

Re: The Mechanism of Gliadin Intolerance.

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grosvenr@bga.com (Texas rider) says in
news:f2f1851.0408091555.2fe16847@posting.google.com:

> *Are you saying*
>> *> that almost all of them are dependent on wheat intake?*
>>
>> *Some disease are dependent, however, for most, wheat is a*
>> *risk factor, increasing the probability one will get that*
>> *disease.*
>
> *I have heard people with other autoimmune diseases and*
> *vague GI problems say this. Usually, though, they will try*
> *going off it for awhile, but it is hard to do it, and since*
> *they aren't sure if it really mattered or not, they go back*
> *on it. I do not think they are being told to stay away from*
> *wheat by their doctors, but have just found this out by*
> *trial and error or reading about different diets and trying*
> *it.*

I forgot to add Addison's disease to the list.

>> *How did you stop. You got real sick and you had little*
>> *other choice.*
>
> *In my case, I was getting worse everyday, and nothing was*
> *working and I knew I better figure it out pretty fast or I*
> *was going to die, sooner rather than later. But, I'm now*
> *talking about people like my family members who say they*
> *don't feel bad, but complain of things that may (or may*
> *not) be related.*

I got at least one of those.

> *I made them aware of it once, and they all*
> *felt like I'd accused them all of some wrongdoing, so I've*
> *said no more about it. However, the original research I*
> *read put them at risk by about 15%. Your figures were so*
> *much higher, that it sounds like I need to try one more*

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- > *time. I've also had very bad luck with my own children*
- > *regarding this. The one daughter I didn't test is probably*
- > *the only one that might actually read all this and do it.*
- > *She's a BIMS major at TAMU, so she'd probably understand it*
- > *better, too.*

There is a 50% risk that your siblings can have HLA type the predisposes the disease, if they have they type their risk doubles immediately. Both parents may have the type and some sibling may have 2 copies that would triple their risk immediately. If one parent has DQ2.5 and the other DQ3.2 the risk would quadruple for any sibling who has that type. Your original figures are correct but do not consider lifelong risk. If they don't have that type they can relax and never have to worry about wheat again. If they have the type then they should request whether they might later get CD.

- > *One thing to remember is that not all the secondary*
- >> *diseases reverse, in 15% or so of these the effects are*
- >> *irreversible, with the Sturge-Weber, the senility does not*
- >> *reverse if it has been long term, damage has been*
- >> *permanently done.*

- > *At what age would this come on, and how would it differ*
- > *from Alzheimer's or dementia resulting from strokes? I had*
- > *not heard of this before. Is it a very common condition?*

It generally occurs in late onset disease, after 50 years of age.

- > *What warning signs are you talking about that people should*
- > *be looking for?*

There may be no warning signs with subclinical CD and leukemia. Once you have leukemia its too late, you have it. This is why I say get typed, typing will resolve at risk and not at risk. The at risk individuals probably need to have an allergy test every five years, but the test is only 85% predictive. The real test is small intestinal biopsy or endoscopy. If the individual is 95 years of age, don't worry, but if they are showing some unusual signs, get the DQ typing done.

- > *Don't know about that, so can't comment. I have noticed*
- > *that as a general group, they seem to be shorter than most*
- > *caucasians or blacks. Also, often heavier.*

Native americans are short stocky people by nature. Go to guatemala. Robust physiology is a common variant in human populations around the world both pre and post agriculture.

- > *We live in an*
- > *area with a lot of illegals that grew up in Mexico and live*
- > *and work here on neighboring ranches. In discussions with a*
- > *few of them, I had assumed the fact that they were so short*
- > *was probably because they grew up in such horrible*
- > *conditions in grave poverty. Very few of the men are over*
- > *about 5'6" tall. Is that common in the people you see?*

Yes, and these short people with stocky lean builds generally have no problems in Mexico. I have seen people come from Mexico to the US and within 6 months to a year their health spirals, many end up in the hospital. We have a guy here at the farmers market who is a natural medicine doctor, he sells a lot of native products and corn mills and corn masa without flour made in Mexico (what he calls clean). I have people with all kinds of problems in their relatives call me and I generally give them advice about the perils of American lifestyle and send them to the farmers market. The hope is that they will see all the foods they are eating in Mexico and buy them. From my own personal experience these things have put the flavor back and replaced all that I have had to give up.

