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DOBROTE brez GLUTENA GLUTEN-free delicacies



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O celiakiji / About celiac disease

V zadnjih desetletjih se vse pogosteje srečujemo z boleznimi, ki so posledica uživanja določenih živil. Kadar nastanejo zaradi živil, ki predstavljajo temelj vsakodnevne prehrane, so bolniki pri izbiri živil oziroma pri pripravi obrokov zelo omejeni. To vpliva na njihovo osebno življenje, a tudi na njihovo funkcioniranje v družini in v širši družbi. Med te bolezni sodijo predvsem preobčutljivosti na različna žita, ki so v zadnjih letih zelo pogoste. V nekaterih primerih se celo zdi, da so prehranske preobčutljivosti postale moderne in da nekateri ljudje po različnih izključitvenih dietah posegajo bolj zaradi mode kot zaradi resnične zdravstveno utemeljene potrebe. To je vsekakor možno, pa vendar je potrebno vedeti, da so med nami ljudje, ki lahko imajo zaradi uživanja nekaterih žit hude posledice, zato je prav, da te bolezni dobro poznamo. In nujno je, da dobro poznamo ustrezno zdravljenje, saj je to edini način preprečevanja zapletov teh bolezni. A zdravljenje pri prehranskih preobčutljivostih se razlikuje od klasičnega zdravljenja bolezni z zdravili. Pri preobčutljivostih je edini vzročni način zdravljenja upoštevanje diete brez obremenilnih živil. V primeru preobčutljivosti na gluten oz. pšenico in sorodna žita predstavlja upoštevanje diete velik izziv, zato so dobrodošle vse pobude in pripomočki, ki bolnikom in njihovim družinam ter drugim deležnikom, ki so vključeni v pripravo živil, omogočajo varno pripravo hrane. Temu je namenjena tudi pričujoča publikacija.

V skupino bolezni, ki so posledica uživanja pšenice oz. žit, uvrščamo več različnih bolezni, kot sta npr. alergija na pšenico ali pa v zadnjih letih vse pogostejša neceliakalna preobčutljivost na gluten oziroma

In recent decades, we are increasingly facing diseases which result from consumption of certain foods. When they are caused by foods that form the basis of a daily diet, patients' dietary choices become very limited. This does not only affect them individually but has important impact on their families and wider social circle. Hypersensitivities to various cereals, which have become very common in recent years, certainly deserve high degree of attention. In some cases, it may even seem that food hypersensitivity has become fashionable, and that some people resort to various exclusion diets more because of a fashion than a true medical need. This is certainly one of the possibilities, however we must acknowledge a fact that there are people among us who can suffer serious consequences because of the consumption of certain cereals, and it is therefore very important to be aware of these diseases. And it is imperative that we have a good knowledge of proper treatment, as this is the only way to prevent serious long-term complications of these diseases. However, food hypersensitivity treatment is different from conventional medication treatment. The only casual therapy is an exclusion diet. In case of gluten or wheat and related cereals such diet represents a major challenge, and all initiatives that allow patients, their families and other stakeholders involved in food preparation to prepare food safely are more than welcome. This publication is a great contribution and will serve this noble purpose.

Within the group of diseases resulting from the consumption of wheat and other cereals, we classify several different diseases, such as wheat allergy or, in

pšenico. Najbolj znana med njimi pa je celiakija, za katero že več kot pol stoletja vemo, da jo povzroča gluten.

Danes vemo, da je celiakija imunsko pogojena sistemska bolezen, ki primarno povzroči okvaro sluznice tankega črevesa, prizadene pa lahko skoraj vse organe v telesu. Najpogosteje opisana oblika bolezni se kaže z znaki malabsorpcije. Težave, ki jih bolniki opisujejo, so navadno posledica kombinacije vnetja, pomanjkanja hranil zaradi neustrezne absorpcije in avtoimunega odziva v različnih organih. Vse pogosteje celo opažamo, da bolezenski proces v telesu poteka tudi, ko bolniki ne občutijo težav. Čeprav celiakija torej primarno povzroča motnje črevesne absorpcije, se prebavne težave pojavijo le pri približno polovici bolnikov. Tako v številnih primerih bolezni ostaja dolgo neodkrita, bolniki pa so izpostavljeni večjemu tveganju za razvoj dolgoročnih zapletov bolezni.

