Dr. Shikhman’s Three Step Guide to Recover from Gluten Exposure

No matter how compliant you are with gluten-free diet, you will experience accidental exposures to gluten, especially if you eat out and travel. The symptoms of gluten exposure do vary quite a bit depending on amount of gluten consumed and the individual’s gluten reactivity threshold. Typically, small amounts of consumed gluten trigger fatigue and brain fog lasting from several hours to several days. Consumption of moderate to large amounts of gluten triggers not only fatigue and brain fog, but also abdominal discomfort/pain, diarrhea, headaches, joint pain and joint stiffness lasting days and weeks. This three step guide will help you get through an episode by minimizing the unpleasant side effects.

1 Pre-meal Preparation

To avoid consequences associated with accidental gluten contaminations, we recommend using the Gluten Breaker™ protocol, which includes consuming two capsules immediately before and immediately after meal. This approach will only work if you are experiencing an accidental contamination; this will not work if you knowingly consume gluten containing foods (pasta, breads, cookies etc.).

HOW IT WORKS

Gluten Breaker is a high-potency blend of plant-derived enzymes specifically formulated to assist in degrading of plant and animal proteins, including gluten, cow’s milk casein and soy proteins as well as lactose. The enzyme blend also hydrolyzes small peptides, including caseomorphins and gluteomorphins that can adversely affect the central nervous system in susceptible individuals. The formulation demonstrates activity over a wide range of pH conditions (pH of 2 to 12). 4 capsules of Gluten Breaker™ can digest up to 1000 mg/1 gm of consumed gluten.

2 Combat Exposure

If you already consumed gluten and started experiencing symptoms of exposure you should:

• Start drinking plenty of fluids, preferably with alkaline pH. For example, dissolve 1/4 teaspoon of baking soda in water. 3-4 glasses a day.
• Start consuming Gluten Breaker™ two capsules three times a day on an empty stomach (30 min before or 60 min after meals)
• Start consuming NAG (N-acetylglucosamine) 2000 mg three times a day and MOS (mannan oligosaccharides) 2000 mg twice a day

HOW THEY WORK

Both food supplements protect and regenerate intestinal mucosal lining upon gluten exposure (see abstract below).

• Start consuming triphala 500 mg three times a day and 1000-1500 mg before bedtime

HOW IT WORKS

Triphala is an ancient Ayurvedic herbal formula consisting of equal parts of three fruits taken without seed: Amalaki (Emblica officinalis), Bibhitaki (Terminalia bellirica), and Haritaki (Terminalia chebula). Triphala has been used for centuries as a non-habit forming laxative and colon cleanser, tonifier and rejuvenating remedy. By increasing peristaltic movement of the intestine, triphala accelerates the removal of the gluten remnants from the digestive tract.

3 Advanced Assistance

If there is no improvement after 2-3 days on step 2, in addition to those supplements, you may consider taking Yucca Schidigera Extract and Goldenbiotic-8™

HOW THEY WORK

Yucca schidigera is a medicinal plant native to Mexico. The plant contains several physiologically active phytochemicals such as steroidal saponins (soap-like substances) which facilitate elimination of gluten from the digestive tract and stimulate the growth of beneficial intestinal microorganisms, inhibit parasite and relieves intestinal irritation.

GoldenBiotic-8™ is a proprietary blend of 8 probiotic microorganisms specifically designed to restore gastrointestinal health in patients with malabsorption, leaky gut syndrome and chronic candidiasis. Certain probiotic strains in this formulation affect GABA neurotransmitting pathway and reduce symptoms of anxiety. In addition, they can reduce inflammation causing intestinal discomfort.


Abstract

Wheat flour and other cereals toxic for celiac patients contain an alcohol-soluble protein fraction that, under experimental conditions simulating in vivo protein digestion, yields peptides that agglutinate undifferentiated K 562(S) cells. In contrast, cereals well tolerated in celiac disease (i.e., rice and maize) do not. Furthermore, purified A-gliadin peptides that damage in vitro-cultured flat celiac mucosa are powerful agglutinins for K 562(S) cells, whereas A-gliadin peptides that do not show any adverse in vitro effect on celiac intestine lack agglutinating activity. Mannan, acetylglucosamine, and its oligomers (N,N'-diacetylchitobiose and N,N',N”-triacetylchitotriose) were able to prevent and reverse cell agglutination induced by peptides from all the toxic cereals. Moreover, mannann and N,N’,N”-tri-acetylchitotriose exhibited a protective effect on intestinal mucosa specimens of patients with active celiac disease cultured with wheat protein-derived peptides. These data are consistent with the hypothesis that the agglutinating and toxic peptides are bound by carbohydrates.