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Vancouver Chapter

Celiac News

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Canadian Celiac Association

L'Association canadienne de la maladie coeliaque



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Thanks to our Facebook moderators Lynda Neilson and Sarah Makepeace.

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NEXT ISSUE:

If you have any recipes, restaurant reviews/articles for the March 2018 issue, please have them submitted by February 15, 2018.

If you have any comments, praises or criticisms, quips or questions:

Please submit to:

- info@vancouverceliac.ca
- 604-736-2229 / 877-736-2240
- CCA - Vancouver Chapter
Letters to the Editor
360-1385 West 8th, Vancouver, BC V6H 3V9

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Newsletter Editor - Val Vaartnou



CCA Mission Statement:
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NEWSLETTER SUBMISSION DEADLINES

2018 Newsletters will be distributed:

March 1st - Easter & Spring
June 1st - Travel & Summer

September 1st - Fall & Back to School
December 1st - Christmas & Holidays

Please submit your content to us a minimum of 3 weekends prior to the edition you'd like to be featured in. We will accept early submissions for upcoming editions as well, just let us know which issue you'd like to be in. You can submit your stories, recipes, photos, etc in a variety of ways. If you have any questions: EMAIL: val_vaartnou@telus.net or info@vancouverceliac.ca

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President's Message



Am I the only one that is surprised when I realize another year has almost gone by?

It is not like I don't have a calendar that counts down the months for me, but here we are just a few weeks ago in shorts and t-shirts and today I have a scarf, mittens a big coat and I am already stressing about what gifts to buy for Christmas.

I often wonder how family members cope or react when told that because you have Celiac Disease there is a strong possibility (5 – 15%) because it is a hereditary condition, that they might have it too. My personal experience is a brother and a nephew who simply will not get tested. Firstly they love pasta!!!! And, secondly they just don't want to know. Ahhhh!!!! My daughter had a completely different reaction; she got the tTG blood test (despite her doctor's lack of encouragement to do so) and did some research. Her results came back negative but she gets herself tested on a regular basis and realizes that she probably is a carrier of one or both of the HLA DQ2 and DQ8 genes. She is also aware that when (and if..... hopeful grandma, ha ha) she has children she will need to have them tested.

I was diagnosed in my mid 50's, I was and am for the most part asymptomatic and I wonder how long I have I had celiac disease and how much damage has been done that is irreparable. I have just been diagnosed with Osteoporosis, could this have been avoided? I will never know. So my frustration, as I am sure it is for many of you, is why do family members not want to know if they have a Disease with a relatively simple remedy.

Our Vancouver Chapter is very proud to represent British Columbia (other than Kelowna which has their own strong Chapter and Victoria). We are a large province, making it difficult, geographically, to connect everyone together. We are hoping that some of you might like to start a support group or have a coffee, brunch or dinner event in your community. If you have any other suggestions as to how we can be sure everyone feels included despite the distances between us, please let us know at (info@vancouverceliac.ca). We will email those in your area to find who else might be interested, send out supporting information and any other goodies that we can supply to help you start your group.

Thank you for your membership to the Canadian Celiac Association and especially for your support of the Vancouver Chapter, we are proud to see our Chapter grow, and become an important part of your community.

Happy Holidays!



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University of Alberta Requires Feedback on a Gluten Free Food Guide

Dr. Mager PhD, RD and colleagues at the University of Alberta are currently conducting a web-based survey eliciting feedback regarding the development of a Gluten Free Food Guide for Children. The purpose of this internet survey is to elicit feedback from individuals living with children with Celiac Disease or have Celiac Disease themselves to help inform guide content. It consists of 20 questions and may take 20 minutes to complete.

All responses are confidential and survey participation is voluntary, please see link below:

<https://redcap.ualberta.ca/surveys/?s=AHTJ4RYA8W>

We would like to thank you for your consideration. Your participation will contribute to the development of a resource that will help families and other health care professionals in the management of Celiac Disease.

Please feel free to contact the research team for further information either via email or by phone number at 780-492-2764. If you have questions regarding your rights

as a research participant, you can contact the Health Ethics Review Board at the University of Alberta at (780) 492-0302.

Sincerely,

The Research Team:

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Donate your Aeroplan Miles to Help the CCA

Help the CCA go the extra mile for celiac disease!

Consider donating your Aeroplan Miles to the Canadian Celiac Association. CCA is hoping to raise 25,000 miles in one year to help off-set volunteer travel and assist with program supplies and materials.

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Visit <https://beyondmiles.aeroplan.com/eng/charity/1160> to learn more and donate today!



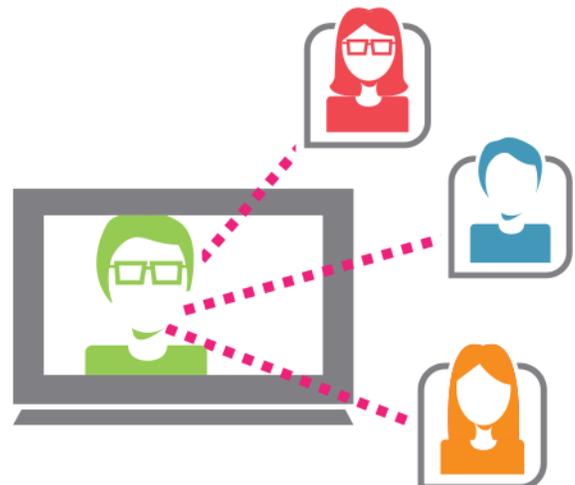
Gluten-free 101 Webinars

CCA members now have exclusive access to CCA's free GF 101 webinar sessions offered by the National office.

For Vancouver Chapter members, these information sessions are ideal for members who cannot attend support groups. Each new Vancouver Chapter member receives a presentation "So Now You've Been Diagnosed....Now What?" and a follow up to see if there are any questions.

The National interactive sessions are one-hour in length and limited to 10 people per session. Perfect for newly diagnosed members to access expert information and advice. Facilitated by Sue Newell, CCA's Manager, Education and Special Projects.

Watch for future time and dates on the CCA website www.celiac.ca or for more information about the next available dates, email info@celiac.ca.



Mark Your Calendars

2018 Canadian Celiac Association – Vancouver Chapter Annual General Meeting Sunday, March 4 1:00 pm – 4:00 pm Location: To Be Determined

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Thank You to Our Volunteers

Help one another; there's no time like the present and no present like the time. ~James Durst

The Canadian Celiac Association – Vancouver Chapter has no paid staff! Everything we do is a result of the generosity and kindness of our volunteers. This year we would like to thank all volunteers who gave of their time to help others.

OUR VOLUNTEERS

Julie Clement	Phyllis Lane	Jessica Pirnak
Rebecca Collins	Cynthia Loveman	Christine Pope
Geraldine David	Paul Magnus	Tina Savoy
Doris Duncan	Sarah Makepeace	Jane Skipsey
Lia Fairbairn	Brian McCormack	Gaynor Stone
Stephanie Griffith	Gloria McCormack	Amanda Stothers
Val Harding	Reid McGregor	Ute Tindorf
Mary Hart	Kendra Mohart	Cathy Tostenson
Kaye Hipper	Eugenia Mooney	Val Vaartnou
Pushpa Kapadia	Jessica Mooney	Emily Walker
Liz Kennedy	Lynda Neilson	Lizbeth Wall
	Jim O'Grady	Betty Wong

We asked a few of our volunteers for comments regarding their experiences this year.....

Mary Hart - I'd just like to say that in the (very small) amount of volunteering I've done, I've been very pleased to contribute to the valuable work of the chapter, and to be able to help out the board and other volunteers who donate so much of their time to make the chapter and Association such an amazing resource for celiacs and their families. I've been phoning members without email addresses, and yet again am struck by how incredibly nice everyone is (!), and have enjoyed having interesting chats with some of those members. Obviously everything is confidential, but I'm sure I can share one member's opinion that "The Vancouver Chapter is wonderful."

Liz Kennedy and Val Harding – Powell River – fewer places are available where celiac's feel comfortable going out to eat, so the members there have not done any lunches lately. A number of restaurants have closed down this year and the local high school restaurant has become a bistro, not suitable for a gluten-free diet. A big thank you for all of the support we receive from the Vancouver Chapter and have a great holiday season.

Gloria McCormack - I had benefited greatly from the information and support from the Celiac Association and I wanted to give back in more ways than financial. I thought volunteering would provide this chance. Like most people

I was finding it difficult to deal with this new way of eating and then I met celiacs who had more challenges by way of other health issues and personal circumstances. It was a truly humbling experience for me. The written material is there to help guide you and other volunteers were there to help you out if you are unsure of an answer. There was a great deal of sharing of information both from the visitors to the booth and from the other experienced resource persons. I came away with more insight and renewed energy on how to meet our daily challenges. My volunteer experiences have demonstrated to me how really helpful and necessary this association is to the many struggling to cope with this disease.

Lynda Marie Neilson – has volunteered for 15 years! Thank you Lynda. "It has been very interesting moderating the Vancouver Chapter Facebook group, especially in the past few years with Sarah Makepeace, and seeing all the questions that people ask about CD, NCGS and other gluten conditions. From members who are newly diagnosed to seasoned veterans it has become quite a supportive community!"

Jane Skipsey - I have enjoyed being on Facebook with the Vancouver group and the National group and occasionally offer my comments.

Val Vaartnou – I get back more than I give volunteering for the Vancouver Chapter. I have never met anyone I did not like and everyone's willingness to help is very special.

Cloud 9 Specialty Bakery and The White Spot have kindly offered to sponsor the Thank You to our volunteers this year.



Gluten-Free, without compromise.

Cloud 9 is a leading manufacturer of gluten-free baking mixes and baked goods, a certified gluten-free and allergen-free co-packer, and a provider of private label retail solutions.



White Spot Restaurants has become a British Columbian legend with a passion for using fresh, quality, local ingredients. Join us for breakfast, lunch, dinner, take-out, late night snacks & delicious burgers! We look forward to welcoming you every time.

Celiac Disease in the News

Submitted by Val Vaartnou

The following are precise of scientific articles and news articles regarding Celiac Disease related issues reviewed since the last newsletter. Links and bibliography information is provided if you wish to read the full article.

