

# Yet more reasons to go gluten-free

written by Dr. Ronald Hoffman | November 4, 2016



These days, so many people are going gluten-free. With the advent of books like “Grain-Brain” and “Wheat Belly,” the trend is gaining impetus. But some persist in dismissing the demonization of gluten as a passing fad:

- “Does it Even Matter if Gluten Sensitivity is Bogus?” –*PLoSblogs*
- “Gluten Intolerance is Apparently Bullsh\*t” –*Jezebel*
- “Your Gluten Allergy is Fake and I Hate You” –*Reddit*
- “Being Gluten-Free is Dumb—And Gluten Intolerance May Not Even Exist” –*Muscle-for-life*
- “Calling Bullsh\*t on a Fake Gluten Allergy” –*LocalBizComedy*
- “Why a Gluten-Free Diet is Unnecessary and Even Unhealthy” –*XoJane*

The skeptics maintain that celiac disease, while often missed in the past, is relatively rare, affecting less than 3% of the population. For the rest of us, it is claimed, gluten avoidance is unnecessary, and denies us access to nutritious whole grains.

But several new studies suggest that, even in the absence of bona fide celiac disease, gluten avoidance helps many people. The controversial new condition is called “non-celiac gluten intolerance.”

Before we get to the new studies, let’s take a look at several reasons why consumption of gluten might be harmful for some people.

First of all, gluten is generally consumed in the form of flour, a concentrated, highly-palatable, high-glycemic index starch. This delivers a caloric load that spikes insulin and promotes obesity. This, in essence, is the “Wheat Belly” premise.

Then there are those who are allergic to wheat (different from gluten-intolerance which comprises other grains). They may suffer from nasal congestion, wheezing, headaches, gastrointestinal distress, skin problems, joint pain, or “cerebral allergies” manifesting as brain-fog or depression. This type of reaction shows up as a positive skin test or IgE blood test, and

is generally accepted as “real,” albeit uncommon.

Another rationale for kicking the gluten habit is because of its addictive qualities: wheat and related grains contain gliadorphins—compounds that target opiate receptors. These are suspected to play a role in autism and schizophrenia. Gliadorphins may act on opiate receptors in the GI tract, resulting in constipation. They certainly help us understand why some people have such a hard time “kicking” bread, pasta, cakes, and cookies, and suffer deprivation and withdrawal.

And finally, there’s the role that gluten plays in digestive disorders. The popular low FODMAP diet, used to treat Irritable Bowel Syndrome (IBS), eliminates fructans (the “F” in FODMAP). This is not due to an allergy or an autoimmune reaction, but rather, results from improper or partial digestion of gluten. The resulting incomplete breakdown products of gluten grains may encourage bacterial and yeast proliferation, referred to as SIBO (Small Intestine Bacterial Overgrowth) or Candida. Symptoms may include gas, bloating, cramps, urgency and diarrhea.

As if the above reasons were not enough to consider avoiding gluten, new evidence has emerged that validates non-celiac gluten intolerance as a “real” objective entity. Until now, it was thought that there were no tests to prove gluten intolerance in the absence of frank celiac disease, which can be diagnosed by means of blood tests or intestinal biopsies. Those claiming that they feel ill upon consumption of gluten without test confirmation are grudgingly assigned a diagnosis of non-celiac gluten intolerance based on subjective reporting alone; skeptics claim that they are imagining things.

But in July of 2016, the *British Medical Journal* published an article entitled “Intestinal cell damage and systemic immune activation in individuals reporting sensitivity to wheat in the absence of coeliac disease.” Finally, the authors state, they have discovered objective evidence of changes in patients who claimed adverse reactions to gluten.

Specifically, they found higher circulating levels of markers of intestinal damage (“Leaky Gut Syndrome”) and inappropriate immune system activation. Upon withdrawal of wheat, these abnormalities receded. Additionally, as might be expected, the subjects reported relief of their symptoms with resumption of the gluten-free diet.

And, this month, the coup de grace has been delivered by a new landmark report that suggests yet another mechanism by which wheat proteins may cause inflammation beyond the gut.

Actually, the study doesn’t implicate gluten, per se. The culprit appears to be a category of proteins found within wheat—ATIs, or amylase trypsin inhibitors. These proteins may traverse the gut wall and travel to the spleen, lymph nodes, brain and other organs, triggering immunological reactions. ATIs have been suggested to exacerbate rheumatoid arthritis, multiple sclerosis (MS), asthma, lupus, and nonalcoholic fatty liver disease, as well as inflammatory bowel disease (ulcerative colitis and Crohn’s).

I have long advocated gluten avoidance in autoimmune thyroiditis, or Hashimoto's Disease, the most common cause of hypothyroidism. The diet is a must for all Hoffman Center patients suffering from autoimmune disorders.

The author of the study, Professor Detlef Schuppan, asserts, "We are hoping that this research can lead us toward being able to recommend an ATI-free diet to help treat a variety of potentially serious immunological disorders."

So, despite intense skepticism over the years, it appears that science is turning the page on gluten sensitivity; gluten-free diets, even for those without demonstrable celiac disease, are not merely a passing fad, but an effective medical tool for addressing a multitude of elusive complaints.