

**June 2018**

**Volume 1 Issue 149**

Charitable Registration #

CCA-VC 855544896RR0001

CCA 106844244RR0001

**Vancouver Chapter**

# Celiac News

**\$5.00 /Issue**

**Canadian Celiac Association**

**L'Association canadienne de la maladie coeliaque**



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Email: [lizbeth@novuscom.net](mailto:lizbeth@novuscom.net)

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Email: [tsuiye@hotmail.com](mailto:tsuiye@hotmail.com)

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## Director

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Email: [luisaceconello@yahoo.com](mailto:luisaceconello@yahoo.com)

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Email: [clanduncan@dcnet.com](mailto:clanduncan@dcnet.com)

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Email: [jasminessidhu@me.com](mailto:jasminessidhu@me.com)

## Director

Val Vaartnou

Email: [val\\_vaartnou@telus.net](mailto:val_vaartnou@telus.net)

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 September 2018 issue, please have them submitted by August 15, 2018.

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

### Please submit to:

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

## Newsletter Contributors

Newsletter Editor - Val Vaartnou



### CCA Vision Statement:

The gluten solution: Find. Treat. Cure.

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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

Also, 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](mailto:val_vaartnou@telus.net) or [info@vancouverceliac.ca](mailto:info@vancouverceliac.ca)

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# **P**resident's Message



We say goodbye to our soggy Winter and Spring and welcome in Summer.

May and June are busy months for the CCA and your Vancouver Chapter. May is Celiac Month and we are very proud to tell you that Richmond, Vancouver and the Province of British Columbia have proclaimed May 16 to be Celiac Disease Awareness Day.

We had a lot of fun participating in the events held during the month of May and if you live in Vancouver and wondered why on May 13th B. C. Place was lit up green and on May 16th Science World and the Burrard Bridge were lit up in green that was to recognize Celiac Disease Awareness. Thank you to our Board members and to all of the volunteers who helped create awareness during this month. I know it is an ongoing project for all of us, not just in May but every day of the year. One day.....we will reach the 87% that

are undiagnosed.

As we begin the month of June, there is no time to sit back and rest because now we are heading into our biggest fundraising event of the year on June 24th, the Scotia Charity Run. You have received e-mails and posts on social media, urging you to participate or sponsor a runner/walker in this event. You will find all the information you need in this Newsletter. Please consider supporting us in this event and encourage your friends and family to invest in your disease, the money raised will be for research and education.

With regrets, Cathy Tostenson has stepped down from our Vancouver Chapter's Board. I would like to take this opportunity to thank Cathy for the time, talent and expertise she has given our Association. Cathy's ideas, input and enthusiasm have always been helpful and most welcome in assisting us in making valid improvements to our Chapter. Cathy was a big part of drive to heighten our profile during Celiac Disease Awareness Month, in May. Cathy will continue to be an advocate within the restaurant industry for Gluten Free menu development and education for both the front and back of the house staff. Thank you Cathy for your ongoing support and all the best.

Last, but certainly not the least I want to thank all of you for your membership and your ongoing support of the Canadian Celiac Association and the Vancouver Chapter. You are all truly are appreciated.

I hope you have a happy and healthy summer.

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# Celiac Disease – Emergency Preparedness

Submitted by Val Vaartnou and Amy Romanas

May 6 – 12<sup>th</sup> was Emergency Preparedness Week. It is always critical to be prepared, but it is even more important when you have special dietary requirements.

Natural disasters seem to be more common and more devastating in recent years. When residents are displaced, safe zones and shelters become a vital source for food and health needs. Gluten-free families, however, face the added challenge of maintaining their dietary needs while away from home. Fresh produce and other gluten-free options are typically limited, especially since donated items are often non-perishable foods that contain gluten.

Planning ahead of an emergency and disaster and taking steps to ensure that you and your family know the risks, make a plan, have a kit, and know what to do in an emergency will decrease stress, coordinate efforts, and increase resiliency during challenging events.

If you are evacuated, you will be referred to a Reception Centre. At the Reception Centre you will register your household and identify your gluten free requirement and medical conditions that may need Natural disasters may be unpredictable, but you can still make every effort to be prepared. Consider these tips to ensure your family's needs are met:

**Pack an emergency kit. It is recommended that at a minimum you plan to have enough supplies for 72 hours however, it is highly recommended to have 5-7 days.** Below you will find a suggested list of things to include in the kit, however, you must tailor it meet the specific requirements of your family.

If you need to evacuate, bring the emergency kit. You never know how long it will be before you reach a destination that offers gluten-free options. If a disaster strikes and you find yourself at a shelter, do what you can to avoid gluten exposure. Ask volunteers about the food they are distributing, and read the labels on any cans or packages of food. Request that volunteers change gloves before they serve your meal. If no gluten-free options are available, make your needs known. The disaster response team may be able to secure a safe stock of food or, if possible, request gluten-free items. Remember to thank anyone who helps you out. It's a hectic time, so they'll appreciate knowing the difference they made.

Talk to your kids' teachers to find out if their school has an emergency/disaster plan. They may have special requirements regarding what must be kept on hand in case of emergency. Given your child may not be able to get home immediately gluten-free food should be kept at the school.

## Suggestions for inclusion in the Emergency Kit:

Note: check the expiration dates on your stock every few months and replace anything that has gone bad or preferably use what is coming to an expiration date and replace it.

Marking an expiration date clearly on each item so it can be visually scanned makes it much easier to replace items, or keeping a list of the expiration dates so you can review every couple of months will reduce the amount of wastage. Another alternative is to set a reminder in your phone or remember to

check the dates when the clocks "spring forward" and "fall back".

Bottled water - It's recommended you purchase commercially-bottled water and keep it in its original container in an easily accessible, cool and dark place. Don't open it until you need it. Observe the expiration or "best before" dates. The general rule is four litres of water per person per day, but there are a few caveats: children, nursing mothers and sick people may need more; if you live in a warm region of B.C., hot temperatures can double water needs; and, pets need about 30 millilitres of water per kilogram of body weight per day. For example, an average-sized cat or small-sized dog needs at least 1/5 of a litre, or half a cup, daily

It's easy to locate safe water sources in your home. These include the water in your hot-water tank, pipes and ice cubes. It's recommended you don't use water from toilet tanks or bowls, radiators, waterbeds, swimming pools or spas.

- *Gluten-free energy bars, granola, trail mix and dried cereal that can be eaten dry*
- *Small packs of nuts or dried fruit (watch those seasonings!)*
- *A few cans of gluten-free soup*
- *Canned tuna, chicken, salmon*
- *Shelf stable gluten-free bread or crackers*
- *Peanut butter or other nut seed butters, honey, syrup and jam*
- *Canned fruit, beans and chili*
- *Gluten-free jerky*
- *Powdered milk or non-dairy substitute*
- *Celiac-safe freeze-dried meals (totalprepare.ca has a lot of freeze dried food options you will need additional water and heat depending on the product)*
- *Important medications (2 weeks worth)*
- *Aluminum foil (for cooking packets)*
- *Water - at least four litres per person, per day (half for drinking)*
- *Salt and pepper*
- *Sugar*
- *Coffee and tea*
- *Food preparation equipment*
- *Knives, forks, and spoons*
- *Disposable cups and plates*
- *Manual can opener and bottle opener*
- *Gluten free chocolate and candy treats*
- *Baby food, formula, and diapers if necessary*
- *Toiletries*
- *First aid kit*
- *A pack of cards or other small items that will help pass the time*
- *Copies of important documents and important phone numbers*
- *Flashlight (and batteries if required)*
- *Change of clothing*
- *Cell phone charger*
- *Radio (and batteries if required)*

Don't count on being home when there's an emergency. In addition to having a kit at home, create one for work, your vehicle and whatever is needed for the school. Preparation can make your life a lot easier and definitely less stressful in an emergency situation.

Resources:

<https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/preparedbc/build-an-emergency-kit>

# Celiac Disease in the News

Submitted by Val Vaartnou

The following are summaries of research and news in the areas of Celiac Disease and Non Celiac Gluten Sensitivity. Links are provided if you are interested in more information on the subject.

## **HLA-DQ–Gluten Tetramer Blood Test Accurately Identifies Patients With and Without Celiac Disease in Absence of Gluten Consumption**

Researchers at the Oslo University Hospital in Norway have found a potential test for CD for those who have been gluten-free for a period of time. The growing number of individuals adhering to a gluten-free diet (GFD) without exclusion of celiac disease complicates its detection. An HLA-DQ–gluten tetramer-based assays that detects gluten-reactive T cells identifies patients with and without celiac disease with a high level of accuracy, regardless of whether the individuals are on a GFD. This test would allow individuals with suspected celiac disease to avoid a gluten challenge and duodenal biopsy. This test requires validation in a larger study. Neither available anti-tissue transglutaminase immunoglobulin a (tTG IgA) blood tests nor the biopsy are accurate when someone has eliminated gluten, the trigger for celiac disease, from the diet. [Clinicaltrials.gov](https://clinicaltrials.gov/ct2/show/study/NCT02442219) no: [NCT02442219](https://clinicaltrials.gov/ct2/show/study/NCT02442219).

Gastroenterology - March 2018 Volume 154, Issue 4, Pages 886–896.e6

## **Infections in Early Life and Development of Celiac Disease**

Medically attended gastrointestinal and respiratory infections were associated with CD development by age 8 years in a large, population-based sample. Particularly strong associations were observed for repeated gastrointestinal infections in the first year of life. Early gastrointestinal infections may therefore be relevant for CD development rather than for type 1 diabetes development, for which early respiratory infections have been found to be more relevant in the same data.

Andreas Beyerlein; Ewan Donnachie; Anette-Gabriele Ziegler – American Journal of Epidemiology 2017;186(11):1277-1280.  
[https://www.medscape.com/viewarticle/889711\\_4](https://www.medscape.com/viewarticle/889711_4)

## **Natural history and clinical detection of undiagnosed coeliac disease in a North American community**

CD remains substantially undiagnosed. Of the 400 cases of undiagnosed celiac disease identified in the study, 159 had indications to screen, including classic symptoms such as diarrhea, and non-classic symptoms, such as other autoimmune diseases. The remaining 241 cases had no indication to screen and would be likely to remain undiagnosed. Meanwhile, medical records showed that ultimately 92 cases were diagnosed, usually taking more than five years.

Among the controls, 147 cases had an indication to screen, nearly as many as were found in the cases of undiagnosed celiac disease. None of these were ever found to have celiac disease. More than half of adults with CD have symptoms not related to the gastrointestinal system. Current methods of screening for CD are not adequate.

Solutions proposed in the study are: use of natural language software to process electronic medical records; systematic acquisition of symptoms and family history; testing of those with combinations of symptoms or indications to test; and identification of new indications to test based on additional research.