Fracture Risk Increases with Type 1 Diabetes, Celiac Disease

In an Australian study, researchers assessed previous fractures (verified by radiologic reports and medical records), duration of type 1 diabetes, glycemic control, hypoglycemia incidence (assessed via glucose monitoring devices or logbooks), daily insulin dose, microvascular complications and celiac disease status. Patients with Type 1 diabetes and celiac disease had significantly more fractures than those with only diabetes. Patients with type 1 diabetes and celiac disease also had a higher prevalence of frequent hypoglycemia, defined as at least two episodes per week, compared with those who had type 1 diabetes alone. This is important as hypoglycemia increases the risk of falls and therefore fractures. www.helio.com Oct 5, 2017

Non-Celiac Wheat Sensitivity is a Persistent Condition

An Italian study following 200 participants who had a diagnosis of non-celiac wheat sensitivity and checking after a median follow-up time of 99 months found 88% had fewer symptoms and 98% of those who adhered to a gluten-free diet had reduced symptoms. 20 of 22 who were in the double blind group reacted to wheat. From this data, they concluded that Non-Celiac Wheat Sensitivity is a persistent condition. [http://www.gastrojournal.org/article/S0016-5085\(17\)30343-8/fulltext](http://www.gastrojournal.org/article/S0016-5085(17)30343-8/fulltext) More research needs to be done in this area as other studies have indicated non-celiac gluten sensitivity may be transient in nature. What is clear that Celiac Disease must be ruled out prior to diagnosing non-celiac gluten sensitivity to ensure that the proper treatment of the disease is provided.

Fish May Provide Hints to Treating Celiac Disease

Fish are carnivores and although often fed fishmeal, this is an expensive source of food. Plant soy based feeding has been used, but most fish have problems with a plant based diet and develop enteritis and gastrointestinal problems. One exception is the Rainbow Trout. For some thought to be genetic reason, these fish thrive on the plant soy based diet. Researchers identified 63 genes that help Rainbow Trout except the plant-based diet. This discovery has the potential for a biomedical model for the development of treatments for ulcerative colitis and celiac disease. <http://researchnews.plos.org/2017/07/19/rainbow-trout-strains-tolerance-of-a-soy-based-diet-is-linked-to-63-genes/>

Biopsy Sampling of Greater Than 4 Samples Increase Probability of Diagnosing Celiac Disease

The diagnostic rate of CD increased from 3.5% to 7.6% when more than 4 samples of the small intestine were

taken at time of biopsy. Complying with the guidelines and taking greater than 4 samples will ensure better diagnosis of Celiac Disease.

https://www.medscape.com/viewarticle/884268?src=wnl_e_dit_tpal

99.5% of Labels Found to be Accurate Regarding Gluten-Free Claims by FDA

According to the FDA, more than 99.5 percent of "gluten-free" food products met the agency's gluten-free standard, according to Carol D'Lima, a food technologist in FDA's Office of Nutrition and Food Labeling. If any products are found to be out of compliance for gluten standards, the FDA notifies the company to make appropriate corrections, and works with the company to recall any mislabeled products on the market.

<https://www.foodnavigator-usa.com/Article/2017/10/18/FDA-could-zero-in-on-cross-contamination-of-gluten>

Patients with Sjogren's Syndrome Have High Potential to Have Celiac Disease

A small study published in the American Journal of Gastroenterology showed 14.7% of patients with Sjogren's syndrome also had Celiac Disease. Even non-celiac Sjogren's patients showed inflammation in the small bowel mucosa. The findings show a close association between the diseases. <https://www.ncbi.nlm.nih.gov/pubmed/10201480>

At-home urine and stool tests that detect gluten now available

Gluten Detective tests detect fragments of the immunogenic gluten protein, called GIP, harmful to those who have celiac disease. They are being sold online by Glutenostics, the distributor of the tests in the United States and Canada. The urine test is sensitive for 500 milligrams of gluten, while the stool test, although less convenient test to 50 milligrams of gluten. The kits cost \$45 plus shipping, and the company is currently offered a 25 percent off coupon on its website for first-time customers. Results are ready in 10 to 15 minutes. The sensitivity of the tests will only pick up a significant amount of gluten consumed and will not determine if there has been cross-contamination.

Gluten Detective is not approved under the Food and Drug Administration's Food Drug and Cosmetic Act and cannot make a medical claim related to the treatment of celiac disease or any other condition. The tests can only claim to detect gluten consumed, fragments of which are found in the stool or urine of everyone, but only trigger an autoimmune response in those who have celiac disease.

www.beyondceliac.org Nov 7, 2017 Article by Amy Ratner

Celiac Disease in the News

Celiac Disease Research Neglected in Federal Funding

Review of 2011 – 2015 funding of research shows NIH gives less money to celiac disease than other gastro-intestinal conditions. Dr. Daniel Leffler and Dr. Sonia Kupper stated that “These data suggest that a few diseases, including celiac disease and IBS, are underfunded in comparison with other diseases, especially when prevalence, burden and available treatment options are considered,” Celiac disease, with a prevalence of about 1 percent and mortality rate of 1.3, the highest among the diseases reviewed, received about \$3 million per year. Meanwhile, Crohn’s disease, which had the second lowest prevalence at .25 percent and a mortality rate of 1.1, received about \$16 million per year, the highest amount of funding. www.beyondceliac.org Article by Amy Ratner Oct 4, 2017

Research: Antibiotics Don't Increase Chances a Child

Will Develop Celiac Disease

Antibiotics commonly prescribed for children do not increase the chance of celiac disease or type 1 diabetes developing in kids who are already at risk for either of the conditions, according to a new study.

Researchers found that antibiotics, including penicillin, amoxicillin and cephalosporin, prescribed during a child’s first four years were not associated with the development of autoimmunity for celiac disease or type 1 diabetes.

A lack of evidence regarding the consequences of using antibiotics early in a child’s life in relationship to celiac disease and type 1 diabetes prompted the study. The increased use of antibiotics worldwide has been proposed as a cause for an increase in autoimmune diseases in industrialized countries, the study authors wrote. These results suggest that the use of the most common antibiotics in early life does not increase the risk of autoimmunity in children at increased genetic risk. <https://jamanetwork.com/journals/jamapediatrics/article-abstract/2656303?applied=scweb&applied=scweb>

JAMA Pediatr. Published online October 9, 2017.
doi:10.1001/jamapediatrics.2017.2905

Scientists at the University of Toronto Determine Celiac Disease Still Under-Diagnosed

by [Utkarshna Sinha](#), 22 October 2017, THE VARSITY, The University of Toronto’s Student Newspaper
3,000 adult participants of diverse backgrounds were given the tTG blood test for Celiac Disease and they found that 90% of those studied were going undiagnosed. Consistent with US findings, 1% of the study group had celiac disease antibodies. Prior studies have indicated that only 15% of those with Celiac Disease in Canada are actually diagnosed.

<https://theceliacscene.com/celiac-disease-still-under-diagnosed/>; <http://bmjopen.bmj.com/content/7/10/bmjopen-2017-017678>

Commercially Available Glutenases: A Potential Hazard in Celiac Disease

14 glutenase products were tested and it was found that there was no scientific basis for their claims that they would break down the gluten. Although the products included disclaimers of not being evaluated by the US food and Drug Administration, the products should be avoided by those with Celiac Disease.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5424869/>

Do in Range tTG Levels Indicate Intestinal Healing?

A team of researchers from the Mayo Clinic, including Dr. J. A. Murray reviewed the results of 402 treated celiac patients who had had a blood draw, within 1 month of having a duodenal biopsy (2009- 2015). They found that patients who had undetectable tTG levels were more likely to have normal duodenal histology. Asymptomatic patients more often showed normal duodenal histology compared with patients who still had symptoms.

<http://onlinelibrary.wiley.com/doi/10.1111/apt.14250/full>

Can Specific Strains of Probiotics Delay the Onset of Gluten Sensitivity in Children

A trial at the Lund University was presented at the International Celiac Disease Symposium in New Delhi that indicated that new trial data suggests that the probiotic strains *Lactobacillus plantarum* Heal 9 and *Lactobacillus paracasei* 8700:2 may provide support for the immune system and delay the onset of gluten intolerance in children. 78 children with a genetic pre-disposition to celiac disease were included in the multinational and multiyear autoimmunity study.

www.celiac.com

Intraepithelial Lymphocyte (IEL) Count Distinguishes Celiac Disease from Normal Mucosa

IEL count in duodenal mucosa can be used to distinguish celiac disease from normal mucosa. A cutoff of 25 IEL/100 enterocytes. 198 patients with celiac disease and 203 controls without celiac disease were used in the study. This yielded 99.0% sensitivity, 93.1% specificity, and an overall accuracy of 99.5%. Use of this type of diagnostic process of Celiac Disease would make diagnosis easier and less expensive.

https://www.medscape.com/viewarticle/886127?src=wnl_edlit_tpal



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Celiac in the Kitchen

Please provide your favorite recipe to us for this newsletter! We search recipes to give you ideas about what to cook on the gluten-free diet, but if you have any “tried and true” recipes that you could share, it would be much appreciated by me (and I am sure the readers of the newsletter).

Gluten-Free Scones

Courtesy CCA Edmonton Chapter

Ingredients:

- 2 ½ cups GF flour blend
- 6 tbsp sugar or splenda
- 8 tsp baking powder
- 1 tsp salt
- 2 tbsp instant yeast
- 2 eggs, lightly beaten
- 1 cup milk
- 1 cup butter or margarine
- 2 tsp xanthan gum or guar gum
- 1 cup raisins, cranberries or grated cheese

Directions:

1. Combine all of the dry ingredients in a bowl. Mix well with a whisk. Preheat oven to 400F.
2. Blend in berries, raisins or cheese.
3. Soften butter and add to dry mix. Add beaten eggs and milk. Mix until you have a consistent dough.
4. Form into small patties and place on parchment paper on a cookie sheet.
5. Bake in oven for fifteen minutes. Remove and cool.
6. Package and place in freezer.
7. Thaw in microwave for 40 seconds before serving.



