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THE KITCHEN AS A PEDAGOGICAL STRATEGY. ADDRESSING CELIAC DISEASE FROM THE ENCOUNTER WITH "OTHERS" IS TO BUILD A "WE", WHICH LEADS TO ACCESSING A GOOD LIVING

LA COCINA COMO ESTRATEGIA PEDAGÓGICA. ABORDAR DESDE EL ENCUENTRO CON "OTROS" LA CELIAQUÍA, ES CONSTRUIR UN "NOSOTROS", QUE CONLLEVA A ACCEDER A UN BUEN VIVIR

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Abstract

This work arises within the framework of the

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Pehuajó Solidarity Network (RSP), where a voluntary group, independent since 1997, meets alternating kitchen/s to discuss some issues of interest related to signs and symptoms that a member of their family suffered, without know the condition of Celiac disease. Currently, the fact of being celiac in the social context where one lives and/or in the tourist places that they visit, do not always meet the nutritional needs of children, adolescents, young people, adults, people in general who they suffer from Celiac disease. That is to say, the achievement of Municipal Ordinance 94/2019 in district 079 of the province of Buenos Aires and the Laws: National and Provincial in Argentina are still known and are gradually being complied with, being the

Gastronomic offer, sale of food, services of confectionery, among other insufficient. They do not have at least one menu for celiacs, with few exceptions. In other words, the group of aware independent volunteers not only incorporates knowledge to self-manage celiac disease, but as an informal entity it is managing to transpose in formal institutions, the community of the context-territory, non-profit activities with the objective of: disseminate, raise awareness and make celiac disease visible as a pedagogical strategy. That is, to make visible the advances developed in the 21st century, the very concept of this chronic disease, which went from being defined as a mere food intolerance, to being recognized as a systemic pathology with an autoimmune basis.

Keywords

Cooking – Pedagogical Strategy- Celiac disease- Without TACC - Good Living.

Introduction

Celiac disease (CD) is an autoimmune condition that resides in an intolerance to gluten proteins (gliadins, secalins, hordeins, and possibly oats), present in the grains of Wheat, Oats, Barley, and Rye (TACC), which leads to severe atrophy of the mucosa of the upper small intestine. In this regard, a defect in the use of nutrients (salts, minerals) occurs at the level of the digestive tract, whose clinical and functional repercussions will depend on the age and pathophysiological situation of the patient. Intolerance, of a permanent nature, affecting any ethnic group or region, lasting throughout life and occurring in individuals genetically predisposed to suffer from it. The only treatment (strict diet) is to maintain a gluten-free diet for life (excluding those foods that contain these cereals). The aforementioned leads to the disappearance of clinical symptoms and functional alteration, as well as to the normalization of the intestinal mucosa.

Since 2009, in Argentina there have been some advances regarding legislation aimed at improving the quality of life of people with celiac disease. The enactment of Law No. 26,588 and its regulatory decree No. 528/2011, declares the different health actions related to CD to be of national interest and establishes the obligations of health food control authorities. In 2011, the definition of Gluten-free foods (ALG) and specifications regarding the maximum limit of gluten that cannot be exceeded, the analytical technique official for its determination and indications for its correct labeling. On the other hand, in 2015, Law No. 27,196 was enacted, which modifies the previous law and incorporates a new article that establishes the obligation for gastronomic establishments and services to offer at least one food option or a menu free of gluten.

The report of the National Administration of Medicines, Food and Medical Technology (ANMAT) indicates on page 3 that, in line with these advances, in 2012, together with 23 provincial health authorities and the Autonomous City of Buenos Aires, established as a priority the strengthening of the activities carried out by food control authorities throughout the country in relation to the prevention and control of contamination of ALGs, for which the Federal Strategy for the Strengthening of Inspection, Control and Surveillance and Information was implemented of Gluten Free Food as a strategic line of action.

Moving stories mark their own stories, building a journey in time since 1997, which leads to the reorganization and entry of other people to the Pehuajó Celiac group, starting in 2011 to form a definitive group in 2012 that continues today. to improve the good life. What was mentioned in the preceding paragraph led to updating the reasons for concern about the most important aspects of the disease for those who suffered

from it and to increase interest on the part of people who did NOT suffer from it.

The Ministry of Health, sanctions on January 19, 2022, in the National Bulletin of January 20, 2022, the following: Repeal Ministerial Resolution No. 695/2021 dated February 24, 2021. Determine that the entities reached by Article 9 of Law No. 26,588 must provide each person with celiac disease, coverage for flour, premixes or other industrialized foods that require certification as gluten-free, for a monthly amount of pesos two thousand six hundred and seventy and two (\$2,672), in accordance with the provisions of Decree No. 528/2011 and its amendment. Amount that is currently being modified according to province, region, district and/or guidelines established between the pertinent health authorities.

