

## CSO update

Good News!!!!  
Donations to Celiac support organization have now been granted **exemption from income tax under the section 80 G**. Please motivate all your family and friends to donate to CSO for a noble cause.

CSO along with Kalawati Saran children's hospital conducted a first ever successful interaction of parents of children with celiac disease and prominent pediatric gastroenterologists from New Delhi. The meeting was well attended with over 150 affected families. The interaction was very lively. This was followed by delicious gluten free snacks for all !

Celiac Focus  
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## Celiac in the literature

### Zinc Absorption may be Normal in Children with Celiac Disease

A small study suggests that zinc absorption is not impaired in children with celiac disease, but that doesn't mean their overall zinc status is adequate. Dr. Tran and colleagues from the University of Adelaide studied 16 children with CD and a Marsh score of 3 or more and 22 with a Marsh score of zero (i.e., normal) on small bowel biopsy. The authors report that the fractional absorption of zinc, based on the ratio of the urinary isotopic enrichment of the intravenously administered zinc to the orally administered zinc, did not differ between groups. The researchers observe that children with CD had impaired zinc homeostasis, but zinc absorption was not compromised, although more research including healthy controls is required. Nevertheless, they conclude that a high proportion of these children are likely to be zinc deficient if they have impaired gut function.

*Tran CD, Katsikeros R, Manton N, Krebs NF, Hambidge KM, Butler RN, et al. Zinc homeostasis and gut function in children with celiac disease. AJCN 2011;94(4):1026-32.*

### Early Intervention for Asymptomatic Celiac Disease Reaps Benefits

The benefits of treating patients with asymptomatic celiac disease were not known. According to a study from Finland, serological screening of persons at risk for celiac disease, but who are still asymptomatic, can detect the disease and prompt an effective treatment intervention. The study aimed to determine the benefit of intervening with a GFD in asymptomatic adults testing positive on endomysial antibody (EmA) serological screening. Investigators identified 3031 relatives of patients with celiac disease, of whom 148 were EmA-positive and 40 agreed to be randomly assigned to remain on their usual diet (n = 20) or start a GFD (n = 20). In addition to EmA testing, they were tested for transglutaminase antibodies and were surveyed for general well-being. Laboratory parameters, celiac-specific genetics, bone mineral density, and body composition were also assessed, as was small bowel mucosal morphology and inflammation. Improvements were observed in all parameters. The GFD group demonstrated mucosal healing; the control patients did not (P < .001). The GFD group also had significant drops in EmA titers (P < .001) and transglutaminase antibody titers (P < .001) from baseline, as well as improvements in symptoms (P < .001) and quality of life (P < .001), although control patients did not. Almost thirty-four patients (85%) were willing to continue on a GFD in the future.

*Digestive Disease Week (DDW) 2011: Abstract 620. Presented May 9, 2011.*

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CELIAC SUPPORT  
ORGANISATION

# Celiac Focus



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## In this issue

- First Issue **P.1**  
What parents need to know **P.2**  
Gluten free recipe **P.3**  
Celiac in the literature **P.4**

## The First Issue of Celiac Focus

Greetings to all!!

Welcome to the maiden issue of the celiac focus. This quarterly newsletter is a part of the efforts of celiac support organization to bring awareness of the disease and to disseminate latest information on the topic. We will try to cover all topics related to celiac disease which are of interest to the pediatric gastroenterologists, pediatricians, adult gastroenterologists, parents, and nutritionists.

We hope to cover the latest research on the topic in our section on "Celiac in the Literature". The section on "Ask the expert" will feature questions which the reader can ask our expert. The section on "Nutrition tips" will feature interesting information related to diet and will be of immense interest to all the mothers who want to try out new and interesting recipes.

The intended viewership of this newsletter is not only viewers connected to the medical profession but also the parents; therefore there will be topics that might seem too simple for some of you but the intention is to be democratic!!!

This first issue is an electronic copy which will be sent to all our members and members of the pediatric gastroenterology community. In the coming months we hope to increase the readership database.

We look forward to an active participation from your side. All bouquets and brickbats are welcome and so are suggestions for improving the newsletter. Happy reading!!!

