



GLUTEN INTOLERANCE GROUP
of East Central Wisconsin

GLUTEN-FREE NEWSLETTER

http://bit.ly/GIGECW_Newsletters

Educate / Motivate / Advocate

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Meetings

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When: Third Saturday of odd numbered months (Jan, Mar., May, July, Sept., Nov.)

9:00 am to 11:00 am

Where: Ripon Medical Center in the Ripon/Princeton Rooms.

Spouses and loved ones are also encouraged to attend.

Alan Klapperich,
Branch Manager

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www.facebook.com/GIGofECW



Every year it happens. For some reason it always sneaks up on me.

The old year rolls in to the new year. January blends into February. March wanes as April waxes

April is now tiptoeing out the back door and May will soon be knocking on front door.

I always seem to miss May’s arrival, even though I know it’s coming - every year - just like clockwork. Kinda funny how that works.

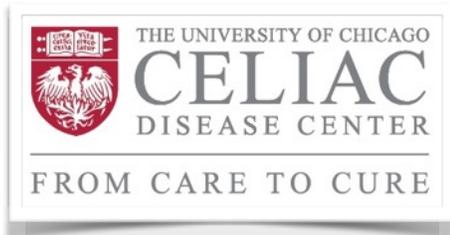
Not this year! Wow, I have actually started thinking about this before it got here, even if it is only 5 days before. Heck, it’s an improvement. I’ll take it anyway I can get it.

What’s so special about May? May is Celiac Awareness Month. Wait...isn’t October Celiac Awareness Month? What about September 13th as Celiac Awareness Day? Isn’t every month celiac/gluten-free awareness month? Yeah well, it should be.

Whoa, it’s all so confusing.

Currently, May is now considered the “official” awareness month, but the confusion comes from days gone by. According to Jane Anderson at celiacdisease.about.com, Mary Schluckebier of Celiac Support Association sets the record straight.

Starting in 1987, Canada named October as their official Celiac Disease Awareness Month, and several private groups in the US followed suit. However, starting in 2009, our friends in the Great



Odds of having celiac

1 in 22 for people with first-degree relatives (parent, child, sibling) who have celiac disease.

1 in 39 for people with second-degree relatives (aunt, uncle, grandparent) who have celiac disease.

1 in 56 for people that have related symptoms.

1 in 133 for average healthy people.

Facts & Figures

About 3 million Americans have celiac disease. 83% are undiagnosed.

About 3 million people have Type 1 Diabetes. 6% of them also have celiac disease.

Only 35% of newly diagnosed patients had chronic diarrhea. This "classic" symptom is not typical.

Average length of time to get a diagnosis for those with symptoms: 4 years

Source:

<http://bit.ly/CDFactsFigures>

Gluten-Free Thoughts Continued

White North moved the awareness month to May. This action conformed to celiac awareness months in Italy and other European countries. Again, some private celiac groups went with the flow.

On September 9th, 2006, Senator James Inhofe (R) from Oklahoma introduced S.Res.563 to the 109th Congress to designate September 13th as "National Celiac Awareness Day". It was unanimously approved by the Senate, but failed to go further. In fact, for the next six years, this resolution was stuck in the same loop. September 13th was chosen because it was Dr. Samuel Gee's birthday.

On May 6th 2013, Representative Betty McCollum (D) from Minnesota introduced bill H.Res.199 to the 113th Congress, designating May as "National Celiac Awareness Month". Unfortunately, this bill is only bill and still sitting on Capitol Hill.

Since nothing was made official in the US, some groups recognized May, some stayed with October. Eventually celiac organizations, food manufacturers, and participating restaurants, etc. synchronized their awareness watches to May.

Hallelujah - May it is!

Now that we've got that sorted out, let's get on with the matter at hand...raising awareness. Luckily, we don't need a designated month or day to promote awareness. Heck, we can do it every single day simply by doing what we do - leading by example.