Freezy Upside Down Peanut Butter Dream Pie

Source: CCA Peterborough Chapter

Ingredients:

- 1/2 cup creamy peanut butter, room temperature
- Half an 8-oz. tub cream cheese, room temperature
- 1/4 cup powdered sugar
- 1/2 cup vanilla Almond Breeze
- 1 cup Cool Whip - thawed
- 2 sheets (8 crackers) gluten-free honey graham crackers, crushed (Like Kinnikinnick)

Directions:

1. Place peanut butter and cream cheese in a large bowl.
2. Using an electric hand mixer set to medium speed, mix until smooth and uniform.
3. Add powdered sugar to the bowl. Set the mixer to low speed, and mix well.
4. Add soy milk and continue to mix until smooth.
5. Gently fold in whipped topping, until uniform in colour.
6. Carefully transfer the filling into a pie pan.
7. Evenly top with crushed graham crackers.
8. Cover and freeze until firm, for at least 2 hours.
9. Cut into 8 slices and, if you like, top with whipped cream. Enjoy. Makes 8 servings.

Celiac in the Kitchen

Quinoa Chocolate Cake with Ganache

Recipe courtesy of www.best-chocolate-recipes.com



Ingredients:

- 2/3 cup uncooked quinoa
- 1 1/3 cup water
- 1/2 cup milk
- 4 eggs
- 1 tsp vanilla
- 3/4 cup butter, melted and cooled
- 1 1/2 cups sugar
- 1 1/2 cups unsweetened cocoa powder
- 1 tbsp baking powder
- 1/2 tsp salt

Ganache

- 1/2 cup whipping cream
- 4 oz bittersweet chocolate, chopped

Directions:

1. Rinse the quinoa, and cook in the water. To do this, add both ingredients to a pan, then bring the mixture to a boil. At this point, put the lid on, lower the heat and simmer for approx. 10 minutes.
2. Shut off the heat and leave the pan on the burner to continue cooking slightly for an additional 10 minutes. Mix it somewhat with a fork and allow to cool completely.
3. Preheat oven to 350F. Prepare a cookie sheet.
4. Using a stand mixer put the eggs, vanilla and milk in a bowl.
5. Add 2 cups of the cooked quinoa. Mix well, then add the butter. Blend until everything is smooth.
6. In a separate bowl, mix the dry ingredients together. Add the dry ingredients into the wet mixture and mix.
7. Place the mixture into a greased cake pan. You can also use parchment paper. Cook for about 50 minutes. Take the cake out and allow to cool completely. Remove from pan.
8. For the ganache, put the cream into a saucepan and heat until scalding hot. Put the chocolate into a heat-proof bowl and pour the hot cream over. Whisk until smooth. Let cool for 2 minutes and then pour over the cake.

Creamy Chicken Pesto Pasta

Submitted by Val Vaarnou

This quick and simple pasta is one of my favorites for a quick dinner. I don't know the origin of the original recipe, but I know I vary it based on what ingredients I have in the kitchen.



Picture: www.seriousseats.com

Ingredients:

- 1 tablespoon olive oil
- 4 garlic cloves, thinly sliced
- 1 tablespoon minced rosemary
- 14 ounces fresh spinach, roughly chopped (use your choice of vegetable – I often use broccoli)
- 6 ounces cooked, shredded chicken breast or thighs
- 1/2 cup part skim ricotta cheese
- 1/4 cup grated part skim mozzarella cheese
- Your favorite gluten-free pasta
- Pre-prepared pesto sauce or blend olive oil, fresh basil, lemon juice and pine nuts in food processor

Directions:

1. Add oil and garlic to a large skillet and cook over low-medium heat, until garlic is fragrant and slightly golden, about 3 minutes. Be sure to stir it and watch it so that it does not burn.
2. Pour oil from the skillet into a small bowl. Add minced rosemary to the oil and let stand. Keep garlic in the skillet.
3. Add spinach to the skillet and cook over medium-high until just wilted (about 1.5 minutes). Remove from skillet but keep any liquid in the skillet. Let spinach cool.
4. Put pasta in rapidly boiling salted water and cook per pasta cooking instructions.
5. In the skillet, combine shredded Chicken, ricotta cheese, rosemary and oil, and pesto sauce.
6. Take a spoonful of the liquid from the pasta and add to skillet.
7. Add cooled spinach to the skillet.
8. Drain pasta and add to the skillet.
9. Add mozzarella cheese and heat pasta through and it is ready to dish up.
10. Pasta goes well with a green salad but is good by itself as well!

Celiac in the Kitchen

Aunt Ollie's Brazil Nut Cake

London Chapter – CCA 2003 Entertaining Gluten-Free

Ingredients:

- 1 lb Brazil nuts, chopped
- 4 slices glazed pineapple, chopped
- 1 300 ml can sweetened condensed milk
- 1 1/2 lb candied red & green cherries, chopped
- 1 lb chopped dates
- 1/2 lb shredded coconut

Directions:

1. Mix all ingredients and press into shallow, greased pan.
2. Bake 1 hour at 325 degrees F. Do not overcook.
3. When cool, it can be frozen.

Picture: www.allrecipes.com



Pierogies

By Veronica Lanz on Facebook

The filling actually is enough for 2 1/2 batches of this dough.

Pierogies Dough Ingredients:

- 1 cup GF flour mix
- 2/3 cup tapioca starch
- 1/4 tsp salt
- 1/2 tsp baking powder
- 1 tsp xanthan gum
- 1/2 cup milk
- 1 egg
- 2 tbsp butter

Dough Directions:

1. Beat the wet together, and mix the dry together.
2. Add the dry to the wet and create a dough! I like using my mixer for this, on low, adding slowly, but when I was a kid, grandma and I did it with our hands. Either will work.
3. Roll the dough thinly, and cut into circles (I just use a cookie cutter, but you can use a glass lid). I recommend oiling it a bit so it doesn't stick. Fill with your filling, and fold... Wet the edges so they stick then smush with a fork (I'll never be a real chef with words like 'smush!')
4. To cook, boil water and add pierogies. When they rise to the top, boil for about a minute more. (Just like any homemade pasta)
5. We do the typical Polish fillings, but the 'family jewel' is when grandma and I made dessert pierogies... These are so good! We made homemade prune jam, and filled them, then dusted them with icing sugar at the end. But since then, I've done apple cinnamon, too.



Picture: Canadian Living

Filling Ingredients:

- 1/2 cup chopped onion
- 1/4 cup butter
- 2-3 cooked potato, mashed
- 1 cup grated cheddar cheese

Directions:

1. Cook the onions in the butter until well caramelized. I like to caramelize 5 lbs of onions in the crockpot on low for 24 hours and freeze in muffin tins. I use one or two of these frozen pucks, thawed in my filling.
2. Mix with potatoes, and add cheese while the mixture is still hot.
3. Let filling cool before using (place in fridge.) If you are using the alternate filling, simply mix those ingredients together.

Celiac in the Kitchen

Truffles to Die for (or from)

Courtesy Ottawa Chapter, CCA 2003 Entertaining Gluten-Free

Truffle Centres

- 3/4 lb dipping chocolate – Merken's dark chocolate wafers are good (Stover & Co)
- 1/4 cup butter
- 1 cup whipping cream or 1/4 cup liqueur (apricot, orange etc)

Directions:

1. Melt the chocolate carefully in microwave or in a double boiler.
2. Add butter, cream and liqueur (if used) and stir well.
3. Cover and cool in the refrigerator until it is almost solid.
4. Roll into half inch balls and place on cookie sheet.
5. Chill until you are ready to dip them.

Dipping Sauce:

- 1 lb of dipping chocolate
- 1/2 cup of cocoa powder
- 1/2 cup icing sugar or chocolate shavings

Directions:

1. Melt the chocolate carefully in a microwave or in a double boiler.
2. Dip the truffle centres in the melted chocolate and then roll them in the cocoa/icing sugar mix or in chocolate shavings.
3. Place the dipped truffles on waxed paper on a cookie sheet.
4. Chill before handling.
5. Store in airtight containers in the refrigerator and remove one hour prior to serving.



Be a Banana Fan



10 % of potassium daily requirements and 17% of Vitamin C daily requirements

- Chop It – great on cereal, in yogurt
- Drink It – adds sweetness to smoothies
- Eat It – comes with its own container
- Freeze It – over ripe, cut up and freeze for use in smoothies
- Griddle It – 1 banana mashed + 2 eggs whisked, smash together and griddle to make a pancake.
- Slice It – great on toast, in fruit salads
- Smash It – makes a sweet dip with peanut butter and honey

Favorite Cookbooks



One of our members, Helen Angus wanted to share her favorite foolproof gluten-free cookbooks with other members. The books can be purchased off of Amazon, and all recipes have been tested to ensure good results. Helen and her daughter Emily are both celiacs and enjoy cooking. Thanks for sharing your finds!

A Facebook post in November also indicated these were favorites with others.



Join Us for
a Holiday
Celebration



When: Sunday, December 10, 2017 at 6:00 pm

Where: Ritual, 774 Denman St, Vancouver BC

PLEASE RSVP by December 5, 2017: to info@vancouverceliac.ca or Val Vaartnou at 604-271-8828

*Gluten-Free
Holiday Dinner Menu
\$45 Pre Fixe + Tip & Drinks*

1st Course

Parsnip Soup, young celery, truffle oil, dill

2nd Course

Roast Turkey Roulade

Maple Raisin Glazed Ham

Pomme Puree with Pan Gravy (Mashed Potatoes)

Bacon Brussel Sprouts

Winter Vegetables

Cranberry Orange Compote

Sage & Pumpkin Stuffing

3rd Course

Sticky Toffee Pudding

Ginger Ice Cream

Candied Pecans

Gluten-Free Beer & Full Bar Available



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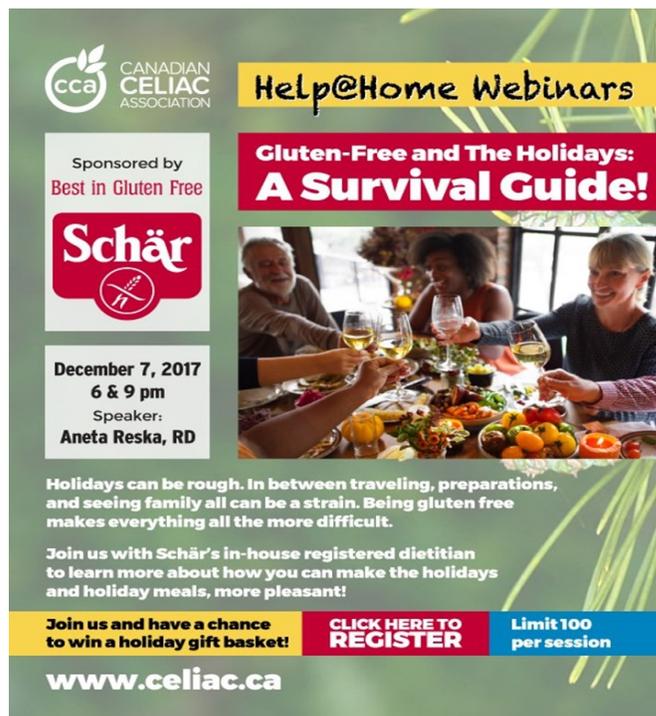
PS FOOD DESIGN INC

Sign Up: Gluten-Free and The Holidays: A Survival Guide!