Kadar so pri celiakiji v ospredju težave s strani prebavil, kot so z driske, napenjanje in pogosti vetrovi, govorimo o klasični obliki bolezni. Zmanjšana absorptivna površina črevesa pri tej obliki vodi do zmanjšane absorpcije številnih hranil. Neprebavljeno vsebino sicer neškodljive bakterije v črevesju nadalje razgradijo, kar vodi do povečane tvorbe plinov in raztezanja črevesne stene, kar je neprijetno in povzroča bolečino, posledica pa je tudi driska. Posledica okvare črevesne sluznice je tudi razvoj prehodne laktozne intolerancije in intolerancije na druge ogljikove hidrate, saj se encimi za razgradnjo le-teh nahajajo v zgornjem delu črevesnih resic, ki so pri celiakiji skrajšane. Tako lahko dodatne težave bolnikom povzroča tudi zaužitje večjih količin mleka, mlečnih izdelkov in sladkarij.

Za razliko od klasične oblike pa so pri drugih oblikah celiakije težave lahko povsem drugačne narave. Zaprtje se na primer pojavlja enako pogosto kot driske in je lahko edini klinični znak bolezni. Zaradi velike

recent years, the increasingly frequent non-celiac hypersensitivity to gluten or wheat. The most important of these diseases is however still celiac disease, which has been known to be caused by gluten for well over half a century.

Today, we know that celiac disease is an immune mediated systemic condition that primarily causes damage of the small intestinal mucosa, and can affect almost every organ in the body. The most commonly described form of the disease is manifested by signs of malabsorption. Symptoms and signs described by patients are usually due to a combination of inflammation, nutrient deficiency due to inadequate absorption and autoimmune response in different organs. Increasingly, we are seeing that the disease process is present even in the absence of clear complaints. Although celiac disease primarily affects intestinal absorption, digestive complaints are only present in about half of the patients. Thus in many cases the disease remains undetected for a long time, and patients are at an increased risk of developing long-term complications.

When gastrointestinal problems such as diarrhea, flatulence and bloating are a leading sign of the disease, we talk about the classic celiac disease. The reduced absorptive surface of the intestine in this form leads to a reduced absorption of many nutrients. The undigested contents are digested by otherwise harmless bacteria in the intestine, which leads to increased gas formation with subsequent uncomfortable distension of intestinal wall, abdominal pain and diarrhea. The damage of the intestinal mucosa also results in the development of transient lactose intolerance and intolerance to other carbohydrates, since the enzymes for their breakdown are located in the upper part of the intestinal villi, which are shortened in celiac disease. Thus, ingesting large quantities of milk, dairy products and sweets can cause additional symptoms.

pogostosti funkcionalnega zaprtja pri zdravih ljudeh je diagnoza celiakije pri teh bolnikih pogosto zamujena. Tudi anemija je lahko vodilni in edini znak celiakije ter se lahko pojavi tudi, ko drugih težav ni. Železo se namreč absorbira v zgornjem delu tankega črevesa, ki je pogosto najbolj prizadeti del črevesa pri bolnikih s celiakijo. Kronično pomanjkanje železa lahko povzroči dolgotrajno anemijo, ki je odporna na nadomestno zdravljenje z železom ali pa se ponovno pojavi, ko z nadomeščanjem železa prenehamo. Ob ustreznem zdravljenju celiakije se absorpcija železa izboljša in anemija se lahko ob zdravljenju z železovi mi preparati uspešno popravi. Manj pogosto lahko do hujših oblik anemije pride zaradi pomanjkanja folatov in vitamina B12, prav tako pride tudi do motenj strjevanja krvi, ki so posledica zmanjšane absorpcije maščob in s tem pomanjkanja v maščobah topnih vitaminov, vključno z vitaminom K.

Izguba telesne mase je resen znak malabsorpcije in jo običajno spremljajo utrujenost, splošna oslabelost in izguba koncentracije. Podobno resno stanje je zastoj v rasti pri otrocih, ki ga lahko spremlja slabše pridobivanje telesne mase. Ko je rast zaključena in se rastne cone v kosteh zaprejo, na višino kljub zdravljenju ne moremo več vplivati, zato so bolniki lahko nizke rasti.