There are leaders and those-who-lead. Leaders typically hold a position of power or authority. Those-who-lead have the ability to inspire without power or authority. We only need to look to Mahatma Gandhi, Martin Luther King, Jr. and Nelson Mandela as perfect examples of those-who-lead. We may not possess that amount of fame, but that's the beauty of those-who-lead - we don't need it. Each one of us can inspire others simply by leading by example. We chose not to be a victim; not to give up and say "I can't do this gluten-free thing, it's too hard". We chose to be successful. Every time we opt out from an opportunity to cheat, we show others that we take our health and lifestyle seriously.

Notes

Gluten-Free Thoughts Continued

Indeed, our actions can speak louder than words.

Every day we can find gluten free awareness raising moments, they're all around us. A simple and polite *"No thank you, I am gluten-zero because the gluten in those donuts make me sick"* when the quickie-mart employee asks if we want 3-for-a-dollar donuts as we pay for gasoline. How about a respectful interchange of facts with those that are "gluten-free most of the time". Better yet, invite them to our next support group meeting, so they can learn what gluten-free is all about. Sharing educational information with your health care team members [doctor, dentist, pharmacist, etc]. Speaking to food service professionals about gluten-free dining options [or lack there of]. Bringing a plate of your killer peanut butter cookies to [anonymously] share at work; specially for that co-worker who turns up their nose at your "icky gluten-free food". Of course, you don't tell anyone they are gluten-free until Mr/Mrs Food Snob proclaims them as "The Best!" Ah sweet justice.

Gluten-free awareness is continuing to grow, but we need everyone's help. In order to raise awareness properly, everyone in the gluten-free community must keep educating, motivating and advocating.

In this issue, I have gathered up some things that might help educate ourselves, friends, and family. I've dusted off a new and improved history lesson for you. If you were around for our very first meeting, you might remember it.

As if May isn't special enough, it's also the anniversary of my gluten-freedom. I observe it on the 1st because I don't remember the exact day I made that commitment 12 years ago.

Keep up the great work. Stay strong. Be well. Keep moving forward.

Alan Klapperich
GIG of ECW Branch Manager



Seriously, Celiac Disease

Watch the video with your family members to get the conversation started. Then breakout the discussion guides.

<http://bit.ly/SeriouslyCeliacVideo>

Don't miss the Behind the Scenes Q&A with the identical twin duo that created the video for NFCA.

<http://bit.ly/SeriouslyCeliacBTS>

Conversation vs Confrontation

PsychCentral's Marie Hartnell-Walker, Ed.D. offers some great insights that might help make your discussions with family members less dramatic.

<http://bit.ly/1GQw2q1>

Talk. Tell. Test.

The National Foundation for Celiac Awareness started a new awareness campaign called Seriously, Celiac Disease. This is an effort to educate non-diagnosed family members about the importance of getting tested.

As we've [often] discussed, our own families can be the most difficult.

We talk, we educate, we lead by example.

Whatever we do, appears to have no affect. They just don't listen to us - for whatever reason.

Celiac disease is genetic, it runs in families. If one person in the family has it, there is a pretty good chance someone else in the family has it too - they may not even know it. It's very possible they could have it, and not have any symptoms at all! Be aware a single negative test does not clear a person for life. Celiac Disease can be triggered **at any age - at any time**. And so the struggle begins...

Family members need to be tested, but getting them to do it is another story. This is where Seriously, Celiac Disease campaign comes in.

NFCA has produced an excellent educational video and discussion guides to get the conversation started...for FREE!

They've tailored the information for two specific situations: I have celiac disease and I have a relative with celiac disease.

NFCA strongly suggests not to simply share this information with your family via email or social media. Their research shows that family members want one-on-one, face-to-face conversations about this matter.

Start by visiting this website: <http://seriouslyceliac.org>





Day: September 20th, 2008

Time: 9:00am

Place: Ripon Medical Center

Our very first topic was *The History of Celiac Disease*. Knowing the backstory on this condition gives us a better understanding.

Over the years, I'd add bits and pieces to this article, but it has remained on the back burner for the past year or two...until now.

