Is Gluten Causing Your Symptoms Or Is It Something Else Transcript

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Podcast Intro and Episode Setup

Welcome to Doctor Talks, the podcast where every episode leads to a healthier you. Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease.

In each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors. If you're seeking to transform your health journey, or if you're looking for answers to burning questions, you've come to the right place.

Get ready to unlock the secrets of lifelong health and vitality. This is Doctor Talks, real talk from real doctors on the issues that matter to you most.

Have you heard that going gluten free will solve your gut issues? We're going to talk today about why that's probably not the case. I'm here with Doctor Natalie.

Sheila, one of the doctors at Modern Med who specializes in integrative treatments for chronic gastrointestinal issues. Hi, doctor. Sheila. And know how are you? Good, good.

How are you doing? Good. Thanks. Good, good. So let's just dive in. We're gonna be talking about all things gluten today. We're going to talk about celiac disease.

We're going to talk about non celiac gluten sensitivity. We're going to talk about wheat allergies fructose corn sensitivities things like that. So we're just going to dive in.

But I want to first by just starting talking about our personal experiences. We've both gone gluten free at one point in our lives.

Personal Gluten-Free Experiences

Why don't you start until you're kind of story? Your journey with gluten? Yeah, absolutely. I feel like being in the integrative space, it's not uncommon to have have a story of, at one point being gluten free.

But yeah. So when I was in college, I had, lifelong constipation and new onset of bloating in college. I went and saw a integrative doctor. At that time, after the gastroenterologist not getting quite the answers, I was looking for.

So I went to an integrative doctor and they recommended, removing gluten from the diet. And at that point, I had pretty significant benefit in my bloating from removing gluten.

But no change if not worsening to my constipation. And then within a few weeks, that benefit that I'd seen in the bloating had worn off, had kind of gone back to baseline.

And so I went back to the doctor, said, oops, didn't work. We proceeded with food sensitive sensitivity testing, which I know is something we've talked about before.

And a bunch of foods popped up, including gluten and wheat and some of those gluten contained grains. So we continue to avoid it, cut out additional foods. And long story short, again, some better.

But at first, quickly we're off in that with uploading. And was back to baseline. Honestly ended up feeling worse with time. I was eating very limited foods, had a lot of anxiety about what I was eating, trying to have a social life and still go to restaurants.

Feeling miserable. No benefit with with the digestive symptoms, and then eventually got to the point where I just wanted to be kind of quote unquote normal again.

So I brought gluten back in the diet. But at that point, I still didn't kind of have the information I do now. So I felt a lot of guilt surrounding it and thinking when I was eating it that I was kind of harming my body or, doing a quote unquote bad thing.

And so had a lot of, what I assumed was gluten related symptoms and worsening when I would I would do that. And yeah, overall, or experience, I just started bringing it back, but still felt anxious and, and bad.

Yeah. Well, we have a really similar story. I didn't know how similar it actually was, but it's almost like copy and paste from me. So I really get that.

And I think mine's a little different. Was that where when I went gluten free, I really thought I felt a lot better. And I know now that I know myself and just like how my brain works.

I'm 100% sure it was a placebo effect. And because, like you said, it worked in the beginning, but maybe for like a couple of weeks. And then I kept seeing people so clearly it wasn't working, or else I would be done right.

It would be like, problems are solved. And for some reason, like my brain can really do like, a biased approach where it's like, yeah, I think that this is helping, but maybe I just still have something else that I haven't figured out yet.

And in reality, my symptoms were the same and the worse just because I ended up restricting calories further, which was like one of my biggest issues, which I just wasn't eating enough food.

So I was constipated. Yeah, absolutely. I feel like too. And that placebo effect can be really powerful and it can be positive or negative. And sometimes both, sometimes both for sure.

Yeah, I resonate with that a lot. All right. Well, let's just kind of talk about some people are listening. I don't know if you've seen the YouTubes that people go around and ask like, what is gluten?

And they say they give the mic to people on the street and they answer the question and people are like, it's, it's brand. I like to use the term gluten a lot, but a lot of people don't know what it actually is or what is gluten.

