

CONVERSATIONS

Jama H. Lambert: What it Means to be Gluten-Free

Interview by Sheldon Baker

Bridging the gap between the research lab and the clinical practice takes both an analytic thought process and a creative sense. Jama Lambert possess both. As a writer, Lambert provides appropriate, science-based educational opportunities for healthcare practitioners, as well as internal staff, through the use of print, web-based video programming and live lectures. Professional writing projects related to biomechanisms of environmentally induced immune disorders (autism, chronic fatigue, gluten reactivity, Lyme disease, multiple sclerosis, Alzheimer's disease) are her strengths. She a published author with a Research Gate membership, allowing access to a worldwide network of researchers and their work. Her specialties—scientific and creative writing, the ability to condense complex scientific terms into understandable concepts, lecture abstracts, and research publications.

When Lambert was in charge of the education department at Cyrex Labs, practitioners begged her for patient literature regarding gluten-related disorders. "Busy practitioners just do not have the time to educate their patients on the 'whys' and 'hows' of gluten and the gluten-free lifestyle," says Lambert, who herself had dealt with needing to be gluten-free for many years. Since leaving Cyrex, she has now written two books to help people with an understanding of gluten reactivity, celiac disease and non-celiac gluten sensitivity, that according to Lambert, should be available in every practitioner's office.

GLUTEN 101: A Survival Guide is for people newly diagnosed with gluten reactivity and do not know where to start. It explains how to prepare the home, how to shop for food, where to eat, how to travel while staying gluten-free. Rather than feeling lost, the patient can leave the office feeling empowered.

GLUTEN 101: What You Need to Know About Celiac Disease and Non-Celiac Gluten Sensitivity is for people who want to delve into gluten reactivity, the pathologies and next steps that need to be taken for optimal health. This book



explains the immunology of gluten reactivities in language easier for patients to understand. By understanding how wheat and gluten harm the body, a person can be more committed to making better food and lifestyle decisions, with confidence and commitment. (Altern Ther Health Med. 2025;31(5):6-9).

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Alternative Therapies in Health and Medicine (ATHM): Being gluten free. What does that mean to you?

Jama H. Lambert: Wellbeing. A life without wheat and gluten for me is so much better than my old normal. I am thriving without it. Gluten-free is more of a lifestyle for me, because so many people forget, or don't believe, that your skin can absorb gluten. There are people, of course not everybody, but some people who have problems with transglutaminase-3 or zonulin, which are in your skin. Wheat and gluten can bind to these skin proteins causing inflammation of the dermis, which opens the tight junctions of the skin barrier. Once the skin barrier is broken, gluten-like responses can occur as the gluten is absorbed into the bloodstream. For me it's more of a gluten-free lifestyle, rather than just a diet.

ATHM: Was it the gluten in your diet that affected you?

Ms. Lambert: Not just the gluten but wheat was also the big problem. I had to go wheat-, gluten-, and dairy-free as advised by an enlightened gastroenterologist in Eugene, OR. By avoiding foods that are naturally wheat- and gluten-free, it was quite easy. Today, after healing the gut damage caused by eating wheat and gluten for decades, if I want to have gluten-free food, like gluten-free pasta, it will also have to be wheat-free. Today, gluten-free food manufacturers are using de-glutened wheat products, but I can't have those because they contain wheat. Unfortunately, in the tens of thousands of test results that I have seen, looking at an array of immune reactivity to both gluten and non-gluten wheat proteins, most people, even those who are serologically positive for Celiac

disease, also react to the non-gluten wheat proteins. Researchers have shown that some of these non-gluten wheat proteins cause the same inflammation and gut damage that gluten does in patients with Celiac disease. Unfortunately, most people are not tested for the non-gluten wheat protein reactivities, and they end up not getting better just because they're eating gluten-free products that contain de-glutenated wheat.

ATHM: What might a gluten-free diet consist of to most people?

Ms. Lambert: The best thing to do is to focus on whole foods that are naturally gluten-free. There is a wide variety of foods you can consume such as meat, vegetables, and fruits that don't contain gluten. I think that's the best way to go. If you try to pursue the substitute route of just buying gluten-free versions of what you're used to eating, the problems are, one, it doesn't taste as good, and two, you're going to be very disappointed. The texture and the taste are not the same. It's very disappointing and it costs a lot more. Plus, your grocery budget is going to skyrocket if that's the route you take. Instead, I recommend focusing on foods that are naturally gluten-free and just stop eating pasta, bread and cereals, and concentrate on whole foods that are naturally gluten-free. Your grocery budget isn't going to climb sharply. You're going to feel so much better because those gluten-free substitute foods are not real food. They are ultra processed and loaded with sugar and salt just to taste better. It's not the healing pathway. That said, I'm not a purist as I do indulge in gluten-free pasta now and then. In fact, I recently made a gluten-free, vegan lasagna.

