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Testing for Food Sensitivities Associated with Microscopic Colitis



In virtually every case, the inflammation that causes microscopic colitis (MC) triggers increased intestinal porosity (aka leaky gut), which leads to the development of multiple food sensitivities. Using an anti-inflammatory medication such as budesonide will often suppress the inflammation. But unless the diet is changed to totally avoid the food sensitivities that have been triggered, published research verifies that approximately 85 % of cases will relapse after the budesonide treatment is stopped. At this point, most gastroenterologists either suggest repeating the treatment, or they assume that some other issue is causing the diarrhea, and they suggest another colonoscopy (which, of course, will show no other problems). This is basically why the medical approach to treating MC has such a high failure rate.

Dr. Kenneth David Fine is one of the few gastroenterologists in the world who has MC himself. In the 1990s, he was a pioneering researcher in the development of treatments for MC, because there were none, other than prednisone. And prednisone can only be used for relatively short treatment periods. When used long-term, it causes Draconian side effects, and withdrawal often leads to even worse side effects. Dr. Fine discovered that frequent dosing with Pepto-Bismol, in conjunction with the gluten-free (GF) diet, could bring lasting remission for most MC patients. Lasting remission is something that the mainstream medical community is still not capable of doing, without deactivating the patient's immune system, in the process.

Dr. Fine refined the "Pepto" treatment to establish a treatment regimen consisting of eight Pepto-Bismol tablets per day, for eight weeks, and his successful trial study was published in the prestigious

medical journal, *Gastroenterology*, in 1998.¹ In the trial, diarrhea was resolved for approximately 92% of the subjects, and 75% of them reached long-term remission. Most patients saw improvement within two weeks. However, Dr. Fine no longer recommends the Pepto treatment, because a few people are unable to tolerate that much bismuth subsalicylate, and basically the same end results can be achieved by following the GF diet alone, without the Pepto-Bismol.



Dr. Fine founded EnteroLab in 2001. Because the lab did an end-run around doctors, and offered lab tests directly to patients, it quickly gained the ire of the medical profession. The medical community boycotted the lab and shunned Dr. Fine. Even to this day, so much professional snobbery remains, that precious few MDs will order a test from EnteroLab when requested to do so.

Consequently, the medical community has no officially-approved tests that will accurately and reliably determine food sensitivities, because the stool tests that Dr. Fine has developed are the only tests available that will provide accurate, repeatable results. Several laboratories offer blood tests that are claimed to detect food sensitivities, but the antibodies from food sensitivities are produced in the intestines, and they rarely show up in the blood in sufficient quantities to be detected by blood tests.

Not having an officially-approved test that accurately detects food sensitivities is probably one of the primary reasons why surveys show that doctors have a very poor understanding of food sensitivities in general. So it's not surprising that they're unable to successfully track down and treat most food sensitivity issues. Their medical training also provides no instruction on food sensitivities, so if they are to learn anything about the issue, they're forced to learn on the job.

Most doctors have a basic understanding of food allergies, but of course, food allergies and food sensitivities, or food intolerances, are entirely different issues, and most medical professionals don't understand the difference. So they order a blood test whenever a patient complains of food allergy symptoms, and the test results are usually not very helpful. That's because virtually all blood tests for food sensitivities look for Immunoglobulin E (IgE) antibodies. Food allergies produce IgE antibodies. IgE antibodies cause symptoms such as swelling, itching, areas of skin redness and rashes, and in the case of severe allergies, they can produce anaphylactic symptoms, such as throat swelling, low blood pressure, heart palpitations, difficulty breathing, and possibly death, if the reaction proceeds too far.

Some doctors even order skin tests when attempting to determine food sensitivities. While the layered composition of the skin is similar in many ways to the lining of the digestive tract, as would be expected, skin tests are only useful for detecting dermal contact sensitivities external to the body. They utilize IgE antibody detecting methods, so they're mostly useless for determining which foods are causing reactions associated with MC.

In less severe (non-anaphylactic) reactions, if exposures that cause food allergies are repeated with some degree of regularity, the immune system will produce immunoglobulin G (IgG) antibodies. In

essence, the presence of IgG antibodies is evidence of longer-term, or repeated, IgE reactions. And so some laboratories test for IgG antibodies in the blood of patients. But while IgG antibodies indicate longer-term reactions, they're still primarily evidence of allergic reactions (IgE reactions). In general, testing for IgE or IgG antibodies is very helpful in the case of food allergies.