[Aliment Pharmacol Ther. 2018 May;47\(10\):1358-1366. doi: 10.1111/apt.14625. Epub 2018 Mar 25](https://doi.org/10.1111/apt.14625)  
<https://www.ncbi.nlm.nih.gov/pubmed/29577349>

## **Hypervigilance to a Gluten-Free Diet and Decreased Quality of Life in Teenagers and Adults with Celiac Disease**

This article talks about a Columbia University study where the concern is that “extreme vigilance” to a strict gluten-free diet may increase symptoms such as anxiety and fatigue, and therefore, lower quality of life. The researchers examined the associations of quality of life with energy levels and adherence to, and knowledge about, a gluten-free diet. Clinicians must consider the importance of concurrently promoting *both* dietary adherence and social and emotional well-being for individuals with CD.

Wolf, R.L., Lebowitz, B., Lee, A.R. et al. Dig Dis Sci (2018). <https://doi.org/10.1007/s10620-018-4936-4>

## **Scientists May Have Found an “Off” Switch for Celiac Disease**

Gluten causes an immune response in the body when it is modified by the enzyme transglutaminase 2 or TG2. In the Feb 23 issue of the Journal of Biological Chemistry new research has found an enzyme that turns off TG2. Michael Yi from Stanford University led the study. TG2 is now also the first protein known to have a reversible disulfide bond on/off switch of this type. “This is a very different kind of on-and-off chemistry than the kind that medicinal chemists would (typically) use,” Chaitan Khosla, who is also on the research team, said. Because previous studies have suggested that lack of TG2 doesn’t seem to negatively affect the health of mice, blocking TG2 is a promising avenue for treating celiac disease patients without requiring lifelong changes to their diets. More research is required.

<https://www.goodnewsnetwork.org/scientists-may-found-off-switch-celiacs-disease/> Feb 24, 2018

## **Cutting Out Gluten may Help Some Battle Nerve Pain**

“These findings are exciting because it might mean that a relatively simple change in diet could help alleviate painful symptoms tied to gluten neuropathy,” study lead author Dr.

# Celiac Disease in the News

Panagiotis Zis, of the University of Sheffield in the UK, said in a news release from the American Academy of Neurology (AAN). Still, Zis stressed that while the study “shows an association between a self-reported gluten-free diet and less pain, it does not show that one causes the other.” More study is required in this area.

<https://consumer.healthday.com/vitamins-and-nutrition-information-27/gluten-975/cutting-out-gluten-may-help-some-battle-nerve-pain-731369.html>

SOURCES: Sami Saba, M.D., neurologist, Lenox Hill Hospital, New York City; Anthony Geraci, M.D., director, Neuromuscular Center at Northwell Health’s Neuroscience Institute, Manhasset, N.Y.; American Academy of Neurology, news release, Feb. 28, 2018

## Comments from the Columbia’s Celiac Disease Center International Symposium

“It’s not possible one drug will be able to treat all people with celiac disease,” said Francisco Leon, M.D., former chief medical officer and former chief executive officer of Celimmune, a clinical development stage immunotherapy company. “We are targeting every aspect of the disease. These are not ‘Me, too,’ drugs.”

Dr. Jocelyn Silvester, University of Manitoba, indicated that there is no good way to know if a person is getting gluten in their diet, gluten is found everywhere, and more studies are needed to clarify the role of urine and stool tests to indicate exposure to gluten in a patient.

“Zero gluten is an aspiration rather than a realistic goal,” Silvester said in describing adherence to the gluten-free diet.

Dr. Lebwohl indicated that there is a lot about CD that is not known. How to prevent celiac disease or how to stop it in its tracks topped his list. Also, the degree of precautions patients need to take to avoid cross-contact, who to screen for celiac disease, why patients’ symptoms are so variable and which drug holds the most promise for treatment. Participation in clinical trials was urged as one of the most important steps patients can take to help scientists answer outstanding questions. [www.beyondceliac.com](http://www.beyondceliac.com)

Do doctors take longer to diagnose celiac disease in people without symptoms than they do for people with symptoms? Yes, much longer. That needs to change

697 patients with celiac disease were reviewed by a team of researchers at Loyola University Centre Medical Centre in Illinois. Those with gastrointestinal symptoms were compared with those who did not have gastrointestinal issues. Statistical analysis revealed an average diagnosis delay in diagnosis of 2.3 months for the group with gastrointestinal symptoms, while the group that showed no symptoms showed an average delay of 42 months. That’s a difference of nearly 3½ years. Nearly half of those with no GI symptoms showed abnormal thyroid stimulating hormone (TSH). 70% of those with no GI symptoms had anemia.

[www.celiac.org](http://www.celiac.org)

## Anti-transglutaminase 6 Antibody Development in Children with Celiac Disease Correlates with Duration of Gluten Exposure

Antibodies against transglutaminase 6 (anti-TG6) have been implicated in neurological manifestations in adult patients with genetic gluten intolerance. In this study, 274 CD children and of 121 controls were reviewed. In CD patients, a significant correlation between the gluten exposure before the CD diagnosis and anti-TG6 concentration was found. Autoimmunity against TG6 is gluten dependent and disappeared during GF diet.

*J Pediatr Gastroenterol Nutr.* 2018 Jan;66(1):64-68. doi: 10.1097/MPG.0000000000001642.

## The Enemy Within: Gut Bacteria Drive Autoimmune Disease

A Yale study, published in *Science*, found that bacteria found in the small intestine can travel to other organs and trigger an autoimmune response. They also found that “Treatment with an antibiotic and other approaches such as vaccination are promising ways to improve the lives of patients with autoimmune disease.” They could reverse the autoimmune response with antibiotics. More study will be required. [https://www.eurekalert.org/pub\\_releases/2018-03/yu-tew030618.php](https://www.eurekalert.org/pub_releases/2018-03/yu-tew030618.php)

## Even on a GF Diet, Harmful Exposures May be Common

“Individuals who are on a gluten free diet are consuming more gluten than we actually imagined. It’s not uncommon for them to be consuming on average a couple of hundred milligrams a day,” Dr. Jack A. Syage, CEO of ImmunogenX in Newport Beach, California, and the study’s lead author, told Reuters Health in a telephone interview.

Up to 10 mg of gluten per day is generally considered safe for people with celiac disease, according to the University of Chicago Celiac Disease Center. Still, the authors conclude, the data suggest “that individuals on a gluten-free diet cannot avoid accidental gluten intrusions and these small amounts are sufficient to trigger severe symptomatic responses.”

The American Journal of Clinical Nutrition <https://academic.oup.com/ajcn/article-abstract/107/2/201/4911450?redirectedFrom=fulltext> February, 2018

## Celiac Disease in Later Life Must not be Missed

The presenting symptoms of celiac disease are often subtle and the diagnosis is frequently delayed or overlooked.

Therefore, especially elderly patients may be denied the benefits conferred by gluten free diet which can be dramatically life-changing. Common symptoms include tiredness, indigestion and loss of appetite and can therefore be missed. The diagnosis may prevent severe complications such as low-energy bone fractures and enteropathy-associated T-cell lymphoma. <https://www.medscape.com/>

# Board Highlights - CCA – Vancouver Chapter

## Board Highlights - CCA – Vancouver Chapter – March – May 2018

- New members Luisa Ceconello and Jasmine Sidhu were welcomed to the Board. Luisa is a student who recently moved here from Brazil. Jasmine is a lawyer and mother of a pre-schooler diagnosed with celiac disease over one year ago.
- Priorities over the quarter have been to identify, contact and engage sponsors and participants for our 2018 Scotia Run. Jessica Mooney developed a very professional Sponsorship Package to send to potential Scotia Run partners.
- May Celiac Awareness activities were coordinated by Cathy Tostenson. Every effort was made to work with National and link into their activities. Activities including lighting of the Burrard Bridge, Science World and BC Place; webinars, distribution of Celiac Awareness ribbons, a press release and media facts sheet and proclamations from The City of Vancouver and The City of Richmond to designate May 16, as Celiac Awareness Day. The national theme was #GoBeyondTheGut. The emphasis is on the less obvious symptoms of celiac disease
- Dinner events included: Iki Sushi, You and I Thai, Uli's (White Rock) and Tamam
- Awareness events include information for students at UBC cafeteria and a presentation to daycare workers at Fairhaven Daycare

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# New Grist – A Gluten-Free Beer with a Difference

*Interview with Ashok Fogla, CEO AFIC Group & distributor for Lakefront Breweries – maker of New Grist – By Val Vaartnou*

Ashok Fogla is a distributor of New Grist beer and owner of the AFIC group. Ashok is not celiac and does not have anyone in his family who is celiac, but has learned how life changing requiring “gluten-free” can be. Distributing gluten-free beer is not an easy business, as can be seen by the number of gluten-free companies that are having difficulties surviving. He originally distributed Bardsdale beer in Alberta and was approached by Lakefront Brewery Inc. to take on the first gluten-free beer in North America – New Grist.

Lakefront Brewery, Inc. is a brewery in Milwaukee, Wisconsin, United States. The brewery is based in the Beerline B neighborhood of Milwaukee, Wisconsin. Founded in 1987 by brothers Russ and Jim Klisch, several of its brands are named after Milwaukee neighborhoods, such as Riverwest Stein Beer and East Side Dark. The brewery was the first in the U.S. to bottle fruit beer since prohibition was repealed, starting in 1992 with the seasonal Lakefront Cherry Lager. The brewery often uses Wisconsin-grown ingredients, including Door County cherries.

The brewery produced the first certified organic beer to be bottled in the U.S. starting in 1996 with their Lakefront Organic E.S.B. (extra special bitter). In May 2007, The Wisconsin Department of Tourism announced that Lakefront Brewery had become the first brewery in the state and the first business in the City of Milwaukee to receive the Travel Green Wisconsin certification. Travel Green Wisconsin recognizes tourism-related businesses that are reducing their environmental impact through operational and other improvements. To achieve Travel Green certification, businesses must meet several goals including demonstration of how they encourage staff and vendors to be environmentally aware and how they reduce their waste and energy consumption.

The brewery is noted for its gluten-free brand, New Grist, which is brewed using sorghum, rice and gluten-free yeast (grown on molasses). While tending to personal and professional business in Milwaukee, a doctor from Houston found Lakefront Brewery in the local literature and was duly impressed that this microbrewery had obtained certification in organic brewing. He placed a call to the Klisch brothers, asking that they create a gluten-free beer for himself and the thousands of celiacs across the country living under the constraints of restricted diets, unable to enjoy their beverage of choice. As luck would have it, the doctor’s nephew happened to be a past roommate of owner Russ Klisch during his college years, immediately establishing an unspoken bond between the doctor and the brewers. The following week, a woman called inquiring whether they made a gluten-free beer. The agenda was set. There was no turning back.  
(<http://www.bellaonline.com/articles/art37867.asp> Carolyn Smagalski)

Not content to rest on their laurels, Russ and Jim, and their brewmaster for the past seven years, Luther Paul, are innovators. “Luther’s dad has Celiac Disease,” so there was an additional incentive to produce gluten-free beer. After brewing two batches of New Grist Barley-Free Beer, Lakefront presented their new brew to a local Celiac Group who enthusiastically evaluated the new recipe for appearance, aroma, flavor, mouthfeel and overall impression. A few recommendations for

slight adjustments followed, and the new suds were ready for distribution.

