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**Vancouver Chapter**

# Celiac News

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Canadian Celiac Association

L'Association canadienne de la maladie coeliaque

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Thanks to our Facebook moderators Lynda Neilson and Sarah Makepeace.

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## NEXT ISSUE:

If you have any recipes, restaurant reviews/articles for the December 2018 issue, please have them submitted by November 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

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Newsletter Editor - Val Vaartnou



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The gluten solution: Find. Treat. Cure.

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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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# President's Message



First and foremost we want to thank all of you who participated in the Scotia Bank Charity Fundraiser. We are so incredibly grateful to our sponsors, who gave us the opportunity to wear such fun t-shirts "Running Gluten Free" and great swag bags to share with the 49 people who raised over \$17,600! How impressive is that. You can read more about our sponsors and the event in this edition. I truly hope you will consider joining us next year either as a participant or to make a donation. You will be hearing about the next Scotia Bank Charity event in the Spring of 2019.

We are so lucky to live in such a beautiful part of the world. Our summers are relatively short so most of us try to cram as much as we can into a 3 or 4 month period before we are bundled up back into our cold weather garments. My family tends to stay close to home during the summer, exploring our own neighbourhood and province but this year we ventured out to the UK on a cruise that took us to Ireland and

Scotland.

I know that many of you have mastered how to travel safely but traveling always stresses me out, I worry about "what am I going to eat." I take the necessary steps to make sure I am safe and not hungry by never being without food in my bag "just in case" and "just in case" always happens. Right?

I have been lucky to have traveled with many different cruise lines but my experience with Azamara was exceptional. Breakfast and lunch are usually buffet style, a celiacs worst nightmare. I dread having to ask at every meal "does this have gluten in it" and sometimes even if they say no I still don't trust that it might be safe for me. This particular buffet had almost all of the dishes labelled, gluten free, lactose *free* etc. All of the sauces are made with rice flour. I even took opportunities to challenge the staff. For example, they had oats in the Gluten Free cereal area. I did not believe that they were certified GF or that they would even understand what I was talking about. The next morning the manager showed me the bag that the oats came from and sure enough they were certified GF. I was so impressed I asked to speak to the Restaurant and Beverage Manager to determine just how seriously they took addressing those with medically restricted diets. I was then introduced to the Hotel Director. They both explained how restaurant staff were trained. I can tell you first hand, citing many other examples; I was never brushed off and certainly never made to feel that I was bothering anyone. In fact I would go so far as to say I felt appreciated.

I hope that you had a chance to enjoy some rest and relaxation as the busy Fall Season begins. Our Board certainly has ambitious plans to create a support program for families and children and to continue to assertively promote Awareness, reach out to the medical community and to help identify and help those 87% of Celiacs who are undiagnosed.

*"You're braver than you believe, stronger than you seem, and smarter than you think"*

Winnie the Pooh

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# Navigating the Gluten-Free Diet

Adriana Smallwood, BSc, BSN, RD—Presentation at the 2018 CCA National Conference – Ottawa



Adrianna Smallwood is a Registered Dietitian and member of the CCA Professional Advisory Council. Her website is <http://www.newfoundbalance.com/> where you may find useful recipes and further information.

Adrianna has an expansive background in food chemistry and Dietetics. She graduated Acadia University with an undergrad in Nutrition, after completing a Biochemistry degree from Memorial University of Newfoundland. Following the conclusion of these programs she completed her one year Dietetic Internship with Eastern Health in Newfoundland.

As a new mom and someone with Celiac herself, her passion is creating meal options that are healthy and delicious. Adrianna's philosophy, while trying to maintain a healthy, gluten-free diet, is to enjoy everything in moderation (there are too many a foods out there to refrain from ever trying them)! Healthy living and healthy eating means consuming foods that satisfy all our needs, whether it's for subsistence or for pleasure.

Her talk was on Navigating the Gluten-Free Diet. She indicated the importance of proper diagnosis and then following a

strict gluten-free diet ensuring that all foods and additives are gluten-free. Keeping a food symptom journal is important to identifying what food sensitivities may exist and then following an elimination diet of the common allergens and then introducing them back into your diet one at a time to determine if there are symptoms associated with their introduction.

Celiacs must be aware to adequate levels of iron, the B vitamins, calcium and zinc. Iron deficiency may only be a symptom of inability to absorb nutrients. Sources of iron are important. Animal iron (heme) is absorbed better than plant based (non-heme) iron. When taking in non-meme iron, you should add Vitamin C and avoid coffee and tea to ensure that it is absorbed. Although avoiding exposure to gluten is critical for health of celiacs, one accidental ingestion will not set you completely back to where you started from.

Newly diagnosed celiacs may have to avoid lactose, however, once the gut is healed, many can tolerate lactose again. As calcium and vitamin D are often low at diagnosis and throughout, you should always ensure that the dairy products or replacements you chose are fortified with these. The level of zinc in your body will improve as the gut heals.

What about the FODMAP diet? A FODMAP diet is required when carbohydrates and sugar alcohols (fructans) are poorly absorbed. The diet is complicated and you should work with a registered dietitian if you wish to try the diet.

Adrianna indicated that Stephanie Clairmont (<https://stephanieclairmont.com/>) and Tricia Thompson, the gluten-free watchdog were good resources.

## Ask Jess: Nutrition Corner



Jess Pirnak is a Registered Dietitian who kindly volunteers her time to write newsletter articles for us and answers questions from our members. Jess can be reached at [nutrition@vancouverceliac.ca](mailto:nutrition@vancouverceliac.ca) if you have any questions.

**Q:** I've been recently diagnosed with celiac disease but was living undiagnosed for years! Unfortunately, the prolonged diagnosis has done quite a bit of damage to my gut, so I was wondering what your top three gut healing supplements were to start consuming after a recent diagnosis?

**A:** Supplements and natural medicine are powerful tools for treating the symptoms of a wide array of digestive concerns but are highly individualized! For instance, do we need to bring down inflammation? Soothe irritated intestinal lining? Or repair the gut lining? Definitely speak to your physician,

pharmacist or dietitian before starting any new supplements to make sure you are using them in a safe and effective manner. For now, here are my go-to supplements for healing your gut:

### Probiotics

Probiotics are a must! These are the "good" bacteria that you need in your gut to promote intestinal healing, reduce inflammation and rebalance your immune system. Choose a brand that has a clinically proven formula and take 1 x 50 billion CFU capsule a day.

### Vitamin D

Even when the sun is out most of us don't get enough vitamin D due to our modern lifestyle. Vitamin D has widespread effects throughout the body including rebalancing our immune system, which in turn reduces inflammation. Take 1000 IU of vitamin D3 in the summer and 2000 IU in the winter.

### Omega-3 Fatty Acids

That's right - eat more fat! These healthy fats are anti-inflammatory by nature and cause a wide variety of positive health effects throughout our body. Great for brain health, heart health and inflammation! Whenever possible get your omega 3 fatty acids from food (salmon, herring or mackerel). But to assist the gut, aim for 2500 mg of ALA and/or 1000 mg of EPA + DHA.

# Celiac Disease in the News

Submitted by Val Vaartnou

The following are summaries of research in progress or completed from credible medical journals and medical sites. Information is provided where further information on the article can be found.

## The distribution of HLA DQ2 and DQ8 haplotypes and their association with health indicators in a general Danish population

In this Danish study of 2,293 individuals, a total of 47.7% individuals were positive for HLA DQ2 and/or HLA DQ8 genes: 31.2% only DQ2, 11.9% only DQ8, 4.1% both DQ2 and DQ8. Among nine individuals diagnosed with CD, 89.9% had DQ2.5*cis*, 22.2% DQ8 and 22.2% DQ2.2 (two both DQ2 and DQ8). HLA DQ2.5 was associated with higher thyroid-stimulating hormone levels, while DQ2/DQ8-positive participants had significantly lower prevalence of irritable bowel syndrome (IBS). DQ2/DQ8 were strongly associated with CD, but no other registry-based diagnoses.

United European Gastroenterol J. 2018 Jul;6(6):866-878. doi: 10.1177/2050640618765506. Epub 2018 Mar 8.

## Most people with osteoporosis do not need to be screened for celiac disease

This Columbia University study found that the prevalence of celiac disease was 1.6% said Dr. Benjamin Lebwohl. Reviewing medical databases of patients with osteoporosis, they found that 1.9% had CD. Based on this, they felt that most individuals with osteoporosis, do not need to be screened for CD. However, they did state that if a patient has osteoporosis as well as additional signs of celiac disease, they should be screened. As well, younger patients who have lower bone densities should also be screened.

<https://www.mdlinx.com/family-medicine/top-medical-news/article/2018/07/30/7539771>

## Celiac Disease and Reproductive Issues

In a new Danish study, Grode and colleagues compared the medical records of 6,319 women identified as having celiac disease through the Danish National Patient Register to the records of 63,166 women who did not have the condition. The researchers from Horsens and Odense hospitals and Aarhus University looked at the chance and timing of pregnancy, live and stillbirths, molar and ectopic pregnancy and miscarriages.

“I think this study substantiates the majority of data suggesting that uncontrolled celiac disease has an adverse effect on childbearing,” he said. “While these are admittedly small effects requiring thousands of patients to assess, they are real and provide a very good reason to be proactive about testing for celiac disease in young women.” At the 2017 Beyond Celiac Research Symposium, Leffler called for routine celiac disease testing for all women who have unexplained infertility.

“The message to women in general is that it is worth dis-

cussing celiac disease with your doctor if you have experienced fertility problems and adverse pregnancy outcomes,” Grode said.

Human Reproduction, Volume 33, Issue 8, 1 August 2018, Pages 1538–1547, <https://doi.org/10.1093/humrep/dey214>

## AMG714 – A drug to assist with inadvertent exposure to gluten

Francisco Leon MD presented during Digestive Week regarding AMG 714 (also known as ANTI-IL-15 MAB). This project offers hope for celiac patients who are inadvertently exposed to gluten (*i.e.*, *NOT cheating and eating gluten outright*). This reduces the effects of gluten consumption in celiac disease. He reported that they just finished a phase 2a, randomized, double-blind, placebo-controlled study evaluating AMG 714 in adult patients with celiac disease exposed to a high-dose gluten challenge. This drug reduced activation of the immune system, leading to fewer symptoms due to intestinal damage. It's a subcutaneous injection of a biologic immune modulator that blocks Interleukin 15 (IL-15) that is a mediator of celiac disease.