Yeah. So gluten is a protein structure. So it's it's made up of two proteins glide in and gluten in. And it is found naturally occurring in certain grains, things like wheat, barley, rye, and what it does is it helps foods maintain their shape.

It kind of acts like glue to hold things together and gives, baked goods that kind of doughy, chewy texture. I, when I was gluten free, I came home and wanted to try making pasta that was gluten free without didn't think to look at a recipe.

I just subbed out the, gluten containing flour for gluten free flour, and, tried that. And so did the gluten. Gluten free flour, egg salt. Tried mixing it up and threw it in the, pot with the boiling water.

And what I got was kind of just fluffy chunks that broke apart. And so it's good kind of visual of what happens if you don't have that gluten. You lose that, that, chewy texture.

Doneness of. Yeah, absolutely. I just started baking breads. I'm on, like, my sour dough journey. And you, like, can feel gluten. Like like, like an elastic to the and like, almost like like, stretchiness to it for sure.

Yeah. And then when we talk about celiac disease, what actually classifies that. Celiac. Yeah. So celiac disease is an immune mediated inflammatory disease in a small intestine.

What Gluten Is and How Celiac Disease Works

And so essentially what that means is that our body the body has a sensitivity towards gluten and gluten related proteins that leads to inflammation. And that inflammation damages the small intestine.

And we do see it, it is specific to, genetically predisposed individuals. So there's certain genes that make somebody, capable of developing celiac disease, over time.

Okay. Let's talk about those genes, because sometimes we will use them because there's a number of times people come to us already on a gluten free diet, and we have to sometimes run these genetics.

So what are they? And, and how do they help us kind of determine things to. Yeah. So they're called HLA genes. Hla HLA genes are genes that code for specific proteins that help our immune system determine what is self and what is non-self.

So what is us and what is foreign that we need to address. And so the specific ones for celiac are HLA dc2 and HLA decorate. And so 99% of people who have celiac have these HLA genes.

And then if and so no absolutes in medicine. But if somebody doesn't have those HLA it makes it very, very, almost zero risk of of, of developing celiac disease.

But just because you have the HLA genes does not mean that you have celiac disease or will develop celiac disease. We see that 30 to 40% of the population has those HLA genes.

But ultimately the global prevalence of celiac disease is about 1.4%. So, a little over one out of 100. So a pretty significant difference. Yeah. Okay.

Okay. So that was a lot of time to talk. So let's break it down in terms of a woman comes in to see you. Let's call her Tina. I've always loved the name Tina.

She comes she comes to see you, and she is gluten free. And she's gluten free because she believes that she has, celiac or reacts to gluten. And you want to rule out celiac?

Can you kind of just talk about how that would happen? And if she comes back, let's just say with HLA due to being there, positive, what would be the discussion that you would have with her?

Yeah. So typically in a kind of preferred scenario, people are consuming gluten when they come in and we can do what the typical first step is, blood testing is specific tests we typically start with is something called a tissue trans glutamate antibody.

The issue with that for Tina is that it can be falsely negative if the patient is not consuming gluten. And so in that case, if she's not consuming gluten we could start with testing for those antibodies.

I mean, sorry, the genetics, the genes that HLA. And if those genes are positive, then we could consider a, quote unquote gluten trial. So bringing back gluten into the diet.

And so typically we need at least two weeks of that, about three grams of gluten a day. One slice of, bread is about two grams. And then if she is able to tolerate that, then longer is better, but at least need those two weeks and then we can consider the, repeating those testing that I mentioned earlier, the tissue transfer damages.

And so that's usually the plan. If the HLA is positive. Yeah. Yeah. So HLA is positive. That means we can effectively rule out celiac because she has one of the genes we definitely can't rule it in because a lot of healthy people have HLA due to or a their and don't have celiac.

If Tina came in and both of hers were negative, she was negative for HLA due to and Q8, what would the

conversation be at that point? Yeah, almost zero risk for 0% risk for having celiac disease.

So we feel confident ruling it out at that point. And move on to kind of some other considerations of what she might be reacting to and which we'll talk about.