Med težave, ki jih opisujejo bolniki s celiakijo, sodijo tudi izguba oz. spremembe v strukturi las. Podobno so lahko prizadeti tudi nohti. Na koži pa lahko vidimo celo posebne spremembe – herpetiformni dermatitis (kožno obliko celiakije), ki se kaže s srbečim izpuščajem na komolcih, kolenih in zadnjici.

Prizadetost drugih organskih sistemov je morda nekoliko redkejša, kar v teh primerih še podaljša diagnostične zamude in bolniki pogosto več let iščejo zdravniško pomoč, preden odkrijejo pravi vzrok težav. Med te manj pogoste težave sodijo povišane vrednosti jetrnih encimov v smislu blagega hepatiti-

Unlike the classic form, the other forms of celiac disease can be completely different. Constipation, for example, occurs as often as diarrhea and may be the only clinical sign of the disease. Due to the high incidence of functional constipation in healthy people, the diagnosis of celiac disease in these patients is often missed. Anemia can also be the leading and only sign of celiac disease and can also occur in the absence of other symptoms. Iron is absorbed in the upper intestine, which is often the most affected part of the intestine in patients with celiac disease. Chronic iron deficiency can cause long-term anemia, which is resistant to iron supplementation, and may recur when iron supplementation is stopped. When celiac disease is properly treated, iron absorption improves and anemia can be successfully treated with iron. Less commonly, severe anemia caused by folate and vitamin B12 deficiency can occur, as well as blood clotting disorders, which are a consequence of reduced fat absorption and subsequent deficiency in fat soluble vitamins, including vitamin K.

Weight loss is a serious sign of malabsorption and is usually accompanied by fatigue, general weakness and loss of concentration. A similarly serious condition is growth retardation in children, which may be accompanied by poor weight gain. Once the growth is complete and the bone growth zones are closed, height can no longer be influenced despite treatment.

The problems described by patients with celiac disease include hair loss or changes in hair structure. Nails can similarly be affected. Specific skin changes, called Dermatitis herpetiformis (skin form of celiac disease), which manifest as an itchy rash on the elbows, knees and buttocks, are also one of the signs of the disease.

The involvement of other organ systems is less frequent, which may in fact cause even longer diagnostic delays. Patients often seek medical attention for

sa, motena funkcija vranice s posledično oslABLJENO odpornostjo proti določenim bakterijam, slabše delovanje trebušne slinavke in okvare srca v smislu miokarditisa, ki lahko povzročijo oslABITEV črpalne funkcije srca. Podobno lahko pride do mišičnih krčev ali bolečin v mišicah zaradi pomanjkanja kalija, kalcija ali magnezija.

Večji problem predstavljata osteoporoza in osteopenija z zmanjšano mineralno gostoto kosti, ki se posebej pogosto pojavita pri odraslih bolnikih s klinično sliko malabsorpcije in pri bolnikih z dolgotrajno aktivno boleznijo. Pomembno je, da so v mnogih primerih spremembe trajnejše narave in predstavljajo pomembno tveganje za patološke zlome. Enako resne so lahko tudi nevrološke težave. Pogosti glavoboli so običajno povezani s pomanjkanjem železa. Prisotne so lahko tudi motnje razpoloženja in obnašanja, kot so hiperaktivnost, problemi s koncentracijo, utrujenost in depresija. Tako otroci kot tudi odrasli so lahko razdražljivi in imajo težave v medosebnih odnosih. Bolnike pogosto pošljejo k psihologu ali psihiatru, preden prepoznajo celiakijo. Okvara živčevja se lahko pojavi zaradi pomanjkanja vitaminov, še posebej vitamina B12 ali ostalih elementov v sledovih, lahko pa nastane tudi zaradi imunskih mehanizmov. Zelo resen nevrološki zaplet je ataksija – posebna oblika motnje gibanja, ki je posledica degenerativne bolezni malih možganov. Ko se pojavijo ti zapleti, običajno brezglutenska dieta le zelo malo ali pa sploh ne pripomore več k izboljšanju stanja.