The CCA is pleased to invite you to a **free webinar on Thursday, December 7 offered at two convenient times 6 pm and 9pm EST**, sponsored by Schär, to help you survive the holiday season!

To register or learn more, click the image or copy and paste the link: <https://www.celiac.ca/news-events/events/>

<https://www.celiac.ca/news-events/events/> Copy this link in your browser to sign-up!



cca CANADIAN CELIAC ASSOCIATION

Help@Home Webinars

Sponsored by
Best in Gluten Free

Schär

December 7, 2017
6 & 9 pm
Speaker:
Aneta Reska, RD

**Gluten-Free and The Holidays:
A Survival Guide!**

Holidays can be rough. In between traveling, preparations, and seeing family all can be a strain. Being gluten free makes everything all the more difficult.

Join us with Schär's in-house registered dietitian to learn more about how you can make the holidays and holiday meals, more pleasant!

Join us and have a chance to win a holiday gift basket!

CLICK HERE TO REGISTER

Limit 100 per session

www.celiac.ca

nuPasta



See you at the Gluten Free Expo Vancouver
Learn more at www.nupasta.com



Things are happening at the CCA....are you aware?

Includes information from the Edmonton Chapter December newsletter.

The CCA has updated their logo and website. Take a look at www.celiac.ca The New Logo is:



The CCA – Vancouver Chapter has updated our website. Check it out at www.vancouverceliac.ca. Thanks to Doris Duncan, Jessica Mooney and Val Vaartnou.

Multi-year memberships are no longer available for purchase from the CCA but of course, the CCA is honouring any multi-year memberships purchased up to the end of September 2017. One year member prices are \$50/member and \$65/new member. The cost of administering multi-year membership was high and not easily done within the current national systems.

The **J.A. Campbell Research Award** deadline is January 31, 2018. Up to a maximum of \$25,000 is offered for research projects in Canada related to CD and/or gluten sensitivity. Open to all types of relevant research and is not restricted to medical research. The **J.A. Campbell Young Investigator Award** is available to students and those who have recently complete degrees and awards \$5,000 for any kind of research into CD and/or gluten sensitivity. For information check out the CCA website www.celiac.ca

The **GF Food Program for Restaurants (GFFP)** launched. Directed to the food service and hospitality industries includes 3 endorsements: GF Smart, GF Verified and GF Dedicated. For more information about this program see: <https://www.celiac.ca/food-industryprofessionals/restaurant-program/> While this program is currently being launched in eastern Canada, it is hoped that we will soon see restaurants in the west participating too.

Looking for a list of products that carry the **GFCP certification** logo check out this link: <http://www.glutenfreecert.com/consumers/certification-directory>

Public Health Alert: Deep Frying & Gluten announced by CCA: <http://rayagency.ca/comps/cca/site/deep-frying-statement/>

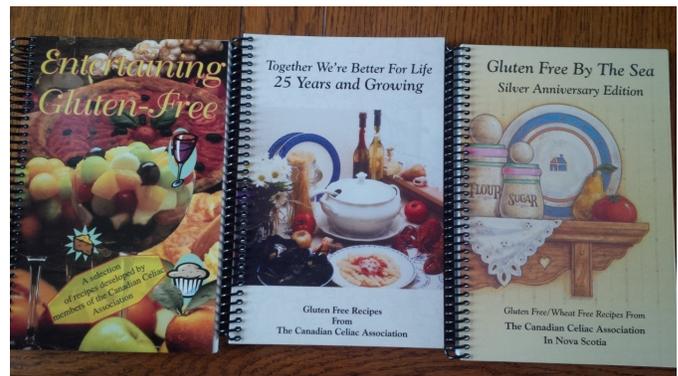
CCA Back to School 2017, YouTube Published August 29, 2017.

<https://www.youtube.com/watch?v=vXXeljMDDnE&feature=youtu.be>

In case you missed the webinar, you can view it here. Included suggestions to help children with CD stay safe in school.

The CCA - Vancouver Chapter has several copies of the **Pocket Dictionary**. If your copy is old and torn like mine and you would like a replacement, send a cheque for \$10 to our office at 360 – 1385 West 8th Ave, Vancouver, BC V6H3V9 or e-transfer \$10 to Val Vaartnou val_vaartnou@telus.net (password 'celiac') and we will mail you out a replacement.

Cookbooks Available!!



Each of the above cookbooks is available from the CCA – Vancouver Chapter for \$12 each. This includes the costs of delivery of the cookbook to you. Either send a cheque to our office: 360 – 1385 West 8th Ave, Vancouver, BC V6H3V9 or send an e-transfer to Val Vaartnou val_vaartnou@telus.net with password of "celiac". Note: Mail is picked up bi-monthly so there may be a delay in mailing.

Entertaining Gluten-Free – a selection of recipes developed by members of the CCA across Canada. Originally published in 2003.

Together We're Better for Life 25 Years and Growing – member recipes originally published in 1998.

Gluten-Free By the Sea – Silver anniversary Edition – CCA – Nova Scotia chapter recipes originally published in 2007.

Net proceeds from the sale of the books will go to the Vancouver Chapter.

Gluten-Free Grains and Substitutes: there are many great alternatives

Majority of article Courtesy CCA Toronto Chapter with Additions from Westpoint Naturals

Amaranth: Amaranth contains significant amounts of B vitamins, calcium, iron and Vitamin C. Amaranth may help lower cholesterol. At about 13-14 percent, it easily trumps the protein content of most other grains. Amaranth was a major food crop of the Aztecs, domesticated between 6,000 and 8,000 years ago. The Aztecs didn't just grow and eat amaranth, they also used the grains as part of their religious practices.

Arrowroot: Arrowroot is a thickening agent for sauces and puddings. It is a starch that is easily digested, however, it has little nutritional value. 1tbsp. will thicken 1 cup of hot liquid.

Brown Rice: Rice feeds the world! Three billion people worldwide depend on rice for over half of their daily calorie intake. Most of them eat white rice.

Buckwheat: Buckwheat is rich in flavonoids like rutin and a good source of magnesium. Buckwheat is good for your cardiovascular system. It's a valuable food for those with diabetes, as it can be helpful for regulating blood sugar. Buckwheat is part of the rhubarb family despite its name.

Cornmeal whole grain (not corn starch): Cornmeal is an excellent source of iron, magnesium, phosphorus, zinc, and vitamin B-6. And cornmeal is good for: weak digestion, heart disease, high blood pressure, edema and gallstones. Because corn is often genetically modified, one should only purchase organic corn or corn products. However, even organic-labeled corn does not guarantee it is GMO free. Most individuals get exposed to corn in so many products, often as a sweetener. If you are not eating it in packaged or junk food-form, corn can be a healthy addition.

Hemp: Use in baked goods. Hemp is high in essential fatty acids, amino acids, fiber, iron, calcium, phosphorus and B1. It has a nutty flavor and should be kept in the refrigerator. Ensure the hemp is market gluten-free as it is often contaminated in the fields with wheat crops.

Legumes: Legumes are high in fibre, protein, vitamins and minerals. Chickpea is staple in Indian cuisine. Flours are useful as thickeners, however, be aware that legume flours have a stronger flavor. Garfava is combination of garbanzo beans (chickpeas) and fava beans (milder). Romano is a dark bean best used with spices, fruits and nuts. Soaking legumes will reduce cooking time and helps eliminate complex sugars that can cause bowel upset.

Millet: Gluten free millet provides a host of nutrients, has a sweet nutty flavor, and is considered to be one of the most digestible and non-allergenic grains available. It is one of the few grains that is alkalizing to the body. Besides all the health benefits, it is tasty and economical. It is a cereal grain that is easy to digest. It is rich in B vitamins, high in calcium, iron, potassium, magnesium, zinc, and phosphorus. It is

good for using in soups, cereal, stews, pilafs, casseroles, soufflés, muffins and flatbreads

Montina (Indian Rice Grass): Indian rice grass was a staple of Native American diets. Pure Indian rice grass flour is super high in protein and fiber with 17 grams of protein, 24 grams of dietary fiber, and 24 grams of insoluble fiber in just 2/3 of a cup. It has a strong wheat-like taste.

Nuts: Almonds often made into flour for texture, flavor and richness. Other nuts can also be ground and mixed with flour.

Oats: (make sure they are pure and uncontaminated): Your grandma and the Scots ate oats because it's inexpensive and grows anywhere. It's known for its taste and nutrition but it has many other benefits!

Popcorn: Movie lovers will be happy about this one! Popcorn has an abundant source of fiber and it has B vitamins and minerals such as manganese, magnesium, iron, zinc and phosphorus. Popcorn's crunchy hull is rich in polyphenols—antioxidants that provide several important health benefits such as protection from coronary artery disease, protection from cancers, healthy blood sugar levels and prevention from premature aging.

Potato: Potato flour is a good source of Vitamin C, B, potassium and other minerals. In the starch form it is often used as a thickening agent. It has minimal flavor. 1tsp potato flour for 1 tbsp flour. It should always be sifted and is best used with eggs.

Quinoa: Quinoa is a Power Food Vegetable Seed! Although referred to as a grain, it is actually a seed from a vegetable related to Swiss chard, spinach and beets. Quinoa is pronounced keen-wa.