Yeah. Okay. If someone does have celiac disease, what are some common symptoms that they may present with that would make you want to to do the testing.

Yeah. So kind of the classic celiac symptoms that we think about is malabsorption or poor absorption of nutrients. And so we see signs of that through fat in the stool.

Maybe weight loss people can have nutrient or vitamin deficiencies in kiddos. We see, what's called failure to thrive, which is not, keeping up with their growth curve.

Other signs would be things like chronic diarrhea. Low appetite can be vomiting, abdominal bloating, distention, pain, and then improvement when when you remove gluten from the diet, within a few weeks typically.

That's kind of classic picture of celiac that textbook. But what we do understand is there can be what we call it and atypical or subclinical presentation of celiac disease.

And so people can still have celiac and present with relatively minor symptoms, both GI not gi related. So somebody could have mild GI bleeding, mild loose stools.

Other signs could be anemia or poor dental enamel, low bone density because of lack of, a deficiency in vitamin D or calcium joint pain. Increased liver enzymes, sometimes skin rashes, and then sometimes they can, be asymptomatic, typically with that picture, though, once somebody is diagnosed and they pull out gluten, they notice that they, resolution symptoms that they just didn't consider abnormal before.

Yeah. Yeah. So I mean, a real key too, is that gluten should be taking out. Gluten should be solving the issue if you're doing a strict gluten free. So if you're still having a bunch of symptoms and then unlikely that I was just celiac but also test for it, I think that's the biggest thing, is that we just test people.

We do a blood draw when they've been eating gluten, and then you can tell if they do have these antibodies present or not. Yeah. And I do want to mention with the testing is so the first step is the blood testing.

If it were to be positive we refer for a endoscopy with a door knob which is the upper part of the small intestine biopsy to confirm that diagnosis. Yeah. Great.

That's really important. So the the serology on it, is not definitive. We need to do an additional step for the actual diagnosis. Let's go over a little bit in terms of the actual, pathophysiology, in terms of what's happening in the intestines.

You had a picture that you wanted to show, but in celiac, kind of what could be visualized on a endoscopy, which is the upper scope. Yeah. So let me share my screen here.

So this is a picture of a normal small intestine versus a celiac small intestine. And in a normal, small intestine, we have what we call villi here, which are kind of finger like projections that, increase our surface area to help with absorption of the things.

So in the food we're consuming and we see in celiac that inflammation blunts the villi. And so you can see over here that they're flattened. Other thing that we see, it's a little bit harder to see in this picture.

But we have crypts in between these villi which are essentially just grooves. And those become deeper, more substantial in celiac not shown in this picture, but that occurs to and I do like this picture as well, just for kind of context of where we are in our digestive tract.

So as far as when, when we consume food goes into our stomach here and then goes into the small intestine, which then feeds into the large intestine aka colon.

And when we're talking about celiac, we're talking about the proximal or the upper part of the small intestine, which is where we see the majority of this inflammation.

And so some of the things that we'll discuss later on take place at various points in the digestive tract, but we are in that upper small of it, ever upper part of the small intestine.

Yeah. Great. Okay. And we, we throw around sometimes like the analogy of the surface area of the intestines. And that's where these, like, little finger like projections are coming in.

At one point we were saying that, you know, if you flattened out the intestines, it would be like, what was that like the size of a tennis court? People would say, yeah, I believe that's right.

And that's really where all of the absorption capabilities of the intestines come from are those finger like projections which are increasing the surface area exponentially versus just having a hollow two, which is kind of what you're seeing in celiac when those villi or blunted.

And that's a large reason for why people who have celiac disease, if those are blunted that they have poor absorption of those nutrients and then yeah deficiencies.

Yeah. And also where the malabsorption of diarrhea comes from. Right. So if you're not absorbing things then you're changing just the contents that are actually in the small intestines leading to, to diarrhea.

Yeah. Okay. And then any other things that we should talk about when we're talking about celiac before we move on to like the next part of our just wheat gluten discussion.

Yeah, I guess, I mean, as far as treatment goes, we've kind of mentioned it, but the treatment for celiac is strict avoidance of gluten. And that's really important to close to controlling formation.

