

Hi to everyone in the Millhouse Medical Centre community

**Winter is certainly upon us.** I'm beginning this newsletter in Taupo on Queen's Birthday weekend attending the 60<sup>th</sup> wedding anniversary of Viv's parents, as well as her Dad's 90<sup>th</sup> birthday, and have also taken time out with friends to soak in the thermal De Brett's Hot Pools. These family experiences have been pleasant and memorable which are in sharp contrast with the blustery cold weather with frequent heavy rain squalls which have battered the area.



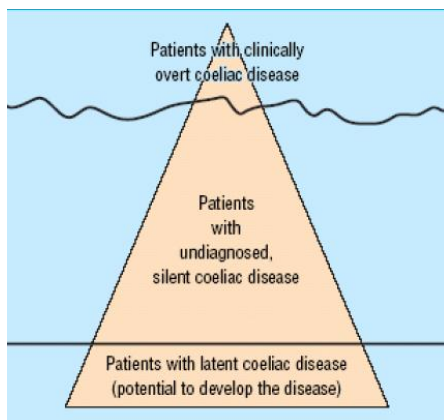
**Remember to have a FLU VACCINATION** with the H1N1- swine flu strain if you haven't considered this already. The **vaccination is still available** at the clinic for a small fee but **FREE for those with chronic illness or over 65 years**. Make an appointment with Kate, Maree or Vilya for an immunisation. **Also consider taking VITAMIN D - cholecalciferol** one tablet every 2-3 weeks during the winter. Ask your doctor for a script.

**If you are coming down with a viral cold or flu** take a decongestant, paracetamol or ibuprofen for symptomatic relief but remember to add **turmeric powder** (a natural anti-inflammatory) 1/4-1/2tsp in milk or water 2-3x daily to boost recovery.

### **Coeliac Disease, an autoimmune condition**

Last week a patient whose gluten blood test is negative told how a gluten-free diet had improved her wellbeing and bowel symptoms. She asked when I was going to finish the 'gluten story'. Well it's in this newsletter.

In the February I mentioned how **selective breeding had increased grain gluten** which has improved taste and cold climate cultivation but has meant flour is now more difficult to digest. These changes along with **genetic susceptibility** and a **leaky gut** all contribute to the development of the **gluten-sensitive Coeliac Disease; an autoimmune illness**. The absorption of gluten particles through a permeable small bowel causes local inflammation and may produce distant body organ effects. See Table below.



Coeliac Disease (CD) affects at least 1% of the population but this is only the tip of the iceberg as there are many more who have undiagnosed silent disease or the potential to develop CD. There are others who do not have classical CD but are gluten- and wheat- intolerant.

CD and gluten intolerance should be highly suspected in anyone presenting with gut & reflux symptoms, iron/B12/folate deficiencies, recurrent mouth ulcers, skin rash, neurological symptoms, osteoporosis, infertility and autoimmune diseases; particularly those with pernicious anaemia, insulin dependant diabetes (type 1) and thyroid autoimmune disease.

A CD diagnosis is confirmed on blood and bowel testing (see table overleaf). **Gluten intolerance** is detected on **IGA/IGG gliaden** testing or by performing a **gluten elimination** for at least 4 weeks with provocative reintroduction of the grain. A bowel biopsy is necessary to establish CD to gain approval for gluten-free food subsidies.

### **Autoimmune Disease**

Autoimmune Diseases (AD) which includes more than 80 chronic disabling maladies (see table) is increasing and affects up to 8% of the population. Autoimmune diseases like CD are caused by environmental triggers, genetic susceptibility and probably a leaky gut. **70% of our immune system** surrounds the gut which contains foods and bugs. A leaky gut is a precursor

#### **Possible Gluten Symptoms & Disease Associations**

**Autoimmune disease** – Addison's disease, insulin dependent diabetes, pernicious anemia, rheumatoid arthritis, sarcoidosis, sjogren's, systemic lupus, thyroid  
**Brain**- anxiety, brain fog, depression, dementia, epilepsy, fatigue, headaches, insomnia, learning disorders, migraine, attention deficit disorder, ataxia, autism, multiple sclerosis, myasthenia gravis, schizophrenia, polyneuropathy  
**Cancer** – lymphoma, oropharynx, (CD have higher breast, bowel & myeloma)  
**Gut** – bloating, diarrhoea, discomfort, heartburn, mouth ulcers, reflux, weight loss, low B12/iron/folate/ vitamin D & K/calcium/protein, poor teeth, coeliac disease, irritable bowel, inflammatory bowel disease (crohn's & ulcerative colitis), autoimmune hepatitis, raised GGT enzyme  
**Joints**- arthritis, joint aches, osteoporosis, polymyositis  
**Reproduction** – delayed fertility, infertility, miscarriages  
**Respiratory** – runny nose, catarrh  
**Skin**- alopecia, dermatitis herpetiformis, eczema, follicular keratosis

for coeliac disease to develop and may also be involved with AD initiation.