Sorghum (whole grain): Sorghum contains large amounts of fiber, protein and nutrients. In studies it has been shown to possibly inhibit cancer growth, protect against diabetes and help manage cholesterol. Sorghum is significantly more nutritionally dense than ordinary white flour. It is often eaten as a porridge but can also be ground into flour. Adds flavor to baked goods, is sweet and therefore sugar should be reduced if adapting a wheat recipe.

Tapioca: Good source of calcium, phosphorus and Vitamin C and is often used as a thickener.

Teff: Teff leads all the grains in its calcium content, with a cup of cooked teff offering 123 mg; about the same amount of calcium as in a half-cup of cooked spinach. It's also an excellent source of vitamin C, a nutrient not commonly found in grains. It can be grown in areas that won't support other crops. The seed is so small it cannot be refined so is always a whole grain.

What's in your lunch bag?



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Welcome Cathy Tostenson – CCA - Vancouver Chapter Board Member!

Cathy Tostenson is the Vice President of Marketing & Menu Development for White Spot and Triple O's, BC's iconic restaurant brands serving over 17 million guests annually at 140 restaurants. In her role, she is responsible for leading her team and agency partners in the development of meaningful and relevant strategies that will differentiate their brands in the intensely competitive market they operate in.

With an extensive background in restaurant marketing and menu development, Cathy has always had a love and passion for the hospitality industry and of course, food! Working with her team, she closely monitors food trends actioning relevant insights for the development of new menu items. A big part of her job, which she loves, is eating at restaurants. On April 11, 2016, Cathy was diagnosed with Celiac Disease and her world forever changed.

The journey to adhering to a 100% gluten free life has been emotionally and physically difficult for Cathy. Doctors' appointments, Celiac Disease education, understanding what can and cannot be eaten (making mistakes and getting sick), combined with lots of tears were all part of the first challenging year. Through the support of her family, friends and colleagues life has become brighter! It's Cathy's goal to use her experience to heighten awareness on how restaurants can help train their front and back of house staff when it comes to managing allergies and food sensitivities for their guests.

Cathy is honoured to have been asked to join the Canadian Celiac Association, Vancouver Chapter Board and looks forward to working with the members to increase overall awareness and education on Celiac Disease.

When not working with her team on the "next big idea", Cathy can be found hiking the trails of North Vancouver with her friends, husband and two Golden Retrievers, taking a Pilates class, cooking family dinners or discovering restaurants that do a great job with gluten free/friendly items.



CCA – Vancouver Chapter – Fall Board Highlights

- Reviewed researchers at UBC currently involved in research into Celiac Disease. No focus on Celiac Disease at this time. Dr. Freeman has retired but is publishing articles based on prior research. Badgut.org focus in 2017 is on creating awareness regarding IBS
- CCA – Vancouver Chapter complimentary booth has been confirmed for the GF Expo in January
- New website launched www.vancouverceliac.ca
- Kendra Mohart and Stephanie Griffiths resigned as Board Members due to family commitments
- Cathy Tostenson approved as new Board member
- National has started Gluten Free Food Program
- Scotia Bank Run funds were discussed and \$15,000 will be allocated to:
 - \$2,000 for programs, outreach and education in Vancouver
 - \$3,000 to support National programs
 - \$10,000 to research to the J A Campbell Research Fund
- Thanks to volunteers Mary Hart and Phyllis Lane who phoned members without email addresses to see if their needs were being met.
- Vancouver Chapter to apply for Aviva Community Fund for money to develop a CCA application called Track Your Celiac for members. Thanks to all who voted for our opportunity. Although we were close in votes, we did not have enough to get into the finals.
- Pushpa has set up a Support Group in South Surrey at Choices Market on the 3rd Tuesday of each month

Thank you to Donor Terry Plotnikoff – Her Story

Submitted by Val Vaartnou



The CCA - Vancouver Chapter has worked hard to try to reduce our costs and therefore deploy funds we raise directly to help those with gluten related disorders, as well as funding research to find a cure for Celiac Disease.

Terry Plotnikoff is the Founder and President of Canadian Mattress Recycling, a Delta firm that recycles nearly 95% of materials salvaged from old beds and furniture that pass through their doors. They

also support over 80 charitable causes locally and beyond. In 2016, Canadian Mattress Recycling received the Green Business of the year award from the Delta Chamber of Commerce.

Early in 2016, Terry, who has been a member of the CCA for several years, asked us if we would be interested in using surplus office space at one of her Annacis Island locations. At that time, the storage unit we had been using was again raising our rates, so we felt it was a great

opportunity. Terry put together a rental agreement for the storage space and agreed to donate back to us the cost of the rental. The net result reduced our costs by over \$1,350. The market value of the office space was over \$4,200 and that is what was donated back to us. We also got a facility to store our materials that was brighter and easier to access. We cannot thank Terry enough for her generosity in supporting our Chapter!

When Lizbeth Wall and I met Terry to see the office space, we got to talking and Terry mentioned what she had gone through when she was first diagnosed. Both Liz and I have heard a lot of “stories”, however, Terry’s story brought home the importance of getting relatives tested for Celiac Disease and we asked Terry if she would mind sharing her story in one of our newsletter articles.

Terry’s mom has celiac disease and was one of the first to be diagnosed with the disease in BC. “Mom was diagnosed in her early 40’s, but had been sick for many years. She visited many hospitals throughout BC to try to determine what the problem was. There was not a lot of information readily available about the disease and even less awareness in the community about the disease.”

Terry did not seem to have any problems. Although she had been skinny her whole life, she worked many years in catering and in a bakery and loved eating the bread, cakes, muffins, etc.

Merry Christmas and a Happy New Year
from Omega Nutrition

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www.omeganutrition.com - info@omeganutrition.com

Thank you to Donor Terryl Plotnikoff – Her Story

After her first pregnancy however, she started losing weight and during her second pregnancy, she did not gain weight after her 7th month. She was exhausted, pale and was eating a lot of calories, yet not gaining any weight. She started to have an irritable bowel, but put it down to the change in hormones of pregnancy. Celiac had not even crossed her mind. Her mid-wife thought she just needed to eat more. As well, despite eating a high protein diet, her protein levels were very low. It seemed nothing was being absorbed. Her 2nd son weighed a pound less than the first child despite her attempts to fuel her body.

There were a lot of complications during the second delivery. She lost a lot of blood but was sent home after 3 days. Unlike with her first baby, Terryl had no milk to nurse with and due to all the nutritional deficiencies, her body just started to shut off. She suffered a grand-mal seizure 5 days later and the hospital performed a myriad of tests to try to figure out what was wrong. All her blood tests were abnormal. Her electrolytes, her vitamins and her hormones were out of alignment. She was kept in a medically-induced coma for 1 ½ days while the doctors gave her blood transfusions to try stabilize her. Her husband was even told to be prepared to look after a new born on his own and that Terryl had only a 50-50 chance of making it through that first night back at the hospital. Luckily her baby was fine. Despite the myriad of tests, including neurological and kidney tests, no one suggested celiac testing.

Terryl dragged herself along for 6 months, continuing to lose weight, and endured on-going stomach problems. She was stressed, still losing weight and not able to feel like she could recover. She was worried she had Crohn's disease or irritable bowel syndrome but as she spent more time on-line, she was surprised to learn her symptoms also aligned to those of celiac disease. She had had several stressors over the past few years: a couple of pregnancies and a few surgeries. Terryl asked her Dr. for celiac testing and when the results came back, her tTG numbers were extremely high and luckily she pestered the gastroenterologist she was referred to and got in on a cancellation quite quickly. The gastroenterologist was working late the night the results were received and he contacted her immediately. He told her that she better not trip and fall because she had no calcium and vitamin D. She was quickly given an endoscopy which gave her the definitive Celiac Disease diagnosis. The gastroenterologist confirmed she had textbook celiac disease - her intestines were as smooth as glass and he invited interns to review her file.

She saw a dietitian immediately and showed a dramatic improvement instantly. However, she soon started breaking out in hives, which she had never had before. Allergy testing confirmed that she was allergic to everything she was eating in her gluten-free diet. Dairy, eggs, rice, corn, oats, most fruits and vegetables, most meats, sulphites and even tea was causing a horrible reaction.

She shed a few a tears as she wondered what she was going to eat now. She started a detox and eliminated a lot from her diet that she slowly brought back in. It took 2 years to modify her diet.

A year after the diagnosis a Bone Mineral Density test indicated she had borderline osteopenia.

Today, in addition to gluten, she cannot eat dairy (other than occasional cheese), spinach, cherries, peas, processed corn and tomatoes. She still gets hives if she eats the wrong foods or combinations. She has gained her weight back, has more energy and feels so much better.

Her 2nd son had been tested for Celiac Disease when he was one and his status will be monitored. Her sisters have also been recommended to get tested. Her Mom realizes now that likely her Mom had Celiac Disease as well given her problems with Osteoporosis and lack of iron. The gene can turn on at any time.

Terryl has learned that Celiac Disease shares symptoms with so many other things that often these symptoms are treated, when what is needed is to test for Celiac Disease, to at least rule it out. She is happy there are so many more options for celiacs in food and in dining. Even the bread today is starting to taste and feel like gluten breads.

Terryl's philosophy in business incorporates her own values. Her employees come from all over the world and they are part of her family. They are mutually respected and learn the importance of recycling in our culture. Through their work, they learn the value of giving back to the community as well. Although Terryl's business mainly commercial enterprises, residential customers can recycle beds and upholstered furniture at her facility. For more information, visit <https://canadianmattressrecycling.com/>

Thanks Terryl for sharing your story in hopes of helping others and a special thanks for your donations to the Canadian Celiac Association – Vancouver Chapter!

The Gut-Skin Axis: The Importance of Gut Health for Radiant Skin

Reprinted with Permission – Dr. Deanna Minnich, Author. Teacher. Artist. Founder and CEO, Food & Spirit, LLC
Author, *Whole Detox* and *The Rainbow Diet*
Producer, *The Detox Summit*
www.drdeannaminich.com. She has other excellent articles on her website.

Skin problems and gut issues have a long history of connection. It is well known that one symptom of food allergies are hives. During your adolescent years, you also probably heard a lot of advice on what foods to eat to prevent acne breakouts, even if the advice was not always valid. More and more studies are coming out demonstrating a strong association between skin disorders and gut health, leading many to determine there is a gut-skin axis. Could keeping your gut healthy be the key to having flawless, radiant skin? Let's find out.