I felt Celiac Awareness Month was a perfect time to finally let this work-in-progress see the light of day.

I hope you enjoy reading this as much as I did researching it. Due to the length of this article, I've split it up.

Alan Klapperich

Quantifying the Hunter-Gatherer Food Choices by Loren Cordain, PH.D

<http://bit.ly/1crtbX0>

Time Traveler's Guide to Celiac Disease - Vol. 1

By Alan Klapperich

Many people have never heard of celiac disease, until a friend, family member, loved one, or even themselves were diagnosed with this condition. Despite it being one of the most common auto-immune conditions in the world, 83% of those who have it are undiagnosed.

While it may be new to many, it's been plaguing mankind for thousands of years.

Fasten your seat belts, because we are going to be hopping around time to give you a bit of history on this new-ancient disease.

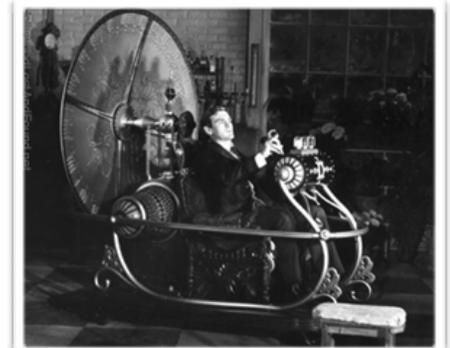
If we scootch together, we can all fit in the classic H.G. Wells Time Machine. All aboard!

We're off to a time when men were men and women probably didn't look like Rachel Welch. Surprisingly, the 21st century male isn't much different than the Paleolithic male. Go figure... Why mess with perfection, right?

Paleolithic Era here we come!
WHOOSH!

It's dusk and just ahead is a flickering camp fire. The men have returned from a hunt. By their boastful behavior, we can assume it was successful. They will have fresh meat for their meal tonight. The women and children are preparing what they have gathered earlier in the day.

Their diet consists of small wild game, eggs, fish, nuts, berries, fruits, vegetables, leaves, roots, seeds. When ever possible, most hunter-gather societies try to consume over half of their calories



Time Traveler's Guide Continued

from animal sources. This lifestyle sustained our ancestors for two and one-half million years – until the last 10,000 years – that's when the trouble started.

Eventually our ancestors figured out how to grow plants, kicking off the Neolithic Era and the agricultural revolution. The hunter-gatherer way of life was replaced by domesticated crops and animals. While this lifestyle change was much more convenient, it came with some unwanted results. Humans had over 2 million years for their gut to evolve into a very sophisticated organ. It was able to handle food antigens that had become staples of the human diet. Since a large percentage of our immune system is housed in the gut, there will be consequences when things get altered.

Farmers of the Neolithic period experienced a slew of new food antigens they never had before - proteins from cow, goat, donkey milk and cereal grains just to name a few. Hello food intolerances and celiac disease.

Humans have been gluten-free for over 99% of their existence. If we squash the past 2.5 million years in to a single calendar year, we find that humans have only been eating gluten for 1.5 days.

Areataeus of Cappadocia (circa 150AD)

We need to upgrade our ride for the next leap. The Flux Capacitor outfitted DeLorean should get us to Rome during the second century in record time. Who's up for a Roman bath?

During this time period, the Roman Empire was enjoying greater prosperity under the rulers known as The Five Good Emperors of Rome.

The inventions and innovations the Romans created changed the world forever. They left indelible marks on architecture, entertainment, government, lifestyle, science, and medicine. Their influences can still be observed in the 21st century.

We find an amazing Greek physician named Areataeus of Cappadocia. He studied medicine in Alexandria, Egypt and practiced in Rome. Specific details of when Areataeus lived are unclear, but most experts agree it was some time during the mid-to-late second century.

Areataeus was said to have written seven or eight works. The lost works covered fevers, surgery, pharmacology and gynecology and prophylaxis (preventative treatment of disease). *On the Causes and Symptoms of Acute and Chronic Diseases* and *Book on the Treatment of Acute and Chronic Diseases* are two works known to have survived.