The brewery successfully petitioned the U.S. Alcohol and Tobacco Tax and Trade Bureau to allow this product to be called a beer despite not having the previously required 25% malted barley content, thus creating the first gluten-free beer in America.

Growth of the brewery has been strong in recent years, especially due to the gluten-free product. Lakefront Brewery uses a dedicated line for brewing the gluten-free beer. Each batch of the beer is sent to the U of Nebraska where it is tested for the gluten content in the beer. New Grist is not a gluten reduced beer but is gluten-free so is entirely safe for celiacs.

Gluten-free beer has additional challenges to the production of other beers. The sorghum ingredients are more expensive than barley or wheat malt and the process of keeping the line cleaned and sanitized and testing each batch for gluten content also makes it more expensive to produce. The added costs increase the retail price and this can prove a challenge to get the limited shelf space at liquor stores. The stores often chose only one type of gluten-free beer for their stores.

In BC, New Grist can be found in 140 of the approximately 200 government liquor stores. Although there are over 600 private liquor stores, New Grist is found in about 100 of them. Each store must be sold to directly and each restaurant chooses which beers they will offer to the public. This adds to the costs of distribution. Lakefront however continues to ensure quality and consistently monitors to ensure its product on store shelves is always fresh from the brewery.

The gluten-free business actually peaked due to the “GF fad” between 2010 and 2015. Slowly the “fad” has subsided and those buying the beer are now those who need it due to medical reasons: celiacs and those who are gluten sensitive. The industry is shaking out and the number of companies producing gluten-free beer has been reduced. Lakefront produces other beers as well, so they are more resilient. They are committed to making the beer.

New Grist is optimistic that business will grow in the future despite being down from its peak at the start of this decade. They are experimenting with new styles of beer, possibly fruit infused, pale ale or IPA style.

The product line for Lakefront Brewery is part of an established distribution system, allowing New Grist to be distributed through the same distribution lines and giving celiacs access to this new beer through a wide variety of commercial channels.

I enjoy a cold beer on a hot day but particularly enjoy a **michelada**, one of the most popular drinks in Mexico. It is a beer-based cocktail made with lime, hot sauce, Worcestershire (gluten-free of course), and often **tomato** (or Clamato) juice, all served over ice in a glass with a salted rim (or not.) I also use the gluten-free beer to make a beer batter for fish and chips. Being celiac does not mean you have to do without!



# 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).

## Mango and Cilantro Salsa



*A wonderful colourful salsa with bright and exciting flavours! Recipe created by Kinnikinnick Corporate Chef Lori Grein*

### Ingredients:

- 2 mangos (skinned, cored, cut into ¼ dice) (672g)
- 2 roma tomatoes (cored, seeded and diced) (182g)
- 4 green onions (finely, diced) (48g)
- ½ cup red onion (diced) (55g)
- 1 jalapeno pepper (core and seeds removed/chopped fine) (14g)
- ½ cup cilantro (finely chopped) (8g)
- 1 tsp salt (5g)
- 2 tbsp olive oil (25g)
- 1 lime (juiced) (44g)
- 1 lemon (juiced) (48g)

### Directions:

1. In a medium bowl combine mango, tomato, jalapeno, cilantro, red and green onion. Mix well.
2. In a separate bowl combine lemon juice, lime juice, salt and olive oil. Add to fruit/vegetable mixture and toss until coated.
3. Let salsa sit for 2 hours prior to serving for best flavour. Serve within 24 hours of making.



## Mexican Chicken and Rice

<https://elanaspantry.com/mexican-chicken-and-rice/> (modified)

*Mexican Chicken and Rice is a fabulous Paleo dinner recipe. Made with super food cauliflower rice in place of starchy white rice, this one pot meal is packed with protein and spicy Mexican flavor. Cauliflower rice is easy to make and a fantastic low-carb swap in place of high-carb white rice.*

### Ingredients:

- 4 tablespoons olive oil
- 1 medium onion, diced
- 1 cup celery, finely diced
- 1 head cauliflower, trimmed
- ½ cup of white wine
- 1 4 oz can diced green chilies
- 1 pound boneless skinless chicken breast, grilled and diced into 1-inch pieces
- 1 teaspoon Celtic sea salt
- ground cumin, oregano, and chili powder to taste (I use 1 tsp of each)
- 1 avocado
- grated cheese, if desired
- salsa, if desired

### Directions:

1. In a large skillet, heat olive oil over medium heat
2. Sauté onion over medium heat for 10 minutes, until soft
3. Add celery to skillet and sauté for 5 minutes
4. Place cauliflower in a food processor with the "S" blade and process until the texture of rice
5. Add cauliflower and wine to skillet, cover and cook 5-10 minutes, until soft
6. Mix chilies and chicken into skillet
7. Stir in salt, cumin, oregano and chili powder
8. Serve, topping with avocado, cheese and salsa if desired

This recipe I have modified and used 1 cup of basmati rice in place of cauliflower and then added 1 ½ cups of chicken stock to cook the rice.

# Celiac in the Kitchen

## Oven Roasted Chickpeas

Submitted by Val Vaartnou

These oven-baked chickpeas are simple to make and are great on soups, salads, or for munching. They can replace croutons and guess what, they are good for you! They can be paired with roasted vegetables that can be cooked next to the chickpeas.

### Ingredients:

- 15.5 ounce can of chickpeas
- Extra Virgin Olive oil
- ¼ tsp kosher salt or sea salt
- Freshly ground black pepper

### Directions:

1. Preheat the oven to 450°F.
2. Place a rimmed baking sheet in the oven while it preheats. (Pre-heating the baking sheet ensures the chickpeas crisp as soon as they hit the hot pan.)
3. Drain and rinse chickpeas, then pat dry with paper towels. Make sure they are very dry as moisture will create steam and stop them from crisping.
4. Toss the chickpeas with 1 tablespoon olive oil and salt and freshly-ground black pepper.
5. Carefully remove the baking sheet from the oven, place the chickpeas on in an even layer, and return to the oven.
6. Roast, shaking the pan halfway through, until crispy, 20 to 25 minutes.

**TIP:** Other seasonings can be used: smoked paprika, chili powder for example, if you like them spicier.



Picture from: [gimmesomeoven.com](http://gimmesomeoven.com)

## Peach Avocado Salsa (Epicure)

Courtesy of: Eve Silverman 1-604-377-0710  
[eveshealthyfood@gmail.com](mailto:eveshealthyfood@gmail.com)

<https://evesilverman.epicure.com> contact me for free catalogue and sample. All Epicures products are produced in a Gluten Free Nut Free facility.

### Ingredients:

- 2 peaches, diced
- 1 avocado, diced
- 2 Tbsp (30 ml) salsa spice
- Splash of lime juice, optional
- Chopped cilantro, optional



### Directions:

Combine all ingredients in a bowl and let stand 15 minutes before serving.

## Mozzarella Rotini Salad (Epicure)

### Ingredients:

- 4 C (1 L) cooked rotini, (or any bite-size pasta)
- 1/2 C (125 ml) sliced olives
- 1 C (250 ml) cubed Mozzarella cheese
- 1 red pepper
- 1 green pepper
- 2 tomatoes
- 1 C (250 ml) sliced marinated artichoke hearts
- 1 C (250 ml) cubed ham, or sliced salami, cut in strips
- 1 recipe prepared Italian Dressing
- Sea Salt to taste
- Black Pepper to taste

### Directions:

Combine all ingredients in serving bowl.



# Celiac in the Kitchen

## Caramel Squares

*These are sweet but oh so good.....Recipe can be cut in half for one 9" x 13" pan.*

### Ingredients:

- 64 Kraft Caramel candy
- 1 cup Carnation Evaporated milk
- 3/4 cup brown rice flour
- 1/2 cup tapioca starch
- 1/2 cup potato starch
- 1/4 cup sweet rice flour
- 1 tsp xanthan gum
- 2 cups gluten-free rolled oats
- 1/2 tsp soda
- 1/2 tsp salt
- 1 1/2 cup butter
- 1 cup chocolate chips
- 1 cup chopped pecans or walnuts

### Directions:

1. Melt caramels with the evaporated milk on low heat.
2. Mix together brown rice flour, tapioca and potato starch, rice flour and xanthan gum with oats, soda, and salt.
3. Work butter into flour the flour mixture with pastry cutter or your hands. Work it until it become crumbly.
4. Take half of crumbs and press into two 9 x 13" pans making a thin base.
5. Bake for 5 minutes at 350 degrees F.
6. Let cool for 5 minutes and then pour caramel mixture over the baked base.
7. Sprinkle chocolate chips and nuts over the caramel and the crumble the rest of the rest of crumbs over the top.
8. Bake for 20 minutes or until golden.
9. Cool, cut while still warm and then place in the fridge to harden.

Store in the freezer until needed (they are actually good frozen.)



## Lemon Poppy Seed Loaf

*My Grandmother's recipe – she did not make it gluten-free, however it is an easy substitution with gluten-free flour.*

### Ingredients:

- 1 3/4 cups gluten-free flour
- 1 tsp baking soda
- 1/2 tsp baking powder
- 2 tbsp poppy seeds
- 2 tbsp grated lemon zest
- 2/3 cup sugar
- 1/3 cup oil
- 1/3 cup applesauce
- 3/4 cup sour cream
- 1/4 cup lemon juice (about 2 lemons)
- 3 egg whites

### Glaze

- 1/2 cup icing sugar
- 1 tbsp lemon juice

### Directions:

1. Beat egg whites until soft peaks form and set aside.
2. In large bowl mix flour, baking powder, baking soda, poppy seeds, and lemon zest.
3. In medium size bowl combine sugar, oil and applesauce. Whisk in lemon juice. Stir this mixture into the flour mixture alternately with the sour cream.
4. Fold in beaten egg whites.
5. Pour into a greased 9" x 5" loaf pan and bake at 350 degrees F for 45 to 50 min or until toothpick inserted comes out clean.
6. Cool in pan for 10 minutes before removing to rack.
7. Mix the glaze and pour over loaf.
8. Cool, slice and serve!



Picture: [whattheforkfoodblog.com](http://whattheforkfoodblog.com)

# Best Foods to Stock in Your Kitchen

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Submitted by Val Vaartnou



So you've been diagnosed with Celiac Disease and you worry that there will be nothing to eat because "everything" contains gluten. Yes, gluten does lurk everywhere, but there are great foods that you can enjoy and get the added benefits of reducing your inflammation in the body while eating for your health.