But the type of antibodies associated with MC reactions is Immunoglobulin A antibodies. These antibodies are produced in the intestines, not in the blood. And normally, relatively few of them ever show up in the blood. So IgE or IgG blood tests tend to produce erratic results, with many false negative and false positive results.

Such poor accuracy, and lack of repeatability, makes blood tests virtually useless for MC patients who are trying to select a restricted recovery diet consisting of only safe foods. Why? Because if an MC patient continues to eat even one food that causes the production of antibodies by their immune system, then the inflammation will continue, and remission will probably never happen. All the foods in a recovery diet have to be absolutely safe, or recovery will be delayed or even aborted.

For these reasons, the stool tests offered by EnteroLab are really the only game in town of any real value for accurately determining food sensitivities associated with MC. Over the years, their accuracy and reliability have proven to be exemplary.

But MC patients can also have either IgA or IgE reactions, or both, in certain situations. IgA reactions are the ones responsible for causing the increased lymphocyte infusion into the epithelia of the colon that gastroenterologists use as the primary criterion for lymphocytic colitis.

IgE-based reactions are caused by mast cells releasing pro-inflammatory agents such as histamine, tumor necrosis factor- α (TNF- α , or TNF-alpha), and other mediators which then cause all the symptoms. The intestines are loaded with mast cells. In fact, about 60 % of the immune system's cells in the mucosal lining of the intestines are mast cells (Bischoff et al., 1999).²

You might wonder how to tell whether you're having an IgE-based reaction, or an IgA-based reaction. IgE reactions can occur in seconds or minutes, whereas IgA reactions usually take a few hours, to as long as a day or more. A typical reaction caused by gluten, for example, typically takes approximately three to six hours to begin, although this may vary somewhat by the individual.

References:

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EnteroLab Testing

The key consideration for achieving control of microscopic colitis and maintain long-term remission, is to identify and avoid the foods to

which you are sensitive. EnteroLab is the best place to do this. It offers stool tests for various food sensitivities and also for other markers of gastrointestinal disease. Most competing labs offer blood tests for food sensitivities. But blood tests for food sensitivities yield far too many false positive and false negative test results to be useful for most patients when selecting foods for a recovery diet for microscopic colitis.

EnteroLab offers a lot of options, and choosing the most useful tests can be daunting, especially since the tests are expensive, and often not covered by insurance. We recommend Panels A1 and C1 (C2 if you are vegetarian). And if you can only afford one of them, Panel A1 is the most useful. Those of us who have taken the tests feel that it was a very good use of our money, since the alternative of figuring it out for ourselves can be frustrating and time-consuming. We want our life back as quickly as possible!

Here is an explanation of the recommended testing.

Panel A1

This panel tests for the most common food sensitivities of gluten, dairy, soy and eggs, and is by far the most important. Virtually everyone with microscopic colitis is sensitive to gluten, with dairy being next most common, followed by soy and eggs. Soy includes other legumes such as peanuts, beans, and many gums used as thickening agents, such as guar gum.

The test results are reported on a scale, with any score of 10 or higher being a positive result, thus indicating a sensitivity. A common question is whether a number that is close to 10 means that you aren't very sensitive to that food. The answer is that you still are probably sensitive. The explanation has to do with the mathematics of statistics and probability. It's very important to minimize the probability of a false negative result, as a false negative result would infer that the test result indicated that the food being tested is safe, when it really isn't. This mistake would prevent you from healing.

The cutoff level of 10 means that only a few percent of the tests would result in a false negative. On the other hand, a false positive result means that you aren't really sensitive, even though the test result says you are, but of course it doesn't harm you to not eat that item. So the best strategy if your number is 10 or 11 is to avoid that food at the start of your diet until you reach remission. At that point, you can cautiously test that food to see if you do indeed react.

Another factor to keep in mind is that higher numbers don't necessarily correlate with more sensitivity to that food or how severe your symptoms are. Each person has their own individual antibody levels, and usually a high score is associated with how long you have been sensitive to that food, rather than how bad you feel.

Panel C1 (or C2)

This panel is more complicated to understand, as the testing for these 11 foods doesn't have the precision of Panel A1. There are two components to the test:

1. First, look at the "overall average food sensitivity" score, as that measures the combined sensitivity of all of the 11 foods tested. If your score is less than 10, you aren't sensitive to any of them, and don't have to eliminate them from your diet. If your score is 10 or above, then you need to look at the rest of the report, as described below.

