

Celiac and Gluten Sensitivity

Celiac disease and gluten sensitivity are digestive conditions that are on the rise. The World Health Organization has advised that mass screening for Celiac is warranted. Gluten is the protein component of wheat and several other grains. While celiac disease is a genetically based autoimmune disease and is currently diagnosed either with high sensitivity antibody studies or intestinal biopsy, gluten sensitivity is elusive and may fail to be diagnosed through antibody studies.

Celiac disease affects 1 in 133 people in the U.S, many of them undiagnosed. Most people with Celiac are positive for HLA-DQ2 and HLA-DQ8 genes, but most people with these genes never develop celiac disease; this points to environmental influences that cause a change in microbial ecology of the gut in development of the disease.

While the common presentation of celiac includes diarrhea, abdominal pain, bloating, inability to gain weight, only 8 to 15 percent of patients experience such symptoms. In fact many individuals with celiac may not have any GI symptoms, but suffer from a wide range of seemingly unrelated illnesses such as psoriasis, dental erosion, migraine, arthritis, muscle cramps, kidney disease, nose bleed, miscarriage, and even psychiatric illnesses like depression and schizophrenia.

Gluten sensitive individuals may not even have the specific genes for developing Celiac, and may not even show overt immune reaction on antibody blood tests, or inflammatory markers. They may not even be more prone to increased small intestine permeability. However, new research has shown that these individuals tend to have higher markers related to what is called innate immunity dysfunction. Hence, it is now known that both Celiac and gluten sensitivity may be distinct pathological entities with often overlapping symptoms.

Treatment involves eliminating wheat and other forms of gluten from a patient's diet, and repairing the gut—also ruling out any other problems such as parasites or allergies.