And so that's the next step after diagnosis. Yeah. Yeah. And in those people with actual celiac you're not looking for like an 80% gluten free diet.

Testing for Celiac and HLA Genes

These people are going to go strict gluten free, complete avoidance for for resolution of symptoms. Right. Yeah. Absolutely. Okay. Let's talk about a wheat allergy.

How is that actually different then celiac disease is. And what is it. Yeah. So a wheat allergy is a true allergy and IgG mediated allergy. So when we talk about the kind of anaphylaxis or kind of common allergies this is the same line there.

So with allergies we can have allergies to most grains, including wheat. Typically we see these in early childhood and they usually resolve by adolescence can continue for some, but it is more rare.

So we typically don't see this in adults, and even rarely see it in kids or kids. It's estimated about 0.4% of kids in the United States. That's less than one and 200.

And the kind of major differentiator that we see symptomatically for, wheat allergies is that it's an immediate reaction. So minutes to hours after ingestion of the wheat, we start to see those, signs of symptoms that I got.

I got it. Okay. And how are we actually testing for that. Different from celiac. Yeah. So typically if somebody is having symptoms in response to eating wheat, the immediate kind of allergic type symptoms, then they'll go for allergy testing.

And so either that skin prick testing or blood testing looking for IgG antibodies to wheat and those two things together. The symptoms plus either a positive skin prick or IgG antibodies to wheat would, qualify for a diagnosis of that allergy.

Yeah. Pretty different than celiac disease. And in terms of presentation that's going to come. So anaphylaxis is not you're not going to see that with celiac disease.

Exactly. But one that we see a lot of and I think is not talked about probably enough in the gluten discussion is friction intolerance. So let's go into that first.

Like what is friction behind yeah. So friction, fancy word for another fancy word oligo or polysaccharides, which essentially are just short chains of sugars that are strung together.

And they contain fructose and glucose, two types of sugars. So fruit stands that are, kind of 2 to 9 units in length are considered are called oligo fructose.

And those that are greater than ten unit in length are considered inulin, which is a word that people may be familiar with. But essentially what they are are those, strings of the sugars, and they are poorly absorbed, really broken down and absorbed by our digestive tract and, move through, into the large intestine and can infirm in our large intestine and cause symptoms, signs.

They're in a normal person. And that that is, I mean, on a, somebody who does not have intolerant, we typically only absorb 5 to 15% of those, frequent.

Anyways, but if somebody is intolerant, they can have a further deficiency in the enzyme that breaks down those strengths, sugars. And that, leads to more frequent moving into the large intestine.

And when we have more of that, moving into the large intestine gets fermented by the bacteria that's present. There can also pool water in. And that can lead to that bloating and diarrhea that, is experienced.

Yeah. So these are also called these are one of the FODMAPs which people probably have heard about. And so even if you don't have a friction intolerance, you're still not absorbing a lot of it.

Is that right? Yeah. So that's that 5 to 15%. So it's it's a normal thing for these guys to be poorly, broken down, poorly absorbed, just some of us. And it doesn't bother that there's a poor absorption and there's some fermentation and some people are really bothered by it.

Yeah. It's you know there's a say potentially as many as 24% of people with IBS can be sensitive to freak jams and have, be on that more bothered spectrum.

Yeah. Yeah. We think that's mostly due to like the visceral hypersensitivity that we see in IBS or we do we think that it's more due to a lack of an enzyme, or do we now?

Yeah, that's a hard question because there isn't any agreed upon testing for fructose sensitivity. So there is some research to support doing a breath test.

And having a bolus, for tens like 15, 20g and then measuring, certain gases throughout the, in the digestive tract to see if they're elevated. The that could be a friction. Intolerance.

It is not agreed upon though, so it's hard to determine if that is the sole reason. I imagine it's probably both things contributing. Okay. Do you use the food Marvel device with people with this, or have you experimented with it at all?

Yeah, I have experimented a little bit, I think. So you typically use the food bubble first for Sibo and that should be cleared before doing the fruit, for and testing.

Or they have a few, different types of, sugars that they test, before moving to that point. And so, so I haven't gotten to that point with a ton of people since I started using Food Marvel, but, definitely have started playing around.