“It's important to note that this drug is being investigated for its potential to protect against modest contamination, not deliberately eating large amounts of gluten, like bread or pasta,” said Francisco Leon, MD, PhD, the study director and consultant for Amgen. “Contamination, which can happen during food processing or packaging, during cooking, or due to inadequate labelling, is known to occur very frequently, despite following a gluten-free diet. Our hope is that this drug may allow celiac patients on a gluten-free diet to experience fewer gluten-triggered events.” <http://ddw.org>

## ZED 1227 Advances to Phase 2 Clinical Trial

“You can compare [gluten] to a dangerous bug. In celiac disease, the intestinal immune system does not recognize gluten as a harmless food, which it normally is, but as a dangerous bug, and the tTG makes it worse by causing a better fit of the bug to the immune system,” said Detlef Schuppan, M.D., a celiac disease expert investigating ZED 1227 and director of the Institute of Translational Immunology and Celiac and Small Intestinal Diseases at the University of Mainz in Germany. Research into ZED 1227 recently advanced to a Phase 2 clinical study, which will test how well the pill works and at what dose in blocking the immune response of the body to gluten. It is unlikely to eliminate the need for a gluten-free diet, however, it will make the lives of celiac disease patients easier. <https://www.beyondceliac.org/research-news/View-Research-News/1394/postid--110642/>

# Celiac Disease in the News

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

"Gastroenterology symptoms are certainly common signs of celiac disease when it becomes obviously symptomatic. So, patients present with diarrhea, abdominal pain, bloating, and anemia with fatigue," Murray said. "What this study tells us is that many patients are out there in the community who likely have some measure of celiac disease and who have not developed any of these symptoms. This also indicates that, perhaps, celiac disease is being detected much more without those symptoms being present."

The study was based on screening of nearly 50,000 stored blood samples taken from patients from Olmsted County, Minnesota, treated at the Mayo Clinic from 1995 to 2009. Researchers tested the samples for a biomarker of celiac disease, tissue transglutaminase (tTg) IgA. Samples that were positive were further tested for endomysial antibodies, which are very specific for celiac disease. Ultimately, 400 cases of undiagnosed celiac disease were identified and matched with 400 controls without celiac disease. This study strongly suggests that current case finding of using symptoms is not effective in detecting undiagnosed celiac disease. *Aliment Pharmacol Ther.* 2018 May;47(10):1358-1366. doi: 10.1111/apt.14625. Epub 2018 Mar 25.

## Doggie Bag Study – How Much Gluten are We Getting?

The Doggie Bag study is being done by researchers from Boston Children's Hospital, the University of Manitoba, Beth Israel Deaconess Medical Center and Biomedal, the Spanish company that developed the stool and urine tests.

Preliminary results "confirm the general concern that a strictly gluten-free diet is difficult to achieve even by highly motivated and educated celiac disease patients," Jocelyn Silvester, M.D., a study author and director of research of the Celiac Disease Program at Boston Children's Hospital, said in a presentation at the recent Digestive Disease Week. Testing for gluten peptides found positive results in 6 percent of 519 urine samples, 11 percent of 72 stool samples and 8 percent of 318 food samples.

Nearly half of the 25 food samples that tested positive for gluten had more than 20 parts per million (ppm). Five samples had more than 100 ppm. Gluten-free food labeling regulations in the United States and Canada limit the amount of gluten in packaged food labeled gluten-free to less than 20 ppm. Gluten-free food served in restaurants is not bound by the 20 ppm cut off, but restaurants are encouraged to voluntarily meet the standard.

When food tested positive for gluten peptides, it was associated with a positive urine test in 40 percent of cases and with a positive stool test in 83 percent of cases. Stool tests are more sensitive, detecting smaller amounts of gluten. It takes more gluten to trigger a positive urine test result.

<https://www.glutenfreewatchdog.org/news/significant-study-published-on-the-amount-of-gluten-eaten-by-folks-with-celiac-disease-on-a-gluten-free-diet/>

## IBD risk increases substantially in the presence of celiac disease

In an Australian study, it was found that the prevalence of inflammatory bowel disease (IBD) is 11 times higher in patients with celiac disease compared with the population at large. The meta-analysis of 27 studies was published in the *Journal of Clinical Gastroenterology*. Meanwhile, the prevalence of celiac disease is twice as high in patients with IBD as in those without IBD.

The authors reasoned that the link between celiac disease and IBD are due to common disease genetic risk factors. But, they stated, celiac disease is a specific risk factor for the manifestation of IBD.

"On the basis of animal studies, a combination of factors such as genetic susceptibility and environmental factors such as the microbiome (or GI microbiome) may define the risk to develop intestinal pathology," they wrote. Other evidence suggests that IBD in the presence of celiac disease "may result in more severe disease manifestations."

<https://www.mdlinx.com/gastroenterology/article/1771>

## Mortality in celiac disease: a population-based cohort study from a single centre in Southern Derbyshire, UK

The study found that in celiacs between 1978 and 2014, mortality in the serology (blood testing for celiac disease) era declined overall. Mortality from cardiovascular disease, specifically, decreased significantly over time. Death from respiratory disease significantly increased in the post-diagnosis period. Survival in those who died after diagnosis increased by three times over the past three decades. Serological testing has impacted on the risk of mortality in celiac disease. There is an opportunity to improve survival by implementing vaccination programs for pneumonia and more prompt, aggressive treatments for liver disease.

<https://bmjopengastro.bmj.com/content/5/1/e000201>

## Intestinal Microbiota Influences Non-intestinal Related Autoimmune Diseases

A team of researchers recently set out to examine the role played by gut microbiota in the pathogenesis of non-intestinal autoimmune diseases, such as Grave's diseases, multiple sclerosis, Type-1 diabetes, systemic lupus erythematosus, psoriasis, schizophrenia, and autism spectrum disorders. They wanted to see if microbiota can influence and determine the function of cells of the immune system.

# Celiac Disease in the News

"The current evidence supports the notion that changes or alterations of the microbial species that form part of the intestinal microbiota will affect the balance of Tregs and Th17 cells at the intestine, which could modify the immune response of non-intestinal autoimmune diseases. The experimental evidence suggesting that the cytokines secreted from Treg and Th17 will determine and influence non-intestinal autoimmune responses. It could also be possible that cells of the immune system located at the intestine could move other organs to establish or modify an autoimmune response. The major message of this review is that the abundant data support the notion that the intestine is a critical organ the appropriate immune balance and for the prevention of non-intestinal autoimmune diseases. The key point is that by modifying the intestinal microbiota of a patient that suffers non-intestinal autoimmune disease it might be possible to improve the outcome of such illness."

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5857604/>  
*Front Microbiol.* 2018; 9: 432.

Published online 2018 Mar 12. doi:  
[10.3389/fmicb.2018.00432](https://doi.org/10.3389/fmicb.2018.00432)

## **MyHealthyGut: development of a theory-based self-regulatory app to effectively manage celiac disease**

Health-related mobile applications make smartphones useful tools in providing point of care to the user. Participants reported a need for the MyHealthyGut app, listed desired content, features and functions and provided feedback to revise the content, features and functions of version 1.0 of the MyHealthyGut app. MyHealthyGut is the first evidence-based app that may be helpful in empowering users to effectively self-manage celiac disease and promote general gut health. [Dowd AJ](#)<sup>1</sup>, [Jackson C](#)<sup>2</sup>, [Tang KTY](#)<sup>3</sup>, [Nielsen D](#)<sup>4</sup>, [Clarkin DH](#)<sup>4</sup>, [Culos-Reed SN](#)<sup>1,5</sup>.

*Mobile health.* 2018 Jun 11;4:19. doi:  
[10.21037/mhealth.2018.05.05](https://doi.org/10.21037/mhealth.2018.05.05). eCollection 2018.

## **Autoimmune and Allergic Disorders are More Common in People with Celiac Disease or on a Gluten-free Diet in the United States.**

This study analyzed demographics, lifestyle patterns, and clinical characteristics of people with celiac disease (CD) and people without CD avoiding gluten (PWAG) to better understand associations with medical conditions and consumer behavior. Their study confirms that CD and PWAG share comorbidities of autoimmune nature. PWAG had more autoimmune/allergy-related disorders that may be associated with non-celiac gluten sensitivity a self-justifiable reason to be on the diet.

[Kim HS](#)<sup>1,2</sup>, [Unalp-Arida A](#)<sup>3</sup>, [Ruhl CE](#)<sup>4</sup>, [Choung RS](#)<sup>5</sup>, [Murray JA](#)<sup>5</sup> *J Clin Gastroenterol.* 2018 Jul 24. doi:  
[10.1097/MCG.0000000000001100](https://doi.org/10.1097/MCG.0000000000001100).

## **Prevalence of celiac disease serological markers in a cohort of Italian rheumatological patients.**

This study identified a high prevalence of CD antibodies in adult patients referred to a rheumatology outpatient clinic. These results highlight the importance of CD screening in subjects presenting with rheumatological features.

[Caio G](#)<sup>1,2</sup>, [De Giorgio R](#)<sup>3</sup>, [Ursini F](#)<sup>4,5</sup>, [Fanaro S](#)<sup>3</sup>, [Volta U](#)<sup>1</sup>. *Gastroenterol Hepatol Bed Bench.* 2018 Summer;11(3):244-249.

## **Delayed celiac disease diagnosis predisposes to reduced quality of life and incremental use of health care services and medicines: A prospective nationwide study.**

A delay in celiac disease diagnosis predisposes to reduced well-being and incremental use of medicines and health care services, both before diagnosis and one year after diagnosis.

*United European Gastroenterol J.* 2018 May;6(4):567-575. doi: [10.1177/2050640617751253](https://doi.org/10.1177/2050640617751253). Epub 2018 Jan 8



# Gfreewiki.com – Wikipedia for Gluten-Free

<https://gfreewiki.com> is a new site where the mission is “to facilitate the creation of a worldwide database for those on (or with loved ones on) a Gluten Free diet.”

It is created by the creators of :

<https://www.twostickers.com> (which sells stickers to label food gluten free or contains gluten) Sarah St. Germain and Scott Nicol.

**Sarah’s Bio:** Sarah was born in Yellowknife, in Northern Canada and raised in Ottawa, Ontario. She is completing the third year of her PhD program at the University of Calgary, studying stream development on arctic glaciers. In her spare time, Sarah enjoys camping, canoeing, biking, and hiking in the Rocky Mountains and volunteers as a Brownie leader for Girl Guides of Canada. Sarah was diagnosed with Celiac Disease in 2017, after several weeks of heavily wheat-fueled research on a secluded arctic glacier.

**Scott’s Bio:** Scott was born in Montréal, in the heart of French-speaking Canada. It didn’t last long, and he grew up in Edmonton spending lots of time in the Rockies. Scott began a science program before finishing a business degree and landing himself in law school. After clerking for

the courts and working for a national law firm, Scott decided to take a different pace to life and began his own legal practice out of his home. He has an entrepreneurial spirit and a zeal to find solutions which help others.



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# Celiac in the Kitchen

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

## Amaretti Cookies

By Ryan Stone, Vancouver Chef [www.cookculture.com](http://www.cookculture.com)

### Ingredients:

- 3 egg whites
- 1 2/3 cups sugar
- 2 packed cups almond flour
- 1/2 tsp vanilla paste
- 2 Tbsp Amaretto
- icing sugar and granulated sugar for rolling

### Directions:

1. Preheat oven to 325F.
2. In the bowl of a stand mixer beat egg whites to stiff peaks, then beat in vanilla paste.
3. Fold in sugar and almond flour by hand.
4. Roll into walnut sized balls or drop on a lined sheet pan.
5. Roll/ or sprinkle balls in granulated sugar, then icing sugar.
6. Bake for 15 minutes, remove from oven and allow to rest 5 minutes before eating.