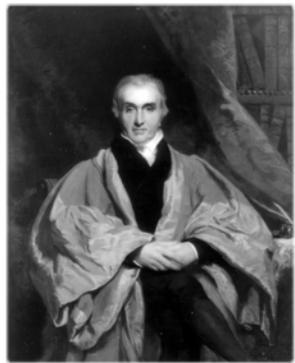
Time Traveler's Guide - Aretaeus Continued

His writing revealed that he was an accurate observer as he described conditions like diabetes, pneumonia, pleurisy, tuberculosis, tetanus, diphtheria, paralysis, and something he called "Koiliakos" which meant "suffering in the bowels". Koiliakos is derived from the Greek word "koilia" which means abdomen. We have come to know this condition as celiac disease.

In "The Coeliac Affection", he describes the disease: *"If the stomach be irretentive of food and if it pass through undigested and crude, and nothing ascends into the body, we call such person koiliakos"*.

"...heavy pain of the stomach now and then, as if from a puncture; the patient emaciated and atrophied, pale, feeble, incapable of performing any of his accustomed works. But if he attempt to walk, the limbs fail; the veins in the temples are prominent, for owing to wasting, the temples are hollow; but also over all the body the veins are enlarged, for not only does the disease not digest properly, but it does not even distribute that portion in which the digestion had commenced for the support of the body; it appears to me, therefore, to be an affection, not only of the digestion, but also of the distribution.

Language history lesson - Koiliakos: In translation from Greek to Latin, the 'k' became 'c' and 'oi' became 'oe'. Dropping the Greek adjectival ending 'os' gave us the word coeliac - the British spelling.



Matthew Baillie (1761 - 1823)

As we jump through the Time Tunnel, we find ourselves in the early 1800s to meet a Scottish teacher, physician, pathologist and famed anatomist by the name of Matthew Baillie.

Baillie was a keen observer with an uncanny ability explain difficult subject matter in a simplistic and understandable manor. He was admired both professionally and personally.

In 1795, he published the American version of "Morbid Anatomy of the Human Body"; a first of it's kind textbook that described pathology according to the organs involved instead of the symptoms.

In 1814 Baillie also published his observations on a chronic adult diarrheal disorder. In "Observations on a Particular Species of Purging" he describes a disorder caused malnutrition that presented with a gas-distended abdomen. He noted that many adult patients had lived in warm, tropical climates. It is suspected that Baillie may have been describing the condition Tropical Sprue.

He describes his observations:

"They [stools] are pale in their colour, as if lime were mixed with water, are very frothy, like yeast at the top and often smell very sour.

Time Traveler's Guide - Baillie Continued

Patients labouring under this complaint have generally more or less of a sallow countenance, and are thin, but more very much emaciated.

Patients afflicted with this kind of purging often live for several years, but the disease continues, subject to the changes lately described; and they hardly ever recover."

He was also astute enough to notice and suggest dietetic treatment.

"Although this disease continues its progress, under every kind of diet, yet some patients appeared to derive considerable advantage from living almost entirely upon rice."

Sadly, Baillie's observations went primarily unnoticed.

"There are many professions where negligence or inattention may be reckoned a folly; but in medicine it is a crime" ~ Matthew Baillie

Samuel Gee (1839 - 1911)

We're not done with the 19th Century yet. Give me a second to set the [Wayback Machine](#) for 1887.

We arrive at the Hospital for Sick Children in London on October 5th, 1887. At the front of the room we find Dr. Samuel Gee in the middle of a lecture describing celiac disease.

"...a kind of chronic indigestion which is met with in persons of all ages."

He noted that because of other symptoms (wasting, weakness, and pallor) the bowel issues might get ignored. Management of food was important, and errors in management might be the cause of the symptoms.

"...But if the patient can be cured at all, it must be by means of diet", Gee stated.