Yeah. And and for those of you who don't know, the Food Marvel device is a device that has been around for a little while, but basically it allows you to do at home, like JLo's breath tests for small intestinal bacteria, overgrowth is only is measuring two gases.

It's measuring hydrogen and methane. It's not measuring all three of them. But can be helpful for people that are going to be doing repeat testing. And, you know, maybe they don't have insurance to cover the test or it's just ease of use.

You still need to be working with a doctor for the lactose prescription, and for reading the test results and actually getting an analysis of the lactose breath test.

But they do have that Fodmap intolerance kit that we've used with some of our patients. And we're kind of still like playing around with it and seeing how people respond, especially because if the test comes back positive, you want to see that when you remove it, you get a benefit in your symptoms to show more of like a validity of that.

Okay, this is actually a thing. And and obviously we need to have a better validity testing because we know that there is the placebo effect that we've talked about too.

Yeah. Absolutely. Anything with fructose and or not fructose for common intolerance that we have not discussed that we think is important here. Yeah. Well I guess so important to note for fructose intolerance there are for an intolerance that there are high gluten containing high for ten foods.

And they are also high fructose foods that are non gluten containing. And oftentimes, we can see somebody who's come come in on the low Fodmap diet and have had benefit including those non gluten containing high victim foods, things like the onions asparagus, watermelon ripe bananas all that could see that benefit.

So if that is you, this is something that could potentially think about versus gluten itself. Right, right. Yeah. So the people that come in and they're like, I think I feel better on a gluten free diet.

And then you say, okay, how do you feel when you eat all these other fructose? And the ones that you mentioned? So like, oh, it was make me super bloated too.

I may not be a gluten issue. This may be a friction issue. Yeah. Really good way at we see this a lot. I think this is one of the most common things that we see is people believing that it's gluten and in reality maybe the first hand.

And their food that's causing an issue more, more of the time. Yeah. And can be really helpful because there's a whole lot of things that aren't gluten that have frictions in them.

And, and the other way around too. Yeah. So like okay, non celiac and gluten sensitivity is another topic that we want to talk about. It's one that kind of frustrates me to be honest because we don't have like super clear answers for it.

And it creates this gray area that can be, just, you know, more difficult in practice. But first, what is non celiac gluten sensitivity. Yeah. So non celiac gluten sensitivity as you said it's vague.

It's essentially that somebody has a symptomatic response to gluten. But there's no serologic meaning blood markers or histologic B cell markers. That evidence of celiac disease and so those symptoms can present similarly things like the bloating abdominal pain.

It's common GI symptoms that we have. People come in but there's no sign of either in the blood or on biopsy of

any kind of disease process going on, specifically celiac disease process going on.

Yeah. Okay. And you found a really interesting study that kind of pulled apart. The biggest question that we have is like, how can you tell if this is a placebo effect or you know, something else, or if it's actually a sensitivity to gluten?

Let's kind of break apart that study because I thought it was really interesting. Yeah. Super interesting. So so the the study took 37 subjects, that had IBS based on the room three criteria, which is, one of the main ways to diagnose, IBS.

It has been updated, but and then also with non-severe gluten sensitivity but no celiac disease, it took 37 of these people. Okay, I'm gonna pause you just because this is a really important partners who is an and study.

So I want to, break that down just a second time for people that are listening. So these were people that have been diagnosed and have IBS, so they have abdominal pain, bloating. So.

Oh yeah. So it was just discomfort not necessarily pain in that point. Right. So round three. So we it hadn't been updated yet. So abdominal discomfort and they may have had constipation diarrhea a combination of those as well.

But then they identified as having a sensitivity to gluten. So they said I have non celiac gluten sensitivity.

Wheat Allergy vs. Fructose Intolerance

So celiac had been ruled out. They don't have that but they still are reacting to gluten. And there was 37 which is a small amount of people. But that was kind of who made up the study.

Yes. Correct. Okay. And so then they took those 37 people and they put them on a two week diet of reduced Fodmap. So a low Fodmap diet for two weeks for everybody.

