly from insufficient calcium phosphate to calcify the collagen so that the rubbery matrix expands and puts pressure on the covering of the bone with all its nerves.)

3. autoimmune diseases (e.g. MS, Rheumatoid arthritis, lupus and type 1 diabetes) Vitamin D necessary for normal insulin release in response to glucose and for glucose tolerance.

4. cancer (colorectal, breast, oral & digestive system, melanoma and leukemia) Vitamin D appears to enhance the anti-cancer functions of the body.

5. heart disease (myocardial infarction and vascular calcification) Vitamin D found to reduce blood pressure, calcification in blood vessels.

6. mortality (reduced from all causes with adequate levels of vitamin D), and

7. cognitive function (e.g. depression, depression severity, and seasonal affective disorder.)

On the basis of this emerging understanding, improving patients vitamin D

status has become an essential aspect of primary care. Although some have suggested increased sun exposure to increase serum vitamin D levels, this has the potential to induce photoaging and skin cancer, especially in patients at risk for these conditions. Vitamin D deficiency and insufficiency can be corrected and prevented safely through supplementation.

Considerations:

Higher Body Mass Index (i.e. more fat) may increase daily requirements.

Darker skin means slower skin metabolism of Vitamin D so greater risk of deficiency.

Oral contraceptives can affect levels of vitamin D.

Chronic liver or kidney disease may affect vitamin D effectiveness of clearance.

Some drugs affect vitamin D status.

Vitamin D affects fetal development (tooth enamel, skeletal development, etc.)

Low estrogen can cause decrease in vitamin D levels.

Steroid use affects vitamin D metabolism.

Vitamin D may affect **insulin sensitivity**.

Lower vitamin D levels (and higher parathyroid hormone levels) are strongly associated with depression and depression severity.

Sun exposure does not guarantee sufficient levels of vitamin D as shown in large percentages of deficiency amongst people living in such sunny places as Hawaii, Florida and Arizona.

Skin production of vitamin D varies with time outdoors, skin colour, season, latitude, body mass, cloud coverage, air pollution, age and the amount of skin exposure.

Malabsorption can make vitamin D supplements ineffective so that injectable or oral calcitriol may be required.

Dosages suggested:

400 I.U. a day has failed to reduce fracture incidence so more than that is required.

2 600 I.U. would meet the requirements 97% of those at risk of bone loss.

2 000 IU daily may be needed to increase levels to normal.

To reverse a deficiency rather than just maintain enough, much more may be required e.g. 50 000 IU twice weekly for 5 weeks or a single intramuscular dose of 500 000 IU.

Screening by lab. work is suggested twice a year.

The whole article is worth taking to your doctor.

BIOMECHANICS

A member reports being very pleased with a chair that holds a large exercise ball so that sitting at the computer (or anywhere) can become a better experience. This appeals to my fidget-ass nature so I'd like to try it. Available from the Treadmill Factory or go on-line to www.Aviva.ca