Methods and techniques

Doctors use information from the patient's medical and family history, a physical exam, a dental exam, and the results of medical tests to look for signs that the patient might have celiac disease. For diagnosis, blood tests and biopsies of the small intestine are used. In some cases, doctors may request functional tests (D'xylose test, Van de Kamer test, among others) and/or may request additional tests, such as skin biopsies and genetic tests, to help diagnose or rule out the disease. celiac. There is evidence through the description and observation of clinical or monosymptomatic forms that these are related to the development of serological markers or circulating antibodies in people with CD and directed against different antigens. Antigliadin antibodies (AAG) are determined by ELISA techniques that are reproducible and inexpensive.

Polanco and Ribes (2013), p.50 express:

The IgG class AAG are sensitive, but not very specific, with a high

percentage (30-50%) of false positives. Those of the IgA class are very sensitive (greater than 90%) with a variable specificity depending on the population to which it is applied; it can be higher than 85-90% in patients with digestive pathology. In general, there is great variability in the efficacy of AAG, depending on the tests used and the authors (Polanco and Ribes, 2013).

Anti - endomysia antibodies (EAA) are detected in the muscularis mucosae of the monkey esophagus or on the umbilical cord by immunofluorescence methods; its presence is more closely related to mucosal damage in celiac patients than SAA. The sensitivity and specificity of EPAs is greater than 90%; the specificity is slightly lower in adults compared to pediatric patients.

The recent development of an enzymatic method for the determination of anti-tissue transglutaminase (anti-TGt) antibodies has extended its use in clinical practice since it combines the high efficacy of ESAs - sensitivity and specificity > 90% - with the advantages AAG methodologies (ELISA).

Both tissue antibodies, EAA and anti-TGt, as well as AAG decrease to levels below the reference value when gluten is excluded from the diet; however, occasionally, positive AAEs may persist at low titers, with AAG being negative, which could be indicative of a persistent inflammatory process in the small intestine. The anti-TGt have a behavior similar to the AAE. For this reason, these markers are useful in monitoring dietary treatment, since minimal transgressions can, although not in all cases, be detected through an elevation of AAG and to a lesser extent through AAE and anti-TGt

The determination of other markers such as antirreticulina or ant jejunal antibodies is of

no additional practical interest. In general, serological markers are very useful as indicators of CD in those patients with subclinical forms of the disease, but they cannot be used as the only diagnostic criteria. IgA anti-tissue transglutaminase antibodies are probably the ones that show the best diagnostic capacity, since they more accurately reflect the state of the intestinal mucosa.

The methodology used and the qualitative data have been collected through informal conversations, some interviews with health specialists on the subject, open questions in conversations, facilitating trust, obtaining permission to talk with families, for holding talks in health centers with community health nurses and physicians.

Group meetings are held at the facilities of the Rotary Club Centro Oeste de Pehuajó which, as a network institution, hosts a physical space for the celiac group). The proceedings are recorded in Minutes, signing those present. From a qualitative methodology, linking and deploying a pedagogy of solidarity and otherness to permanently relate, the following is used: Facebook itself, from the Pehuajó Solidarity Network, "Noticia Pehuajó" newspaper, radio programs, WhatsApp. Through the latter, a permanent exchange of emergent is established where it is oriented so that the one who consults finds a satisfactory answer for the solution of the conflict, exchanges of recipes without TACC, suggestion of reading books, conferences of the father of Celiac disease, Dr. Eduardo Angel Cueto Rúa.

Results

With reference to the aforementioned, the group detected around more than one thousand two hundred cases of celiac disease, which for a district of forty-two thousand five hundred and sixty-one inhabitants (2022 data), represents approximately 4% of people whose diagnoses

gave celiac disease. The cases are increasing remarkably.

In our context, early detection of the disease is late, as the corresponding tests are not performed in our place of origin. On the other hand, the group periodically carries out actions to promote and prevent Celiac disease through campaigns (distribution of brochures) and talks. In addition, in patients who are diagnosed in adulthood, alterations in bone metabolism, problems in relation to reproduction, among others, are often observed.

The above, allows us to demonstrate that if CD is detected early in people and if celiac disease patients strictly respect a healthy diet without TACC, it has been proven that after 10 years of the diet the risk of neoplastic diseases and probably also of autoimmune diseases is similar to that of the general population. As can be inferred, poor compliance or dietary transgressions carry a risk especially of neoplastic diseases of the digestive tract such as esophageal and pharyngeal carcinomas, small intestine adenocarcinomas, and non-Hodgkin lymphomas.