The Gut-Skin Axis: What Is It?

The gut and the skin have much in common, which contributes to the gut-skin axis. Both the gut and the skin play key roles as defenders against pathogens invading from the outside environment. Additionally, they are large players in the neuroendocrine messaging system, as they have nerves that send and receive signals from the brain with the ability to send messages to other parts of the body.

Another similarity between the two is that the skin has its own microbiome that is just as important to health as that of the gut microbiome. Although it has not yet been studied as in depth as the gut microbiome, studies have found it to be one of the most diverse microbiomes in the body. The microbiota provides protection through acting as a barrier against potential issues. It is essential to have a good balance between the commensal and pathogenic bacteria, and dysbiosis has the potential to contribute to skin disorders and diseases, just as in the gut. These similarities also lead to many connections between disorders of the gut and skin.

The brain has a role to play as well, making many call it the gut-brain-skin axis. In this theory, anxiety and stress lead to intestinal permeability and dysbiosis in the gut. This, in turn, leads to inflammation that contributes to skin inflammation.

The gut and skin interact, each one affecting the other through several pathways, especially the microbiome and its metabolites. Because they can interact, they also have the ability to influence one another's health, with the gut having a greater impact on skin health. This creates the gut-brain axis. As such, your health is highly dependent upon the health of your skin and gut.

The Connection Between Gut Disorders and Skin Disorders

There are many skin disorders that are more common in those with gut issues and vice versa. For example, rosacea has an association with SIBO (small intestine bacteria overgrowth). In one study, there was a higher number of

patients with rosacea who tested positive for SIBO than the group without the skin disease. The researchers randomly assigned the patients with a positive SIBO breath test to either take a placebo or rifaximin (an antibiotic) therapy at 1200 mg/day for 10 days to clear the SIBO. Some patients also underwent the therapy despite having a negative breath test. Upon treating the SIBO, 20 of 28 patients had a clearance of cutaneous lesions, while there was either no change or worsening of the lesions in those who were on the placebo. The researchers then switched the patients taking the placebo to the antibiotic treatment, resulting in 17 of the 20 experiencing an eradication of SIBO. Out of that group, 15 also saw a complete resolution of their rosacea. The improvement of rosacea lasted for at least 9 months. There was no change in rosacea in 13 of the 16 patients who tested negative for SIBO. This study demonstrates that not only is there a strong association between SIBO and rosacea, but that treating the SIBO improved rosacea.

Inflammatory bowel disease (IBD) is also associated with a higher risk of developing an inflammatory skin condition, such as psoriasis, atopic dermatitis, and rosacea. In one population-based cross-sectional study, the researchers found a significant association between IBD disorders, including both ulcerative colitis and Crohn's disease, and inflammatory skin conditions. The same association was not found for autoimmune skin conditions, such as alopecia and vitiligo. In another study, the incident of IBD was higher in patients with rosacea compared to those without, with an adjusted hazard ratio of 1.94(95% CI 1.04 – 3.63 p= .04).

This relationship is most likely due to the chronic inflammatory diseases of IBD and psoriasis having similar pathogenic pathways. This might begin in the gut microbiome. In IBD, it has been shown that there is a decrease in Saccharomyces cerevisiae (baker's yeast, known to support the immune system). A study found that in patients with psoriasis, there was a lower level of *S. cerevisiae*. Through using dimethyl fumarate, a common treatment for psoriasis, they were able to increase the level of this yeast to bring the numbers to a similar abundance to the healthy controls.

Celiac disease is also associated with skin problems, and one subset of the disease, dermatitis herpetiformis, presents with skin problems rather than gut issues. There is also a strong association between gut health and acne, with several studies linking dysbiosis to the development of acne. These are just a few examples of ways in which the health of the gut and the skin are closely related.

Probiotics for Skin Care

Because of the high association between gut disorders, especially dysbiosis, and skin problems, researchers have looked into the potential of probiotics for treating skin

The Gut-Skin Axis: The Importance of Gut Health for Radiant Skin

conditions. Several studies have found relief for certain skin conditions with taking probiotics orally, altering the gut microbiome rather than that of the skin. For example, *Lactobacillus rhamnosus* GG has been found to reduce the severity of atopic dermatitis in those with IgE-sensitive reactions, while *Lactobacillus rhamnosus* TB helps with eczema.

One probiotic strain, *Lactobacillus rhamnosus* SP1, provides benefits for those suffering from acne. In a double-blinded, placebo-controlled study, 20 adult subjects who had acne consumed either LSP1 at 3×10⁹ CFU/day (75 mg/day) in a liquid formula for 12 weeks, while the control group consumed a liquid without the probiotics. The researchers took skin biopsies prior to the treatment and at the end of the 12 weeks to look for insulin-like growth factor 1 (IGF1) and forkhead box protein O1 (FOXO1) gene expression. There was a 32 percent reduction in acne in the treated group, and they also had a 65 percent increase in the IGF1 and FOXO1. The placebo group experienced no changes.

Probiotics also have the potential to protect against sun-induced damage. In one mice study, researchers found consuming probiotics provided protection from UV damage. In this study, one group of hairless mice were given oral administered live *Bifidobacterium breve* strain Yakult for nine days, and another group consumed fermented milk containing the strain for 14 days. During the final four days of the study, the mice of both groups were irradiated using UV light for each day. Then, after a period of 24 hours, the skin was evaluated to determine elasticity, appearance, and interleukin-1beta levels (a marker for inflammation). The researchers found that there was a significant level of prevention through consuming the probiotics with both groups compared to a control group.

Another study found that lipoteichoic acids, which are in the cell wall of lactobacilli and have immunomodulatory properties, help mitigate the UV damage that leads to skin cancer. In a study using LTA from *Lactobacillus rhamnosus* GG, the researchers treated mice with either a chronic irradiation with daily treatments for 20 days and long term where during 34 weeks the mice underwent irradiation three times per week. In the mice treated with LTA, the T-cells had higher levels of T-cells, including helper, and cytotoxic, as well as higher levels of interferon-γ. There was also a delay in growth of tumors.

Studies have also found a connection between dry skin problems and abnormal bowel movements. Phenols, which are toxic metabolites from certain bacteria, point to disturbances in the gut. These phenols have the potential to disrupt the differentiation of keratinocytes, which are cells in the skin. Consuming probiotics and GOS, a specific type of prebiotics, led to less phenol and better skin condition, including less dryness in the skin.

Certain probiotics also help with the general health of the skin. For example, consumption of the probiotics strain *Lactobacillus paracasei* NCC2461 has been found to reinforce the skin barrier function, as well as modulating the skin's immune system and reducing sensitivity. This helps to maintain homeostasis for healthier skin. Additionally, *Bifidobacterium longum* sp has helped to strengthen the barrier and decrease sensitivity, while kefir with probiotics assists with wound healing.

Treating the Gut for Radiant Skin

Keep your Gut Healthy: the 5 R's

Whether you have a skin disorder like rosacea or eczema or simply want to prevent skin cancer and maintain a youthful appearance, it is beneficial to look to your gut. Dysbiosis or other gut problems might be the cause of the issue—or it might simply exacerbate it.

In functional medicine, we have a standard gut protocol known as the 4 Rs: remove, replace, reinoculate, and repair. It sometimes also includes a fifth R: rebalance. Let's look at each one a little closer.

As the word implies, remove means to take away anything that might be contributing to an unhealthy gut. This might include stress, pathogenic microbes, environmental toxins, or food allergens. One of the most common treatments for this stage of the 4 Rs is the elimination diet. This diet removes all of the most common foods that trigger inflammation and gut reactions for a period of time and then reintroduces them to determine what might be the cause of the issue. For some people, the remove stage might also include protocols to eradicate any pathogenic species residing in the colon or the small intestine contributing to dysbiosis or SIBO respectively.

Proper digestion and subsequent absorption require digestive enzymes, hydrochloric acid, and bile acids. In the replace step, these are supplemented, as needed, depending on the situation.

Reinoculate is the step when good bacteria are reintroduced into the gut, typically through taking a strong probiotic. It is beneficial to also consume a diet high in fiber, and you might choose to supplement with prebiotics, which are non-digestible fibers known to fuel the commensal bacteria in the gut and further mitigate the building of a healthy microbiome.

In the repair stage, vitamins, minerals, and other nutrients are introduced to assist in repairing any damage to the gut, including any inflammation or leaky gut. This typically includes zinc, antioxidants, fish oil, and glutamine, an amino acid that is the gut lining's major fuel source.

The Gut-Skin Axis: The Importance of Gut Health for Radiant Skin

The final stage, rebalance, goes beyond just diet; it looks at your overall lifestyle to determine if there are negative aspects affecting the gut, such as lack of sleep or excessive stress. Modifications are made to create a lifestyle pattern supportive of a healthy gut.

As discussed above, healing any inflammation or disorders of the gut can have a significant impact on the health of the skin. Removing triggers like allergenic food can also mitigate skin reactions. A healthy microbiome also provides metabolites and other benefits to alleviate skin problems. Therefore, following the 5 Rs is a great first step to balancing the gut-skin axis.

Foods to Eat for Radiant Skin

There is one more action you can take to maintain a healthy gut-skin axis beyond the 5 Rs: consuming the right foods, herbs, and nutrients to support not just gut health but also skin health. Nutrient deficiencies often manifest themselves through the skin and sometimes cause skin disorders. Of course, you will need to have a healthy gut ready to absorb these healthy nutrients to benefit from this, which is why it is key to start with the 5 Rs. If you have an issue with your gut that affects absorption, such as celiac disease or SIBO, then you might become deficient in some key nutrients, requiring supplementation.

The main vitamins necessary for skin health include vitamin A, C, E, and D. Vitamins C and E have the potential to act as antioxidants to fight against UV damage and other oxidative stress in the skin, which can contribute to aging. Carotenoids and omega-3 fatty acids are also essential for skin health, and they not only protect against aging but also provide benefit to the skin's immune response. Vitamin D helps keep skin hydrated to prevent dry skin. In one study, women with more wrinkles had lower intakes of protein, phosphorous, potassium, vitamin A, and vitamin C than those without. Those with dry skin had lower levels of vitamin C and linoleic acid. Additionally, certain key minerals aid in skin health, namely zinc, selenium, and copper. Many of these also provide antioxidant properties as well as elements in the structure of the skin. For example, copper plays a role in maturing collagen and melanin synthesis.