And then they separated them into three groups. So there was one group that was placed on high gluten diets that was 16g a day. And about just for context, as we mentioned earlier, one slice of bread is about two grams.

And then a low gluten diet, which was two grams per day, plus 14g of whey protein per day, and then a control group, which was 16g of whey per day. And they followed their specific diet for one week.

And following that diet, after one week, they did what we call a washout period of at least two weeks. So they went back to kind of normal consumption.

And then 22 of the 37 patients did a crossover, which means that they got reassigned to a, one of the groups, either the high gluten, low gluten, low gluten or control group.

And they did that diet for an additional three days. That all clear? It's clear. Okay. That was because the studies are confusing. But basically they have a group who is eating a lot of gluten.

So 16g is actually like just a lot of gluten in general. I think not a ton of people eat that much. And then they did a group that was doing whey protein plus a little bit of gluten, right?

Yeah, two grams of gluten. And then they did just whey protein. So essentially a gluten free group right in the group. Yeah. Yeah okay. That was for my own brain I'm good now.

Yeah yeah. No it's confusing especially with the crossover. But so then what they found is that for all, everybody in the study had a reduction in symptoms with the the Fodmap diet, low Fodmap diet to start the first two weeks and then, but significantly worsened when the, they introduced the three diets, no matter what that diet was, whether it was a high gluten, low gluten or control gluten or control group, they had a significant return of symptoms and that those who had there's only 8% of the people in the study had gluten specific, effects, meaning that they only had the symptoms when they were consuming the gluten, as well.

There's no change in any biomarkers that they were looking at, with any of the dietary. So no inflammation or things like that. And yeah. So, so only a percent of them considered to have symptoms that were specific to the gluten.

Yeah. Meaning that there were people that went probably on the diet that had way less gluten. And they said, yeah, I don't feel good. But then they also went on the the gluten free trial and they were like, yeah, I still don't feel good.

In which case you can say, okay, that person is not having symptoms specific to gluten because they're having symptoms either with gluten or without gluten.

So we know that it's not the gluten that is the issue. It is you know, something else is going on here. I like that they did a crossover study because then you can really compare people to themselves on different diets, which is, you know, how they designed it.

I think that's important that we're just seeing, okay, that the person how are they responding to different subsets of these, these three different options here?

What do you think about this study in terms of the the finding and what it tells you about clinical practice? Yeah, I mean, I think it's interesting that all of these people in this study had considered themselves sensitive to gluten.

And then only 8% of them truly had responses, to gluten on it. So and I think we and I feel like it reflects what I see in clinical practice is oftentimes people will come in and think that they have, that they're sensitive to gluten or have responses to gluten.

If we dig a little bit deeper, I find that it can be due to something else, like the Fodmap for cans. All of those things in that are kind of getting mis categorized as a gluten sensitivity.

Yeah, yeah. And I think it gets to, you know, you're in Ames story of it where I think especially in integrative kind of preventative medicine, we can demonize certain things that don't necessarily, deserve to be demonized.

And I think gluten falls into that category where, it may not be the gluten, it may be something else, it may be, you know, 8% of people, it looks like it did line up for.

But that's 8% of people who had reported, hey, I have non celiac gluten sensitivity and only eight. It's not 8% of the general population. It's 8% of people who identified as bad.

So it's a really small percentage. Yeah. And so as far as prevalence which I find interesting too, at least for children, it was harder to find the number in adults.

But the prevalence of the non celiac gluten sensitivity for children is considered between 0.3 and 1%, which is extremely rare. It's less, less common than celiac disease which was that 1.4% globally.

And so just something to think about because we I it's so common for, for people, to try those gluten free diet on those gluten free diets thinking that it is the gluten itself being the issue.

Yeah. We got a question that came in kind of all along those lines of if you don't have celiac and, you're going gluten free, are there potential health, things that are negative that you could experience for going gluten free when you don't have celiac disease?

Yeah, definitely. And so we see that there are studies, long term study that show that people who are in a gluten free diet, who are non celiac or for long term health outcomes, including cardiovascular disease and weight gain, which is interesting because I oftentimes feel people will consider themselves being on a gluten free diet is kind of quote unquote healthier.

