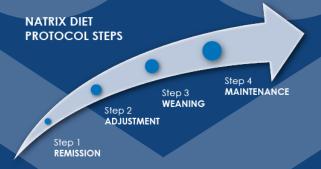
HOW IS IT TREATED?

The only effective treatment for relieving or improving symptoms of this sensitivity is following a diet protocol.

Natrixlab has been studying problems related to inflammation from food for over a decade and has established tolerance recovery protocols that have been tried and tested.



• Step 1 - REMISSION

Step that allows for a gradual remission of symptoms.

• Step 2 - ADJUSTMENT

Step where a decrease in humoral parameters occurs.

• Step 3 - WEANING

Step of tolerance assessment and recovery.

• Step 4 - MAINTENANCE

Step of prevention of the onset of new intolerances.

The **Telenution** service enables the patient to be followed step by step through the various steps of the path by a team of physicians and nutritionists and to be given instruction on correct, healthy nutrition, in order to become aware that food can and must be seen as an ally and not as an enemy.

Correct nutrition not only allows for the swift disappearance of the disorders experienced (regression in the symptoms is already seen in the first month), but it also prevents the development of other allergies or sensitivities or the potential establishment of true coeliac disease.

In your city, you can contact:

OTHER DIAGNOSTIC TESTS CARRIED OUT BY NATRIXLAB:

- FOOD INTOLERANCE TEST: assessment of IgG-mediated food intolerances. ELISA method.
- CELIAC TEST: Immunoassay for positivity to coeliac disease.
- **HORMONAL PROFILES**: slimming, stress, sport, goodnight, fertile woman, menopausal woman, man.
- CELLULAR AGING FACTORS: assessment of cell ageing (oxidation, methylation, glycation, inflammation).
- LIPIDOMIC PROFILE: assessment of plasma and membrane lipidomic profile.
- IN FLORA SCAN: the most thorough panel of assessments for bowel health.
- MINERAL EVO: thorough assessment of nutritional minerals and heavy metals.

Tele nutrizione



Your NUTRITIONIST ALWAYS BESIDE YOU

After the analysis, you can request on-line a specific nutrition program through the telemedicine service called "**Telenutrizione**". A team of doctors and nutrition specialists can assist patients during their nutrition program. For further information, visit the site.

www.telenutrizione.com

For more information you can contact us from Monday to Friday from 09:00 to 13:00 and 14:00 to 18:00 (+39 0522 232606).



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GLUTEN SENSITIVITY TEST (G.S.T.)

Assessment of gluten sensitivity



Gluten sensitivity is a complex and difficult to investigate condition.

It is not coeliac disease, it is not allergy to wheat, but all the same the symptoms show up promptly each time gluten containing grains are consumed.

Incidence of gluten induced disease:

• Coeliac disease: 1%

• Allergy to wheat: 0.4-2%

• Gluten sensitivity: 6-8%

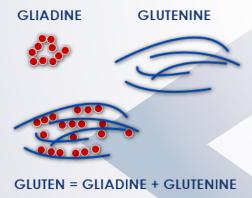
When you do not know how to obtain objective proof of your illness, ask for the "Gluten Sensitivity Test".

WHAT IS GLUTEN SENSITIVITY?

Gluten sensitivity is a chronic condition which entails the appearance of anti-gliadin antibodies (anti-AGA IgAs and IgGs). Gliadin is a molecule found in gluten, a protein complex contained in wheat, emmer, rye, kamut®, barley and other grains.

Gluten is in bread, pasta, biscuits, pizza and in all other products containing the above-indicated cereals. It is a tacky substance also used in modern food industry as it enhances the elasticity and consistency of the final product, it promotes rising and bread-baking. It is also used as an ingredient in sauces, soups, precooked food, and as a thickener in the formulation of several drugs.

Cereals that do not contain gluten include corn, rice, millet, amaranth, quinoa, buckwheat, sorghum.



People who suffer from bowel disorders and other digestive disorders outside the bowel related to gluten consumption, and who are neither coeliac, nor allergic to wheat, are today diagnosed with "Non-coeliac Gluten Sensitivity"

Gluten sensitivity often occurs in people who suffer from irritable colon and bowel inflammation, as undigested food comes into contact with the immune system more easily and triggers an inflammatory response.

WHAT DOES IT CAUSE AND HOW DOES IT SHOW UP?

Unlike coeliac disease, where ingestion of gluten causes damage to the bowel mucosa with consequent malabsorption, in gluten sensitivity the symptomatology is more connected to that given by adverse reactions to food, the so-called "delayed allergies", or better known but incorrectly defined as "food intolerances". In this case too the reaction is dose dependent.

The most common **BOWEL SYMPTOMS** are:

- chronic fatigue, difficulty in concentrating, and sleepiness;
- digestion difficulty, abdominal swelling, nausea, pain, and abdominal cramps;
- gastric hyperacidity, gastritis;
- diarrhoea, constipation, bowel irregularity;
- flatulence, aerophagy.

The most common **DIGESTIVE OUTSIDE THE BOWEL SYMPTOMS** are:

- urticaria, acne, dermatitis;
- headache, migraine;
- asthma, cough, hoarseness, excess mucus;
- changes in the arterial pressure, palpitations;
- libido disorders, urogenital inflammation;
- cramps, muscle tremors, muscle weakness,
- joint and muscle pain.

It is very important to undergo periodic checkups and to monitor symptoms.

HOW IS GLUTEN SENSITIVITY TESTED?

The "Gluten Sensitivity Test" uses the standard ELISA method which affords a high level of sensitivity and specificity for the gluten sensitivity markers tested.

The specific tests performed are assessments for the presence of antibodies:

- Total IgAs;
- Anti-Transglutaminase IgAs or IgGs to exclude a possible diagnosis of coeliac disease;
- Anti-Gliadin IgAs and IgGs to confirm the possible gluten sensitivity.

THE IMPORTANCE OF PREVENTION

Adverse reactions to gluten-containing food are increasingly present and frequent in Western societies, as eating habits are oriented to buying ready-to-eat, pre-packed and industrial food, or to choosing quick meals that are easy to cook.

Very likely, wheat is on our tables at least 3 times a day. A non-varied and non-balanced diet can clearly lead to the appearance of adverse reactions to wheat and to other gluten-containing cereals, or to a form of gluten sensitivity only detectable by testing for the presence of gliadin antibodies.

The development of such tests in the last few years has allowed for identifying subjects with a higher sensitivity to gluten, which would have otherwise remained undiagnosed, and prone to the risk of developing coeliac disease.

