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How is Celiac Disease Treated?

Once the diagnosis of celiac disease (CD) has been confirmed, treatment can begin immediately. It does not require surgery. It does not require an unending dependence on medication. It does not ever require repeated visits to the doctor's office. The best and only known treatment for CD is simply this: a lifelong elimination of "gluten".

Living Life Gluten-Free

Before adopting a gluten-free (GF) lifestyle, it is important to first understand what gluten is and where it is found.

What is Gluten?

The term "gluten" is, in a sense, a generic term for the storage proteins that are found in grains. In reality, each type of protein - gliadin in wheat, hordein in barley, secalin in rye, avenin in oats, zein in corn and oryzenin in rice - is slightly different from the others. The "gluten" in wheat, barley, rye, and a much lower amount in oats* (WBRO), contain particular amino acid sequences that are harmful to persons with celiac disease. It is important to note that the gluten found in corn and rice does not cause harm to those with CD. (Note: In order to avoid confusion, the term "gluten" used in this web site refers to only that gluten found in WBRO, not that found in corn and rice.) Refer to Use of the Term "Gluten-Free" to see how this term is used on food labels.

* Current clinical studies indicate that pure oats may be included as part of a gluten-free diet. However, pure, uncontaminated oat sources are not readily available. Therefore, CSA suggests avoiding oats at this time.

Where is Gluten Found?

While one would expect to find gluten in places like breads, pastas, cookies and other obvious grain products, gluten is also "hidden" in many processed foods such as frozen French fried potatoes, soy sauce and rice cereal. Even many non-food items like cosmetics, and household cleansers contain gluten. Any product that is made with WBRO or any of their derivatives will contain varying amounts of

gluten. Refer to the [Grains and Flours Glossary](#) for a list of gluten-free and gluten-containing grains.

Beside the fact that WBRO are present in many foods and other non-food items, the clinical gluten-free diet also recommends the elimination of gluten that comes from **cross contamination** or **contact** with gluten-containing items. As was mentioned above, it is difficult to find a source of pure oats in the United States at this time. While the oats themselves may not bother a person with CD, the traces of wheat that have contaminated the oats during processing may. Care must be taken during food preparation and storage to insure that cross contamination and contact does not occur.

Learning to Read Labels

Since the term "gluten" is rarely used on product labels, it is imperative that a person on a gluten-free diet learns the typical places that gluten can hide. (See, also, [The CSA Gluten-Free Product Listing](#) for more information and a listing of commercial products that are gluten-free.) Label reading must become a habit in order for the celiac consumer to have the confidence to make informed choices. Refer to [Use of the Term "Gluten-Free"](#) to see how this term is used on food labels.

For over 25 years, CSA has worked to require product labeling that is meaningful, verifiable and consistent. Today, CSA continues this effort by working with both the government and the manufacturing industry - informing that having the *source* of ingredients listed on the label is essential for people with CD. More accurate labeling will provide greater confidence and a wider variety of products for use among the celiac community. Learn more about how CSA is [Working to Improve Product Labeling](#).

Self-Management

Self-management is vital to living a full life with celiac disease. It means making safe and healthy choices at home and away from home. It means adopting a lifestyle that is free of WBRO. It means taking responsibility for one's own health and well-being. It means living life to the fullest!

Getting Started on the Gluten-Free Diet

The move to gluten-free living brings a number of important changes to life. The return to health and well-being is the greatest among them. The disease can be "controlled" simply by a change in one's diet - no risky surgeries, no life-long dependence on expensive medication. And, best of all, the gluten-free diet is a risk-free diet! Gluten, as a protein, is not essential to the diet and its amino acid

components are replaced many times over by other foods. For a person with celiac disease, living gluten-free can only result in improved health and well-being!

It is important when adopting a life-style change to be patient and understanding, both with one's self and with others. Educating loved ones and friends is an important part of treatment. The positive attitudes and understanding of the people closest to the patient make the dietary transition easier.

Gathering information from physicians, dietitians, home economists, and celiac organizations like CSA is essential. This web site is a great resource for diet information, gluten-free recipes, articles for and by people with CD and other material that can aid in this new lifestyle.

There are hundreds of gluten-free foods available that fulfill the definition of the expected clinical diet. Most "regular" recipes can be converted to gluten-free - even Aunt Lydia 's spaghetti and meatball or Grandma's Thanksgiving pumpkin pies.

For more information on the Gluten-Free Diet see:

- [Self-Management](#)
- [Basic Diet Choices](#)
- [Grains and Flours](#)
- [Recipes](#)
- [Local Units](#) to find someone near you who can help.

Contact CSA for more information on or to order one or more of the GF cookbooks available at a minimal cost.

The CSA Gluten-Free Product Listing is also a valuable resource to have on hand as the transition is made to shopping "gluten-free." Click here to order this, and other helpful [resources](#).

Establishing a Support System

Changing long-established habits - for the rest of your life - can seem like a daunting task. It need not be faced alone, however.

[Membership](#) in an organization like CSA provides information, encouragement, and support that will help the transition go more smoothly. Refer to the [Local Units](#) page to find a support group in your area. Working with a dietitian or nutrition professional will also aid in learning to shop, cook and eat gluten-free.