In the beginning, you need to focus on foods that are naturally gluten-free, and then, after your gut has healed, you can occasionally have that gluten-free pizza or sandwich. It just shouldn't be something that you have every day because you'll just end up ruining your gut after all that work that you put into fixing it. Once you start doing gluten-free substitute foods, you're just going to undo a lot of hard work that you've done.

ATHM: You've referred to gut a couple of times. Is that how wheat and gluten harms the body?

Ms. Lambert: Yes. Wheat and gluten both harm the body. There are the gluten family of proteins. In fact, there are multiple harmful gluten family proteins, not just the one that's tested by most laboratories. Those we know of are contributing to Celiac disease. They can bind to the brush border proteins in the gut, and that causes an immune reaction against gliadin, bound to your own tissue. It forms a new protein. The immune system doesn't recognize the new, combined protein, so it attacks it and thereby damages the intestinal villi. Gluten also ignites an inflammatory response in the gut, which can weaken the intestinal tight junctions. This opens the body to potential systemic inflammation and autoimmune reactivity.

Wheat germ, agglutinin, which is a non-gluten wheat protein, also binds to brush border proteins in the gut and

that same reaction can happen. There are other non-gluten wheat proteins like purinin and serpin that can cause inflammation and villi damage as seen in Celiac disease. In such cases, if you're constantly consuming wheat you'll break your intestinal tight junctions and then that causes a host of extraintestinal autoimmune disorders.

ATHM: If gluten doesn't seem to be an issue, it's still inherently unhealthy.

Ms. Lambert: I think it is, and the more that we study it, especially with how we've changed it, the more we come to this conclusion. Researchers have tested the current cultivars of wheat and cultivars from 50 and 100 years ago and what they found is a less gluten ratio in the current wheat, but it is more harmful to humans. In short, there is less gluten, but it is more toxic. Let's not forget glyphosate, which makes it even more toxic. I personally think that the more people know about what wheat and gluten does to the body, fewer people will be eating it.

ATHM: What happens to your entire body when you stop eating gluten?

Ms. Lambert: A variety of things can happen, and it really depends on your immune response. Some people go through a detox period. They feel awful. They are detoxing from it, so they can get lethargic. They can get angry if they have a problem with the opioid protein from gluten, gluteomorphin, which makes you addicted to wheat and gluten. When you stop eating wheat and gluten your body goes through opioid withdrawal like a drug addict does. For six-to-eight weeks, you could experience rage, anxiety, and even depression. It's a very difficult time, and if somebody is experiencing that, they really need to get supplemental help, so they don't revert back to eating wheat and gluten because it's just too hard to live without it. Yet other people can feel much better. For me, I felt great after two weeks of being wheat-, gluten-, and dairy-free. I had so much inflammation in my body that when I adopted that diet, I went from a size eight to a size four, without losing weight. I never want to go back. I'm not tempted at all to eat that wonderful looking caramel roll or other gluten sweets like that Cinnabon you smell in shopping malls. I have no desire because I know how much it hurts physically, and the harm that it will do to my body. I'm really lucky. I know some people struggle with it, but for me it's just not worth it.

ATHM: It's an incentive to want to feel good.

Ms. Lambert: It certainly is. So many people, unfortunately, go through life thinking it's normal to feel horrible, when they've been feeling that way for decades. When they finally are released from it, they have a new normal. They don't have brain fog every day or look five months pregnant. There are so many blessings to being on a gluten-free, wheat-free lifestyle and you count those blessings every single day. When it's working for you, it's really hard to go back to

ingesting it. Unfortunately, there are those people who have the silent Celiac disease where they don't have gut symptoms. Instead, they may have achy joints, dermatitis or gluten ataxia, but they're not linking those complaints to gluten.

ATHM: You mention Celiac disease, which is an autoimmune disorder. I think it's quite common from what I understand. What's the cause and effect on a person if they have the disease?

Ms. Lambert: Autoimmune diseases involve both specific genes and an environmental trigger. Researchers have identified two genes that are found in people with Celiac disease. The environmental trigger is gluten, the ingestion of which causes an autoimmune response against intestinal villi. With damaged villi, nutrient absorption is a major problem. Many people with Celiac disease are nutrient deficient and taking oral vitamins does not help until villi can be restored to proper working order. There are some people that do not carry those genes, but they still have villi destruction. I suspect in those people it's not true Celiac disease. I think they're having the problem with non-gluten wheat proteins like purinin and serpin that cause the same kind of damage that gluten does. I think those people who do not carry the gene, yet have villi damage, have non-celiac wheat sensitivity that's manifesting as celiac-like autoimmunity.