In 1888 Gee writes in St. Bartholomew's Hospital Reports his description called "[The Coeliac Affection](#)"

"There is a kind of chronic indigestion which is met with in persons of all ages, yet is especially apt to affect children between one and five years old. Signs of the disease are yielded by the fæces; being loose, not formed, but not watery; more bulky than the food taken would seem to account for; pale in colour, as if devoid of bile; yeasty, frothy, an appearance probably due to fermentation; stinking, stench often very great, the food having undergone putrefaction rather than concoction."



Time Traveler's Guide - Gee Continued

Does “Coeliac Affection” sound familiar? It's very likely that Gee paid homage to Aretaeus by using the same title since Gee was capable of reading Greek. Other similarities to Aretaeus' writings were also noted throughout Gee's report.

It should be noted that Gee was the first to observe celiac disease in all ages, particularly in children. Aretaeus recorded this only in adults; more commonly found in the aged and women.

Noticing the food connection, Gee felt *"the allowance of farinaceous food must be small."* Farinaceous means starchy. He reports of a child who was fed a quart of the best Dutch mussels daily that did amazingly well. However once mussel season was over – the child relapsed. Funny thing, the child couldn't be persuaded to eat the mussels the following season.

Celiac Awareness Day is
September 13th - Samuel
Gee's Birthday

Gee documents the improvement and relapse connection to food. Keep in mind, Gee still really hasn't connected all the dots. He banned fruits and vegetables, but yet still allowed thin slices of [wheat] toast. He also notices milk intolerance in his patients. He's so close...lactose intolerance can be a direct result of damaged villi. Much like Baillie, Gee's work went largely unnoticed by his contemporaries.

Gee reportedly performed over 600 autopsies during his medical career. However, in his report on celiac disease he only included this single comment:

“Naked-eye examination of dead bodies throws no light up the nature of the coeliac affection: nothing unnatural can be seen in the stomach, intestines, or other digestive organs. Whether atrophy of the glandular crypts of the intestines be ever or always present, I cannot tell.

Coming Soon - Volume 2 of Time Traveler's Guide to Celiac Disease!

References:

**University Chicago Celiac Disease Center -
History of Celiac Disease**

http://bit.ly/UCCDC_HistoryOfCD

**Dictionary of World Biography, Volume 1 -
Aretaeus**

<http://bit.ly/1H2BAxo>

Omnia Science - History of Celiac Disease

<http://bit.ly/1Ej9N4T>

Matthew Baillie

<http://bit.ly/1IipLDD>, <http://bit.ly/1JtgIgt>

**Diagnosis and treatment of coeliac disease -
Samuel Gee**

<http://1.usa.gov/1HoJwMX>

**British Medical Journal - Samuel Gee, Aretaeus,
and the Coeliac Affection**

<http://1.usa.gov/1Pq73sH>

eNotes - Aretaeus of Cappadocia Biography

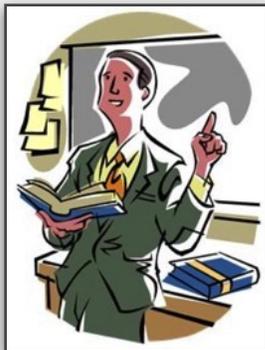
<http://bit.ly/1ERu3oU>

GIG of ECW Articles



Gluten-Free Diet Boot Camp is a large collection of resources for those just starting their journey to gluten-freedom.

http://bit.ly/GIGECW_GFBootCamp



Educating Family & Friends About Gluten-Free is a collection of Information to help educate others.

http://bit.ly/GIGECW_EducatingFamilyFriends

Aldi's Gluten-Free Products



Supremo Shopper Shannon was surprisingly surprised when she saw the shelves stuffed with new LiveGfree products in the Oshkosh store.



Some of the things Shannon found: Cheese cake sampler, angel food cake mix, sugar cookie mixes and double chocolate chip cookie mixes, banana muffin & cinnamon streusel muffin mixes, a new variety of crackers and "veggie crisps", chocolate covered pretzels/yogurt covered pretzels, quinoa pasta (penne & fusilli), a couple kinds of deluxe mac & cheese (in a box AND a freezer meal), a variety of pasta mixes, frozen meals (like mac & cheese, spaghetti w/ meat sauce), frozen stuffed ravioli.