2. The 11 foods are grouped into 4 related sections: non-gluten grains, meats, nuts, and nightshades (potato). Instead of each food having its own individual score, the food is ranked as to how sensitive you are relative to other foods in that group, with +3 being most sensitive, followed by +2 and +1. Here is what EnteroLab has to say about how to use the information:

"This test panel was designed to guide your choices when building a new more healthful, less antigenic dietary plan. The results are delivered in such a way that you are not left with "nothing to eat", but instead they guide you in avoiding the foods in each group that are most stimulating to your immune system."

As a general guideline, we suggest avoiding the +3 and +2 foods.

The +1 foods can be tested, or eaten on a rotating basis. Along with listening to your body, keeping a food diary is also helpful when using this information. Bear in mind that as the overall score of these "eleven other antigenic foods" increases, the importance of these three ranks will be even more significant. In cases where the overall score is relatively high (such as 25-30 or higher), you might even need to avoid those +1 foods, while recovering.

Not only does this testing help you identify what you can't eat, but it also can provide some confidence in what you can eat as well. Most importantly, it should prevent you from making any serious blunders that would surely keep you from reaching remission, when you're selecting the foods for your recovery diet. It is the crucial first step on the journey to healing!



"Oh, it's alright. You couldn't know that I'm honey-intolerant."

Tips to Help Reduce COVID-19 Risks



Zinc deficiency increases the risk of a fatal outcome for COVID-19 patients.

Researchers in Spain showed that lower levels of plasma zinc were associated with reduced survival rates of hospitalized COVID-19 patients (Lynch, 2020, October 08).¹ In the study, those with a plasma zinc level below 50 mcg/dl at admission had a 2.3 times greater risk

of a fatal outcome, when compared with patients who had a plasma zinc level of 50 mcg/dl, or higher.

COVID-19 is mostly spread by “Superspreaders”.

According to a contact-tracing study done in India, most COVID-19 cases are due to a relatively small number of infected people (Ellis, 2020, October 02).² The study showed that 8 % of infected individuals caused 60 % of new infections, while 71 % of infected individuals caused no one else to become infected. As expected, most superspreaders were shown to be children and young adults, and they were most likely to infect others their own age.

The CDC finally acknowledged that under certain conditions, six feet of separation is not sufficient to prevent COVID-19 from spreading.

Especially indoors, and in locations with less-than-ideal ventilation, six feet of separation may not be sufficient to prevent the spread of the virus (Frellick, 2020, October 05).³ Additionally, it doesn't take much of a stretch of the imagination to recognize that standing downwind of someone who has the virus, even when outdoors, almost surely places you in a risky situation at greater distances than six feet. This is especially important when heavy breathing is involved, as with sports or any other intense physical activity.

Some mouthwashes kill coronaviruses.

In a study that used a human coronavirus strain that was closely related to the SARS-CoV-2 virus that causes COVID-19, researchers found that Listerine Antiseptic was the most effective product in the study, for deactivating the virus (McNamara, 2020, October 21).⁴



Listerine reached a level of 99.99 % effectiveness within 30 seconds. Many other products, such as hydrogen peroxide, were almost as effective.

But by comparison, the use of a neti pot nasal solution showed no reduction in the virus levels. This technique should be especially useful for helping to prevent the virus from spreading in case someone in the family tests positive for the virus.

Additional studies that verify the value of an adequate vitamin D level for reducing coronavirus risks, continue to be published.

One such study showed that COVID-19 patients who have sufficient levels of vitamin D, have a significantly-reduced risk of a severe outcome, and a reduced mortality risk, compared with those who have insufficient vitamin D levels (Melville, 2020, September 30).⁵

And it illustrates the association between higher serum vitamin D levels and improved outcomes in Covid-19 patients, by reducing the risk of cytokine storms.

Another study showed that of 200 COVID-19 patients in a Spanish hospital, over 80 % of them had vitamin D serum levels in the deficient range (The Endocrine Society, 2020, October 27).⁶ Notably, the study showed that men had lower vitamin D levels than women, which ties right in with the fact that in general, men are showing a much higher mortality risk from COVID-19 than women.

The researchers also discovered that lower vitamin D levels among patients were associated with increased levels of inflammatory markers such as ferritin and D-dimer. Note that in overweight and obese people, ferritin is a marker of inflammation, rather than iron

status. D-dimer is a fibrin degradation product. It's a small fragment of protein that can be found in the blood after a blood clot is degraded by fibrinolysis.

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**Due to his pioneering work with mouthwash,
no one dared tell Dr. Flint about his own breath.**