In addition to micronutrients, phytonutrients have been shown to be beneficial in health. Antioxidants are one of the key contributors to fighting aging skin and other issues. Pollution, UV rays, and other environmental toxins create significant reactive oxidant species, which can lead to wrinkles, sagging skin, discoloration, and other signs of aging, not to mention skin cancer. Consuming adequate antioxidants to counter the oxidative stress is essential. However, it requires more than just isolated supplements of specific antioxidants. It is best to consume antioxidants in their natural state in plant foods. As an added bonus, it also provides numerous nutrients and phytonutrients to act in

synergy that also have vitamins, nutrients, and in some cases, anti-inflammatory benefits.

A healthy diet rich in colorful fruits and vegetables will go a long way to providing the nutrients necessary for radiant skin. Add in some omega-3 fatty acids and vitamin D rich foods, and you will nourish your skin from the inside out, especially if you maintain a healthy gut-skin axis. Don't forget to hydrate as well!

What is more, the same diet will also help you maintain a healthy gut, especially if you avoid any foods that might be inflammatory to you. This will keep both the gut and the skin healthy so that they can continue to protect your body from the dangers of the outside world.



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Vaccine to Treat Celiac Disease Clears First Stages of Clinical Trials

Courtesy of Mark Johnson, CCA Board Member, President, Ottawa Chapter

For a number of years, an American company called ImmusanT has been working on a potential vaccine to protect celiac sufferers from the effects of exposure to gluten and the gastrointestinal symptoms that can result such as diarrhea, abdominal pain and bloating.

The Massachusetts biotech firm says it has completed its first phase 1b trial of Nexvax2.

As many of us are aware, celiac disease is remarkable among chronic diseases in that it is very common but has no proven, approved treatment beyond dietary restriction. It affects around 1% of people – though an estimated 90% remain undiagnosed. In most celiac cases, the disease is thought to be caused by a mutation in the HLA-DQ2 gene, which is involved in immune regulation.

Developing effective treatments is important as, despite being on the gluten-free diet, around a third of people with celiac disease still suffer from symptoms as well as damage to the cells lining the intestines – often without even realizing it.

This is rather complex, but ImmusanT's big idea is to use three "peptides" (an amino acid-containing compound within our bodies) as an immunotherapy that it hopes will encourage the T cells involved in the inflammatory reaction in celiac disease to become tolerant to gluten. After a first course of the vaccine, to induce tolerance, the company hopes that this tolerance can be maintained by periodic re-injection with the vaccine.

It's a case of "so far, so good", with the phase 1b trial in 38 patients revealing no concerns about safety or tolerability and showing that the immunotherapy seemed to have the desired effects on the immune system.

The study also allowed ImmusanT to select a dosing regimen for planned phase 2 trials that will see if Nexvax2 can be used alongside a gluten-free diet to protect patients when they are accidentally exposed to gluten, which ImmusanT sees as the quickest route to approval in the United States.

Depending on the results, a follow-up program is planned that will focus on an immunotherapy that could do away with the need for the gluten-free diet entirely. The company is also developing a companion diagnostic for the vaccine which could guide its use and help improve diagnosis rates.

For more information about these trials, please visit <http://www.businesswire.com/news/home/20170222005365/en/ImmusanT-Announces-Completion-Phase-1b-Clinical-Trial>.

It's taken many years, but at long last there seems to be an emerging crop of treatment candidates for celiacs. Imagine!

In similar news, Switzerland's Anokion teamed up with Japanese pharma Astellas in 2015 to create a spinout called Kanyos that is working on an immunotherapy for celiac disease along with type 1 diabetes, and the company Sanofi is also working on a similar approach. Meanwhile, in 2013, AbbVie licensed rights to Alvine Pharmaceuticals AVL003, an oral therapy designed to break down gluten in the GI tract before it can cause damage. Exciting times!





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Experts Weigh in on Need for Biopsy to Diagnose

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August 21, 2017 - Some say a biopsy is still needed, others say blood tests alone are sufficient if antibody levels are high enough.

By Amy Ratner, *Beyond Celiac Medical and Science News Analyst*

The role of a biopsy in diagnosis of celiac disease remains a controversial topic, with experts reacting both in favor of and against a large international study's conclusion that the biopsy is not always needed to determine whether children have celiac disease.

Those most opposed to moving away from the biopsy as the gold standard for diagnosis are gastroenterologists who treat patients with celiac disease that does not respond to the gluten-free diet. But others who have studied use of the biopsy maintained that celiac disease can be safely diagnosed in some patients, including adults, without it.

In a study published in the journal **Gastroenterology** in July, researchers from the **Prospective Celiac Disease Diagnostic Evaluation** group (ProCeDE) looked at data collected from 2011 to 2014 from 33 pediatric gastroenterology centers in 21 countries. They found that patients 18 years old or younger can be accurately diagnosed without an intestinal biopsy when they have at least one symptom of celiac disease, their tissue-transglutaminase (TGA-IgA) results are 10 times the upper limit of normal, and they have confirming positive results from an anti-endomysial test (EMA). **More: The International Study**

The study, overseen by the Dr. von Hauner Children's Hospital, Munich, Germany, was done to investigate the performance of European Society of Pediatric Gastroenterology, Hepatology and Nutrition guidelines (ESPGHAN) that allow diagnosis of celiac disease without a biopsy using the same standards researchers applied. The study did not address the role of the biopsy in adult diagnosis, but celiac disease experts who treat both children and adults responded to the study's conclusion.

Biopsy still necessary

When patients on the gluten-free diet for 6 to 12 months continue to have symptoms, positive blood test results, or evidence of intestinal damage, they are considered to have non-responsive celiac disease. Studies show about 30 percent of patients fall into this category, though some experts put the number closer to 50 percent when those who don't have symptoms but continue to have damage to the intestine are included.

Refractory celiac disease is marked by the characteristics of non-responsive celiac disease, plus an abnormal

population of white blood cells in the gut. These cells, called abnormal intraepithelial lymphocytes, are unique immune cells found in the lining of the small intestine. Their presence is the distinguishing and disturbing characteristic of refractory celiac disease because they can be the beginning of cancer. Patients are categorized as having Type I, which affects about 1 in 100 of those who have celiac disease, or Type II, the more severe form, which affects 1 in 200.

Paul Ciclitira, M.D., who directs the gastroenterology research unit at the Rayne Institute, St. Thomas' Hospital in London, said he treats about 100 patients with Type II refractory celiac disease. When left undiagnosed and untreated, these patients face a 50 percent chance of death. "Should a small intestinal biopsy not be part of the diagnosis of celiac disease with appropriate follow-up endoscopy and biopsy many of these individuals would die," he said. He noted that lack of a biopsy can lead to misdiagnosis, particularly in 9 percent of celiac disease patients whose blood tests are negative. False positive tTG tests are also a problem, especially for those who have diabetes and thyroid disease, Ciclitira said.

Abdul Al-Toma, M.D., a gastroenterologist at St. Antonius Hospital, the Netherlands, agreed a biopsy to confirm celiac disease is still necessary. "The biopsy is indispensable for a patient with non-responsive celiac disease," he noted, because the one taken at diagnosis is compared to another taken during follow-up to determine if and how well the patient is recovering.

In general, he added, a biopsy shows the severity of damage to the villi in the intestine, which can predict the potential for complications, including osteoporosis. "And from our own experience, patients without a definite histological diagnosis tend to be less compliant strict (gluten-free) diet," Al-Toma said. He called for a thorough discussion about use of the biopsy. "This is certainly a hot-debate issue," he said. "The results need to be scrutinized before accepting them and making a significant change in our practice."

More: Easy ways to follow celiac disease research

The North American Society of Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) continues to require a biopsy to confirm a diagnosis of celiac disease in all children. Additionally, the group's guidelines don't rely as heavily on the EMA test, saying that while it "may also be reliable" it is subject to errors of interpretation and adds cost. If tTG blood tests are positive but biopsy results are negative, NASPGHAN says the EMA test should be considered.

Experts Weigh in on Need for Biopsy to Diagnose

Biopsy not always needed

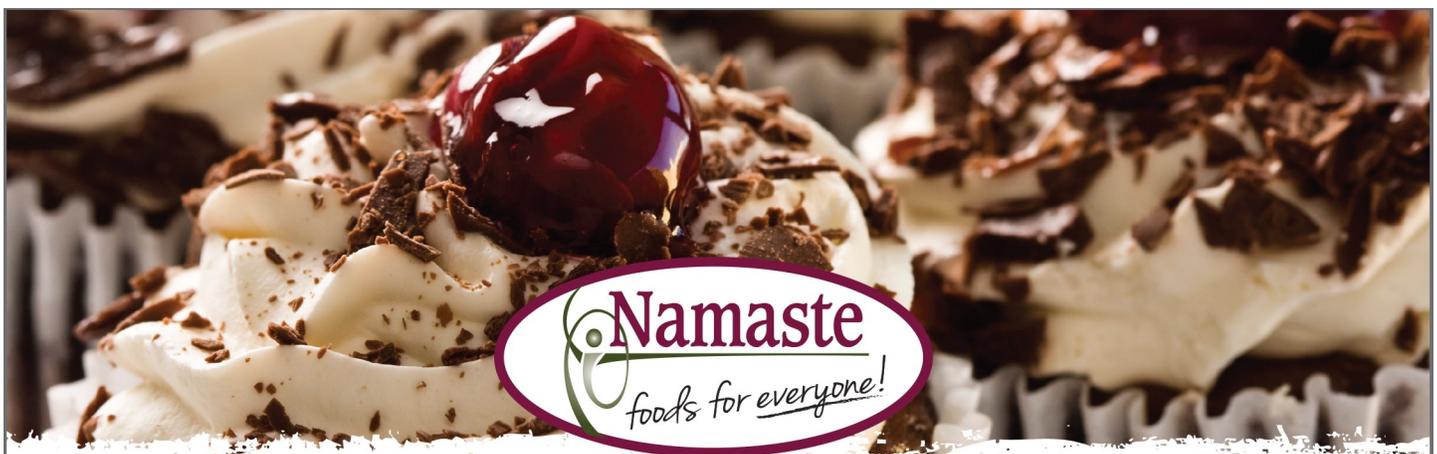
Geoffrey Holmes, M.D., a gastroenterologist at The Royal Derby Hospital in the U.K., is one of the authors of a study published in 2016 that concluded diagnosis of celiac disease can be “reliably made in a high proportion of adults based on serology alone” using a specific IgA-tTG antibody. Study authors said the results added to a body of evidence that the biopsy should no longer be considered mandatory and prompted diagnostic guidelines at Derby Hospital to be revised even though the British Society of Gastroenterology still requires the biopsy for adults.