**The Molecular Mimicry** theory of Autoimmune Disease (AD) suggests that small sequences of amino acid peptides (proteins) from bacteria, viruses, fungi and food are absorbed into the body where they stimulate a fighting response (antibodies). However the immune system does not realise the same peptide sequence already exists within the body and in the process attacks itself.

It's my observation that early in AD illness an approach that removes possible triggers (food, bugs), reduces inflammation through nutritional changes and the use of herbal remedies may be helpful. As AD progresses it is more difficult to alter the inflammatory process and disease-modifying medication will become necessary.

#### Coeliac Disease and Gluten/Gliadin testing

Coeliac disease is suspected when blood tests are positive and confirmed on Small Bowel Biopsy. When gluten irritates the small bowel it induces an immune response with local proteins.

**From LABTEST Auckland (FREE)**

**IGA Anti-transglutaminase antibodies (tTG)** if positive are 95% diagnostic for CD.

**IGG & IGA Deaminated Gliadin antibodies (DGA)** may be positive where tTG is negative in CD.

**Endomysium antibody** - less accurate for CD

**IGA** -if low suggests a deficiency in immunoglobulin production and may indicate possible CD.

**From MEDLAB Christchurch (COST)**

**IGA & IGG - Gliadin antibodies** are helpful to diagnosis gluten sensitivity

**Genetic test - HLA DQ2 & DQ8** is positive in most CD but is also present in 30-40% of the population - NOT WORTH DOING

**Bowel biopsy** - will confirm CD and gives approval for receiving gluten free foods from the pharmacy.

**Consider** the following if you have suspected Gluten Intolerance or Coeliac Disease:

- It is not easy beginning or adhering to a gluten-free diet so ask for help. Local dietitian [Alda Lee](#) at Highland Park is good resource person to see.
- Visit Dr Rodney Ford's Gluten website for useful books and e-downloads. <http://www.drrodneyford.com>
- Join and visit the Coeliac New Zealand website for useful information and recipes. <http://www.coeliac.co.nz>

**Consider** the following if you have or want to prevent Autoimmune Disease:

- Undertake an elimination diet that removes known reacting foods and food-chemicals: especially stop gluten grains, milk, solanum/nightshade foods, nuts, citrus, eggs, fish & shellfish, beef and pork. For some it may be easier to remove one food group at a time.
- Reduce or eliminate milk and gluten if you are Antinuclear Antibody (ANA) positive or have a strong family history of AD.
- Take Vitamin D and probiotics in pregnancy and infancy to protect against insulin dependent childhood diabetes. Probiotics and vitamin D normalise and promote a healthy immune system.
- Fasting reduces gastrointestinal permeability. Consider a fruit and vegetable juice fast for a few days. Note: antiinflammatory drug medication increases bowel permeability.
- A vegetarian diet of complex carbohydrate, seeds, nuts, fruits and no/low animal fat/protein will reduce inflammation. Turmeric is a useful spice to add and fish oil supplements may also be helpful.
- Check out the Roadback Foundation website for information on infective triggers and antibiotic treatment in AD. <http://www.roadback.org>

#### MILLHOUSE MEDICAL CENTRE NEWS

**130 Millhouse Clinic renovations** are nearly underway and hopefully we will begin to use the facilities within the next 6-8 weeks.

**Arran Church a skilled NZ and Chinese trained traditional acupuncturist** will join the team when the new clinic building opens.

**Clinic survey.** Thank you to those who have filled in the survey questions.

**Patient waiting times** have been mentioned. Yes, we are trying to get the doctors to begin on time with their morning and afternoon consultation sessions.

Sometimes a doctor is delayed when emergency situations arise and an unwell patient is squeezed in for immediate care. Please bear with us when this happens.

Hopefully reception will inform you on arrival if there will be a long delay in seeing your doctor.

**Web-requested repeat prescriptions** are working well. Do let us know if you have problems with this service. Remember to that we may ask you to visit the doctor if you haven't been seen for some time.

**Yours in good health,** Dr Ric Coleman

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