Conclusion that opens the discussion

Advances in and to carry out the diagnosis, through methods and techniques are very slow and it is important to make the disease visible together with the associations that group celiac people. In our case, it is carried out in the meetings of the celiac group and some situations are brought to the meetings of the Solidarity Network to see how some emergent ones can be handled. The month of May 2023 is the month where Celiac Disease is Commemorated and specifically May 5 is the day of its International Commemoration.

It becomes essential that people in charge of shops, ice cream parlors, gastronomy, others; They are trained and, in turn, can train their employees to know about CE and that at least

there is a menu, food in the gondolas, ice cream, and others. In addition, to inform and be clear that storage, cooking, washing of raw materials, hygiene of utensils and personnel during handling are, among many other factors, the determinants of possible contamination. When there is no control, the possibility of finding contaminating agents increases and consequently cross-contamination can occur, so called because it results from the transfer of biological, physical or chemical contaminants from one contaminated food to another that is not. Hence, the need for correct sanitation of the place where utensils and equipment are prepared.

Therefore, the factors related to the worst assessment of quality of life are related to the presence of symptoms and the delay in diagnosis, affecting, in their daily lives, especially the physical, social area and assessment of quality of life.

Gratitude

I am grateful to the Celiacos group, members of the Pehuajó Solidarity Network, which, together with forty-nine other non-formal institutions, have been working to improve the good living and/or quality of life of individuals and families, as well as its referent Adelina Antonia Lasca who accompanied in the dissertation of the II International Conference, Chair of good living, REDIPE. Adelina, told her life story allowing that in the encounters with "others", other voices, other stories were raised, their life stories were heard to make Celiac disease visible and to build a "we" that allows the population to become aware, be solidarity, and lead everyone to access a Good Living.

Annex 1: Story of Adelina Antonia Lasca.

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Appendix 1

Story by Adelina Antonia Lasca.

celiac

Trajectory of life in the field.

I'm Adelina and I'm going to tell you about my childhood. Even though I was a happy girl, I always had something in my body that made me not feel so good mentally. I will list what I suffered: a.- stomach aches. I remember my mother massaging me crosswise and praying. Then chamomile tea. b.-Parasites, they cured me with wormwood tea and rue on an empty stomach. c.- Nausea. d.- Vomiting. E.- Diarrhea. F.- Constipation. G.-Thinness (they gave me egg beaten with sugar). H.- Hallucination: I saw animals walking along the wall, also the Virgin next to my parents' bed. I.- Empacho: poultices of cabbage and onion on the stomach. I remember that on occasions we used to have flour with milk, eggs and sugar for dinner. Rich, but toxic!!! On the skin: J.- Water blisters. K.- Warts. L.- Moles and red spots on the abdomen and trunk.

Teenage path in the city

In order to continue my studies at the secondary level, we moved from the countryside to the city. I continued with my health problems, even though my parents consulted with different professionals. I had a late menarche (14 years old), hepatitis. At school learning problems. He memorized little. I repeated a year of secondary level. In physical education he could not coordinate movements. My skin is always dry, little and fine hair, weak nails, cramps, urinary infections, headaches, dental problems. Regarding the latter, the dentist commented to my parents and me that the pH of the saliva was acidic and the teeth were moth-eaten. Sometimes I would pull out two teeth and/or premolars and molars.

Life trajectory during youth and as an adult.

I always had a headache and when I consulted the doctor, the answer was "stress". I had anemia so they told me to take vitamins and inject iron. Loss of pregnancy, diarrhea, constipation, bowel prolapse, contractures, leg cramps at night, tiredness, sexual impotence, allergies (decadrón injections).

After I was forty years old, I started having copious periods. They removed my uterus and ovaries. When I asked the cause, the answer was: that some organisms cause warts and mine caused hemorrhages.

At the age of fifty-four, my gallbladder was removed, and it was full of small stones. When I asked why, the answer was: it can happen to anyone, even vegetarians. (Meanwhile I considered that I ate healthy)

A year passed and I had to have an operation for stones in my bile duct...and oh!!! surprise and/or finding: small intestine biopsy.

Diagnosis at age 55: CELIACH. Surprise and joy at the same time. Diet without TACC: FULL HEALTH. The transformation of my body was "miraculous". I have four children, two of them are celiac. Also in the family, a grandson, a niece and a cousin. The important thing today is that the diagnosis is quick so that we can start eating gluten-free. Eating gluten-free is our treatment, our medicine.