Med zelo pomembne zaplete celiakije sodijo tudi težave z reprodukcijo. Večkrat je že primarno prisotna zakasnela puberteta. V odrasli dobi pa so neplodnost in spontani splavi pogosto vodilni znak pred postavitvijo diagnoze, zato bi naj parom s težavami s plodnostjo opravili presejalno testiranje za celiakijo, saj je zdravljenje z brezglutensko dieto, kadar je vzrok za težave celiakija, uspešno. Hudo poslabšanje

several years before the true cause of the problem is confirmed. These less common problems include elevated liver enzymes suggesting mild hepatitis, impaired spleen function with subsequently impaired bacterial resistance, poor pancreatic function, and heart problems in the form of myocarditis, which can lead to impaired cardiac function. Similarly, muscle spasms or muscular pain can occur due to a lack of potassium, calcium or magnesium.

Osteoporosis and osteopenia with reduced bone mineral density, particularly common in adult patients with clinical malabsorption and in patients with long-term active disease, are a major problem. In many cases, the changes persist and present a significant risk of pathological fractures. Neurological problems can be equally serious. Recurrent headaches are usually associated with iron deficiency. Mood and behavior disorders such as hyperactivity, concentration problems, fatigue, and depression may also be present. Both children and adults can be irritable and have problems in interpersonal relationships. Patients are often referred to a psychologist or psychiatrist before celiac disease is recognized in these cases. Nervous system involvement can be caused by a lack of vitamins, especially vitamin B12 or other trace elements, but can also be due to immune mechanisms. Ataxia is a serious neurological complication – a particular form of movement disorder that results from degenerative disease of the cerebellum. When these complications occur, a gluten-free diet may be of little or no help in improving the condition.

Reproductive problems are also very important complications of celiac disease. Delayed puberty is a frequent finding. However, in adulthood, infertility and miscarriages are often a leading sign before diagnosis, therefore couples with fertility problems should be screened for celiac disease and treated appropriately if the disease is confirmed. Severe deterioration in

zdravja mater po rojstvu otroka je tipična značilnost celiakije pri mladih ženskah z neprepoznano ali nezdravljeno celiakijo. Zaradi malabsorpcije hranil je že nosečnost veliko breme za telo. Med dojenjem pa mora materino telo proizvesti približno liter mleka dnevno, kar predstavlja dodatno veliko izgubo beljakovin.

Najresnejši zaplet celiakije pa je nedvomno razvoj malignih bolezni, predvsem limfoma črevesja. Čeprav do takšnega zapleta pride zelo redko, je smrtnost zelo visoka.

Edini način zdravljenja celiakije in s tem tudi preprečevanja razvoja resnih dolgoročnih posledic bolezni je izredno stroga vseživljenjska dieta brez glutena, ki privede do izboljšanja klinične slike, normalizacije nivoja za celiakijo značilnih protiteles v krvi bolnikov in normalizacije črevesne sluznice.

Gluten je izraz, ki ga uporabljamo za opis beljakovinskega kompleksa, ki vsebuje različne proteine, med katerimi so le nekateri škodljivi za bolnike s celiakijo. Pri pšenici je tako škodljiv gliadin, pri ječmenu hordein in pri rži sekalin. Za bolnike s celiakijo škodljivi gliadin se nahaja v vseh oblikah pšenice, torej tudi v piri, kamutu, enozrnici in drugih »pra-pšenicah«, zato jih bolniki s celiakijo nikakor ne smejo uživati. Bolnikov naj ne zavede izraz »varna« količina glutena v hrani. Varna količina glutena pri bolnikih s celiakijo ne obstaja in vsi napor bi naj težili k popolni odstranitvi glutena iz prehrane.

Vedeti pa moramo, da so beljakovine, kot so gliadin, hordein in sekalin, primarno škodljive predvsem za bolnike s celiakijo, pri drugih preobčutljivostih na žita pa so za težave, ki jih navajajo bolniki, lahko odgovorne druge beljakovine ali celo druge snovi, ki jih vsebuje zrnje žit. Prav tako je pomembno vedeti, da lahko izključitev žit še pred obiskom zdravnika prepreči postavitve pravilne diagnoze, hkrati pa lahko prehod na dieto nekoliko zmanjša bolnikove težave,

maternal health after childbirth is a typical feature of celiac disease in young women with unrecognized or untreated disease. Due to the nutrient malabsorption, pregnancy represents a huge burden for the body. However, during breastfeeding, the mother's body must produce about a liter of milk a day, which is an additional cause of major protein loss.

The most serious complication of celiac disease that must be mentioned is the development of malignancies, especially intestinal lymphoma. Although this complication is very rare, its mortality rate is very high.