The traditional diagnosis of Celiac disease is you have the genes and villi destruction. The villi destruction abates when you go on a gluten-free diet. That is how they determine Celiac disease in the U.S.

ATHM: Does celiac disease affect one group over the other? Whether they be Caucasian, African American, or Asian?

Ms. Lambert: It's not that picky. We're finding Celiac disease globally. I currently live in Mexico and when I came out with my gluten books locals asked me to translate them to Spanish because they were so interested in this topic. Wheat is not common in traditional Mexican food, but because there are so many people coming from the U.S. and Canada now living in Mexico, immigrants like me, we bring our bad habits with us. Wheat products are becoming more common in Mexico. Also, Mexicans are going to the U.S. to work or go to school and when they come back having consumed gluten from eating the standard American diet they bring it with them. Recently I traveled to the San Diego area and used Cross Border Express to get from the States to the Tijuana airport, from which I flew home. I followed a local man and his wife through CBX into the airport. The man was carefully carrying a Taco Bell box of food. I thought, what does Taco Bell make that is so good a Mexican would carry it back to Mexico? It's sad that it's becoming more frequent in Mexico, whereas decades ago it was very rare.

Even Dr. Perlmutter's book *Grain Brain* has been translated into Spanish, and they sell it in the airport bookstores in Mexico City. Gluten reactivity is worldwide today.

ATHM: Non-celiac gluten sensitivity affects more people than Celiac disease.

Ms. Lambert: Yes, the non-celiac gluten sensitivity is far more common than Celiac disease. The problem with diagnosing that disorder is that it can manifest itself in so many different ways, anywhere from intestinal problems, gut or brain issues, arthritis, coronary artery disease or systemic inflammation. It could even bring on Hashimoto's disease. There's so many things that gluten does to harm the body through binding to different tissues, and the non-gluten wheat protein, wheat germ agglutinin, is the least picky of the agglutinins. The food agglutinins will bind to almost every tissue in the body, and by binding to a tissue it can cause autoimmunity against that tissue. The target tissue is whatever your genetic weak link is. That's the manifestation of the non-Celiac, gluten, or non-Celiac wheat sensitivity.

I think we need to start talking about non-Celiac wheat sensitivity as well, because the gluten-free food manufacturers are using de-glutenated wheat, and so many people need to avoid gluten and wheat. It's not just about gluten anymore. It's about the non-gluten wheat proteins as well.

ATHM: While gluten can be hidden in so many food types, it can also be lurking in medications and cosmetics. And dining out can be dangerous because you don't know how food has been prepared.

Ms. Lambert: Absolutely. But it can be avoided. I wrote my book, *Gluten 101, A Survival Guide* specifically for patients who have been told that they need to be gluten-free. When someone is told to go gluten-free they feel lost. They go to the internet and get all that misinformation and it's not helpful. So, I wrote the book which is a step-by-step guide on how to prepare and clean your kitchen from gluten. For example, you're going to have to buy a new toaster. You will have to take several steps to make your home environment gluten-free. There's a process. I discuss how you can eat out and travel. I have traveled to six continents and as someone who's wheat-, gluten-, dairy-free, and vegetarian, if I can do all of that, anyone can give up gluten and wheat when they travel. Some cuisines that are predominantly gluten- and wheat-free are authentic Thai, Mexican, and Indian food. Just no nann bread in an Indian restaurant. But you can go out to eat. You just need to be a little choosy about what type of restaurants you select. Some restaurants show gluten-free items on the menu. You have a better chance of not getting sick if you tell the server that you have Celiac disease or a gluten allergy, or whatever word you need to use to convey the message that you can't have wheat or gluten. If they just stare at you like a deer in headlights, then you're in the wrong place. Yet, there are a lot of great restaurants that cater to people with gluten, wheat, and dairy issues. I'll tell you this, you're not going to find gluten-free in any fast food restaurant. Just ignore fast food. I cannot fathom why anyone would pay the price for fast food these days when you could go to a nice sit down

restaurant and have real food. It is beyond me. Fast food hasn't been on my radar for decades, so I'm shocked when I see the prices people are paying for a Big Mac.