**Dr Vidyut Bhatia**



## Celiac News

ESPGHAN issues new guidelines for management of celiac disease

ESPGHAN has come out with new guidelines for the management of celiac disease after a gap of 20 years. These guidelines that will appear in the January issue of Journal of Pediatric Gastroenterology and Nutrition are available electronically. The latest guidelines focus on two algorithms for making a diagnosis of celiac disease. The two groups are those with classical symptoms of celiac disease and those who are more susceptible to the disease but are still asymptomatic.



## What parents of newly diagnosed celiacs need to know

A diagnosis of celiac disease often causes concerns in the minds of parents about the future of their children with respect to this disease. We asked three leading pediatric gastroenterologists about what advice they give to such parents. Dr SK Mittal said that he first tries to explain the cause of the disease (due to gluten allergy) and that those children with a genetic predisposition manifest the disease on being exposed to gluten (chiefly wheat) containing foods. He further added that the lining of the intestines of the child is damaged due to this gluten allergy. The intestine is therefore not able to absorb foods leading to chronic diarrhea and to deficiency of various nutrients in the body. Nutrient deficiency causes growth failure, anemia, rickets, osteoporosis etc.

Dr. Shinjini Bhatnagar said that although simple blood tests (anti TTG and anti endomysial antibody) are now available but they at best serve as screening tools. Confirmation of this lifelong disease can only be done after demonstrating damage (villous atrophy) to the intestinal lining for which it is necessary to obtain a duodenal biopsy which can be easily obtained through upper GI endoscopy. However manifestations of disease can be prevented and reversed by completely avoiding all sources of gluten in diet and instead to take adequate nutrition from gluten free foods. Adherence to these gluten free foods has not only to be total but also lifelong. Good thing is that the disease does not require any medicines etc. In the gluten free foods are included all cereals except wheat, barley, oats.

“Even miniscule amounts of gluten can be as harmful as eating a whole *chapatti*.”

Thus rice, maize, Jawar etc. can be taken. Also all legumes, milk and milk products, fruits and vegetables etc. can be taken *ad lib*. Dr Bhatnagar opined that although many so called gluten free products are now available commercially, however as there no foods are testing (for gluten content of foods) laboratories in our country, none of these products can be guaranteed to be completely gluten free. Also these may prove unaffordable by average families.



Dr. S.K. Mittal (President, CSO)

We asked 3 distinguished Pediatric Gastroenterologists on what advice they give to parents with newly diagnosed celiac disease



Dr Sushma Narayan felt that help from an expert nutritionist would be required to plan an age appropriate gluten free diet from home available foods and also to avoid foods with hidden gluten (most of the fast foods, sauces, ice creams, *kulfi*. Some medicinal tonics etc. may contain gluten in varying amounts). It is well to remember that even miniscule amounts of gluten can be as harmful as eating a

whole chapatti.

Also since this is a genetic disease, the incidence is higher among family members. Further the disease may remain apparently symptom free. Hence it is advised that all immediate family members be tested for the disease by obtaining a simple blood test (Serum anti tTG A) and further confirmed by a duodenal biopsy if the blood test is positive.



“Confirmation of this disease can only be done after demonstrating damage to the intestinal lining”

Dr. S. Bhatnagar

## This Issue's Gluten free Recipe

### CORN AND PEAS CHAAT

#### Ingredients

Sweet corn 1 cup  
Peas 1 cup (boiled)  
Sugar 2 tsp.  
Lemon 2  
Black pepper 1 tsp. (crushed)  
Salt to taste



1. Mix corn and peas in a bowl.
2. Add sugar, salt and black pepper and mix well.
3. Squeeze lemon juice on it and serve.

Source

Khanapakana.Com

Ask the Expert  
Dr Sushma Narayan

Q. Can I give nuts to my child?

Yes, Nuts are gluten free. Sometimes nuts are fried or wrapped in a flour which may not be gluten free.

Q. Is a cure possible?

As of now, there is no definite cure. Gluten free diet alone can ensure a near normal life.

Q. Wheat is so important. Will my child be healthy without such a vital food?

The diet can be quite complete without wheat in the Indian setting especially where dal and rice are also a staple diet. However, a discussion with the dietician and the doctor to make the diet wholesome and nutritionally complete is needed. Care must be taken not to let the GFD become monotonous.