For a complete list of gluten-free items, visit their website: <http://bit.ly/AldiLiveGFree>

Thanks Shannon for sharing your finds!

Notes:

Pharmaceutical Companies to the Rescue?

Currently, the only treatment option available for those with gluten-related disorders is complete avoidance of gluten - aka the gluten-free/gluten-zero lifestyle. *[I prefer the word "lifestyle" over "diet". Often times when people are on a "diet", it's short-term and their adherence to it...is...let's say...flexible. Neither of those choices are an option when it comes gluten. I also like Dr. Rodney Ford's term "Gluten Zero". How much gluten can you have? ZERO].*

Our always-on-the-go society has come to expect "instant gratification", "quick and easy", "set it and forget it", "take this pill and all your problems will go away".

To the relief of many, but dismay for others - several drug companies are in the process of bringing treatment options to the gluten-free party. This topic has been greatly debated within the gluten-free community, raising many questions.

Do we alter our body and immune system to accommodate something that it can not process properly in the first place and willingly accept the risks of taking such treatment - or - do we continue to stay the gluten-free course? Will the drug benefits outweigh the risks? Treatment options focus on the commonly known problematic component of wheat (gliadin), but what about the lesser known (perhaps equally damaging) components like serpins, purinins, alpha-amylase/protease inhibitors?

These are complex and multi-faceted questions without straightforward answers. All personal choice questions that we will probably have to answer someday.

According to Mr. Andrew Pollack in his NYTimes.com article, "As Celiac and Gluten Sensitivities Gain Prominence, Drug Companies Race to Find Treatments" - celiac drug therapy options will not be on the market until 2018 at the earliest.

FDA-Approved drugs must go through a multi-phase process. It takes 12 to 15 years and costs can exceed \$2.5 billion dollars before a drug makes it to the consumer's medicine cabinet. Dr. Alessio

Related Info:

**The Future of Drug Therapy
for Celiac Disease: Get the
Honest Facts**

National Foundation for
Celiac Awareness Webinar

<http://bit.ly/1F0lcsK>

Notes:

Pharma to the Rescue? Continued

Fasano, a world-renowned pediatric gastroenterologist, celiac researcher, and entrepreneur discusses the process of bringing a drug to market in [this very informative interview](#). Dr. Fasano is a co-founder of Alba Therapeutics - one of the frontrunners in the celiac medication race.

FDA's Drug Review Process:

- Preclinical Testing - Focus on safety. Lab and animal studies are done to demonstrated biological activity of drug against targeted disease. About 3 1/2 years in length.
- Investigational New Drug Application - Manufacturer submits details on new drug, data from lab and animal studies. FDA denies or approves request. About 30 days in length.
- Phase 1 - Focus on safety. 20 - 80 healthy participants. About 1 year in length.
- Phase 2 - Focus on effectiveness. 100 - 300 participants with targeted disease. About 2 years in length.
- Phase 3 - Focus on effectiveness and adverse reactions. 1000-3000 patients in clinics and hospitals. About 3 years in length.
- New Drug Application - Drug manufacturer analyzes all the data obtained during trials and submits application to FDA. Application usually consists of 100,000+ pages. About 2 1/2 years in length.
- Phase 4 (Post-Marketing Studies) - Continuation of data collection and analysis.
- Fast Track - A process designed to expedite the review of drugs in order to get the drug to the patient sooner. This judgement is based on the impact of survival, day-to-day functioning, worsening of condition if left untreated.

Currently there are seven potential treatment options in the FDA pipeline. We'll briefly look at three of the top candidates. Keep in mind, most of these options are not meant to replace the gluten-free diet, but rather help minimize the effects of inadvertent or accidental exposure.

