Celiac Disease Causes Symptoms Diagnosis and Gluten-Free Management

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Introduction

The disease, which affects almost every hundredth person on the planet, is accompanied by a syndrome of intestinal absorption and secondary metabolic disturbances and leads to severe consequences. Celiac disease is a genetic autoimmune disease in which gluten is used to damage the small intestine. Attacks lead to the atrophy of tiny fingerlike villi of the small intestine, whose function is to increase the surface area of the intestine and increase the ability to absorb nutrients. It is estimated that currently, the disease affects one in 100 people around the world. One per cent of three million Americans live with undiagnosed celiac disease (Green & Cellier, 2007). There are more than 200 symptoms of celiac disease, but the most common are Abdominal pain and bloating, chronic diarrhoea, vomiting, constipation, pale, fetid or fatty bowel movements, weight loss and fatigue.

The only method of treating the disease is a strict gluten-free diet. Only food and drinks with a gluten content of not more than 20 parts per million are allowed. In celiac disease, the consumption of gluten (a protein of cereals) causes a specific immune response: antibodies are released that damage the intestinal mucosa and can cause a number of unpleasant symptoms, some of which are not associated with the gastrointestinal tract (Taylor, Lebwohl, Snyder, & Green, 1993).

Analysis

According to Norma, the main problem of celiac disease is that often, the disease is misdiagnosed or not detected at all in patients. This is a common disease with a frequency of 1 100 in the UK, but currently diagnosed in only a quarter of patients. This means that in the UK, about half a million people do not know about their illness. Celiac disease can cause extreme harm if left untreated: This can lead to children dropping out of school, adults absent from work, and often taking extra days off for various reasons… the disease can even cause depression (Green & Cellier, 2007). However, not everything is so bad. Unlike other autoimmune diseases, celiac disease has a simple, effective method of treatment – adherence to a gluten-free diet. Getting rid of symptoms can help recognize the problem and eliminate gluten from the diet. Celiac disease disrupts the intestine, so it is often confused with gastrointestinal diseases. However, the range of symptoms that are thought to cause celiac disease is extremely diverse. Here are some of the first signals and symptoms that you should

pay attention to (Taylor, Lebwohl, Snyder, & Green, 1993).

Symptoms are mostly related to the intestines. Nausea, diarrhoea, abdominal pain and even constipation. These symptoms people often associate with other diseases, and often the patients are mistakenly diagnosed with irritable bowel syndrome (IBS). Studies confirm that 11% of the world's population suffers from IBS, but this diagnosis can lead to people with celiac disease not receiving proper treatment, and therefore, the symptoms do not disappear. Every fourth patient with celiac disease was previously mistakenly diagnosed with IBS.

Herpetiform dermatitis of Dühring (DG) can also be caused by celiac disease. This autoimmune condition is characterized by the appearance of small vesicles. They arise mainly on the elbows and knees but can be anywhere. In these places, there may be itching and burning; at the same time, the DG often goes through a gluten-free diet, and the skin is cleansed. A skin biopsy is used to confirm the diagnosis of HD if a positive result is sent to a specialist who treats bowel diseases (Green & Cellier, 2007).

One of the problems of diagnosing celiac disease is a variety of different symptoms that a person can face daily and try to connect them with other things, Norma explains. One of the most striking examples is fatigue. Extreme fatigue can be a consequence of other symptoms, such as the body not receiving all the nutrients due to the reaction associated with gluten intolerance. If you suffer from rapid fatigue, Celiac UK recommends that you consult your doctor so that he can take a blood test and check to see if gluten is the cause of these problems (Taylor, Lebwohl, Snyder, & Green, 1993).

This is a symptom that does not manifest itself in problems with the intestines, but mouth ulcers are a common symptom of celiac disease. In fact, the wound in the mouth is a sign of an autoimmune disease, including celiac disease, because ulcers indicate common problems in the immune system. The nutritionist notes that this is a symptom that must be paid attention to, especially when the problems are serious: ulcers cover the entire oral cavity and have a particularly detrimental effect. These are not just wounds – they are large and painful and often occur with a prolonged course of unidentified celiac disease.

Celiac disease affects the mucous membrane of the small intestine, depriving the body of the ability to fully absorb vitamins and nutrients from foods. Anaemia can also occur when the body does not receive the necessary amount of iron, so not all people with anaemia have celiac disease. Nevertheless, it can be a key feature when combined with a lack of B vitamins. Anaemia is helped by a blood test, but it is also necessary to monitor other symptoms: weakness, shortness of breath, pallor, tingling sensations and crawling in the hands and feet. The lack of B vitamins and iron is caused by bowel damage, which leads to the malabsorption of nutrients entering the digestive tract with food.

Neurological problems, such as ataxia, are another symptom that confirms that the body cannot absorb gluten. According to NHS National Health Service, ataxia unites a group of disorders that affect coordination, balance, and speech and can lead to problems with balance, walking, sight, talking and

swallowing. This is an interesting area because neurological problems associated with celiac disease emphasize the wide range of manifestations and symptoms that can be caused by gluten. Of course, not all neurological problems can be treated with a gluten-free diet. However, at the moment, there is evidence that if the problem is identified early enough, people can get rid of ataxia by simply eliminating gluten from their diet. This disease is called gluten ataxia (Taylor, Lebwohl, Snyder, & Green, 1993).

Osteoporosis is a pathological condition characterized by increased fragility of bones. This is a common disease that, according to the NHS, affects more than three million people in the UK and more than 500,000 people with fractures due to bone fragility receive inpatient treatment. For many people, osteoporosis is not associated with celiac disease, but it can be one of the complications of a disease that is not treated. Yet once on a diet without gluten and strictly adhering to it, you can get a hugely positive result for the health and strength of your bones.

The number of Americans who have been excluded from the diet of gluten tripled from 2009 to 2014. However, the proportion of the population suffering from celiac disease decreased during the same period. This demonstrates the enormous impact of marketing and trending diets on people's eating habits. We have seen how, over the past five years, the number of claims about the harmful effects of gluten on the waist, skin, and mood of bread, pasta, rice, cakes, and other products with gluten on the waist, skin, and mood has grown. In 2009, 0.5% of people adhered to a gluten-free diet; in 2014, 1.7% of people followed this principle of nutrition. The number of patients with celiac disease decreased during this period from 0.7% to 0.58%. The exclusion from the diet of all products containing gluten can also harm health in the event that the disease is absent (Green & Cellier, 2007).

Conclusion

The most important advice is not to change your diet and not to check if it will somehow affect your condition. You should go to your therapist or another doctor and get tested. If you stop eating gluten and then take the take test, the results may be false. A preliminary blood test is the first step towards identifying a disease. And before the exact diagnosis you should use gluten, otherwise the survey will be a waste of time. Then, to confirm the diagnosis, an endoscopy is performed, which allows us to accurately determine if there is a disease. Since gluten damages the shell of the small intestine, a biopsy (a tiny piece from the intestinal surface) is taken during endoscopy, which can be used to diagnose celiac disease.

References

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