I had a guy working with me who was Quiche' (1 of the larger Amerind subgroups in Guatemala). His wife is currently in the hospital so he's gone home, wanna guess her symptoms (rheumatoid arthritis, bleeding from the stomach, reflux disease, abdominal swelling, various health problems). He himself was probably 5'2, but there is no tree he cannot climb or cut down, very good upper body strength I have found in Amerinds. My neighbor used to buy him a cheeseburger and he generally petered out around 2 PM, the Mexico diet is what I call a power diet, because when you are working you don't need exogenous fat, you can burn your own fat, and the corn/bean/cactus/egg/fish stuff keeps the GI tract from slowing you down in 100° heat. Not only do I get more work out of myself but also the people who work for me and it is not uncommon that we work till 7 or 8 o'clock, my neighbor will hire the same people and they will be screaming to go home at 5.

- > *The Hispanics that I know who are citizens and living in*
- > *much better conditions are usually bigger than these guys,*
- > *but not as tall as other ethnic groups.*

Well, I mean I have been working with Hispanics and Latin Americans all of my working life. I have many very sad stories to tell, ruptured stomachs, problems with the diabetes, strokes heart attacks, etc. The way Hispanics live their lives in the US is about as self-destructive as self-destructive gets. This is no secret, it is no wonder that Houston is the type II diabetes capital of the world. Combine the highest national obesity with the proportions of natives in Houston and it is recipe. One of my best friends who is naturally robust cannot eat any grains anymore, and has ruptured his large intestine 3 times requiring

prosthetic connectors. But his nephews are much worse off for their generation than he and his brothers were. His sister-in-law (Zaptotecena) had diabetes at the age of 36 and I told that unless she shifted her diet she would not live to be 46. She of course is still alive, and she teases me about this, but she eats things like fried serrano peppers, cactus, few flour and more corn tortillas and fewer of them, but she still complains she is not cured complaining about the weak angina diabetics frequently have (silent eschemia). People who I hired as kids are now practically vegetables lying around with acute diabetes and strokes.

>> *We have a local expert, here, on the Comanche, lol. I know at least three people who claim comanche ancestry all of them are from south or West Texas.*
>
> *Makes sense.*

Well if they weren't comanche why would they claim they were, its not a popular thing to claim.

> *One is part of the gliadin study.*
>> *The problem with DQ8 is it is found everywhere in native americans and not particularly restricted to one group.*
>
>
> *By the 1800s the comanche had pick up many peoples and some of these may have taken off and tried to blend into the mexican population after 1875.*
>
> *Based on the fact that they could travel far and fast for the time, and did travel into Mexico, it is not surprising.*
> *When I was in college in Tucson, I remember an awful of people of mixed heritage there.*

But everyone says no, the Texas historians claimed the comanche were cleaned up, the Comanche historians say no. OTOH, my family who lives along the San Saba claimed that in the late 19th century that their dogs started barking one night, and then stopped. The next day they came out and the dogs had their throats slit and a stock of an arrow was found close by. So there were some apparently some non descript non comanche indians running around texas in the 1880s and 1890s but of course no-one seems to confirm they existed.

> *Sounds like it would be very hard to find out much about your ancestors from what you've said. Do you know if many of the Comanche were left behind after 1875 (off the reservations?)*

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TK has a list on his site, a census. I looked over it.

- > *Where did she come from? I can forward your*
- > *question on to the historian on the Fort project if you'd*
- > *like.*

The 'christian' information was in burned in the Laredo fire. Of course the kickapoo live in that area (eagle pass) also, god only knows how far my ggf roamed before he picked up his wife, I don't even know if she was a mexican national or native amerind. There was a rumor recently about oklahoma.

It would be interesting to HLA type the comanche, based on their ancestors distribution I would bet they are more A0401/B0402 than A0301/B0302.

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Philip

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Mol. Anth. Group <http://groups.yahoo.com/group/DNAanthro/>
Mol. Evol. Hominids <http://home.att.net/~DNAPaleoAnth/>
Evol. of Xchrom.
<http://home.att.net/~DNAPaleoAnth/xlinked.htm>
Pal. Anth. Group <http://groups.yahoo.com/group/Paleoanthro/>
Sci. Arch. Aux
<http://groups.yahoo.com/group/sciarchauxilliary/>