Picture: [www.dishmaps.com](http://www.dishmaps.com)

## Cookies with Lemon Curd

Courtesy of Veronica Lanz from Facebook

### Ingredients for Lemon curd\*:

- 1/2 cup (120ml) lemon juice
- zest of the juiced lemons
- 125g unsalted butter, chopped
- 1 cup (200g) sugar
- 3 eggs, beaten

### Ingredients for Cookie dough:

- 180g unsalted butter, softened
- 1 cup (200g) sugar
- 1 1/2 teaspoons vanilla extract
- 1 egg
- 2 cups (280g) GF flour
- 1/2 tsp xanthan gum
- 1/2 teaspoon baking powder
- 



### Directions:

1. Start with the curd: place the lemon juice, zest, butter, sugar and eggs in a heatproof bowl over a saucepan with rapidly simmering water.
2. Cook, stirring continuously, for 20 minutes or until mixture has thickened slightly.
3. Pass through a sieve into a glass/ceramic bowl and cover with plastic wrap touching the surface of the curd to prevent a skin from forming.
4. Refrigerate until cool and thick.
5. Make the cookie dough: preheat the oven to 180°C/350°F; line two large baking sheets with baking paper.
6. Place the butter, sugar and vanilla in the bowl of an electric mixer and beat until light and creamy.
7. Add the egg and beat well.
8. Using a spatula, stir through the flour, xanthan gum and baking powder to form a dough.
9. Roll 2 teaspoons of the mixture into balls and place onto prepared sheets 5cm (2in) apart.
10. Press deep dents into the middle of the balls with the back of a small teaspoon, wetting the spoon if the dough starts to stick – I thought it was easier to do that with my index fingertip.
11. Fill each of the indents with 1/2 teaspoon of the cooled lemon curd and bake for 10-15 minutes or until golden.

\* there was some curd left – I think that 3/4 of the recipe should be enough to fill all the cookies. Makes 35 – I halved the recipe and still got 24

# Celiac in the Kitchen

## Paella with Andouille Sausage & Seafood

Courtesy of Grimms Fine Foods - <https://www.grimmsfinefoods.com/recipes/paella-andouille-sausage-seafood>

Looking for the perfect dish to serve on your patio this summer?

This Paella is bursting with Spanish flavours and pairs perfectly with a glass of Rosé on a warm summer evening.

### Ingredients:

- 10 large prawns, rinsed and deveined
- 1/2 lb mussels, scrubbed and debearded
- 1 large yellow onion, finely chopped
- 3 garlic cloves, chopped
- 4 tablespoons olive oil
- 14 oz can of whole tomato with liquid
- 2 cups gluten-free chicken stock
- 1/2 teaspoon saffron thread
- 1 teaspoon Spanish paprika
- Salt and pepper
- 2 x 300g packages Grimm's Andouille Sausage, casing removed and cut into a bite size.
- 3 cups short grain rice, washed and drained
- 1 tablespoon flat leaf parsley, chopped
- 1 lemon, cut into wedges

### Directions:

1. Place prawns and 1 cup water in a medium pot, bring to a simmer and cook over medium heat until the prawns turn light pink, for about 2 minutes. Cool in the cooking liquid and set aside.
2. Warm 2 tablespoons of olive oil over medium high heat and sauté 1/2 onion and 1/2 garlic for about 7 minutes or until translucent.
3. Add whole tomatoes with liquid and the cooking liquid from the prawns, roughly crushing the tomatoes with a wooden spoon and cook for another 5 minutes.
4. Set aside the cooked prawns. Add chicken stock, saffron, paprika, a pinch of salt and pepper and simmer for 20 minutes.
5. Preheat the oven to 350F, in the meantime, warm up the rest of the olive oil over medium high heat and sauté the rest of the onion and the garlic for 5 minutes or until soft
6. Add sausages and cook for 7 minutes or until golden brown, then add rice and cook for 5 minutes or until translucent. Add the tomato mixture, stir well and bring to a boil.
7. Remove from the heat and bake for 15 minutes with a lid on
8. Add the cooked prawns and mussels and bake with a lid on for another 7 minutes or until the mussels are open
9. Remove the lid and cook another 10 minutes. Take the pan out of the oven and let sit for a few minutes. Garnish with lemon and fresh parsley. Serve hot.



# Celiac in the Kitchen

## Potato-crustured Turkey Farmer Sausage Quiche with Carmelized Onions & Gruyere

*Recipe Courtesy of Grimms Fine Foods - <https://www.grimmsfinefoods.com/recipes/potato-crustured-turkey-farmer-sausage-quiche-carmelized-onions-gruyere>*

A hearty brunch, perfect for any Sunday or holiday occasion. The shredded potatoes act as the crust for this dish and the blend of the browned Turkey Farmer Sausage, eggs, carmelized onions and gruyere cheese make this a deliciously rich meal.

### Ingredients:

- 5 Grimm's Turkey Farmer Sausage Rounds
- 6 tbsp vegetable oil, divided
- 2 medium onions, halved then thinly sliced crosswise (yields 2 1/2 cups)
- 1 1/2 cups grated yellow potato, packed (about 2 medium)
- 3/4 tsp kosher salt, divided
- 8 eggs
- 1 1/4 cups milk
- 3/4 cup heavy cream
- 1/8 tsp freshly ground black pepper
- 1/8 tsp ground nutmeg
- 1 1/4 cups gruyere
- 1 green onion (dark green part only), minced

### Directions:

1. Preheat oven to 450° F with a baking stone (or baking sheet) placed on the lower rack. Slice sausage rounds into strips, and then crosswise to 1/2" pieces.
2. Heat 1 tbsp oil in a 10" oven-proof cast iron skillet over medium-high heat. Add sausage and cook, stirring occasionally, until nicely browned on both sides, 2-3 minutes. Transfer to a plate.
3. Add another tbsp of oil to skillet and reduce heat to medium-low; add onions and cook until soft and deeply golden, about 25 minutes.
4. Meanwhile, prepare crust and filling. Place grated potatoes in the centre of a clean kitchen towel, and gather the towel around it to forcefully wring out the excess moisture. Open towel and sprinkle potatoes with 1/4 tsp salt; toss to season evenly.
5. In a medium bowl, whisk together eggs, milk, cream, 1/4 tsp salt, pepper and nutmeg.
6. Transfer carmelized onions to plate with sausage, and carefully wipe skillet clean with paper towels. Add 2 tbsp oil and increase heat to medium-high. When shimmering hot, add grated potatoes and press firmly into the skillet so that the entire bottom is evenly covered. Cook until golden brown on underside, about 4 minutes (use a spatula to gently lift it to check). Carefully flip the hashbrown onto a plate.
7. Add another 2 tbsp oil to the pan, and gently slide the hashbrown back in to brown the other side, another 4 minutes or so.
8. Remove skillet from heat and sprinkle hashbrown with the cheese, then the sausage and carmelized onion. Pour the egg mixture over top, and sprinkle with green onion. Reduce oven temperature to 350°F and bake on baking stone or sheet for about 20 minutes, until filling is set.
9. Serve warm or room temperature.

Variations: Farmer Sausage Rounds, Canadian Back Bacon Rounds, Sliced Black Forest Ham.

Source: Jennifer Pallian, Foodess



# Celiac in the Kitchen



## Chicken Pot Pie

Perfect for that leftover turkey! Recipe created by Kinnikinnick Corporate Chef Lori Grein

### Ingredients:

- 2 tbsp olive oil (30g)
- 2 celery sticks (chopped) (130g)
- ½ medium onion (diced) (200g)
- 1 cup frozen peas (134g)
- 4 carrots (diced) (130g)
- 1 cup milk (2%) (224g)
- 2 cups prepared chicken stock (480g)
- ¼ cup butter (50g)
- ¼ cup **Kinnikinnick All Purpose Flour** (44g)
- 3 breast chicken (cooked and diced) (528g)
- 1 sprig fresh thyme (chopped/ stems removed) (3g)
- ½ tsp chili flakes (1g)
- 1 sprig fresh parsley (chopped) (6g)
- 1 tsp black pepper (2g)
- ½ tsp salt (2g)
- 2 pkgs. **Kinnikinnick Frozen Pie Crust** (580g)

### Directions:

1. To thaw pie shell for top - Remove from freezer and invert shell on a piece of parchment paper. Remove foil container and let thaw for 1 hour. You will need two tops and two bases for this recipe.
2. Sauté vegetables, salt, pepper and chili flakes in 2tbsp olive oil until tender, about 5-7 minutes. Set aside.
3. Using a 6qt. pot, make a roux by melting butter and slowly adding Kinnikinnick All Purpose Flour while whisking. Whisk for 1-2 minutes.
4. Slowly add milk and chicken stock whisking continuously. Continue to cook until thickens slightly. Approx. 10 minutes. Add cooked chicken, prepared sautéed vegetables, parsley and thyme to cream mixture. Continue cooking for 10 minutes or until thickened. Cool slightly prior to filling pie shells.
5. Preheat oven to 375°F (190°C).
6. Fill 2 prepared 8" Kinnikinnick pie crust bases with cooled filling. Pin out thawed pie shell slightly on parchment paper. Moisten edges of filled pie with prepared egg wash. Top filled pie with slightly pinned Kinnikinnick pie crust. Flute edges pressing both top and bottom layers of pie crust together.  
Vent top of pie crust with 3 slits or a design in center.
7. Repeat with second filled pie. Egg wash top of pies and bake at 375°F (190°C) for 40 minutes. Yields 2- 8" pie



## Chicken and Waffles

Buttermilk waffles topped with crispy chicken pieces smothered in your favourite topping. Recipe created by Kinnikinnick Corporate Chef Lori Grein

### Ingredients:

- 3 chicken breasts (Cut into pieces) (600g)
- 1 cup buttermilk (115g)
- 1tsp paprika (2g)
- 1tsp garlic powder (2g)
- 1tsp black pepper (2g)
- ½ tsp salt (2g)
- ½ cup Kinnikinnick Bread Crumbs Panko Style (65g)
- ½ cup Kinnikinnick all Purpose Flour Blend (104g)
- Oil for frying



### Directions:

1. Cut chicken into 8-10 pieces per breast. Soak chicken in buttermilk and paprika for 1 hour in the refrigerator.
2. In a shallow bowl combine remaining spices, Kinnikinnick bread crumbs and all-purpose flour blend. Coat buttermilk chicken in crumb mixture and shake off excess crumb. Set aside.
3. Preheat deep fryer to 360°F (182°C). Deep fry chicken pieces a few at a time until golden brown (time will vary depending on thickness of batter and size of chicken pieces). Cook to an internal temperature of 165°F (74°C) approximately 10-14 minutes per piece.
4. Cool slightly on paper towel.