Related Info:

Celiac Drugs in Development by Jane Anderson - A more detailed review of celiac disease treatments:

<http://abt.cm/1zRhNys>

Related Info:

Zonulin & Leaky Gut by PrimalDocs- A great explanation of Leaky Gut - Increased Intestinal Permeability

<http://bit.ly/1Eri1ZF>

Alessio Fasano M.D. on Gluten, Autoimmunity & Leaky Gut - Chris Kresser, L.Ac interviews Dr. Fasano. He explains his discovery of Zonulin and it's role in our intestine.

Excellent interview!

<http://bit.ly/1RBNXUp>

Nexvax2 Vaccine - This video explains how it works:

<http://bit.ly/1zVEVMt>

Pharma to the Rescue? Continued

ALV003 - Alvine Pharmaceuticals

Currently in Phase 2 studies - Fast Track. An oral medication that combines two digestive enzymes that are meant to break down the gluten into small fragments before they reach the small intestines.

AT-1001 (Larazotide Acetate) - Alba Therapeutics

Currently in Phase 2 studies - Fast Track. An oral medication that takes an interesting approach to celiac disease. This drug helps regulate the “tight junctions” in the intestinal walls. These junctions open and close - allowing nutrients and other molecules to pass through the intestinal wall.

Gluten alters the opening and closing of these junctions in everyone, however, in those with celiac disease, these junctions stay open too long and allow undigested gluten molecules to pass through the intestinal wall into the blood stream - this is called Increased Intestinal Permeability - also known as “Leaky Gut”. Invasion by the “intruder” (gluten) into the blood stream causes an autoimmune response.

Nexvax2 - ImmusanT

Slated to begin Phase 2 studies in early 2015. Medication is delivered by injection. It's designed to work in only those celiacs with the DQ2 gene (90% of celiacs have DQ2). Nexvax2 reprograms gluten-specific T cells so they don't attack gluten. T cells are soldiers in our immunology army - they seek out and destroy invaders. This treatment is expected to allow DQ2 celiacs to resume eating gluten. It was discovered during Phase 1 trials that some test subjects experienced reactions similar to that of eating gluten after receiving higher doses of Nexvax2. Currently, it's believed that gluten must be consumed in order to activate the immune system. This finding seems to contradict current conventional wisdom.

It will be interesting to see how this plays out in the coming years. Will a drug-based treatment option be right for you?



GLUTEN-FREE RECIPE

Ingredients

Cake:

1 pkg Pillsbury Gluten-Free Funfetti Cake Mix (17 oz)
 1/4 cup instant vanilla pudding mix (Baker's Corner - Aldi Brand or Essential Everyday - Festival Brand)
 1/4 cup granulated sugar
 1/2 cup sour cream (Daisy)
 1/2 cup coconut oil (liquid state)
 3 tblspn milk
 1 extra large egg
 4 egg whites
 1 tblspn vanilla extract

Frosting:

8 oz. package cream cheese
 2 cups powdered sugar
 2 tsp vanilla
 2 cups heavy whipping cream (Deans)

Sunny Side Up Bakery Sparkling Sugar (Hobby Lobby)

FunFact - "FunFetti" is registered by Pillsbury/ The J.M. Smucker Company.

Funfetti Cupcakes

Submitted by Peggy K.

If you are making this recipe for a gluten-free guest, please read our Guide to Gluten Cross Contamination:

http://bit.ly/GIGECW_GlutenContamination

Note: Be extra careful - Pillsbury also makes a non-gluten-free Funfetti cake mix. Please read the box carefully. The GF version comes in a green box.

Directions Cake:

Put all ingredients in bowl. Mix at low speed to combine. Scrape down sides of the bowl. Increase mix speed to medium. Beat for 3 minutes.

Fill lined muffin tin 2/3 full.

Bake in center of oven at 350 for 18-21 minutes

Transfer cupcakes to wire rack to cool

Directions Frosting:

Beat cream cheese, powdered sugar, vanilla together until smooth.

In a separate cold bowl, beat whipping cream until stiff.

Gently fold whipped cream into cream cheese mixture until well combined.

Frost cupcakes any way you desire.