It is important to remember that there is **no such thing as a "typical celiac."** Not only do the symptoms vary widely, so do the related medical conditions. Diet and treatment needs are unique to each individual. What may work for one may be totally inappropriate and/or damaging for another. The old adage, "What's good for the goose, is good for the gander," does *not* apply here. All celiacs are alike in that they have an immune reaction to the storage protein in

W-BRO, yet; each is very different in dozens of ways which only the individual and his/her medical advisor(s) will know.

Therefore, it is absolutely **VITAL** that a relationship is established with a gastroenterologist or other physician who is knowledgeable in the diagnosis and care of CD. Partnering with a doctor will help an individual make the most appropriate decisions regarding the GF diet and any supplementation that may be necessary.

Supplementing the Gluten-Free Diet

Celiac disease prevents the body from absorbing nutrients properly. There are no longer as many functioning "holes in the sieve" for nutrients to get through to the blood stream. Even after the villi in the small intestine are described as being "back to normal," there remains the potential of some nutrients being absorbed at lower levels. Because of this, the monitoring physician may recommend a blood test analysis to learn if selected vitamins or nutrients are being absorbed at adequate levels.

Once a determination is made, supplementation of the GF diet may be advised. This recommendation may include selected intake of iron and folate and, in a few cases, one of the B vitamins. Occasionally there is need for replacement of fluids and electrolytes, including calcium, potassium and magnesium. Both men and women with low bone density may require vitamin D replacement. If there are associated conditions, such as lactose intolerance or diabetes, a series of additional treatment elements may apply.

It is important to remember that the immune system of a person with celiac disease is weak. The auto-immune system functions at a lower than-normal level. Infections may not be handled as well as in other people. Stamina and resilience may not be at the level they once were. Most vitamins, food supplements and over-the-counter medications are based on and measured for persons at full-functioning, full-absorbing levels. A person with CD may need less or perhaps more of a particular vitamin, mineral or medication. Again, working with a monitoring physician will help determine what and how much is the appropriate allowance of a particular medical or supplemental product.

If symptoms persist after adopting a GF diet, further refinement may be necessary.

Additional Sensitivities May Be Present

Even after the GF diet is well established, one or more of the original symptoms may persist. If this occurs, it is important to again consult the monitoring physician as there may be additional food sensitivities or other health considerations involved.

Lactose Intolerance

One generally transient condition that is common in those with CD is lactose intolerance. If lactase is not present to facilitate digestion of the milk sugar, lactose, the body reacts with symptoms such as bloating, gas and/or diarrhea. A simple test for lactose intolerance can be administered during a routine physician visit.

Molds

Also common for newly diagnosed CD patients is sensitivity to food and air-borne molds. This is likely to include such common foods as mold-based cheeses, mushrooms, yeast and yeast products and xanthan, which may be used as a binder in some gluten-free breads.

Food Allergies

A lesser number of celiacs report that one or more food allergies also affect them. Approximately 90% of food-based allergies in the U.S. are linked to eight major categories: milk, soy, eggs, fish, Crustacean shellfish, tree nuts, peanuts and wheat. It is important to note that one can have an allergy to wheat and not have celiac disease.

For each of these conditions, appropriate dietary changes and related adjustments will need to be made with the help of the monitoring physician. However, for the majority of celiac patients, the gluten-free diet is the entire treatment.

If symptoms continue to persist after adopting a GF diet and checking for additional sensitivities, further refinement may be necessary.

Associated Conditions

For the patient who may have had active, untreated celiac disease for a number of months or even years, there may be associated immune related conditions. There is an established association between CD and insulin-dependent diabetes mellitus and with thyroid disease. No so common, but occasionally found in patients with CD are hyposplenism, splenic atrophy and selected neurological disorders. It must be emphasized, however, that none of these conditions is specific for CD.

The conditions of osteoporosis and osteopenia (a loss of bone mineral density) are serious complications for persons with CD. Most authors report the incidence to be about ten times higher among celiac patients than is found in the general population. It is likely that about 4 out of 10 celiac patients will need aggressive treatment for low bone mineral density-related problems. While it can be a problem for both men and women, it affects post-menopausal women at a higher level. Diagnosis of this complication can now be made using bone densitometry. Treatment typically includes calcium supplement intake along with estrogen replacement. Any pattern of treatment must be based on individual evaluation and physician recommendation.

A link has also been discovered between untreated CD and enteropathy-associated T-cell lymphoma. This is true also for patient with dermatitis herpetiformis. Studies have shown, however, that the risk of contracting this condition is reduced when the gluten-free diet is strictly maintained. It has also been found that bowel adenocarcinoma may develop when celiac disease is untreated for a long period of time.

Maximizing One's Health

Be proactive! In order to allow for accurate and timely assessments, the monitoring physician needs to know when health screenings and evaluations are made in the following areas:

- up-to-date flu shots and pneumovax 23, the vaccine for pneumonia
- bone mineral density
- diabetes
- GI malignancies, colon cancer and hemo cell
- Iga levels in patients with recurring infections
- glandular function (thyroid)
- anemia

Summary

Living life on the gluten-free diet may seem like quite an adventure but, the health and well being that will be experienced, will far outweigh any inconvenience it may cause. Working closely with a knowledgeable physician, and practicing wise self-management skills will help a person with celiac disease live life to the fullest!

[What is Celiac Disease?](#)

[What are the Symptoms of Celiac Disease?](#)

[How is Celiac Disease Diagnosed?](#)

The medical information on this page was last reviewed/updated on January 1, 2004.



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