### Ingredients for Waffles:

- 3 tbsp vegetable oil (45g)
- 1 egg (56g)
- 1½ cups buttermilk (173g)
- 2 cups **Kinnikinnick Pancake and Waffle Mix**—320g

### Directions:

1. Preheat waffle iron to 350°F (176°C). Coat waffle iron lightly with cooking spray or brush with oil.
2. In a bowl mix the egg, oil and water. Slowly add Kinnikinnick Pancake and Waffle Mix. Mix until the batter is smooth.
3. Drop batter onto preheated waffle maker. Follow waffle iron directions for bake cycle.

**Assembly:** Cut waffles into desired size and nestle a piece of buttermilk chicken on top. Top with your favourite topping. Bacon Rounds, Sliced Black Forest Ham.

# Celiac in the Kitchen

## Yellow Mong Dhal

By Pushpa Kapadia

### Ingredients:

- 1/2 cup split yellow moong dhal
- 1 1/2 cup+ water approx
- 1/2 tsp of mustard seeds and cumin seeds
- A pinch of asafoetida
- Some curry leaves (5-6)
- 1 tsp ginger paste
- 1/2 tsp of garlic paste
- 1/2 tsp of coriander powder
- 1/2 tsp of cumin seed powder
- 1/3 tsp of turmeric powder
- Handful of chopped cilantro
- Salt for taste
- Chilli to taste

### Directions:

1. Soak split yellow moong dhal (1/2 cup) for half an hour and wash it thoroughly a few times until water is clear. Drain the water and keep it aside.
2. In a pot, put one tbsp of oil (I use avocado or coconut oil). Heat the oil and add mustard seeds and cumin seeds. Once the mustard seeds start popping add a pinch of asafoetida and some curry leaves.
3. Immediately add the pre-soaked split moong dhal.
4. Add ginger paste, garlic paste, coriander powder, cumin seed powder, turmeric powder, cilantro, salt for taste, chilli to taste and water.
5. Cook for 20 minutes. First bring it to a boil and then cook it on low to medium for rest of the time. Keep stirring every 5 minutes.
6. Transfer to a pressure cooker and cook for 5 minutes on medium to high.



## Italian Spring Salad

By Ryan Stone Vancouver Chef, [www.cookculture.com](http://www.cookculture.com)

### Ingredients:

Your favorite seasonal vegetables  
Parmesan cheese, shaved

### Creamy Lemon Dressing:

- 1/2 cup fresh lemon juice
- 1/2 cup olive oil
- 3 Tbsp ricotta
- 1 Tbsp honey
- 1 tsp salt
- 1 tsp pepper

### Directions:

1. Combine all dressing ingredients in a blender, and blend until smooth. Set aside.
2. Shave vegetables thinly with a vegetable peeler or mandolin. Some may require a short blanch in boiling water (1-2 minutes) followed by an ice bath, but if they are really fresh it won't be needed.
3. Lay a bed of your favorite greens on a platter.
4. Top with your fresh vegetables, shaved parmesan and lemon dressing.



Picture:  
[1000lovelythings.com](http://1000lovelythings.com)

# Agriculture and Agri-Food Canada – CCA Project

Working to ensure your beans, grains and lentils are safe

2018 CCA National Conference - Ottawa

David Congram – CCA Board Member

The right to safe food. This is why the CCA exists. Grains are the most contaminated food source: oats, flour, flax, and hemp. The aim of the project is to develop protocols for manufacturers to make food safe for “us”. We want to encourage production and availability.

The CCA has been involved in the development of standards to improve food safety for celiacs:

2010 – CCA started the Gluten Free Certification Program

2011 – Health Canada and CFIA set below 20 ppm as the national gluten-free standard

2013 – Application initiated for the Agriculture and Agri-Food Canada project (AAFC)

Success has created more challenges.

**Frank Massong** - Vice-President of Technical Services, Allergen Control Group

Today the GFCP has over 5000 products and 200 facilities certified.

The AAFC program was started by determining the objectives, and what the sampling and testing program would be. Stakeholders met in September, 2016. They shared lessons learned and identified the challenges in scientific methods. It was also important to grow the supply base of gluten-free grains, as well as considering the best practices needed for purity protocol, visual inspection, cleaning equipment and sampling and testing.

An addendum was produced based on best practices. It was

piloted and validated in three grain facilities.

As a result of this project, the Canadian Grain Commission (CGC) will develop their own certification standards complementary to and filling gap in GFCP for carload and bulk lots coming and going to other nations that may not have the same certification standards of the GFCP. The CGC is recognized by other governments.

Today there is no method yet devised to detect and quantify gluten perfectly in foods. ELISA test kits remain the best method for detecting. More research and development is required to achieve true certification and testing at multi levels of production.

Why do we do this? Consumers have the right to safe food and it is important to increase the confidence level, and identify what is out of our control. It is important to engage manufacturers who are not yet involved. The goal is for Canada to have the best reputation for GF foods in the world.

The cost of the AAFC project is \$515k. The CCA made application for this project and has contributed cash as has the ACG. The Canadian Grain Commission has provided expertise and laboratory support. Environex has provided expertise and the industry has made donations as well as providing volunteers to the project.

Next Project – need to be sure that from the farm to the consumer that food is safe.



## Celiac Disease – The Gluten Connection



The Government of Canada has prepared a revised document on Celiac Disease that can be downloaded from their site <https://www.canada.ca/en/health-canada/services/food-nutrition/reports-publications/food-safety/ceeliac-disease-gluten-connection-1.html>

It is a good overview for those who are newly diagnosed or sharing with those who would like to understand more about celiac disease.

Download the alternative format  
(PDF format, 1017 KB)  
**Organization:** Health Canada  
**Published:** 2018-05-31







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## Neurological Manifestations of Celiac Disease



**Dr. Marios Hadjivassiliou, Professor of Neurology at Sheffield Teaching Hospitals in the UK**

*2018 CCA National Conference - Ottawa*

Dr. Marios Hadjivassiliou is a Professor of Neurology at Sheffield Teaching Hospitals NHS Foundation Trust and an Honorary Clinical Senior Lecturer at the University of Sheffield, in the United Kingdom. He has conducted extensive research into gluten ataxia, having first described the condition in the 1990s after seeing a number of patients with unexplained balance and coordination problems. In 1996, Dr. Hadjivassiliou established the Sheffield Ataxia Clinic, to identify the causes of ataxias and to provide ongoing care for patients with progressive ataxias, and the clinic currently cares for over a thousand patients from the UK and overseas. In 2013, Dr. Hadjivassiliou and Professor Dave Sanders, also of the Sheffield Teaching Hospitals NHS Foundation Trust, established the ground breaking Sheffield Institute of Gluten-Related Disorders (SIGReD), the world's first clinic to specialize in the neurological manifestations of gluten-related disorders.

In 1966, Dermatitis Herpetiformis was identified as a gluten related disorder. Later, it was identified that you could have symptoms, be gluten sensitive and not have celiac disease. In 2011, gluten related disorders included gluten ataxia which was characterized by lack of coordination, excitable brain, and tremors of the motor cortex were identified. These symptoms improved within a year of being on the gluten-free diet. Only 50% of those with gluten ataxia actually have CD.

If celiac disease is diagnosed late, the brain's cerebellum can be permanently damaged. Early symptoms are therefore important to

notice: lack of coordination, being off balance and having a tendency to fall. With early diagnosis these symptoms will usually disappear.

Magnetic Resonance spectroscopy is a more dynamic assessment of cerebral function and can be used to determine the damage to the cerebellum.

Another gluten disorder is gluten neuropathy which can be identified by a loss of sensation, tingling and numbness of the extremities. 21% of patients with CD have neuropathy. On a gluten-free diet improvement is usually within a year. The pain associated with gluten neuropathy is seen in 55% of those with neuropathy and it results in poorer mental health status.

Gluten encephalopathy includes conditions such as headaches, migraines and brain fog. The risk of dementia as a result of celiac disease is one of vascular dementia.

A study completed indicated 61% of those with CD have neurological symptoms and 46% have an abnormal MR Spectroscopy. However, many cases remain unreported as gastroenterologists do not make the line to CD.

The mean age for presentation of neurological symptoms is 53. Different types of tissue transglutaminase can determine the type of symptoms that will be seen. TG 6 indicates neurological symptoms, TG 3 Dermatitis Herpetiformis and TG 2 for classical CD symptoms. TG6 is higher as you get older. The older you are, the less likely the cerebellum can be regenerated due to the damage of gluten related disorders. Physio may help in some instances.

# Are You Magnesium Deficient?



*Summary information – see Bibliography below for more details*

Magnesium is a critical mineral that the body uses for hundreds of important body processes. It is necessary for more than 300 biochemical reactions in the body. Along with calcium, we need magnesium for the proper function of muscles and nerves. Sufficient levels of magnesium are necessary to maintain a healthy heart, bones, and to regulate blood sugar and blood pressure levels. Your body needs magnesium to generate energy. The mineral is present in a variety of foods and beverages, but many people may still fall short of optimum levels. In these cases, your doctor may recommend that you take magnesium supplements. (1)

The recommended daily allowance of magnesium by Health Canada is (1):

For adult men, the RDA is 400 – **420 milligrams** (mg) per day (what you'd get in two teaspoons of Natural Calm).

Adult women need 310 – **320 mg**/day, unless they are pregnant, in which case adult women should consume about **350 mg**/day.

People who have Crohn's disease, celiac disease, alcoholism, and type 2 diabetes are at risk for having inadequate magnesium levels. These conditions cause malabsorption of nutrients which can result in low magnesium levels.

Magnesium is water-soluble and if your kidneys are working well, they will remove excess magnesium from your body. If you get too much magnesium you may get cramps and have loose stools.

Symptoms associated with low levels of magnesium include muscle twitches and cramps, fatigue and muscle weakness, higher risk of depression, high blood pressure, and irregular heartbeats. (3)

Magnesium supplements come in a variety of forms and it is best to check with your doctor or pharmacist which type is best for you. Forms include glycinate, orotate, threonate, amino acid chelate, citrate, chloride, lactate, sulfate, gluconate and carbonate. You must also consider that there are no other interactions with other drugs that you might be

taking.

Benefits of magnesium include guarding against bone loss, bone breaks, bone thinning and osteoporosis. The mineral affects levels of parathyroid hormone and vitamin D, two other critical players for maintaining bone health. Inflammation is a normal response in the body, but if it occurs in excess it is linked to conditions like arthritis, heart disease and diabetes. Heart disease and migraines are also linked to low levels of magnesium.

Foods are your best source of magnesium, although some articles indicate that due to soil depletion of minerals, less is available in our food sources today. Nuts and seeds are a good sources of magnesium. An ounce of almonds or cashews is equivalent of 80 milligrams of magnesium (20% of the daily requirement). Other sources are peanuts, pumpkin seeds, sunflower seeds and flax seeds. Put them on salads and vegetables as they are also rich in antioxidants, fiber and healthy fats that boost hear health.