And people would think that, that you would see better outcomes, but it's not what we would see. The other

important thing is that that, good containing grains can be really good nutritional sources of certain vitamins, minerals.

So things like B vitamins for whey, calcium, vitamin D, zinc, magnesium and then and fiber. So really helpful sources of those foods. And if we cut them out, we can have a true, significant reduction in those important micro and macro nutrients.

Yeah. Yeah, I love that you said that. And there was another there was a nurse nurses health study that had this similar conclusion. Where they said that long term dietary intake of gluten was not associated with risk for coronary heart disease.

However, avoidance of gluten may result in reduced consumption of beneficial whole grains, which may affect cardiovascular risk. And we should not be promoting gluten free diet if you do not have celiac disease.

But just interesting in terms of, you know, the health culture, especially on social media, is like gluten free, gluten free, gluten free. And yet we do there's there's a couple studies that show that there's weight gain with these, which I think most people out there would not assume that they would assume, like you said, the exact opposite.

And if you look at the ingredients list in terms of not the ingredients list, but the nutritional facts on the back of some of these gluten free products, gluten free doesn't mean low calorie.

It doesn't mean healthy. It doesn't mean anything, anything besides the fact that it doesn't contain gluten in it.

Non-Celiac Gluten Sensitivity and the Research

So it can be a marketing tactic for some of these companies to to just say, hey, you know, I once I once literally was at a store and there was an aisle of water and they claimed that their water was gluten free.

And I'm like, oh my gosh, like, this is marketing at its finest, where it's like, of course the water is gluten free, it's water. And it's also going to be dairy free, right?

And it's like if if animal protein free. And it just makes me want to pull my hair out because, we have such a health culture that's been established and not everything in this health culture is actually healthy that we're talking about.

Yeah, absolutely. Absolutely. Oh, I feel that feel the energy coming up. No, but I think I mean, you can probably relate where I was there, like, I was one of those people where somebody told me, like, go gluten free and I went gluten free. I'm like, yeah, I think that this is helping.

And I went 11 years being gluten free. Yeah, a long time. So like most of, like a lot of teens, but all of my 20 is pretty much for gluten free. And, and then I started eating sour dough again.

I'm like, where have I been all my life now? I've been. It's just, Yeah, yeah. And also, I mean, for us constipation people, it's nice to I mean, having grains is really helpful for constipation and fiber, and bringing that back in is a major game changer.

Can be it can be a huge game changer and just psychologically be going to a restaurant and not associate eating with being gluten. Not that there's anything wrong, of course.

There's people with celiac where you have to be gluten free. But I felt really restricted in that manner. And it was a big psychological change for me, and none of my symptoms got worse.

And I am completely pretty much asymptomatic at this point in my life compared to when I was gluten free. I was definitely not. The next I think, oh, sorry.

Oh yeah, just one last comment. This I think, sometimes in the integrative space and in wellness social media, we

can forget that. I mean, food is important for our health and it is nutrients that we're bringing in. But it is much more than that.

It's social, it's celebratory. It's, there's a lot like emotion with food isn't necessarily a bad thing. So just kind of considering that and, and, and when making decisions.

Yeah, I think that's actually a big part of it. And I think that once, you know, when I talk to people about this, when they make that mindset shift and they start to celebrate food and be excited about it and not be fearful of it anymore, we often see symptoms start to change as well, which I think is it's really interesting.

But it can be pretty significant for people. Yeah. And I tell people I my goal is to get everybody to a place where they can, digest, simply go out and have pizza and a beer and tolerate it and feel fine.

Not that that that's what they should be doing every day. And I encourage alcohol but to the, to the ability of kind of what health is we want. We want to get to a point where it's not something that you can't tolerate or 100%, but about, yeah, I'm right there with you.

We should have a lot of flexibility in the way that we move about life, including our food choices, for sure. Yeah. Yeah. I mean, this is like a whole nother podcast that we should do, but it's this idea that if you have to be so restrictive with things, right, like if you have to maintain such a restrictive diet where you can't eat a whole list of foods and you have to, you know, make sure that you're doing everything right in your lifestyle and meditation and like, you have all these things that you need to be there in order to feel healthy.