Keeping it simple is one of the first recommendations that I make to anyone diagnosed with Celiac Disease. Eating lots of fresh fruits and vegetables in as many colors as you can find and eating lots of lean meats is the best start. Your kitchen staples should include staples that are readily available to give you a varied diet.

**Note: Grain, nuts and seeds** have the most risk of cross-contamination from gluten of all foods. In the field, during processing and packaging, the processes must be monitored to ensure gluten does not contaminate them. Ensure the **manufacturer has marked grains, nuts and seeds as gluten-free on the packaging.**

**Dairy Products** are fine unless you are also lactose intolerant. Aged cheeses and low sugar yogurts, especially greek yogurts are less problematic. Goat yogurts and cheeses are sometimes good alternatives.

**Fresh fruits:** In the winter, pomegranates, apples, pears, bananas, and in my freezer for smoothies, frozen berries (raspberries, blueberries, cherries and blackberries!). During the summer, visit the farmer's market and enjoy the fresh fruits of the season.

**Fresh herbs:** like ginger, turmeric, chives, parsley, cilantro, rosemary and basil. I cook with them and throw them in my salad, too. Cilantro and parsley are great as they help to detoxify the body.

**Fresh veggies:** Spinach, chard, kale, arugula, beets, broccoli, cauliflower and brussel sprouts. radishes, jicama, scallions, and fennel for my salad. Again the farmer's market is great to pick up fresh local vegetables.

**Healthy fats:** Avocado, olives, oils (avocado, coconut, olive), ghee (check out on-line recipes to make your own), seeds (chia, hemp, flax, pumpkin or sunflower seed), full-fat coconut milk.

**Healthy grains:** Quinoa and wild rice are my favorites. Try some different grains for variety, for example millet, teff and sorghum. If you are very strict on your gluten free diet and still find your symptoms continue, you may find that elimination of all grains is required. Eliminate them all for a few weeks and then reintroduce each grain, one at a time, eating it daily for a few days. Listen to your body and your symptoms. You may find you can tolerate some grains better than others.

**Healthy proteins:** Turkey, chicken, salmon, sardines, mung beans, adzuki beans, lentils (again marked gluten-free by the manufacturer), hummus (chickpeas).

**Healthy snacks:** Whole nuts and seeds, or nut butters (cashews, almonds, Brazil, macadamia, coconut, sunflower, walnut), nori (seaweed), 70% or higher dark chocolate.

**Spices and condiments:** Cinnamon, cumin, curry powder, coriander, turmeric, ginger, black pepper, sea salt and dried herbs.

**Freezer must-haves including:** Flash-frozen nutrient-dense veggies, frozen local grass fed beef ready to pull out and cook, and extra cooked protein like turkey burgers and chicken. Make a double batch for dinner and freeze the rest!

**Pantry staples:** canned beans (chickpeas, kidney, and black), canned tuna and salmon, gluten-free minimally-processed crackers (Mary's Gone Crackers for example), artichoke hearts, sardines.

Gluten-free processed foods are fine for treats but should not be the foundation of your diet. Unfortunately gluten-free foods are often high in fats, sugars and salt so reading the nutritional label is always required, not just to ensure there is no gluten, but to ensure that you are not eating empty calories.



## Atypical Symptoms of Celiac Disease

CCA National Celiac Awareness Month Information

Articles by Dr. Moshin Rashid MD

### #1. Anemia

Anemia means low blood in the body. The term refers to decreased amount of hemoglobin, an important protein present in the red blood cells that is responsible for carrying oxygen to the tissues. The mineral iron and the vitamins folate and B12 are nutrients that are important in the formation of hemoglobin and red blood cells. A deficiency in any of these can lead to anemia. Symptoms of anemia are varied and include pale skin, fatigue, shortness of breath, dizziness and headaches.

In celiac disease there is damage to the lining of the small intestine, and this leads to poor absorption of nutrients including fat, protein, carbohydrate, minerals and vitamins. Iron deficiency anemia is the most common type of anemia seen in celiac disease. This is because iron is absorbed in the duodenum (the first part of the small intestine) which takes the brunt of injury from ingested gluten. Anemia from deficiency of folate and vitamin B12 can also occur. A patient may have deficiency of more than one nutrients. Even if the hemoglobin is normal, the stores of iron in the body are often poor. Iron deficiency anemia is currently one of the most common presentations of celiac disease in adults. The diagnosis can be missed as anemia gets blamed on diet poor in iron, bleeding in the bowel or losses due to heavy menstruation. The patient may have no other symptoms, thus leading to delays in diagnosis.

Once treatment with strict gluten-free diet is started, the intestine heals and absorption of nutrients improves which leads to correction of the anemia. Depending on the type of anemia, oral supplementation with iron, folate and vitamin B12 may be required initially till hemoglobin normalizes.

**Point to remember: Celiac disease should be considered in any individual with iron deficiency anemia, especially when there is no obvious cause of blood loss and poor response after treatment with oral iron supplements.**

This article is associated with the Celiac - Infographic included in this newsletter and the CCA Iron Tip Sheet which was developed by the Canadian Celiac Association and Practice-based Evidence in Nutrition.



# KNOW THE LESS OBVIOUS SYMPTOMS OF CELIAC DISEASE

#GoBeyondTheGut

**CELIAC DISEASE** is an autoimmune disease that prevents the small intestine from properly absorbing nutrients from foods containing **GLUTEN** (i.e. proteins found in wheat, rye and barley).<sup>1,2</sup>

**MOST COMMON SYMPTOMS** affect digestion:<sup>3</sup>

- Chronic diarrhea
- Abdominal pain
- Weakness
- Unintended weight loss

But celiac is **MORE THAN A DIGESTIVE DISEASE**. Many patients experience lesser-known symptoms and are not aware of their condition.

**PROTEINS**   **CARBOHYDRATES**  
**FATS**   **VITAMINS & MINERALS**

## UNDIAGNOSED AND UNTREATED CELIAC DISEASE CAN CAUSE:

### ANEMIA

Gluten impairs red blood cell function, leading to symptoms such as:

- Fatigue
- Shortness of breath
- Dizziness
- Headaches
- Weakness<sup>4</sup>

**67.8% OF CANADIAN CELIAC DISEASE PATIENTS PRESENTED WITH ANEMIA<sup>3</sup>**

### NEUROLOGICAL DISORDERS

These conditions include:

- Neuropathy (pain, weakness, or numbness, often in hands or feet)
- Ataxia (poor coordination, slurring speech, difficulty swallowing)
- Impaired neurological function (amnesia, confusion)
- In rare cases, seizures<sup>5</sup>

**UP TO 50% OF CELIAC DISEASE PATIENTS MAY DEVELOP A NEUROPATHY<sup>5</sup>**

**26% OF CANADIAN CELIAC DISEASE PATIENTS PRESENTED WITH OSTEOPOROSIS<sup>6</sup>**

### OSTEOPOROSIS

- Celiac disease patients are often deficient in both calcium and Vitamin D
- Increasing risk for low bone mineral density<sup>7,8</sup>

### SHORT STATURE

- Poor nutrient absorption may result in below average height
- It is possible not to experience any other signs or symptoms of celiac disease<sup>9</sup>

### REPRODUCTIVE DISORDERS

Women may experience:

- 25% higher risk of spontaneous abortion
- Higher risk of premature deliveries<sup>10</sup>
- Unexplained infertility
- Low birth-weight babies
- Menstrual cycle disorders
- Delayed menstruation and early menopause<sup>11</sup>

**FOLLOW YOUR GUT.** IF YOU SUSPECT THAT YOU HAVE UNDIAGNOSED CELIAC DISEASE, TALK TO YOUR DOCTOR.

**LEARN MORE ABOUT LIVING WITH CELIAC DISEASE AT CELIAC.CA**

Share how you go #BeyondTheGut   @CCAceliac   @CCAceliac   CanadianCeliac  

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## Increasing your Iron Intake: Tip Sheet

Iron is a mineral that is important for good health. Iron carries oxygen to all parts of your body.

### How Much Iron Should I Consume?

Men 19 years and older	8 mg of iron per day
Women 19-50 years of age	18 mg of iron per day
Women 51 years and older	8 mg of iron per day
Pregnant women 19 years and older	27 mg of iron per day
Breastfeeding women 19 years and older	9 mg of iron per day

- No more than 45 mg of iron per day should be consumed by any individual over the age of 19 years.

### How Much Iron Should My Child Consume?

Boys and girls 1-3 years old	7 mg of iron per day
Boys and girls 4-8 years old	10 mg of iron per day
Boys and girls 9-13 years old	8 mg of iron per day
Boys 14-18 years old	11 mg of iron per day
Girls 14-18 years old	15 mg of iron per day

- No more than 40 mg of iron per day should be consumed by any child 13 years or younger.
- No more than 45 mg of iron per day should be consumed by any child over the age of 14 years.

### 3 Tips to Increase your Iron Intake

1. Eat a variety of iron from animal sources (called heme iron) and plant sources (called non-heme iron) everyday.
  - It is important to note that non-heme iron is not absorbed as well as heme iron. Therefore, vegetarians need twice the amount of iron.
  - a. Animal sources include meat, fish and poultry. The amount of iron in each is provided below:

75 g (2 ½ oz) of various cuts of beef	1.4-3.3 mg of iron
75 g (2 ½ oz) of duck	1.8-7.4 mg of iron

*If reproduced whole or in part, acknowledgements of source must be given to Canadian Celiac Association and Practice-based Evidence in Nutrition.*

# 3 Top Tips for Newly Diagnosed

## Facebook Live Event – May 10, 2018

By Sarah Makepeace

Sarah was diagnosed 13 years ago when she was attending UBC. When diagnosed, she was overwhelmed. She provided 3 simple tips for the newly diagnosed.

GF diet should never be started before you get a positive result from an endoscopy. It is a diet for life.

1. What is gluten? Wheat, rye, barley, malt, spelt and contaminated wheat – durham, kamut and triticale. It will take time to learn all the foods you must avoid. In August, 2012 labelling laws changed and [www.celiac.ca](http://www.celiac.ca) teaches how to read a label. The Pocket Dictionary that new members get in the new members package also tells you how to read labels. It then provides a listing of foods and ingredients and indicates what foods are allowed, not allowed and those that you need more information about before you can decide whether to eat them or not.

Common misconception is that you cannot eat glucose. Glucose is a sugar and does not contain gluten.

2. What am I going to eat? Start simple. Naturally gluten-free foods such as fruit, vegetables, meats (salt and pepper), eggs and dairy. Make batches of food, when you cook, so that you have leftovers. These leftovers can be taken for lunches at work and can provide you with safe food when you are out and about.
3. Google is available to answer questions however it is so easy to get overwhelmed. Start with the [www.celiac.ca](http://www.celiac.ca) and your local chapter website. Join and become a member. Take advantage of the wealth of knowledge and wealth of support that is available. The information provided is evidence based and is up to date. Get connected to the local chapter and join their Facebook group as well as the National Facebook group.