Whole grains are also high in magnesium and fiber. Although we cannot have whole wheat other sources include quinoa, gluten free oats and buckwheat.

Other foods rich in magnesium include dark chocolate, spinach and dark leafy greens, avocados, fatty fish like salmon, mackerel and halibut, bananas and many varieties of beans. (4)

## References:

- 1) <https://www.canada.ca/en/health-canada/services/food-nutrition/healthy-eating/dietary-reference-intakes/tables/reference-values-elements-dietary-reference-intakes-tables-2005.html>
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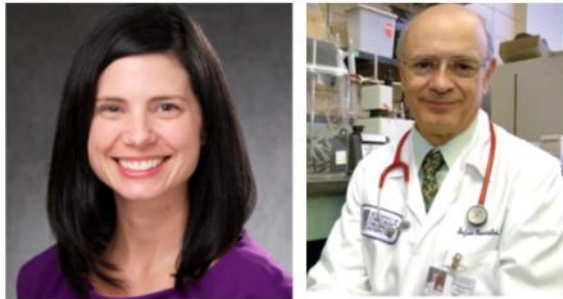
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# Food Intolerance: An Overview

Reprinted with Permission: *Impact*, August 2018, University of Chicago Medicine, Celiac disease Center; [cureceliacdisease.org](http://cureceliacdisease.org) By Catherine Degeeter, MD and Stefano Guandalini, MD



**Food allergies are on the rise, for reasons that are not yet fully understood.** However, there is also a tendency to over-estimate them, resulting in parents eliminating foods unnecessarily from their children's diet. In children, adverse reactions to foods can occur by different mechanisms: Immune-mediated (IgE or not IgE-mediated); auto-immune (celiac disease) or non-immune mediated. Diagnosis of food allergy must follow well defined criteria, avoiding the many "alternative" tests currently available to the public. Non-celiac gluten sensitivity (better called Non-Celiac Wheat Intolerance) has no biomarkers available and groups a number of various possible reactions to wheat ingestion. It is a misnomer and should be abandoned in favor of Non Celiac Wheat Intolerance, itself an entity still lacking biomarkers and still not convincingly described in children.

## INTRODUCTION

Adverse reactions to foods are increasing and are often attributed to allergy. Up to a third of parents report one or more food reactions in their children that they may interpret as allergies<sup>1</sup>. However, not all of these are true intolerances. Food-related disorders can lead to a spectrum of clinical manifestations and severity, only some of which are related to allergy. In fact, a true food allergy is defined as an "adverse immune response that occurs reproducibly on exposure to a given food and is distinct from other adverse responses to food"<sup>2</sup>. Other conditions causing adverse food reactions include congenital or acquired disorders of digestive-absorptive processes such as lactose intolerance, toxic or pharmacologic reactions, and autoimmune reactions such as celiac disease. Thus, the non-committal term "food intolerance" should be used to include all forms of adverse reactions due to ingested foods until an adverse reaction is proven to be due to an immune mediated process.

## AUTOIMMUNE FOOD INTOLERANCE: CELIAC DISEASE

Celiac disease is the most common genetically induced food intolerance and is an autoimmune disorder affecting 1% of the population. It occurs in individuals of all ages who express the HLA-Class II haplotypes DQ2 and/or DQ8. Ingestion of gluten and related proteins found in

wheat, barley, and rye trigger celiac disease in genetically susceptible individuals. It is characterized by inflammation that leads to flattening of the small intestinal mucosa. Gastrointestinal symptoms are prominent, especially in younger children, and include abdominal pain, distention, diarrhea, constipation, and rarely malnutrition and failure to thrive. Extra-intestinal manifestations include short stature, iron-deficiency anemia, female infertility, and the typical skin finding of dermatitis herpetiformis. Diagnosis involves serologic screening with autoantibodies that are very sensitive and specific: anti-tissue transglutaminase antibodies (tTG), anti-endomysium antibodies (EMA) and deamidated gliadin peptides (DGP)<sup>3</sup>. The diagnosis is then typically confirmed by duodenal biopsies, which will show typical histologic changes in the mucosa. Celiac disease is treated by prompt and strict adherence to a life-long gluten free diet regardless of presenting symptoms.

## FOOD ALLERGY PREVALENCE

The true prevalence of food allergies is difficult to define. The definition of food allergy is not consistent across prevalence studies. Prevalence is also influenced by whether the diagnosis was self-reported or identified by testing. These factors, as well as the fact that more than 170 foods have been identified as causing IgE mediated reactions, limit the reliability of prevalence estimates. However a review published in JAMA in 2010 estimated that food allergy affects >1% to 2% and <10% of the US population<sup>4</sup>, and a study published in Pediatrics determined 8% of children have food allergy as identified by parental report<sup>5</sup>. It is known that self-reported allergies likely overestimate prevalence<sup>6</sup>.

In addition, there are many different types of food allergies. We will address only IgE mediated food allergy and possibly immune-mediated gluten sensitivity here, try to cover others in future IMPACT newsletters.

## IgE MEDIATED FOOD ALLERGY

**The main treatment for IgE-mediated food allergies remains avoidance of the allergen in all settings, including home, school, restaurants, and travel. Families should have a written allergy and anaphylaxis emergency plan.**

A common myth in the food allergy universe is that a positive IgE test indicates a food allergy. On the contrary, it shows sensitivity to that allergen, but not an allergy. The most common food allergens in the United States include cow's milk, egg, peanut, tree nuts, wheat, shellfish, and soy. . Cow's milk proteins followed by soybean proteins are the most common cause of food allergy during infancy, while egg protein allergy is most common in school-aged children.

# Food Intolerance: An Overview

Most food allergies have a high rate of resolution. About half of all children with a milk, egg, wheat or soy allergy will have resolution by age 10<sup>8</sup>. Allergies to pea-nuts and tree nuts are less likely to resolve<sup>8</sup>. Allergy to seeds, fish and shellfish are also considered persistent.

Why do some children develop food allergies and others escape them entirely? Risk factors for food allergy include a family history of atopy and atopic dermatitis, male gender, race/ethnicity (increased in Asian and black children compared to white children), and genetics<sup>9</sup>. Theories regarding environmental risk factors for food allergy abound, such as the hygiene hypothesis, allergen avoidance hypothesis, dual allergen exposure hypothesis, and more<sup>9</sup>. Other speculations for allergy risk factors that lack firm data include obesity, processed foods, food additives, and genetically modified foods<sup>10</sup>.

## WHAT DOES A FOOD ALLERGY LOOK LIKE?

IgE mediated reactions to food typically occur within minutes to hours of ingestion. Different organ symptoms can be involved, including the gastrointestinal tract, skin, lungs, and heart. In children, the most common presentations are gastrointestinal, such as abdominal pain, nausea, vomiting, and diarrhea (50% to 80%), skin involvement such as erythema, itching, and urticaria (20% to 40%) and respiratory symptoms of cough, wheezing, and rhinorrhea (4% to 25%)<sup>11</sup>.

Food allergy should be suspected when symptoms occur within minutes to hours of ingestion of a specific food, especially if it occurs on more than one occasion<sup>2</sup>. Food allergy is not a typical trigger of chronic asthma or chronic rhinitis so these conditions should not prompt allergy testing<sup>12</sup>.

## DIAGNOSIS OF FOOD ALLERGY

The diagnosis of food allergies is challenging, as there is not a uniform set of criteria to follow<sup>4</sup>. In addition to the clinical history, laboratory studies and an oral food challenge are often necessary to confirm a diagnosis. The NIAID guidelines recommend skin prick tests (SPT) and sIgE testing to assist in identifying IgE mediated food reactions. However, positive results alone are not diagnostic, so these tests should be used in the context of the clinical history and possible food challenge<sup>13,14</sup>. Physicians should be discouraged from ordering "panels" of food tests without the appropriate rationale.

The gold standard for allergy diagnosis is a double-blind placebo controlled food challenge. However due to expense and lengthy time requirements, it is rarely used in clinical practice<sup>20</sup>. Both the NAS report and NIAID guidelines ad-

vice against the use of many non-validated tests, such as food allergy patch testing (atopy patch test), measurement of total IgE, and the basophil activation test, that have however gained some popularity.

## TREATMENT

The main treatment for IgE-mediated food allergies remains avoidance of the allergen in all settings, including home, school, restaurants, and travel. Families should have a written allergy and anaphylaxis emergency plan<sup>16</sup>. Intramuscular epinephrine should be administered as a first line for emergent treatment for food allergy anaphylaxis<sup>10,17</sup>. Anti-histamines and steroids may also be used in the case of inadvertent ingestion of allergens. Children with food allergy should be monitored for nutritional intake and psychosocial aspects of food allergy management, such as risk of bullying<sup>12</sup>. Immunotherapy-- giving gradually increasing doses of specific allergens to induce desensitization and ultimately tolerance<sup>18</sup>--is not currently recommended by any of the major allergy guidelines but continues to be aggressively explored.

## PREVENTION OF FOOD ALLERGY

Recommendations for the prevention of food allergy have changed in the past few decades. Previously allergen avoidance during pregnancy, breastfeeding, and infancy was encouraged; however these myths have been dispelled and numerous studies suggest that early oral exposure may actually build tolerance. There is also no significant evidence for a protective effect of breast-feeding for at risk infants, although many other public health organizations promote nursing of all infants through the first 6 months of life<sup>2,10,19</sup>.

## TIMING AND INTRODUCTION OF COMPLEMENTARY FOODS

There is evidence that very early (during the first 2-3 months of life) introduction of potential allergens put infants at an increased risk for allergies. However there is no convincing data that delaying introduction of solid foods beyond 4-6 months of age has any protective effect on the development of food allergy. In the Learning Early About Peanut (LEAP) trial infants at high risk of peanut allergy (severe eczema or egg allergy) were randomized to receive or avoid peanut to the age of 5 years. The children sensitized to peanut had a peanut allergy rate of 10.6% compared to those in the avoidance group who had peanut allergy rate of 35.3% (P = .004; relative risk reduction 70%)<sup>20</sup>. The AAP, NAS and NIAID guidelines all recommend early introduction of peanuts in infants at high risk. Delaying the introduction of egg, cow milk, and wheat seems to have no benefits either<sup>10</sup>.

# Food Intolerance: An Overview

## POSSIBLY IMMUNE-MEDIATED: GLUTEN SENSITIVITY

Gluten consumption has been linked to a wide range of disorders, including celiac disease, wheat allergy, dermatitis herpetiformis, gluten ataxia, peripheral neuropathy, and possibly this relatively new entity called “non celiac gluten sensitivity (NCGS).”