You do need to be prepared because even if you are ordering all the right foods that are naturally gluten-free, there is a possibility the restaurant is serving foods that are going to have gluten cross contamination. If that's the case, you should always travel with gluten enzymes. There are a variety of gluten enzymes which are available. They're not all the same, so you have to find the one that works for you. They work in different areas of the gastrointestinal tract and have different ingredients. Just carry your gluten enzymes with you and take them when you first sit down at the restaurant, not after your meal. At least you have some protection against cross contamination.

ATHM: Let's get into your books a little more. Your new book, *Gluten 101 Survival Guide* is for people who are newly diagnosed with gluten reactivity and do not know where to start. Where does one start and how's your book going to help?

Ms. Lambert: The book helps because I provide step-by-step instructions on how to prepare your house. You have to clean your kitchen, and I'm talking ceiling to floor, because for example, if you are a baker, wheat flour is everywhere, and you need to scrub it down. Hire someone if you don't want to do it yourself, but you need to have that pristine kitchen.

I talk about what kind of cookware is best. If you're in a shared household, everybody should be gluten-free at home. But I understand, especially for large families, cost can be an issue and it's harder to replace everything. Thus, I offer some tips for keeping the kitchen safe for those in the household with gluten issues. I discuss how you shop and what are the hidden ingredients. It might not even say wheat or gluten on the ingredient label. It may have natural flavors or spices. There are some key words that are code for gluten, and I provide a whole list of those ingredients. I also provide websites where you can keep checking, because new ingredient names can pop-up all the time. I love the Gluten Intolerance Group website, www.gluten.org. They are excellent at keeping up to date with all of their lists of watchwords and products that are safe, as well as products to be aware of. They certify restaurants globally. You can always use that website to find a restaurant that's right for you when you're traveling.

I also offer a lot of encouragement because mindset matters. You need to embrace this new lifestyle. You have to deal with being depressed and mourn giving up gluten because this is a lifestyle change. You need to have that period of time to adjust. It's ok to mourn your old self and accept the new way of life.

There's a lot of encouragement throughout the book and little tricks about using essential oils to lift your mood and suppress hunger or cravings.

I would love to see every practitioner who diagnoses somebody with Celiac disease or non-Celiac gluten sensitivity or wheat reactivity to have this book in their office. It's a \$10 book and they can either gift or sell it to patients that have just

been diagnosed. That way, the patient feels empowered when they leave the office instead of feeling lost. When you have told them they have to give up something they eat for breakfast, snacks, lunch, and dinner, it is an upheaval of their entire life. Give them something solid to hold on to when they leave so they will have a plan of action. The book literally says, step-one and step-two, instead of wondering what to do next.

ATHM: I imagine it took you a while to research and put it together. How long did it take you?

Ms. Lambert: The writing of both books was quick because of my gluten-free lifestyle. I also taught about it through my previous employment. Before retiring, I was vice president of education for a clinical laboratory that did wheat and gluten testing, so it was something that I lived day-in and day-out, from a personal point of view, and also from my work. The research I had been doing for all those years through my job provided information to practitioners so they could educate their patients and encourage them to stick with their diet. So, the research was years in the making and the writing a matter of a few months.

The first book I wrote is the more advanced book. I initially called it the *Immunology* book, but I thought that it would scare too many patients, so I titled it *GLUTEN 101: What You Need to Know About Celiac Disease and Non-Celiac Gluten Sensitivity*. In the corner of the book cover we subtly included Immunology. I wrote that book because so many people, and a lot of the mainstream practitioners, don't understand the pathophysiology and the immunology of Celiac disease and non-celiac gluten sensitivity. For patients who do not understand the pathophysiology, especially those with silent Celiac, remaining committed to the gluten-free diet can be more difficult. If you know, you might be stronger in your resolve.

For the advanced book, I tried to use open access research whenever possible for the references included. That way those who want to delve into the original research can do so. There were a few that are not open access, but I still included a citation so readers would know from where the information was coming. There are researchers in the Celiac world that admit there is non-celiac gluten sensitivity, and it's just as serious as Celiac disease. Too often doctors might say, "With gluten sensitivity you can cheat once in a while." But no, you can't. They're all dangerous. All serious.

Again, this book was written based from my own experience and research that I have published or presented at international conferences. It's a big passion of mine. After I finished the first one, and I was waiting for it to be published, I realized I didn't address the needs of the new person, the newbie, and that's why I also wrote *GLUTEN 101: A Survival Guide* and published them both at the same time.

ATHM: Both books are available now and where can they be purchased if one doesn't get it from their doctor?

Ms. Lambert: They are available as eBooks on Kindle or as printed books on Amazon, and at Barnes & Noble.