Be kind to yourself. Do your best.

### Anemia – Celiac Disease Red Flag

Facebook Live Event – Natalie Wilkinson RD Ontario

Undiagnosed CD causes malabsorption of vitamins and minerals in the small intestine. It is characterized by reduced hemoglobin and circulating red blood cells. Anemia is a deficiency of iron, folate and/or Vitamin B12. Natalie focused on iron is her talk.

Prescription for anemia is usually taking an iron supplement and eating iron rich foods.

**Iron Rich Foods:** Two servings per day of animal based protein allowed in the Canadian Food Guide. Servings of meat, poultry, seafood or eggs per day will meet the requirements for heme iron. Not a lot is required. Pulses

are excellent sources of iron. Lentils, beans, spinach, or prunes are also very good sources. Downloads are available on [www.celiac.ca](http://www.celiac.ca)

Heme iron is found in animal products is easily absorbed.

Non-Heme iron is from plant foods and is not as easily absorbed. To help with absorption pair the food with Vitamin C. Therefore, add any kind of citrus or heme iron foods to assist in the absorption. Caffeine interferes with absorption (coffee and tea). Calcium can also interfere, so do not eat with dairy products or a calcium supplement.

### Boosting Your Calcium

Facebook Live Event – Natalie Wilkinson RD Ontario

Natalie discussed calcium with regards to bone health and the issues that occur with CD. Malabsorption of calcium can occur with CD and this can lead to Osteoporosis.

Being celiac means several lifestyle strategies are required:

Strict GF diet  
1,200 – 1,500 gram per day of Calcium and a Vitamin D supplement daily  
Regular exercise  
Reduce alcohol consumption  
Eliminate smoking

Best sources of calcium are 2 -3 servings per day of dairy products: milk, cheese, yogurt, kefir and milk alternative products. Note, milk alternative products need to be fortified with calcium. Calcium is a nutrient that is normally listed on the ingredient label. “Enriched” usually means that calcium has been added. The CCA will have handouts at [www.celiac.ca](http://www.celiac.ca).

You can increase the amount of calcium in your diet through the following foods:

- Vegetables: Spinach, kale and collard are great. You can add them to salads, sandwiches and include them in omelets. Frozen spinach is readily available.
- Seafood: Salmon, sardines, and anchovies
- Beans and nuts – white beans, navy, and almonds are good alternatives
- Tap water – hard water actually have large quantities of calcium in the water. Check with your municipality what the calcium levels in your water are.

For a recently diagnosed celiac, the guideline is to take a supplement for calcium, as well as from food. Confirm with your dietitian or physician the amount that you will require.



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# Being Celiac - Nate Magnuson

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## A teen's perspective...

Being a celiac in 2018 usually is quite easy to find food and snacks in almost every supermarket, shop, and even most restaurants. Except if you're a kid looking for fast food, junk food and other assorted goodies. When I became a celiac near the end 2015, it was pretty obvious to the doctor I had the chronic illness, but we had a biopsy before Christmas to be sure. Even though it was stressful to clean out our kitchen and completely go cold turkey and start on a brand-new diet, it wasn't very hard to find meals, pastas, breads and snacks that were gluten free.

My mother was very helpful during this process as she did all the research and was able to find nice bakeries and snacks that I was able to eat. I was very glad she was here to help as I wouldn't have had a clue had I been without her care and thoughtful help. I found it difficult at first knowing how delicious and "normal" some of the fast foods, and wheat dishes had tasted just weeks before, but in time (a long time) I found that I was feeling astronomically better. I was way less tired and sleepy, I had way better endurance and physical stamina in activities and my body felt great!

Another benefit is that because of the gluten free diet I was eating much healthier options and I am sure my heart and liver were way happier! I also found that after a couple years, I found myself eating foods I would never had tried without the condition. All in all, I love how much happier and healthier my body is, now that I have been eating gluten free for close to three years! It really makes a difference and it is very doable to have likable foods even as a teenager!



## Distilled Liquors – Are they Gluten-Free?

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*Response from Sue Newell, Education & Special Projects CCA National – Intro by Val Vaartnou*

I responded to an info line question requiring Grey Goose Vodka and whether it was gluten-free. I gave the standard response to the query that as vodka was a distilled alcoholic beverage like rye whiskey, scotch whiskey, gin and vodka they are distilled from a mash of fermented grains. Rum is distilled from sugar cane. Brandy is distilled from wine and bourbon is distilled from a grain mash including corn. Since the distillation process does not let the proteins enter the final product, distilled alcohols are gluten-free. (CCA Pocket Dictionary).

The individual asking the question said that after talking with a fellow celiac, he had been told this could not be true, as ingesting vodka causes significant celiac symptoms in his friend. I forwarded this to Sue Newell who provided this thoughtful response. I thought I would share it you as it may explain issues you may have with distilled alcohols.

"I know I don't have to tell you that not every reaction is due to gluten. Alcohol is rarely consumed in isolation from food, but somehow the alcohol always get the blame!

In addition to alcohol, the other component that survives distillation is congeners. These are the flavouring agents and other components that are light enough to be carried in water vapour or that convert to gas at a lower temperature than the boiling point of water.

Most congeners are innocuous but some are rather nasty, including small amounts of chemicals such as methanol and other alcohols (known as fusel alcohols), acetone, acetaldehyde, esters, tannins, and aldehydes (e.g. furfural). If someone has a sensitivity to any of these items, they can show a variety of reactions and depending on the dose, can become quite ill. Usually the first 5% of distillate is discarded to get rid of some of these substances. When you hear about alcohol that has been distilled multiple times, it is to remove some of these compounds.

Different grains have different types and levels of congeners. As a result, it is possible for people to react to one brand but not another.

I can almost guarantee that this correspondent is not going to believe this information. That is common and is one of the reasons why so many rumors continue to exist."

Thanks Sue for you always knowledgeable response.

# Ask Jess: Our Registered Dietitian




**Q:** With the Scotia Bank Charity Challenge just around the corner I've decided to start moving my body every day in preparation for the run on June 24th. But my sore muscles are acting as a deterrent. Do you have any advice for easing aches and pains post workout?

**A:** Doing light to moderate exercise 30 minutes a day is a great way to relieve mental stress, support immune health and fight chronic inflammation. Plus regular exercise can improve our energy levels and sleeping habits, so keep up the good work! However, despite all these benefits, it can be hard to keep moving when all you can feel is yesterday's aches and pains. Try embracing a more anti-inflammatory eating pattern as it may help ease these aches and pains. Here are some of my favorite anti-inflammatory foods: salmon, chia seeds, ground flax seeds, walnuts, cherries and turmeric.

Quick tips on flax seeds and turmeric: Whole flax is inexpensive and shelf stable while ground flax goes bad very quickly. For best results, store ground flax in the freezer or grind flax fresh before use. Add ground flax to smoothies and baking or stir into salad dressings, yogurt and sprinkle on casseroles just before eating. Regarding turmeric - in order to get a therapeutic effect from it, aim to consume at least 1/2 - 2 teaspoons of ground turmeric a day and make sure to take it with a bit of healthy fat, and fresh black pepper to improve absorption.

## THANK YOU!

 *The Canadian Celiac Association – Vancouver Chapter  
wishes to Thank Our Scotia Run Partners:*



# Membership Report - AGM

By Lizbeth Wall, Membership Director

Liz reviewed the membership numbers for 2017. Membership increased in 2017 for the Vancouver Chapter, however, was lower nationally. Thanks to everyone and to Liz for sending out the reminder messages. As of April, 2018 membership was at 306 and is getting back to the 2013 levels.

## Membership

Members	2012	2013	2014	2015	2016	2017	2018
Vancouver active 2011 - 505	357	347	250	259	253	285	293
No email addresses		92	90	55	41	40	26*
Email addresses		255	150	204	212	245	267
Nov - expired			4	9	6	0	4
Dec - expired		56	69	49	30	6	19
Jan - expired		9	14	10	9	1	6
Feb - expired						2	0
National	6,916	6,337	5,429	4,938	3,242	3,626	3,000

\* Some with email prefer mailed newsletter



## CCA Vancouver Chapter 2017 Financials

Submitted by Betty Wong, Treasurer

The following are the unaudited financial statements for the Canadian Celiac Association – Vancouver Chapter for 2017.

### Revenue - 2016/2017

	2016	2017
Advertising - Newsletters	4,250	6,200
Donation - No Receipt Awareness	3,892	3,228
Donation - No Receipt Research	844	97
Donation - Receipted Awareness	10,393	20,655
Sales of Books	722	104
GST Refund	147	203
Interest Income	217	181
Membership Revenue	2680	2,895
Total	\$23,145	\$33,563

Revenues are significantly higher in 2017 due to increased newsletter advertising, \$4.2K donation from Canadian Mattress Recycling Inc. and donations from the Scotia Run. Donations throughout the year were lower in 2017.



# CCA Vancouver Chapter 2017 Financials

Submitted by Betty Wong, Treasurer

The following are the unaudited financial statements for the Canadian Celiac Association – Vancouver Chapter for 2017.

## Expenses – 2016/2017

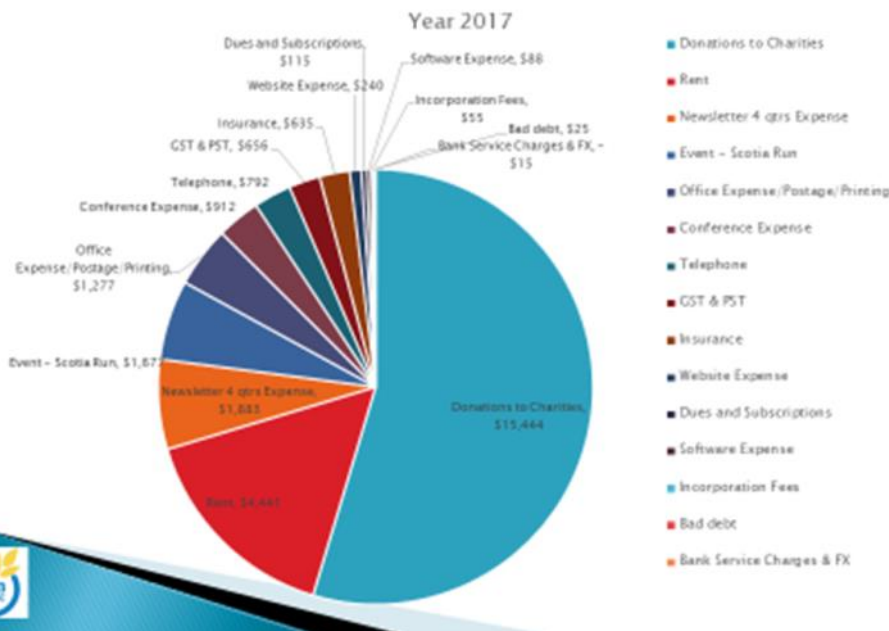
	2016	2017
Conference	1,752	912
Donations to Charities	4,004	15,444
Events	3,133	1,677
PST, GST	685	656
Insurance, Legal and Bank Charges	681	843
Newsletters	2,084	1,883
Office, FX, Training, Software and Website	1,111	699
Other Postage	569	698
Printing	204	181
Rent and Telephone	2,169	5,234
Volunteer Recognition	561	0
<b>TOTAL</b>	<b>\$16,953</b>	<b>\$28,227</b>



Conference expenses were lower as the 2017 conference was held in Edmonton. 2016 conference was in St John's NL. As a result of Scotia Run, the Chapter gave \$10K to the J A Campbell research fund for Celiac Disease. Other research donations of \$844 was also given to the fund. \$4K was given to National for Operations and the development of webinars. Events expense were lower in 2017 as 2016 included the conference of Family Physicians. Less training and software were required in 2017. Rent expense includes \$4.2K for a storage office, which was donated back to the charity by Canadian Mattress Recycling Inc.