“If a patient has a very high level of TGA, with characteristic symptoms, what else could the diagnosis be other than celiac disease,” Holmes asked in response to the ProCeDe study. “Under these circumstances, why carry out a biopsy?”

Holmes noted that several important considerations have to be taken into account. Blood tests need to reach a level at which damage to small intestine is always found, meaning they have a positive predictive value of 100 percent. “Above these levels celiac disease patients do not require biopsy,” he said, adding that the blood tests need to be

done by labs using a brand of test that has been validated and has a high performance level. “Not all tests perform to the same high standard,” he said. When blood test levels do not meet specific criteria, then biopsy remains mandatory, Holmes said.

He noted that biopsies can be difficult to interpret, leaving the question of whether they indicate celiac disease or not. “In the days before serology became available, I wonder how many times errors in diagnosis were made,” he said.



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https://cca.imiscloud.com/CCA_Mbr/Home/MbrCCA/Benefits.aspx?hkey=a613a736-3fa3-43dd-bbfc-0cb4dbab094c

Thanks for Being a Member..... prize draw winners:

Prizes were drawn October 8, 2017 from all active members as of September 30, 2017.

White Spot Gift Certificate – Michael, Gibsons

Inspired by Happiness Cakes – Margaret, West Vancouver; Florence, Vancouver; Theresa, New Westminster; and Pat, Campbell River

Dr. Schar Free Product – Arlene, Surrey and Jukka, Burnaby

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Next prize draw in early January for all active members as of December 31st!

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What This Dietitian and You are Deficient In

Submitted by Jessica Pirnak, Registered Dietitian



Lately I've been feeling like the last remaining cheerleader for fibre. Everyone with their crazy paleo and keto diets have decided to abandon this amazing nutrient and are now suffering the consequences. Bloating? Constipated? Unexplained diarrhea? Gas? (Sounds like a Pepto-Bismol ad?!?) Well you might just be fibre deficient. Even if your gut is healthy and happy, I'm betting that you're still not consuming an adequate amount of fibre a day because we *all* are deficient – even me!

Bloating and constipation are *the* best of friends because if you are bloated, chances are, you are also constipated. This is due to either being plugged up or having slow transit time. What to do? Eat more fibre! On the other hand if you are experiencing unexplained diarrhea try incorporating more soluble fibre into your diet to bulk up your stools. What about gas from the bacteria in your gut? Eat plenty of fibre to ensure that you grow healthy bacteria, and that the gas moves through at a good rate. Have I sold you yet on incorporating more fibre into your diet?

Did you know that there are two types of fibre each with their own health benefits? To keep things simple, let's just focus on soluble fibre because not only is it easier to digest but it is also responsible for reducing the symptoms of Irritable Bowel Syndrome (IBS), which includes diarrhea. Fibre helps to improve appetite and blood sugar levels in addition to improving the health of the gut – and the bacteria that reside within it. What an amazing nutrient!

Adult men should get 38 grams of total fibre and adult women should get 25 grams of fibre every day. By focusing on total fibre you will likely get more soluble fibre as a result. Unfortunately, nutrition labels do not break "fibre" down into its two categories (soluble & insoluble).

Choose soluble fibre rich foods such as: oranges, eggplant, okra, avocado, passion fruit, chia seeds, lentils and chickpeas. Add in fibre slowly to allow your digestive system time to adjust and ensure that you drink plenty of water so that it doesn't constipate you. If you are brave and ready to jump all in - add a scoop of psyllium husks to your smoothies or yogurt every day...this is my new morning routine!

Warning! Gluten free foods and even a lot of salads can actually be low fibre and fibre is critical to rebuilding the gut flora.

Getting more soluble fibre can be easy with a few small changes. Foods like vegetables and fruit, whole grains, legumes, nuts and seeds have the fibre you need for a tiptop shape gut!



Schedule of Events

Sunday, December 10, 2017 Restaurant Event – Ritual – 6:00 pm

Nevada Cope, Owner & Head Chef of Ritual <http://www.ritualvancouver.com/> has offered a Gluten-Free Holiday Evening for us at her restaurant Ritual. Nevada was the Chef at the Italian Cultural Centre who created a wonderful Christmas gluten-free feast for us. Her mom Darien, is celiac and the night promises to be special. We would need at least 10 attendees and the restaurant holds 48. The cost for the evening would be \$45 + gratuities + drinks. See poster in this newsletter for the menu.

Time: 6.00 pm

Location: 774 Denman St. Vancouver BC

<https://www.google.ca/maps/place/Ritual/@49.2916864,-123.1348888,15z/data=!4m5!3m4!1s0x0:0xd9f38dbf5b9f3437!8m2!3d49.2916864!4d-123.1348888>

Contact info@vancouverceliac.ca or Val Vaartnou at 604-271-8828 by December 5 so we can confirm the number attending. Let us know if you would like to combine a Cookie Exchange into the event or not.

January 13 -14, 2018 - Gluten-Free Expo -

Tickets can be purchased at <https://glutenfreeexpo.eveyevents.com/>. Also see Volunteers Needed for volunteer opportunities.

Saturday, January 13, 2018: 10:00 am – 6:00 pm (extended hours!)

Sunday, January 14, 2018: 10:00 am – 4:00 pm

Where: Vancouver Convention Center, East @ 999 Canada Place

Sunday, March 4, 2018 - Annual General Meeting – Save the date: 1:00 pm – 4:00 pm.

Location to be determined. The New Westminster Public Library is under renovation and the Community Room at the Royal City Mall is no longer being rented out so we are in search of a new centrally located facility which is not too expensive. Any ideas, let us know at info@vancouverceliac.ca.

Cookie Exchange - We apologize that we will not be having a Cookie Exchange this December. The New Westminster Library is being renovated over the next 2 years and the Royal City Mall community room is no longer being booked. The cost of other facilities could not be justified. We will continue to look for alternate facilities for future events.



Volunteers Needed

Do you have a few hours to help out for these worthy causes? If so, send us an email at info@vancouverceliac.ca or contact Val Vaartnou at 604-271-8828.

Gluten Free Expo – We will work in shifts of approximately 3-4 hours at our booth at the event. Responsibilities will be to answer questions of those interested in knowing more about Celiac Disease. CCA brochures will be available for those wishing information.

Saturday, January 13, 2018: 10:00 am – 6:00 pm (extended hours!)

Sunday, January 14, 2018: 10:00 am – 4:00 pm

Where: Vancouver Convention Center, East @ 999 Canada Place



JAN. 13-14, 2018
VANCOUVER, BC
999 Canada Place

Messages

From

Your

Leaders

Messages From Your Leaders

Val Vaartnou – I have had several people ask me where you can find the Dr. Schar products. They can be made available in any Safeway store (you may have to request the store manager bring them in) and several of the Choices stores carry them. Lorraine Didrikson stated that Amazon carries Dr. Schar products as does the Safeway in Linden. Bread and buns are available in the Langley Market. If you would like Dr. Schar products, but cannot find them, The Celiac Scene has a letter that you can take into your store manager to request that the products be brought into your local store. [Here's a letter for your Store Manager.](#)

Liz Kennedy and Val Harding – Powell River – Monthly support group meetings continue where a wide range of topics from health to social issues are discussed. The cookie exchange took place November 27th as it is difficult to find a date in December when most people can attend.



Drop-In Groups

Chilliwack Drop-In - First Saturday of each month. Location changes each month. Contact: Geraldine David 604-792-2119 or gddavid@uniserve.com

Powell River Drop-In – Contact: Liz Kennedy: lizkennedy@shaw.ca or Val Harding: valhar@shaw.ca for location and time.

Richmond Drop-In – Second Monday of each month at 6:30 pm. The meeting is at Waves Coffee House in Steveston on Bayview and 1st, 1231 1st Ave, Richmond. Contact: Val at val_vaartnou@telus.net. Tea, coffee and gluten-free cookies are available for purchase.

South Surrey Drop-In – Meetings are the 3rd Tuesday of each month, starting at 6:30 pm at the South Surrey Choices, 3248 King George Highway, Surrey. Please contact Pushpa Kapadia at pushpakapadia@gmail.com or phone her at 604-721-0098 to let her know you will be attending the meeting. Whether there is a December meeting or not will be determined at the November meeting so please confirm with Pushpa.

Vancouver Drop-In – Meetings are the second Thursday of each month at 6:30pm. The Gluten Free Epicurean - 633 East 15th Avenue, Vancouver, BC Contact: Val at val_vaartnou@telus.net. Coffee and goodies are available for purchase.

Contacts for Newly Diagnosed in areas where there is no Group Meeting:

Abbotsford: Ute Tindorf will continue to support newly diagnosed in Abbotsford. If you are newly diagnosed and would like the assistance of someone with many years of being and supporting celiacs', contact Ute at 604-853-2610 or email at fluffyceliac@shaw.ca.

North Shore Drop-In - Eugenia Mooney will meet those who would like help with the gluten-free diet or who have questions. Please contact her at 604-985-0719 to set up a convenient time and place to meet. Eugenia also has a brunch meeting the first Saturday of every month. If you would like to attend call Eugenia for the details of the location, as it changes monthly.

If you have any questions, you can also phone our help-line at 604-736-2229 and leave a message and a volunteer will get back to you. The purpose of our helpline is to offer support to newly diagnosed celiacs and those who are having difficulty with the gluten-free diet. If you just feel the need to talk to someone with the same illness who has been on the diet and living well as a celiac, please leave a message with your name, phone number and a brief description of your inquiry.

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