

**COPING WITH
THE
GLUTEN-FREE DIET**

Also by the author:

Gourmet Food on a Wheat-Free Diet (Gluten-Free)
Delicious and Easy Rice Flour Recipes (Gluten-Free)

COPING WITH THE GLUTEN-FREE DIET

By

Marion N. Wood

Globe, Arizona

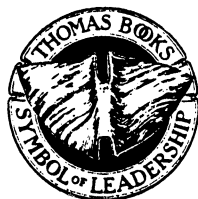
With a Foreword by

Margaret B. Salmon, M.S., R.D., A.D.A.

Chief Dietitian

St. Joseph's Hospital and Medical Center

Paterson, New Jersey



CHARLES C THOMAS • PUBLISHER
Springfield • Illinois • U.S.A.

Published and Distributed Throughout the World by

CHARLES C THOMAS • PUBLISHER
2600 South First Street
Springfield, Illinois, 62717, U.S.A.

This book is protected by copyright. No part of it
may be reproduced in any manner without written
permission from the publisher.

©1982 by CHARLES C THOMAS • PUBLISHER
ISBN 0-398-04718-9

Library of Congress Catalog Card Number: 82-5698

*With THOMAS BOOKS careful attention is given to all details of
manufacturing and design. It is the Publisher's desire to present books that
are satisfactory as to their physical qualities and artistic possibilities and
appropriate for their particular use. THOMAS BOOKS will be true to those
laws of quality that assure a good name and good will.*

Printed in the United States of America

I-RX-10

Library of Congress Cataloging in Publication Data

Wood, Marion N.

Coping with the gluten-free diet.

Bibliography: p.

Includes index.

1. Celiac disease – Diet therapy. 2. Gluten-free
diet – Recipes. 3. Food additives – Dictionaries.

I. Title.

RC862.C44W66

641.5'63

82-5698

ISBN 0-398-04718-9

AACR2

It is much better to light a candle of hope
Than to curse the darkness

This book is dedicated to the people whose case histories, told
in their own words, were generously contributed to help others.

FOREWORD

TO truly understand the needs of another person, one must “walk in his or her shoes.” Marion N. Wood did just that as she lived through her husband’s years of suffering from gluten-induced enteropathy. When he dramatically recovered on a medically prescribed diet which was *totally* free from gluten, she decided to share her knowledge and expertise with other patients. For over twenty years she has strived to create gourmet gluten-free recipes in hopes of brightening the lives of people who must follow a *strict* gluten-free diet.

Thousands of patients with gluten-induced enteropathy and other gluten allergies have already regained their health after following the guidelines and recipes in *Gourmet Food On A Wheat Free Diet* and *Delicious And Easy Rice Flour Recipes*, Marion Wood’s first two books. Now in her latest book, *Coping With The Gluten-Free Diet*, Mrs. Wood has gathered under one cover a vast storehouse of facts about life on a gluten-free diet. This is much more than a cookbook of gluten-free recipes. It includes sound advice from leading medical authorities in the field of gastroenterology, as well as experiences of patients whose adherence to a gluten-free diet is their passport to health.

Marion Wood’s countless hours of experimentation and creation of outstanding gluten-free recipes was a labor of love. Add to that years of research and the result is *Coping With The Gluten-Free Diet*, a marvelous new guide to gluten-free living.

Margaret B. Salmon, M.S., R.D., A.D.A.

INTRODUCTION

C*OPING With The Gluten-Free Diet* is a WHY, WHERE, and HOW book. The WHY is supplied by doctors whose opinions I sought because they are experts in the particular fields of illness this book serves.

The WHERE and HOW are the culmination of twenty-one years of experience in dealing with the gluten-free diet. The material used has been inspired by the needs of patients who have shared their problems with me over the years.

A major purpose of this book is to stress the true rehabilitation potential for patients with gluten intolerance. It is designed to help alleviate the frustration and rebellion that dieters often experience and to replace them with knowledge and understanding that will open the way for creative self-help.

There is no magic medicine, pill, or vitamin to cure gluten intolerance. The individual whose doctor orders a diet that is totally free of wheat, rye, barley, oats, and their derivatives must eat his way to health. In this case the quality of life depends upon the dieter's knowledge and determination to feel and look well.

The opening chapter is devoted to medical facts and guidelines concerning gluten intolerance and associated problems. For this we are indebted to the doctors who generously gave their help.