Thanks to Cloud9 Specialty Bakery, who donated gift cards for each of our volunteers, our Volunteer Recognition expense was covered. Thanks to the Scotia Run and our wonderful fundraisers and corporate partners, we have been able to contribute significantly to research into Celiac Disease in Canada through the national J A Campbell Research Fund.

## 2017 Expenses



# CCA Newsletter Financials 2017

CCA - Vancouver Chapter Balance Sheet	Dec 31, 2017	Dec 31, 2016
<b>ASSETS</b>		
<b>Current Assets</b>		
Chequing/Savings		
Term Deposit	20,971	20,793
Chequing	17,164	12,479
Investments	0	573
Accounts Receivable	1,925	503
Prepaid Expenses	96	192
Inventory Asset	80	79
<b>Total Current Assets</b>	<b>40,236</b>	<b>34,619</b>
<b>TOTAL ASSETS</b>	<b>40,236</b>	<b>34,619</b>
<b>LIABILITIES &amp; EQUITY</b>		
<b>Liabilities</b>		
Accounts Payable	280	0
<b>Equity</b>		
Opening Bal Equity	9,131	9,131
Retained Earnings	25,488	19,765
Net Income	5,337	5,723
<b>Total Equity</b>	<b>39,956</b>	<b>34,619</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>40,236</b>	<b>34,619</b>

CCA - Vancouver Chapter Income Statement	2017	2016
<b>Income</b>		
Advertising - Newsletters	6,200	4,250
Donation - No Receipt Awareness	3,228	3,892
Donation - No Receipt Research	97	844
Donation - Receipted Awareness	20,655	10,393
Sales of Books	104	722
GST Refund	203	147
Interest Income	181	217
Membership Revenue	2,895	2,680
<b>Total Income</b>	<b>\$33,563</b>	<b>\$23,145</b>
<b>Cost of Goods Sold</b>		
Cost of Goods Sold	0	469
<b>Total COGS</b>	<b>\$0</b>	<b>\$469</b>
<b>Net Income</b>	<b>\$33,563</b>	<b>\$22,676</b>
<b>Expense</b>		
Bank Charges & Bad Debt	38	8
Conference Expense	912	1,752
Donations to Charities	15,444	4,004
Event Expenses	1,677	3,133
GST, PST	656	685
Legal Fees	55	80
Insurance	635	541
Newsletter Expense	1,883	2,084
Office, Software, Training	575	939
Postage/Delivery	698	569
Printing/Reproduction	181	204
Rent	4,441	1,325
Telephone	792	845
Volunteer Recognition	0	561
Website Expense	240	223
<b>Total Expense</b>	<b>\$28,227</b>	<b>\$16,953</b>
<b>Net Ordinary Income</b>	<b>\$5,337</b>	<b>\$5,723</b>
Other Income		0
<b>Net Income</b>	<b>\$5,337</b>	<b>\$5,723</b>





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PS FOOD DESIGN INC

# Featured Local Gluten-Free Business: Jul's GF Bakery

Submitted by Val Vaartnou



Julie Covey is the Owner/Operator of Jul's Gluten Free Bakery one of the first operations in BC to be identified as GF-Dedicated™ by The Gluten-Free Food Program (GFFP). The program provides food service handlers and operators with the required knowledge and best practices to responsibly meet the special dietary needs of people needing to eat gluten free food.



In turn, through easily identifiable and recognizable brand marks, GFFP helps consumers find safer, more reliable gluten free options for eating out.

Julie grew up in Southern Ontario in a German Mennonite farming community. This meant great farm produce, as well as, wonderful baking and all that wonderful gluten. She remembers not feeling well often after eating the wonderful ethnic meals prepared by her family. She was always very small. Her sister was very athletic and Julie always felt very insecure about the way she looked when she compared herself to her sister's voluptuous figure. Although small, Julie started to have a distended stomach. She was afraid to eat and rationed herself to near starvation. Unfortunately, the prescription to eat properly pushed her the opposite direction, to binge eating. This eating disorder lasted 15 years, until she received the celiac disease (CD) diagnosis.

Her doctor was confused, as he did not feel her symptoms were typical of CD. The eat disorder and CD damaged her body. After her own very difficult and painful journey with CD, Julie wanted to make a difference so she opened "Jul's Gluten Free Bakery" in Chilliwack.

Julie did not have a chance when it came CD as many in her family have CD. Her mother, her sister and her mom's sister have all been diagnosed. On her father's side, her father's younger sister was diagnosed and her father, although not diagnosed, passed away of Lymphoma at 60 years of age. During his life, he had all the symptoms of CD.

In 1938, when her mom was 4 years old the doctor had given up hope of saving her life. The neighbors and cousins came to say their goodbyes. In a final effort to save her, she received a blood transfusion and for whatever reason, it spared her life. Her mom always had stomach issues and suffered from anemia. Her diet included a significant amount of gluten. Unfortunately, she was not diagnosed until she was in her 60's. Despite not feeling well, her mom was an enterprising person and today she is 83 and doing well.

Julie was relieved with the CD diagnosis. To start the heal-

ing process she recommends – good food for life. Once she did that, she no longer had sugar cravings and from never being satisfied, she was finally satisfied. "It is your journey and everyone is different. Join the CCA and be part of group if possible. Try to keep it simple and not be overwhelmed." There are so many wonderful products available today and much research is occurring today. She had success by finding a Naturopath who was knowledgeable and understood the gut.

Julie started her GF business, by joining friends at the local Farmer's Market. They had had customers requesting GF baking. Julie could fill that need. As her children graduated from school, she found her life changing and she had more time – no more soccer games to attend. She found that the Farmer's Market was fun. Baking, however, was a lot of preparation. She found a Certified kitchen at family owned Kinkora Golf Course, and started the process of working with the Health authorities and the CCA in insuring the kitchen was set up to ensure no cross contamination. She soon outgrew the Kinkora Golf Course kitchen! She had her Carrot Cake tested to ensure it was gluten free and started retailing her product at Lepp's Market and other specialty stores including Neufeld's Farms, Nature's Pick-in's, Sardis Health Food Store and The Town Butcher. She added banana bread to the product line. She moved to a new kitchen at a local elementary school, but only lasted 6 months, as it was exhausting. She moved all baking materials back and forth from home. At that time, she was still working full-time as a secretary in the school system and had an assistant to help with the baking. It was a lot of fun, but she simply collapsed due to all the work.

She next rented space from the Town Butcher and finally started to see a small profit. When, Bill Turnbull, the owner of the Town Butcher moved to south end of Chilliwack, it was a better location, bigger kitchen and the business started to blossom from there.

One of her biggest challenges was trying to convince her customers that she was in fact, gluten free. When the Gluten Free Food Program (GFFP) started, she thought that this could actually help her. She found the process very straight forward and as she moved through the on-line training modules, the fact that she was celiac herself, made her familiar with all the concepts in the training. She is currently rebranding her website. It will launch June 1. Check it out at [julsglutenfreebakery.ca](http://julsglutenfreebakery.ca)

She has learned that you never give up when you are starting a business. You must face your fears. Julie works to try to create balance in her life. Break through limitations, do not be passive, do what you believe in and above all, be yourself.

# Featured Local Gluten-Free Business: Jul's GF Bakery

The future of the business looks great. Chilliwack is growing fast and Cultus Lake is booming. In Chilliwack, many people do their own baking, grow their own vegetables and have gardens. This growth will contribute to her business being successful.

Julie sells carrot cake, fruit scones, green pea flour brownies, and pies (fruit, chorizo, and chicken potpie). Her beef is grass fed and produced by her husband and his partner at 150 Mile House. Their website is [www.doublegcattle.ca](http://www.doublegcattle.ca). She has own butcher block and space for her products, within The Town Butcher. In the future, Julie plans to sell more paleo products and create mixes, so her customers' can do their own thing. No one in the shop uses gluten-containing flour.

All products are hand baked, created in the store, and Julie developed all the recipes. Several of the products are also corn free and soy free.

Looking back, Julie would not have done things differently. She learned as she went along and the knowledge gained was invaluable. She is not making a quick buck, but she is enjoying what she is doing. She was "Born to bake!"

Find Jul's Gluten Free Bakery at :  
 The Town Butcher  
 #301-5580 Vedder Rd, Chilliwack.  
 Website: [julsglutenfreebakery.ca](http://julsglutenfreebakery.ca) (604) 845-7054



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# The Role of Viruses in Celiac Disease: Q and A

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Nearly a year ago, a team of researchers and physicians from the **University of Chicago**, under the supervision of **Dr. Bana Jabri**, our Center's director of research, published a paper in the high impact journal **Science**, that received a great deal of acclaim and interest. The project was driven mainly by **Romain Bouziat** and **Reinhard Hinterleitner**, two post-doctoral researchers, along with the contribution of several lab members including **Toufic Mayassi**, **Marlies Meisel**, **Sangman M. Kim** and **Valentina Discepolo**, but also with the collaboration of other institutions, especially the group of **Dr. Terence Dermody**, expert pediatric virologist at **Nashville**, now at **UPMC in Pittsburgh**. Here, **Dr. Discepolo, MD, PhD**, working as a visiting researcher in our celiac research lab, dissects it for us, explaining why it was truly important.

**Q: Why is it significant that this paper was published in Science?**

**A:** It is extremely significant that this paper was published in *Science*, rather than in a medical or gastroenterology journal. *Science* contains articles about all science, from astronomy to zoology. So the fact that the editors were interested in an article about celiac disease tells us that the topic, the contribution of viral infections to the induction of autoimmune disorders, has far-reaching implications and has the potential for a much wider audience than merely those with an interest in celiac disease.

**Q: Can you explain in laymen's terms what this paper showed?**

**A:** Sure. This paper explains how we can finally see that reovirus, a virus that is normally rather innocuous, can actually imprint a different response to food in the intestine. For the first time we were able to dissect the mechanism by which a virus, which is an environmental trigger, can alter the immune system selectively in the intestine in a way in which it is able to imprint a different response of the immune system to a food protein, which is something that has never been proven mechanistically.