Are you truly healthy? Like, is that actual health? Is a question often talk to people about? Yeah, exactly. Let's do rapid fire. We got some questions from Instagram about gluten and some of them are really great.

So we already answered one of them. But let's go into this one. If you have Lyme disease, should you avoid gluten? No need to avoid gluten. If you have Lyme disease, no research or support the is any contributory to the disease process. They're great.

Can thyroid antibodies decrease with gluten? Or basically should you go gluten free? If you have Hashimoto's? Okay. So it's a little bit more of a complicated answer.

So there was a recent meta analysis that showed that there was a very, very mild reduction in the thyroid antibodies in people who had autoimmune thyroiditis or Hashimoto's and went, went gluten free.

However, the reduction did not reach clinical significance. And so and, and I think the kind of most important, important part of this to recognize is that our antibodies, can fluctuate significantly.

And so you can get your blood, John, three times in one day and they all be different numbers. And so the amount of weight that we were putting in in those antibodies may likely be inaccurate and not where we want to kind of concentrate.

So my opinion is no, don't necessarily need to avoid gluten typically don't recommend avoiding gluten if you have Hashimoto's. Okay. And it wasn't clinically it wasn't actually statistically significant physically.

So yes. And in the study okay. And also it was a mediterranean diet as well, right? Yeah. So that was a second study that there is a mediterranean diet that and other, inflammatory diet might have benefit for those numbers, but again, very mild.

Yeah. Yeah. And I mean when we talk about Mediterranean diets in general, they have tons of research around them for, you know, the most heart healthy diet that there is.

So reducing inflammation and just eating a really healthy diet not super shocking in medicine right? Yep. Okay. Why is not all gluten equal. Meaning some gluten doesn't bother my stomach but some does.

That was one question. Yeah. So I feel like we've kind of touched on this throughout. So it might not necessarily be the gluten. Is it the for tans. Is it FODMAPs.

The other thing too is the process nature of food. Is it more kind of closer to the whole grain where there's more fiber? Is it going to be heavily processed?

Into into flours?

Gluten-Free Diet Risks and Audience Q&A

And then the other thing too is source. There can be pretty significant pesticide use with grains. And so that can bother some people too. Okay. But gluten is equal in all cases.

Gluten is gluten. It is gluten. It's like a structural compound. Yeah. If it's gluten is likely that it's not necessarily the gluten, then something else that's that's going on.

Right. What are the concerns of celiac and children when it comes to development and growth? Yeah. So again, as mentioned earlier, the malabsorption is kind of what we're really concerned about with celiac in children.

So not absorbing those nutrients micronutrients, macronutrients that they need for development. And growth. And so we can see the killers fall off. Their growth curves have difficulty with certain neurodevelopment.

And so we want to get it diagnosed. And then, on a strict gluten avoidance. Yeah. And if you do have, you know, a child that is below the growth curve, a lot of the times pediatricians will be testing for celiac to make sure that there's not malabsorption, especially if there is GI issues at play.

But if you, you know, are properly diagnosed with celiac, then we are removing it. And the mountain sorption shouldn't be an issue. Is there an actual link between gluten and autoimmune diseases.

So there's a link between celiac disease and some other diseases. There's association meaning that if you have celiac you could be more likely to to develop certain other autoimmune diseases.

That does not necessarily mean cause so some of the things type one diabetes, autoimmune thyroiditis, but again not not cause causal. And if you do have one of those things in digestive symptoms, that might be more of a reason to screen for celiac disease.

Otherwise no strong evidence that gluten either causes autoimmune disease or, that a good free diet leads to significant benefit with those with any autoimmune disease.

Yeah. Great. Great. So gluten not increasing your risk for autoimmunity. Just the fact that if you have actual diagnosed celiac, you may be at higher risk for certain autoimmune conditions in general.

This was really informative. Thank you for doing all this research. And people can always find you at modern Mediacom and all the other interviews that we've done there.

And I just appreciate you. Yeah something super chat and it was a good talk. Yeah. Awesome. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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