The section on our grains is presented for better understanding of why I believe in whole grain rice and its family when ground into flour. I included its nutritional contribution, how to use it in cooking, and some of its history.

Important portions of the book include an additive dictionary, which interprets many of the commonly used chemical terms used in our foods today. This is done to provide dieters with sufficient

knowledge and understanding to read labels and evaluate the safety of products. It is hoped that recognition of the meaning of label ingredients will broaden the diet and ease concerns. Since ingredients do change even in familiar products, this is a safeguard. Those ingredients that may contain gluten, unless specifically identified, are also interpreted. The enlightened patient can best cope with the disease.

Master bread recipes are the result of continued research and development. They are prepared from ingredients that can be found at the home grocery store with few exceptions. They are developed for fast and easy preparation. Recipes for the lactose intolerant patient are included in this section, with allergies also considered.

A large section devoted to casserole dishes gives special attention, also, to recipes using rice sticks as a substitute for pasta in favorite dishes. Many of the recipes are favorites of family or friends. All ingredients have been checked for gluten-free safety and the names of products used are given only when there may be brands that are gluten-free and others that are not.

The menu chapter includes suggestions and recipes for special occasions when everyone present including the dieter may enjoy the food – when the dieter is not set apart while others may eat his favorite foods, which may provoke the temptation to “take a chance” and risk being sick.

A carefully selected group of case histories – the patient’s story – written in their own words is included. These demonstrate some of the differences of gluten intolerance, since no history is like another. Gluten intolerance affects the whole body and each body has its individual way of demonstrating that something is wrong.

My wish for all individuals who must maintain a gluten-free diet is that they approach it as the experience of eating at the most wonderful restaurant in the world with all of their meals served on a platter of The Gift of Life, all foods seasoned with health and the vigor to enjoy their families, friends, and work and play.

ACKNOWLEDGMENTS

I WANT to express my gratitude to Margaret Salmon, R.D., M.S., who urged me to write this book and made me see that I had more work to do; to Dr. Thomas P. Almy, Dr. Theodore M. Bayless, Dr. Parviz Foroozan, and Dr. Stephen I. Katz, for their valuable opinions; to Dr. Warren Strober who has been answering my questions since 1974; to Cornelia Hilton who meticulously typed the manuscript with her heart as well as her hands and who also gave me some choice recipes for this book; to my family – Dorothy Johnson, Jean Blackmore, Janice Roundy, Carol Newman, and Ethel Wood – for their recipes; to my friends – Lorraine Aguon, Marian Bishop, Lola Dempster, Janet Gibson, Connie Haines, Mary Healy, Betty Jackson, Alice Linn, Margie McKusick, Jung Pak, Earline Tidwell, Harlene Walker, and Martha Wheeler – for their fine recipes and for their patience and support while I was writing this book. I am grateful to the University of Arizona staff who helped me obtain answers to my questions; Betty Faris, Extension; June Gibbs, Food and Nutrition Specialist; and to Dr. Ralph Price, Department of Nutrition and Food Science. My deep appreciation to all who shared so generously their frustrations, struggles, and triumphs in coping with their gluten-intolerance, in order to help others (to protect their privacy their names have been changed). To Dr. William E. Bishop, who made all of this a reality by giving my husband life and health.

CONTENTS

	<i>Page</i>
<i>Foreword.</i>	vii
<i>Introduction.</i>	ix
<i>Chapter</i>	
I Medical Opinions.	3
II Case Histories in the Patient's Own Words	16
III Our Grains: The Rice Family	39
IV Why, Where, and How	44
V Baking with Brown Rice Flour.	47
VI Corn.	49
VII Master Bread Recipes and Their Use	53
VIII Casseroles	63
IX Menus with Recipes.	102
X Additives.	127
<i>Index</i>	147

**COPING WITH
THE
GLUTEN-FREE DIET**

Chapter I

MEDICAL OPINIONS

IMPACT OF DIGESTIVE DISEASES ON AMERICANS

DR. Thomas P. Almy, Professor of Medicine at Dartmouth Medical School, Hanover, New Hampshire, was a speaker at the 79th annual meeting of The American Gastroenterological Association in Las Vegas, Nevada, in May, 1978. The report from which I have taken excerpts was written by Julian Devries, Medical Editor for the *Arizona Republic* newspaper. Dr. Almy has given permission for the reprint of the quotes and “believes that the figures are still valid.”