**Reovirus, a virus that is normally rather innocuous, can actually imprint a different response to food in the intestine.**

**Q: Please go through the process with me. Someone gets infected with reovirus, and what happens?**

**A:** First, it's important to understand the nature of this type of infection: Infection is not the same as disease. Infection is just a pathogen going into the body, having an interaction with the body and eventually replicating into the host

cells. The result of the infection could vary from clearance, to causing disease, to having chronic infection, which means the virus stays forever in your body.

There are different outcomes. So, the term "infection" just means that an external pathogen enters the body through a certain route (gastrointestinal, airway, etc.) and replicates into its cells. Whether it causes disease depends on different factors (both viral intrinsic and host intrinsic) that may lead to development of clinical symptoms. So the interaction between a bug and someone's body could result in symptoms, but this is not necessarily the case for all viral infections. Sometimes you don't even know you've been infected because your immune system was able to clear the infection without any damage or symptoms.

The ability to clear the infection also depends on both viral and host factors. Some viruses could be fought efficiently by every human body, while others are set up to chronically live in your cells, most of the times silently without causing any symptom. Reoviruses induce a silent infection; in other words they enter the human body through the oral route and they replicate in the intestine without causing any clinical symptoms, so most affected subjects are not aware that they have been infected.

**Using reovirus, for the first time, we actually proved that a virus, if it doesn't cause any symptoms, could still act on your immune system in such a significant way that it is able to contribute to elicit an autoimmune disorder.**

**Q: How is reovirus in particular related to celiac disease?**

**A:** No evidence supported its role in celiac disease development previously; however, rotavirus, a major cause of gastroenteritis in humans, belongs to the same viral family and was associated with the development of celiac disease by several scientists. Using reovirus, for the first time, we actually proved that a virus, even if it doesn't cause any symptoms, could still act on your immune system in such a significant way that it is able to contribute to elicit an autoimmune disorder. This is not true for all viruses. Indeed in this paper, we used two strains of reovirus, so two slightly different viruses belonging to the same family, and showed that only one of them could have such an impact on the immune system. In particular, only one strain was able to impair the immune tolerance to a food protein when infection occurred at the same time of first dietary intake of that very protein. So it is not only the family of the virus that matters, but also the specific strain of the virus that can have a specific interaction with the immune system, thus having a different impact on the disease development. In addition, **the timing of viral infection and dietary protein intake play a role.**

# The Role of Viruses in Celiac Disease: Q and A

## Q: Who were your subjects?

**A:** We first tested our hypothesis in common wild-type mice, (we call them wild-type, because they are the strains that exist normally in nature). Then, we used a transgenic mouse model to further correlate what we found with celiac disease onset. The transgenic mouse model we used in the study is engineered to express the human HLA-DQ8 gene, which is one of the two main predisposing alleles for celiac disease development in humans (the other one being HLA-DQ2). All celiac patients must have either one or both of the HLA-DQ2/DQ8 alleles in order to develop the disease, so this is a requirement. These mice only have the HLA-DQ8, like celiac disease patients, and they are fed with gluten to mimic what happens in the human disease. Of note, the HLA-DQ8 is also expressed by patients with Type 1 diabetes, and this allows for some speculation about the role of similar immunological mechanisms in the context of other autoimmune disorders.

## Q: Can you summarize the main conclusions in laymen's terms?

**A:** In this paper we specifically focus on the loss of immune tolerance to an oral antigen. Oral tolerance is a process normally occurring when we encounter any food protein through an oral route, and it consists of the development of a tolerogenic response to that protein by our immune system.

Sometimes this response is instead inflammatory rather than regulatory, as occurs in celiac disease. Why this shift occurs in some patients to some proteins is unclear. We postulated that viral infections may be one possible trigger of this phenomenon. The first concept this study puts forth is that a viral infection can have an impact on the immune system, independent of the fact that it does not cause symptoms or that it can be efficiently cleared from the body. This specific reovirus strain infects the gut and is efficiently cleared, meaning that we don't detect any more virus a few weeks after infection; nevertheless, for the time that the virus interacts with the immune system, it can impact its response to food antigens, thus promoting a pro-inflammatory rather than a regulatory response to them.

## Q: How many of these mice developed celiac disease?

**A:** These mice do not develop full-blown celiac disease after being infected with reovirus; indeed they don't show any villous atrophy. However, they develop a break of tolerance to gluten, which is a pre-requisite for celiac disease development. In other words, they produce antibodies against gluten and we observe the activation of tissue-transglutaminase in their intestine, a key event occurring in the gut of celiac patients and required for disease development. Transglutaminase deamidates gluten peptides, a process required for gluten to be recognized by the immune system that mounts an inflammatory gluten-specific response. The same transglutaminase is also the one against

which celiac-specific autoantibodies are produced. Both transglutaminase activation and anti-gluten inflammatory response are necessary, but not sufficient, for disease development and do not occur in healthy individuals, but can be already observed in potential celiac patients (subjects with celiac-specific antibodies, but no tissue damage). Our mouse model in the study phenocopies this stage of celiac disease.

## Q: What is the evidence that these viruses are associated with celiac disease in humans?

**A:** We detected higher antibody titers against reovirus in patients with celiac disease as compared to controls, thus suggesting that repeated infections by reovirus might be associated to celiac disease development.

In summary, we showed for the first time that reovirus infection is associated with celiac disease. We proved that a clinically asymptomatic virus could have an impact on the intestinal immune system such that it could impair the mechanism of immune tolerance to food proteins, particularly to gluten in a celiac disease-relevant mouse model. This will have an impact not only on the potential development of preventive strategies for at risk subjects (i.e. vaccination against reovirus if developed in the future), but also improve our understanding of how environmental/infectious triggers may contribute to induce autoimmune processes.



DR. BANA JABRI, DIRECTOR OF RESEARCH FOR THE CELIAC CENTER, WITH HER RESEARCH TEAM.

# The Gluten eSummit

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Submitted by Val Vaarnou

## Key Points of Interview with Dr. Michael Marsh from eSummit

Dr. Tom O'Bryan interviewed several experts in the fields of Celiac Disease and Non-Celiac Gluten Sensitivity and reprogrammed them in the month of May. These talks can be purchased at <http://theglutensummit.com/registration/>. I am providing a summary of one of the first talks that I found extremely interesting.

**Dr. Michael Marsh** identified the different stages of Celiac Disease (CD) that are used in the classification of the disease during the endoscopy today. He is often considered to be the godfather of CD and gluten sensitivity.

Dr. Marsh's key point is that **we should not ignore the early stages of CD**. If a physician does not treat a patient with a negative endoscopy and biopsy and a positive blood test they would not have a legal defence if that person developed a lymphoma. Dr. Kaukinen demonstrated that antibodies start 7 years before villous atrophy occurs and may cause symptoms of anemia or osteoporosis, even if the tests for CD are negative. Studies have also shown that the fatty acid proteins in the small intestine are elevated before mucosal damage takes place. Dr. Marsh says that this is all part of the gluten sensitivity spectrum and must be treated in its early stages.

Dr. Richard McConnell found patients with normal mucosa with the epithelium full of lymphocytes is part of the gluten sensitivity spectrum, but they did not find increased intestinal permeability in these patients.

Dr. Marsh believes people have stopped looking at the lamina propria, which is where T lymphocyte activation occurs in response to gluten and the genetic background of that person. Research must be looking at the Marsh 1 and 2 stages of the disease more carefully (early stages of CD) so that CD can be prevented. Understanding the mechanisms of earlier stages may allow us to identify a therapeutic target.

As well, we do not know enough about which genes become activated in the process of regeneration when a patient goes on the GF diet. Dr. Marsh is an intestinal morphologist. Immunology is critical but we need to look at other disciplines as the intestinal mucosa is hugely complex. Genes are switched on in order to cause the flattening of the mucosa, but there is a lot more is going on that we do not understand.

How do the villi regenerate? New vessel formation must occur, but this has not been studied in depth. Deep focus microscope and lasers could determine what is happening here.

A majority of medical practitioners are not aware that the best test of gluten sensitivity is found in the rectal mucosa. CD is not a disease of just the small intestine. It is sensitization of the T lymphocytes in the mesenteric system. The

mesentery is a continuous set of tissues that attaches the intestines to the abdominal wall in humans and is formed by the double fold of peritoneum.

Today, consensus of the medical community has been Marsh III is what we should be concerned with. Dr. Marsh disagrees. Early lesions can be associated with symptoms and nutritional deficiencies. Minimal change in intestines occurs with Dermatitis Herpetiformis yet these individuals can develop lymphoma.

In 2009 Lidvigsson et al. looked at small intestinal histopathology and the mortality risk in CD. 286K celiac patients were studied: 39% had increased mortality if diagnosed CD, 35% had mortality in patients with latent CD, 72% had increased mortality in patients with negative biopsy and increased IEL count (increased inflammation only). We need to be concerned with those who do not have villous atrophy. Early stages of CD must be taken seriously. Just the inflammation is dangerous!

About 1% of population has Marsh III which is considered CD and total villous atrophy. Dr. Marsh feels about 30% have Marsh 0, I and II but this has not been studied. The conundrum of gluten sensitivity is that the blood tests are negative, yet the patient feels better on a GF diet. Some suggest the tTG is a highly specific and sensitive marker for CD in patients with total villous atrophy. It does not identify someone with partial villous atrophy. We are not measuring the T lymphocytes that cause villous flattening and are only look at the antibodies.

Dr. Marsh prefers a rectal challenge mucosa test. A slurry of wheat flour is injected into the rectum and the patient lies there for 1 hour and a biopsy is taken before, at 2 hours and at 4 hours. This test will calculate who would be celiac. The mesenteric immune system circulates into the colon as it does in the small intestine. This test has not been generally accepted by the medical community.

Dr. Marsh stated that in 1981 Dr. Anderson looked at the situation of malabsorption and bloating due to wheat flour. It is a biochemical problem, not an immune reaction, but the symptoms can be the same of CD. This biochemical problem needs to be more carefully defined.

In the future, we need a detailed account of the mucosal stages of CD. Wheat flour is part of Western civilization and Dr. Marsh would prefer to recommend a GF diet rather than a drug. However, GF food must be continually be improved. We need blood tests that will make the intestinal biopsy redundant, however, we are a long way from that.

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# How to Travel with Someone Who Eats Gluten



Being nervous about spending time and travelling with someone who does not have celiac is completely normal. My husband and I were travelling for one week with his friend who is a total gluten eater. I am talking bread for breakfast, lunch and dinner kind of guy. My husband and I knew that it could be a challenge, but we came up with a step-by-step game plan to make it work and I want to share it with others. My goal is to encourage other people with celiac to travel and to live life to the fullest. For more on my travels visit my website at <https://glutenfreetraveller.ca>.