These patients by definition do not meet the criteria for celiac disease or wheat allergy, but report experiencing a number of intestinal and/or extra-intestinal symptoms after consuming gluten-containing foods<sup>3</sup>. They present neither the autoantibodies nor the enteropathy characteristic of celiac disease. In NCGS, symptoms typically occur soon after ingestion of gluten-containing foods and disappear quickly after elimination of wheat-related foods. Upon reintroduction of wheat, rapid relapse typically occurs. The clinical manifestations are mostly, but not exclusively, gastrointestinal, and are similar to those of irritable bowel (IBS). In 2015, one of us proposed that “NCGS is a misnomer and probably an umbrella term including various clinical entities”<sup>21</sup>. With time, it has become even more clear that this entity encompasses various, distinct populations: while a small minority may indeed react to gluten itself, the majority appear to react to FODMAPs, and among them especially fructans, as elegantly demonstrated by Skodje et al. in 2017<sup>22</sup> (See figure 1). But these patients may also react to a series of proteins found in wheat grouped under the name of ATI (Amylase-Trypsin Inhibitors)<sup>23</sup>; or to wheat with non-IgE mediated mechanisms<sup>24</sup>; or indeed may simply respond to the placebo/ nocebo effect<sup>25</sup>. It is also important to notice that in spite of numerous reports in the adult literature, this entity has not been adequately demonstrated in children. It cannot be overemphasized how important it is to first rule out the existence of celiac disease or wheat allergy before considering NCWI.

## CONCLUSIONS

Not all adverse reactions are due to food allergy, and an excellent history is the essential first step in making the proper diagnosis. The clinical history will guide appropriate testing selection. A positive sIgE or SPT alone is not sufficient to make a diagnosis – testing indicates sensitization but not necessarily clinical allergy. Finally, it is imperative to keep in mind that patient and parental reported food allergies are often not substantiated by allergy testing and may prompt investigation of other non-allergy causes of food intolerance. Table 3 Diagnostic approach for food intolerances.

Diagnostic approach	Food(s) involved	Clinical	Condition Suspected
Immediate GI hypersensitivity	Usually infancy to childhood: reactions to offending food within minutes: vomiting, diarrhea, nausea, pain; also rhinoconjunctivitis, skin rash, angioedema	Cow's milk, soy, eggs, peanuts, wheat, shellfish	History+SPT and/or sIGE
Food protein induced proctocolitis	Early infancy: streaks of blood and mucus in stools in breastfed, typically healthy babies	Cow's milk, eggs, soy, corn (in mother's diet)	Clinical diagnosis supported by food elimination in mother's diet
FPIES	Early infancy: vomiting, diarrhea, colitis	Rice, soy, cow's milk, vegetables, fruits, oats, meat, fish	Clinical criteria +/- food challenge
Food protein induced enteropathy	Infants and toddlers: malabsorption syndrome similar to early-onset celiac disease, hypoalbuminemia	Cow's milk, occasionally soy or egg	Clinical diagnosis supported by duodenal biopsies with patchy villous atrophy
Eosinophilic esophagitis	All ages: asymptomatic, reflux-like symptoms, dysphagia	Cow's milk, soy, eggs, peanuts, wheat, shellfish	Endoscopy with biopsies showing typical changes. SPT, sIgE sometimes useful
Gluten sensitivity	Mostly adults with IBS-like symptoms	Gluten	Clinical only: no diagnostic marker available
Celiac disease	All ages. Strictly limited to HLA-DQ2 and/or DQ8 subjects. GI and extra-GI symptoms	Gluten	Specific serology+ diagnostic features of duodenal biopsies
Lactose intolerance	Increases with age: abdominal pain, bloating, flatulence, diarrhea	Lactose	Clinical, breath hydrogen testing, duodenal biopsy

# Food Intolerance: An Overview

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# Two Canadian Researchers Awarded Funding



Two Canadian researchers awarded funding to advance research in Canadian celiac disease

## Canadian Celiac Association awards JA Campbell Research Funds

May 25, 2018 Mississauga, ON.

The Canadian Celiac Association (CCA) is pleased to announce the winners of our 2018 JA Campbell Research Awards. After an extensive review by CCA's Professional Advisory Council, the following winners will be granted funding towards advancing research in celiac disease in Canada.

### James A. Campbell Grant



Dr. Natalie Riediger (pictured on left) is the recipient of the James A. Campbell Grant. She is an Assistant Professor in the Department of Community Health Science and holds an adjunct appointment in the Department of Food and Human Nutritional Sciences at the University of Manitoba.

Dr. Riediger has been awarded \$20,000 to retrieve and analyze the secondary data from the 2015 Canadian Community Health (Nutrition) Survey. With 500 individuals adhering to a gluten-free diet, their demographics, socioeconomic data, association with other dietary avoidances and the origin of where the gluten-free food was prepared will be examined.

### James A. Campbell Young Investigator Award



James King is the recipient of the James A. Campbell Young Investigator Award. He is currently a graduate student in the Department of Community Health Sciences at the Cumming School of Medicine at the University of Calgary. With a specialization in epidemiology, his master's thesis is focused on defining the incidence of celiac disease and how it has been changing over time.

Mr. King has been awarded \$5,000 to conduct a systematic literature search on the incidence (the number of new diagnoses per year) of celiac disease globally and how this has been changing over time to examine healthcare utilization. He also aims to develop the Alberta Celiac Disease Surveillance Cohort to examine the direct and indirect costs associated with celiac disease.

The J. A. Campbell Research Fund began in 1993 in honor of Dr. James A. Campbell who died that same year. He was a member and advisor to the Ottawa Chapter and a member of the Professional Advisory Board. He was a long-time advocate for the CCA and completed research on gluten and safe foods for people with celiac disease. He advocated for the use of blood tests to screen for celiac disease to avoid unnecessary biopsies by publishing editorials in large journals such as the Canadian Medical Association Journal (CMAJ).

The J. A. Campbell Research Awards are annual grants offered by the Canadian Celiac Association to fund research projects in Canada that is relevant to celiac disease, dermatitis herpetiformis, or non-celiac gluten sensitivity. The fund is created to encourage research that furthers the understanding of the full range of implications of celiac disease, dermatitis herpetiformis, or non-celiac gluten sensitivity. Once completed, the researchers will be asked to present their findings through the CCA to the community. To date, more than \$350,000 has been awarded to top Canadian researchers through the J. A. Campbell Research Fund.

The Canadian Celiac Association, headquartered in Mississauga, Ontario, is the national voice for people who are adversely affected by gluten, and is dedicated to improving diagnosis and quality of life. The roots of the organization were started in 1972 by two women with celiac disease in Kitchener-Waterloo with financial aid from the Kaufman Foundation.

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# Featured Local Business: Grimm's Fine Foods

Submitted by Val Vaartnou – Interview with Kelli Kaake,  
Brand Manager | Direct Plus Food Group



In August, I had the pleasure of interviewing Kelli Kaake, Brand Manager for Direct Plus Food Group, who is our contact for Grimm's Fine Foods. Grimm's in addition to having great gluten-free products, are very supportive of our Chapter and the Canadian Celiac Association. Their support is much appreciated. They have a strong allegiance to family values and the community they live in. They support not only our charity, but several other charities, as well as many local organizations and sports teams. They graciously provide product, set up barbecue fundraisers and promote at various tradeshows and events. Grimm's always encourages employees to be involved in the communities that they live in.

Grimm's Fine Foods produces traditional European sausages, meats, and naturally fermented products whose recipes have not changed since their inception in 1951. They were gluten-free prior to the "gluten-free fad" producing high end products that contain no substitutes, fillers, by-products and no gluten.

In the 1930's Henri and Jacob Grimm completed a Sausage apprenticeship program in Hamburg, Germany. They moved to Vancouver and in 1951 opened a meat deli. Over the years, their integrity and commitment to quality never wavered. Premium ingredients, traditional European values, and a desire to meet the ever-changing needs and tastes of consumers guided the company's continuous growth.

Today Grimm's Fine Foods is a recognized leader, offering an expansive variety of high quality meat products, fine cheeses, tortillas, wraps and snacks. They are a subsidiary of Premium Brands, however, a family member, Rick Grimm is still involved on the production side at one of the four Grimm's manufacturing facilities in western Canada.

Their first manufacturing facility was opened in Richmond, BC in 1975 and at the same time they started to serve not just the local market, but the Canadian market. Today, they employ 400 employees and have four main manufacturing facilities, all of which are based in western Canada. Food safety is an important part of how they plan, prepare and execute their products. All of Grimm's manufacturing plants carry food safety certifications that are globally recognized.

All Grimm's products have been lab tested in order to verify nutritional information and highlighted claims. Grimm's products that contain Gluten Free claims have been substantiated by in house and third party lab testing. Grimm's

has multiple production plants, some of which are Gluten Free facilities and others that enforce allergen segregation control programs in order to support their claims. Their facilities include both FG Deli Group and Country Prime Meats that are Safe Quality Food (SQF) Certified. **SQF** Certification proves that their organization produces, processes, prepares and handles food products to the highest possible standards. SJ Fine Foods and Made Rite carry BRC Certifications. **British Retail Consortium (BRC)** Global Standards guarantee quality, safety and operational criteria.

This is important as many smaller, regional players are only provincial and do not carry these rigid food safety standards or certifications.

Fresh Sausages and Tortillas are made at alternate facilities where allergen segregation control programs are implemented. Grimm's Smokies are made in a gluten-free facility in Saskatoon that holds globally recognized BRC certification. Grimm's Toppers are also made in a gluten-free facility. This facility in Ontario holds globally recognized SQF certification. Grimm's Mini Peps are made in a gluten free facility.

Grimm's products are found in major retailers across Canada and in September will also be in the Costco in the southern US.

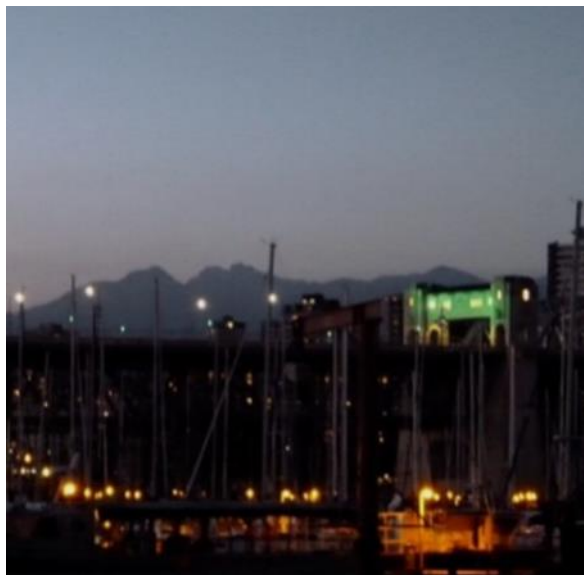
A major marketplace challenge has been the escalating cost of the high quality ingredients used in the products. This has made creating an affordable product difficult. Kelli has been with Grimm's for over two years and has seen a heightened awareness of gluten-free products. They continually seek new flavour formulations and think clear labelling and transparency is critical to retaining customer confidence in their products. Their products are free of many of the common allergens and this is clearly communicated on their packaging. They use 100% pure Canadian honey and their fresh sausages are raised without the use of antibiotics. Inputs are locally sourced wherever possible and humane animal practices are a priority in choosing their suppliers.