The impact of digestive diseases on the United States is costly, painful, deadly, and common. Symptoms of digestive disease were found in forty-four percent (44%) of one million supposedly healthy men, and in fifty-five percent (55%) of an equal number of women who had no digestive complaints. Although diseases of the digestive system tend to be more chronic than fatal, they are nonetheless responsible for an average of one of every ten deaths in the United States. Thirty percent (30%) of all cancer deaths are attributable to tumors of the digestive system. This makes digestive diseases the third ranking cause of death in the United States.

...one of every three surgical operations in the United States is performed because of digestive diseases. In addition, one of every six absences from work by males is the result of a digestive disease. It is the second-ranking cause of disability in the United States, with the work capacity of nearly two million persons affected by it. Nearly a fourth of the two million are totally disabled. The cost of treating digestive diseases accounts for a large percentage of all personal health expenditures, and estimates in round figures place the annual cost at more than twenty billion dollars.

Digestive diseases are the leading reason for the hospitalization of persons between 45 and 64, and the second ranking reason for hospitalization at other ages.

CELIAC DISEASE

Although we often attribute the recognition of celiac disease, especially in adults, to recent times, the first description of it was written in the second half of the second century A.D. by Aretaeus of Cappadocia. His writings were edited, translated, and published by Francis Adams in 1856. When used to describe people, the Greek word *koiliakos* from which the word *coeliac* (used by the English) is derived, means suffering in the bowels. The chapter on "The cure of Coeliacs" describes fatty diarrhea (steatorrhea), loss of weight, pallor, chronic relapsing, and the way in which celiac disease affects children as well as adults.

In 1888, Samuel Gee wrote, "to regulate the food is the main part of the treatment. The allowance of farinaceous foods (consisting of starch) must be small but if the patient can be cured at all, it must be by means of diet." The original Greek text also includes the observation "for bread is rarely suitable for giving coeliac children strength."

It was not until the research findings of Dicke, Weijers, and van de Kamer were published in 1950 that any fundamental progress was made in treating the disease. Over the years various diets were tried without real success. It remained for the Dutch doctors to identify (as a result of the grain famine in Holland) that when wheat, rye, barley, and oats flour were removed from the diet, it resulted in dramatic improvement of sick children who had not responded to other treatments. Their work was confirmed and extended by Professor Charlotte Anderson and her colleagues in Birmingham, England, who extracted the starch and some other constituents of wheat flour and found that "the resulting gluten mass" was the harmful part. Wheat, rye, barley, and oats contain this type of gluten, with wheat consisting of over 90 percent gluten and the others in descending lesser amounts. The detrimental factor found in these grains is absent from rice, corn, soya, potato, tapioca, and arrowroot.

Finally Dr. J. W. Paulley, a physician in Ipswich, England, reported to the British Gastroenterological Society that during an operation on an adult celiac patient he found inflammation of the lining of the small intestine. The existence of this inflammatory change was confirmed in several patients and then found by many doctors in England, the United States, and elsewhere. *It was considered to be the most essential single feature in which the diagnosis of the coeliac condition could be based.*

The doctor examines the small intestine through histology (microscopic examination of the structure of tissue); after gluten exposure in suspected celiac patients, the intestinal villi are shortened or lost, the absorbing cells are disordered, and extensive inflammation is present. Physiologically, these absorbing cells malfunction. The villi and microvilli of the mucosal cells, the surface membrane available for absorption, is greatly decreased. All substances that are absorbed by the small intestine need to traverse this cell membrane. The reduction in the surface area produces the most important explanation for malabsorption in the disease. In addition, the metabolic functions of the cell are deranged. The intestinal tract is unable to absorb nutritional elements into the bloodstream. The wonderfully elaborate work of the intestinal tract is greatly impaired.

Doctors normally run a series of tests to attempt to find out the degree and the extent of the defect, with the first attention given to symptoms, which coupled with the tests leads to correct diagnosis.

Dr. J. M. Littlewood and Dr. Avril Crollick, St. James University Hospital, Leeds, and Dr. I. D. G. Richards, University of Leeds, reported in *Lancet* (December 20/27, 1980): "A number of changes in infant feeding practices which occurred around 1974 may be relevant to the observed fall in incidence of CD. These changes include a definite increase in the number of women breast feeding their infants and some delay (to around 3 months) before cereals are introduced into the diet." The consequent reduction in gastroenteritis and the early challenge from cow's milk protein and the later introduction of gluten into the diet, they conclude, "may all be important features in the observed change."