## Educate

### What is Gluten

Be completely upfront about what gluten is, because people do not always know. Getting down to the basics, start with what it is – wheat, barley and rye. Depending on whether you want to go further into other gluten containing ingredients you may want to reference the Canadian Celiac Association list [here](#).

### Cross Contamination

Then we delved into what cross contamination is and how it makes me sick. Specifically, how conscientious that everyone must be in the household to make it work, it is a team effort. We stressed that crumbs matter and that even one crumb from his bread could make me sick. Educating about cross contamination is so important and a big barrier for people to wrap their mind around.

### Autoimmune Disease

Getting specific about autoimmune diseases, we discussed that if I ingest gluten, my own immune system attacks my small intestine. Even the over-arching description is a good place to start because not everyone knows someone who is affected with an autoimmune disease.

### My Symptoms

People can have different symptoms, so I discussed how it negatively affects me internally and what my obvious outward symptoms are. You need to get specific for them to learn that you take it seriously and so must they. The other bonus is that one more person in this world will know more about the disease that affects us.

## Make Rules of Engagement

Since he was still going to have products with gluten in them, we set some basic rules. We partitioned off a section of the kitchen which was his and kept it very separate from the non-

gluten section of the kitchen. This way he could put all his products there and he could prepare his meals.

We also gave him specific plates, bowls, utensils and cleaning products like a sponge to clean his dishes. We each had our own preparation areas to ensure that cross contamination was not an issue.

I also stressed that if something happened and he accidentally used other utensils or double dipped into a jam or butter that he had to tell me. Mistakes happen and if I know about it, then I can protect myself from possible cross contamination. Honesty is the best policy in this regard.

## Cook for Them

Some people think they could not possibly survive without gluten and in my experience, many people pity me for having celiac. I think it is best to show them that they do not have to feel sorry for me. How I do this is by making them something delicious and invite them to have some. There is such a long list of good wholesome food that you can eat, so incorporate these items into lovely meals that everyone can enjoy.

Make your favourite meal(s). If you are looking for a meal idea, let me help you out for supper.

### Chicken and Sweet Potatoe Stir-fry

#### Ingredients:

- 2 lbs of chicken, cubed
- 4 cups of brussel sprouts, chopped
- 6 cloves of garlic, minced
- 4 granny smith apples, cubed
- 2 onions, chopped
- 2 medium sweet potatoes, cubed
- Thyme – add to your taste
- 2 cups of chicken stock
- Pepper, salt and cinnamon to taste
- Any other spice you love!

Using a large wok or frying pan cook the chicken, onion and 3 cloves of minced garlic. Once cooked, remove from wok.

Add the remaining ingredients into the wok on medium heat until it starts to boil and then simmer until the sweet potatoes are fully cooked and a fork can go through with ease. Mix in the chicken and simmer together for 5 minutes and then let cool before eating.





# How to Travel with Someone Who Eats Gluten

For breakfast, I keep it easy and have either an omelette, fruit smoothies or bacon and eggs. This would keep us full until lunchtime rolled around. Breakfast is my favourite meal of the day.

## Cleaning

You should use some judgement in the cleaning arena. I offered to do all the dish cleaning in this case, so I could ensure that my non-gluten area and dishes was cleaned with my sponge and I offered to clean his dishes and area at the end of the day with his cleaning products.

If I was travelling with someone like my parents who know exactly what it takes to ensure cross contamination is not an issue, I would not feel like I needed to clean their dishes for them.

Follow your gut in this area, no pun intended, to make sure you do not get sick on your vacation.

*Household Tip - You could extend this to your living situation and allocate yourself the kitchen cleaner and the remaining house guests to other areas of the house, like vacuuming and bathroom cleaning, etc. Make it fit your lifestyle and specific situation.*

## Feedback

If the person is really learning about your disease and doing their best to help incorporate these items, please thank them. Even if there were some small or big mistakes, constructive feedback will go a long way to help people do better.

Let me know about other tips that you have had success with and send me an email and visit my website at <https://glutenfreetraveller.ca>. Follow me on Facebook, YouTube and Pinterest.

Cheers, I hope you enjoy your next journey,

Brett Duncan - The Ultimate Gluten Free Traveller



# Celiac Japan

By Jennifer Riley



Picture: [sites.psu.edu](http://sites.psu.edu)

Travelling to Japan is an exciting adventure. It is a country filled with beautiful nature, history, fun, and, unfortunately, gluten. Although almost every piece of food contains gluten, you can survive there without getting sick. My wife and I are both celiac and travel frequently and Japan is the only country where I haven't gotten sick.

## Tips for Eating Safe in Japan

- Plan ahead: Do a lot of research on which foods contain gluten and which restaurants are safe to eat at. Tokyo has a few dedicated gluten-free restaurants (Café Little Bird and Bar Hapa) and there's a traditional Japanese restaurant in Osaka that is gluten-free and vegan (Megumi). Consider joining the Facebook group, Gluten-Free Expats Japan for lots of local tips.
- Carry a translation card: Legal Nomads has a great card that explains in detail all of the foods that are unsafe in Japan. When you enter a restaurant, show the card to your host. In many cases, you will be turned away, but

some chefs will be willing to adapt their dishes.

- Use Google Translate: This handy app can read Japanese ingredients and help you decipher if something contains gluten. It's not perfect and you need internet access, but it's so much quicker and easier than trying to read kanji.
- Pack lots of food: Almost half of our luggage was food and we could have easily brought more. Things like oatmeal, dried fruits, gluten-free pasta, and protein bars will save you when you're hungry and there's nowhere around with safe food.
- Book accommodation with a kitchen: You can buy fresh produce and prepare your meals in a safe environment. Pack some leak-proof containers so you can easily transport leftovers between destinations or pack a nice picnic.

For lots more tips, check out the Gluten-Free Guide to Japan article on my blog – The Rainbow Route ([therainbowroute.com](http://therainbowroute.com)).

# Schedule of Events

## June 9, 2018 Canadian Celiac Association – National Conference

**Location:** Ottawa

For full details of the conference see: <https://www.celiac.ca/news-events/2018-national-conference/>

## June 9, 2018 – North Vancouver Brunch

Eugenia Mooney will set up a June Brunch:

**When:** June 9.

**Location:** The Green Moustache, 117 West 1<sup>st</sup>, North Vancouver

**Time:** 12:00 noon.

Please contact Eugenia to confirm your attendance and get further details: Phone 604-985-0719.

## Sunday, June 24, 2018 Scotia Run, Charity Challenge

**Location:** Stanley Park, 5k Run/Walk and Half Marathon (UBC to Stanley Park)

Enjoy a fun day and support your disease! See article in

this newsletter on how to support the Canadian Celiac Association – Vancouver Chapter and get your friends and family involved.

For information on signing up [www.vancouverceliac.ca](http://www.vancouverceliac.ca)



**Stay tuned for email communications regarding summer restaurant events that will be posted on Facebook and Twitter.** If you do not access Facebook or Twitter, contact Val Vaartnou 604-271-8828 and she can let you know what is planned and when.



### Awesome Breakfast - Wholesome Snack

#### Delicious Nutritious Celiac-Friendly Granola and Bars

Ingredients: organic quinoa flakes, organic peanuts, almonds, pasteurized Canadian honey, organic sulphur-free coconut, organic pumpkin seeds, organic Thompson raisins, organic sunflower seeds, cranberries, pure olive oil, sea salt. Nut-free versions are made on separate days with dedicated equipment.

**Samples Available at the CCA Scotia Run Booth June 24<sup>th</sup>**

Available On-Line - free shipping with a minimum order of \$39.00

Available at select stores, see the web site

[www.cascadiaglutentfreefoods.com](http://www.cascadiaglutentfreefoods.com)

604-779-0483

## Messages

From

Your

Leaders

# Messages From Your Leaders

**Eugenia Mooney – June Lunch** – Eugenia will set up a June Lunch for June 9. The lunch will be held at The Green Moustache, 117 West 1st, North Vancouver at 12:00 noon. Please contact Eugenia to confirm your attendance. Phone 604-985-0719.

**Liz Kennedy and Val Harding – Powell River** - Picture of the group at their Christmas Cookie Exchange



**Val Vaartnou – Richmond** Amanda Kroetsch (prior owner of the Living Café in Steveston), has opened The Living Café Brain & Body Bar in a sports facility in Richmond. 2611 Viscount Way, Richmond (inside the gym) she provides salads, muffins, and juices many of which are gluten-free. She also sells 2 Guys with Knives meals which are gluten-free. Warning it is small and in a gym environment. Amanda is celiac herself and understands. Sunday April 15th was their grand opening.

## Drop-In Groups

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

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

**Powell River Drop-In** – Contact: Liz Kennedy: [lizkennedy@shaw.ca](mailto:lizkennedy@shaw.ca) or Val Harding: [valhar@shaw.ca](mailto:valhar@shaw.ca) for location and time.

**Richmond Drop-In** – 2<sup>nd</sup> Monday of each month at 6:30 pm. Waves Coffee House, Steveston, 1231 1<sup>st</sup> Ave, Richmond. Contact: Val at [val\\_vaartnou@telus.net](mailto:val_vaartnou@telus.net) or phone 604-271-8828.

**South Surrey Drop-In** – Meetings are the 3<sup>rd</sup> 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](mailto:pushpakapadia@gmail.com) or phone her at 604-721-0098 if you will be attending the meeting.

**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](mailto:val_vaartnou@telus.net) .

**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 [utet@shaw.ca](mailto:utet@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.



**CLOUD 9**

# WE'VE GOT BUNS HUN!

**HOSTING A BBQ PARTY?  
WE'VE GOT YOU COVERED.**

We offer fresh gluten-free hot dog and hamburger buns perfect for that backyard BBQ party!

Place your order by email and we'll have them ready for you:  
[orders@cloud9specialtybakery.com](mailto:orders@cloud9specialtybakery.com)

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## GLUTEN FREE GRILLING

**NOW THAT WARMER WEATHER IS UPON US, WEEKENDS  
ARE FULL OF BBQ PARTIES & HOT DOGS HITTING THE GRILL!**

**Here are a few rules for gluten-free grilling.**

### WATCH THE GRILL

Since most people only have one designated grill, it is important to keep your eyes open for contamination. If you want to make sure your food won't be contaminated, the best solution is to wrap your portion up in tinfoil or foil packets.

### SAUCES AREN'T ALWAYS SAFE

Be wary of sauces that are on the picnic table. Make sure to check what the steak has been marinated in. Most prepared marinades and BBQ sauces are not gluten-free. Best way to avoid getting sick off of sauces is to make your own.

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**GET MORE GLUTEN-FREE "TIPS & TRICKS"  
DELIVERED MONTHLY TO YOUR IN-BOX. SIGN-UP AT**

**[Cloud9SpecialtyBakery.com](http://Cloud9SpecialtyBakery.com)**