Check out the recipe section of this newsletter for some of Grimm's favourite recipes and your local grocery store for their gluten-free products. For more information:

<https://www.grimmsfinefoods.com/> and Facebook:  
<https://www.facebook.com/GrimmsFineFoods/>



# May Celiac Awareness Month – We lit up “green”!



Burrard Street Bridge was lit green to celebrate Celiac Awareness on May 16<sup>th</sup>. The City of Vancouver updated their social media to let Vancouverites know why the bridge was green.



BC Place was green for Celiac Awareness May 13<sup>th</sup>.

The cities of Vancouver and Richmond and the Province of BC all claimed a Celiac Awareness Day and a Proclamation was posted in each of the city halls and the Provincial Legislature.

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The advertisement features a collection of Grimm's Fine Foods jars and prepared items. The jars include Caraway Sauerkraut (750 ml), Original Pickles (750 ml), Black Garlic Kimchi (500 ml), Curry Sauerkraut (500 ml), and Spicy Pickles (750 ml). Prepared items include a slice of bread with caraway sauerkraut, a stack of pickles, a bowl of kimchi, and a bowl of curry sauerkraut. The background is dark with a red and gold curved border on the left.

# Scotia Run – 2018 – A Great Success!

Thanks to all fundraisers, runners, volunteers and corporate sponsors for a hugely successful 2018 Scotia Run. The run held June 24<sup>th</sup> in Stanley Park is administered by Canada Running Series and the administration for the run is totally paid for by Scotia Bank. Again this year, over 80 Vancouver charities, all sizes of organizations, raised over \$1 million in donations.

Our total donations this year were \$17.7 K (compared to \$14.4K last year) and we raised an additional \$2.4K in advertising to more than offset the cost of our t-shirts. Over the next few months, the Board will be determining how the funds will be allocated. Research and local programs are our top priorities. Our top fundraisers were:

Pushpa Kapadia	\$2,320.00
Lizbeth Wall	\$2,070.00
Cindy Rukavina	\$1,400.00
Jessica Mooney	\$1,195.00
Brian Wall	\$1,100.00

Sidhu/Kopstein was the top fundraising team with \$600 and Nate was a close 2<sup>nd</sup> with \$550.

A celebration dinner was held at Nuba's in Kitsilano on August 20<sup>th</sup> and prizes from our generous vendors were awarded to fundraisers and door prizes and coupons were available to all who attended.

The following prizes for top fundraisers were kindly donated by our wonderful partners:

- Cloud 9 – Gift Basket
- Dr. Schar – Bread products
- Golden Tree Jewellers – Set of Earrings
- Kinnikinnick – Gift Basket
- Lonetree Cider – Case of Cider
- Omega Nutrition – Gift Basket
- Westpoint Naturals – Gift Basket
- White Spot – Gift Cards

A huge thanks to Nate for not only fundraising for the event, but taking all our pictures!

Also, thanks to the support of Karen McKay of Cloud9 and Patrick and Sergio and staff from 2 Guys with Knives, who not only provided product and gifts for the event, but also ran in the event with us!



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



# Scotia Run – 2018 – A Great Success!



# How GF is our GF Food?

Summary of Presentation by Dr. Jennifer A Sealey-Voyksner, PhD – 2018 Celiac Disease Foundation 2018 Conference

Jennifer is a celiac and researcher from ImmunogenX and reinvented herself as a Food Scientist once she was diagnosed with Celiac Disease.

Food is composed of several components, but the allergenic component is the protein that cause allergic and immune responses. Food is incredibly complicated. Methods to analyze are also complicated as a result. How much of an allergen is going to make you sick? Everyone is different. Our labelling philosophies must work for everyone. We must ensure that things that are labelled gluten-free are really gluten-free.

Gluten is not one protein, rather a super family of many proteins. We do not know all the gluten proteins that are out there. Wheat gluten proteins are monomers or polymers, gliadins or glutenins and can be further subdivided into several sub groups. This makes the analysis of gluten difficult.

Manufacturers are required to test their food for gluten and in general they are doing a good job. It is required that analytical methods be comprehensive. It however is so easy to inadvertently contaminate food. Better, more efficient methods of analysis are required.

She started working with allergens in 2010 which was the beginning of the allergen wave. There are three technologies used to test of allergens: ELISA, mass spectrometry, PCR for the analysis of food. There is no best method but they are complementary.

Enzyme-Linked Immunosorbent Assay (ELISA) is an auto antibody based method of analysis. It is very specific and sensi-

tive, however, ELISA may fail if the assay used in the test does not look at all proteins.

Polymerase Chain Reaction (PCR) is a DNA based test. It is fast and inexpensive. It is used in food recalls and allergen analysis. It only works when the sample includes DNA.

Mass spectrometry is very sensitive and selective. It can quantify very low levels of a substance based on amino acids.

Jennifer started by studying the peptides (components of the protein) of wheat, rye and barley. Proteomics of food is looking at the proteins. Allergenomics is looking allergen proteins. The process extracts the protein, breaks them up into peptides, and identifies those most physiologically relevant peptides in allergenic issues. Wheat has 25 – 35 wheat peptides. Jennifer focused on seven of these peptides and then took varieties of wheat to see their prevalence. Different ELISA kits provided significantly different results. Every kit has different antibodies in the assay and they respond differently to different peptides. How do you get from peptide to a concentration of gluten in a solution? It is challenging.

Fermentation processes destroys some peptides and not others so you must understand this in the analysis. They studied gluten reduced beer and depending on the peptides tested, the result might show gluten-free in one test, yet containing gluten in another test using a different assay. She has found mislabelling on beer, spices and supplements.

The goal of ImmunogenX is to create a mass spectrometry assay that is sensitive and specific and can handle a multitude of different peptides.



# The Celiac Epidemic – What's Going On?

Dr. Joseph Murray, gastroenterologist at the Mayo Clinic in Rochester, Minnesota

2018 CCA National Conference - Ottawa

Dr. Murray studied medicine at National University of Ireland and internal medicine/gastroenterology training at Trinity College and Beaumont Hospital (Dublin) and the University of Iowa. He was on the faculty of the University of Iowa (1990-1998) before joining the Division of Gastroenterology and Hepatology at Mayo Clinic in Rochester, MN in 1998, becoming Professor of Medicine in 2004. Dr. Murray has a strong background/experience in basic/clinical gastroenterology, and his work spans basic/translational research in celiac disease focusing on immunology, genetics of the disease and immune responses to food and microbiota. He has authored 350+ scientific publications and 106 chapters, and his work is funded by the NIH, private foundations and commercial entities. He is past president of North American Society for the Study of Celiac Disease, serves on advisory boards for lay support groups, and consults with several companies on the topic of celiac disease (CD).

The belief is that CD has always been there, however, it just has not been diagnosed. It is interesting that in South Korea there is no CD. In 1950, 900 blood samples from Air Force "volunteers" were frozen and then were tested for CD in 2000. Only .2% of the volunteers had actually been diagnosed with CD, yet it is now

known that 1% of the population has CD.

A review of medical records between 2009 – 2014, indicated that for those tested for CD who were under 18 years of age, .76% had CD, while for those over 18 years of age, .71% had CD. This indicates that in the US approximately two-thirds of those with the disease are now being diagnosed.

Over time, the perception of a gluten-free diet has also changed. In 2013, 14.17% of the population were on gluten-free diet compared to 10.54% in 2009. You cannot diagnose CD in those who are on a gluten-free diet already.

Overall the prevalence of CD has increased. In the Northern USA states, CD rates are 5 times higher than Southern States. The reasons for this are not known.

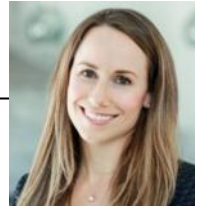
Dr. Murray stated that if a mother is diagnosed with CD, the children should be tested immediately, if they are over 3 years. If the test was negative, they should be retested at 8 – 9 years old and again at 18 years.

Despite popular opinion, wheat has not been genetically modified but rather, it has been changed through hybridization or breeding.

In the 1950's, in Ireland breastfeeding disappeared and gluten was introduced to babies at 2 weeks of age. This caused higher rates of celiac disease.



# Evidence-Based Holistic Approaches to CD



**Dr. Justine Dowd, Postdoctoral Fellow at the University of Calgary**

*2018 CCA National Conference - Ottawa*

Dr. Justine Dowd is a CIHR funded post-doctoral fellow working in the Health and Wellness Lab at the University of Calgary. Her research is in the area of health behaviour change and she is currently exploring the effects of exercise and teaching people with celiac disease self-compassion and self-regulation skills on quality of life and adherence to a gluten-free diet. As an active health promoter, Justine has presented her work at conferences including the Canadian Celiac Association's National and Regional Conferences and Big Brothers Big Sisters of Canada's National Convention.

Dr. Dowd believes in a holistic approach to celiac disease management. This includes:

- Diet studying the motivation of individuals and what predicts success
- Exercise which is being studying under the MOVE – C project.
- Mind/body - having self-compassion.
- Knowledge – including the MyHealthyGut smartphone application and gut health seminars

Even those following a strict gluten-free diet, 30% still report having symptoms. This makes for a range in the quality of life of the patients. Celiacs report higher levels of depression and anxiety and therefore there is a need for evidence based coping mechanisms.

One of the prime motivators for adherence to a GF diet is the individual is “willing to do ANYTHING to feel better.” The individual’s thoughts predict their intentions. How severe the symptoms are, what the psychological cost is, how self-regulated the individual is, how well they plan and how much knowledge they have will affect purposeful or accidental gluten consumption by the individual.

There is a gut/brain connection through the vagus nerve. This nerve promotes rest and digestion through parasympathetic nerves. Stress will activate the sympathetic nervous system to try to reduce stress and assist the individual in coping with situations. This can be seen as 60% of IBS patients have a lower reported pain threshold. They retrain their brain to reduce reaction to pain.

Self-compassion is simply giving the same kindness to ourselves that we would give to others. Do not criticize yourself. Be mindful and do not over identify.

You can test your self-compassion at <http://self-compassion.org/test-how-self-compassionate-you-are/>

Self-regulation is setting goals, adhering to those goals and being willing to seek and adhere to medical advice.

Dr. Dowd was winner of a J A Campbell Young Investigator Award and her current research, MOVE-C, is looking at the microbiome of celiacs and the impacts on it of an exercise program.

She believes everyone must be an advocate for their own health. You deserve to be healthy.

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# Labelling Regulations Claims in Canada

Michael Abbott, Health Canada, Section Head, Food Allergy and Intolerance Assessment Section, Food Directorate

2018 CCA National Conference – Ottawa



The Food Directorate (FD) works closely with the Canadian Food Inspection Agency (CFIA). The FD establishes regulations, policies and guidelines that are enforced by the CFIA.

Celiac Disease and Gluten Sensitivity are a high priority health issue similar to food allergies. Proper labelling is critical and requirements respecting gluten label declaration “must be declared” in the list of ingredients and/or be in the “contains” statement. Labelling requirements does not cover cross contamination.

Gluten was defined in the Canadian Food and Drug Regulations in Section B 24.018 G F regulation. Health Canada developed a guideline document in 2012 where a threshold of allowable gluten was established: “do not exceed 20ppm”. This level is recognized internationally in the Codex

Ailmentarius Standard for Foods for Special Dietary Use for Persons Intolerant to Gluten (Codex Stan 118-1979). It was part of the development of the enhanced labelling requirements for allergens, gluten sources and added sulphites.

If the test results show some lower level of gluten is present (ie. 5 or 10 ppm) and it is believed to be from wheat this could lead a manufacturer to add the GF claim “may contain wheat” as there is no threshold set for wheat allergy. The presence of the “May Contain: Wheat” does not mean the 20 ppm or more of gluten is allowed in the product. The gluten-free claim must still be valid.

Oats are included in the list of gluten sources. Regular oats are generally contaminated because of harvesting. In 2015, it was determined that there is no requirements to limit daily consumption of pure gluten-free oats. Health Canada has given a Marketing Authorization that permits the use of gluten-free claims for gluten-free oats.

A proposed updated beer standard is expected to be published in the near future. The proposal will include modifications to beer’s exemption from declaring the presence of food allergens, gluten sources and sulphites.

## My Nourish



myNOURISH



I’m Jaralyn and for me, over 6 years ago I went on a personal health journey of discovering what no doctor could seem to figure out. My gut was sore most of the time, my digestive process slow, I was carrying a bit more weight than I wanted and I suffered from low energy and waves of anxiety. I personally

eliminated most foods from my diet, and upon reintegration found gluten to be the number one trigger and certain dairy elements to be a close second. I have also since had Naturopaths confirm this same information through a detox program. I solved all these past body challenges through diet and lifestyle changes and fell in love with food in the process. While most receive food restrictive news with an, “oh no...what am I supposed to eat now, am I left only to eat bird seed?”, I took this more as a personal challenge of how can I live my best life, give my body the best chance and yet still enjoy the things I love?

You see I’m a planner, I read cookbooks for fun, I meal plan for my family (outlined on my chalkboard pantry door) and I geek out on new recipes and researching food restrictions. While I am not a diagnosed celiac, it runs in my family, and I live a strict gluten free diet. I am also a mom and a foodie, and I am committed to living my best life and that means being aware of what my body needs and nourishing it accordingly- while not feeling like I’m living without. I want food to be tasty, fun, approachable, affordable, creative and colourful.

Therefore, I converted my love of food and planning and bring to you MyNourish—personalized, consultative meal planning, recipes and product idea support for individuals with dietary restrictions- taking the ‘think’ out of it for you! I hope to spark your creativity, connect you to food that you love and contribute to you living your best life!

So let’s connect, I’ll plan and then you cook & eat- things that are personally edible (safe to consume) and eatable (you want to come back time and time again) for you (and your family)! Use the code **GFNourished** when you connect to receive one free month meal plan subscription or \$20 off your first month of personalized plans - [MyNourish.co](http://MyNourish.co)



# The Food Safety and Inspection Recall Process

**Christine Kopko, Canada Food Inspection Agency (CFIA)**

*2018 CCA National Conference – Ottawa*

The responsibility for food safety falls under several agencies:

**Municipal, provincial and territorial agencies** – They have primary health responsibility, monitor outbreaks and intervene when required.

**Canada Food Inspection Agency - CFIA** – Regulatory compliance and enforcement, food safety investigations, risk assessment, recall warnings and effectiveness checks.

**Public Health Agency of Canada - PHAC** – Monitor outbreaks, interventions, investigations related to human health, laboratory tests, coordination and communication.

**Health Canada** – Develops health policies and standards, conducts health risk assessments.

These agencies in turn work with industry to implement food safety control investigations, and initiate and respond to recalls. PHAC does work with international partners to exchange information on best practices.

CFIA enforces food safety and nutritional quality standards established by Health Canada through federal inspection. They ensure compliance verification of pre-packaged food products in registered and non-registered establishments, importer and distributor warehouses and a border inspection points. In 2018, they are targeting infant cereal products to ensure that they are properly declaring gluten. They are also targeting the following products for undeclared gluten and other allergens: maple products, flavoured tea, salad kits and Halloween and Valentine candy.

The investigation and recall process is a five step process:

Triggers – including consumer and industry complaints, notification of a food safety issue from a company, CFIA audit or inspection findings, positive laboratory findings from CFIA sampling plan and other sources, referrals from other federal, provincial or municipal authorities or a recall in another country. You can report complaint under consumer section for pre-packaged food on the CFIA website.

Food Safety Investigation – Goals are to confirm the hazard and the nature/extent of the problem; if possible, identify the underlying cause; collect information necessary for a Health Risk Assessment. The food is traced back to its origin and forward to what consumers may have been impacted. At the site they understand the company's process, observe practices and review documented procedures, observe/inspect equipment and conditions, verify the accuracy and completeness of information and collect and analyze samples where appropriate CFIA conducts 3,500 food safety investigations per year leading to about 300 recall incidents.

Health Risk Assessment - A risk characterization may be derived from established Health Canada risk based guidelines, policies and standards or through a Health Risk Assessment, risk advice or risk opinion sought from Health Canada.

Recall Process – Most food recalls are conducted voluntarily by the industry, either on their own initiative or upon request from the CFIA. When they do not agree to voluntarily conduct a food recall, the CFIA may seek a mandatory recall order from the Minister of Health per section 19 of the CFIA Act.

## Classes of Recalls

**I** A reasonable probability that the food will cause serious adverse health consequences or death. A Public warning is usually issued\*

**II** The food may cause temporary adverse health consequences or remote probability of serious health consequences. Public warning may be issued.

**III** The use of, or exposure to, a product is not likely to cause any adverse health consequences: regulatory contravention. A public warning is rarely issued.

\* Public warnings are usually not issued for Class I recalls when the product is not sold directly to consumers (ie. to hotels, restaurants, institutions)

Recall implementation is the responsibility of the recalling firm. They must recall by identifying and notifying the product consignees (wholesalers, distributor and retail stores). Product consignees have the responsibility of removing the affected product from sale. The CFIA develops the public recall warnings for dissemination and inspects conduct recall effectiveness checks. The recalling firm provides an action plan for the disposition of the recalled product which is verified by the CFIA. CFIA monitors the recovery, reconciliation and disposition of recalled product and any affect product in the company's control.

Follow-Up – The CFIA works with the processor, manufacturer or importer to ensure that any problems that led to the recall are resolved. This may include working with other countries to address broader issues or may require the review of Government of Canada standards and policies.

If you wish to receive recall warnings, you can sign up at:

<http://www.inspection.gc.ca/english.util/listserv/listserve.shtml>

If there is no gluten-free claim on the label and it states "MAY CONTAIN wheat", it is NOT SAFE for celiacs. If there is a gluten-free claim and it states "MAY CONTAIN wheat" it is safe for celiacs as the wheat is unintentional and it is below the allowable 20 ppm threshold.

# Board Highlights: CCA-Vancouver Chapter 2018

- At the June conference, the Vancouver Chapter donated \$1,000 to National for operating expenses and paid \$97 to National for research received from our membership. Further funding to National will be determined once Scotia Bank run funds are received.
- At the end of May, Cathy Tostenson and Doris Duncan stepped down from the Board due to personal and work commitments. In July, Amy Romanas stepped down as she is moving to Nanaimo. She will try to assist us in the future on the island. The Board thanks all of them for their assistance over the past year.
- Scotia Run, June 24 was very successful. Donations were \$17.6K and advertising revenues were \$2.4k. This was up from \$14.4K and \$1.7K respectively in 2017.
- Lizbeth Wall has made contact with Susan Braverman, the President of The Flag Shop in Vancouver. She is celiac and very interested in assisting us with our objective of increasing celiac awareness. She will be asked to attend a Board meeting early in the fall.
- Projects:
  - Contact Gastroenterologists in the Lower Mainland to provide information regarding Support Groups and newer national brochures. Contact lists will be prepared: Pushpa – Surrey, White Rock; Val for Richmond, Vancouver; and Liz for Burnaby, Coquitlam. If time permits other areas will be targeted.
  - Children's Meet-Up: Jasmine is investigating what has been done in AB for children meet-ups and is looking for areas that provide space for children to play and meet. AB meetings are held at AB Children's Hospital. Jasmine is interested in preparing a document for restaurants in the Vancouver area. Val to provide what has been prepared in the past.
  - Cynthia will provide a contact at UBC for the medical curriculum to determine if more information can be provided to medical students on Celiac Disease.
- Restaurant events held in May at Tamam and July at Jan's on the Beach.



## 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.


### Proud Sponsor of the CCA - Vancouver Chapter

On-line store is closed, order by phone and email. Free shipping min. \$39.00

Available at select stores, see the web site

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

604-779-0483



Messages

From

Your

Leaders

## Messages From Your Leaders

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**Iki Sushi** owner, Makoto Kito, has made the offer of a 10% discount to all Canadian Celiac Association members. All you need to do is to show your CCA membership card prior to ordering to receive the discount.

**Marie's Guilt Free Gluten-Free** is opening a new bakery in New Westminster on August 15<sup>th</sup>. The address is 724a 12<sup>th</sup> St. New Westminster. As the hours at this bakery are not set and may not be regular, please check the website for further details <http://mariesguiltfreebakery.ca/>.

44<sup>th</sup> Street BBQ Ribs are gluten-free and delicious. One of our members, Dawn, contacted the company to ensure they were GF and confirmed they were. They can be purchased at Costco.

Congratulations to **2 Guys with Knives** who now are certified GF-Verified!

## Drop-In Groups

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**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: [lizkenedy@shaw.ca](mailto:lizkenedy@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) .

**NOTE:** Meetings may not take place if no one contacts the organizer, so please let them know if you are coming.

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

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

# BACK TO SCHOOL EDIT

**5** WAYS TO USE  
OUR GLUTEN-FREE  
SUPER SEED  
GRANOLA MIX.



It's almost that time of year again... We know back-to-school can be a hectic time of year for families. Especially for those who have children with dietary restrictions

Here are 5 ways to use our gluten-free Super Seed Granola Mix. Wishing you smoother mornings!

- 1 Super-Seed Granola Topped Yogurt**
- 2 Fruit Infused Super -Seed Overnight Oats**
- 3 Bake It Into Your Breakfast Muffins**
- 4 Amp Up Your Smoothie!**
- 5 Create Delicious Homemade Granola Bars**

FOR MORE GREAT RECIPE IDEAS VISIT US ONLINE AT  
AND SIGN UP FOR OUR MONTHLY NEWSLETTER.