The only efficient way to treat celiac disease and therefore to prevent the development of serious long-term consequences of the disease is an extremely rigorous, lifelong gluten-free diet that leads to improved clinical picture, normalization of celiac disease specific antibody levels in patients' blood and normalization of the intestinal mucosa.

The term gluten is used to describe a protein complex containing various proteins, some of which are harmful to patients with celiac disease. In wheat this protein is named gliadin, in barely hordein and in rye secalin. For patients with celiac disease, harmful gliadin is found in all forms of wheat, including spelt, Khorasan wheat, einkorn, and other »ancient grains«, so patients with celiac disease should exclude them as well. Patients should never be misled by the term »safe« amount of gluten in the food. There is no safe amount of gluten for patients with celiac disease and every effort should be made to completely remove gluten from the diet.

However, it should be borne in mind that proteins such as gliadin, hordein and secalin are primarily harmful to patients with celiac disease, and that with other food hypersensitivities other proteins and food substances found in cereals may be harmful. It is also important to know that excluding cereals before visiting a doctor can prevent the correct diagnosis. At the

čepprav gre za kakšno drugo hudo bolezen. V teh primerih marsikateri bolnik zaradi delnega izboljšanja niti ne obišče zdravnika, bolezen pa navkljub temu napreduje in ko se težave ponovno pojavijo, je osnovna bolezen lahko že preveč napredovala.

Prav zaradi vsega naštetega moramo bolnike s preobčutljivostjo na žita vedno obravnavati zelo skrbno in jim predlagati takšno dieto, ki bo zanesljivo preprečila razvoj težav. Zato je pomembno, da vse bolnike s preobčutljivostjo na žita redno vodijo za to usposobljeni strokovnjaki, ki poznajo vse podrobnosti diete brez glutena oziroma brez nekaterih žit.

doc. dr. Jernej Dolinšek, dr. med.

same time introduction of an exclusion diet can slightly reduce a patient's problems, even in case of severe underlying illness. In these cases, many patients do not choose to see a doctor because of this improvement, but when the disease inevitably progresses and the problems recur, the underlying illness may already have progressed too much.

For all these reasons, patients with hypersensitivity to cereals should always be treated with great care and offered a specific diet that will reliably prevent the development of any complications. It is therefore important that all patients cases are managed by trained specialists who are familiar with all the details of a gluten-free or cereal-free diet.

Assist. Prof. Jernej Dolinšek, MD, PhD

POLENTA S KORENČKOM IN Z BUČKAMI

Sestavine za polento:

100 g koruznega zdroba
250 do 300 ml vode
100 g korenja

50 g naribane mozzarelle
malo oljčnega olja
malo soli

in

100 g koruznega zdroba
250 do 300 ml vode ali tekočine od bučk
150 g bučk cukini

50 g naribane mozzarelle
malo oljčnega olja
malo soli

Dekoracija kuhane polente:

150 g sira mozzarella
150 g drobnega paradižnika
sveža bazilika

V slan krop, ki mu prilijemo olje, stresemo med mešanjem koruzni zдроб. Če je masa pregosta, ji dodamo po potrebi še vode. Kuhamo na zmerni temperaturi ob stalnem mešanju cca. 20 minut. Dodamo nariban korenček in kuhamo še 5 minut. Na koncu primešamo še nariban sir in malo oljčnega olja, da je polenta bolj voljna. Še toplo polento porazdelimo po namaščenem pekaču v velikosti 20 × 20 cm in višine 10 cm. Pečač lahko obložimo tudi s papirjem za pečenje, da jo lažje vzamemo iz pekača.

Nato skuhamo polento z bučkami in še toplo porazdelimo po korenčkovi polenti. Bučke naribamo, posolimo in iztisnemo vso tekočino. Tekočino uporabimo

POLENTA WITH CARROTS AND ZUCCHINI

Polenta ingredients:

100 g polenta (cornmeal)
250 g to 300 ml water
100 g carrots

50 g grated mozzarella
olive oil
salt

and

100 g cornmeal
250 to 300 ml water or zucchini liquid
150 g zucchini

50 g grated mozzarella
olive oil
salt

Decoration:

150 g mozzarella
150 g cherry tomatoes
fresh basil

Bring salted water to boil, add a little olive oil and, while stirring, pour in the cornmeal. If the mixture is too thick, add more water. Continue to stir and let simmer at moderate temperature for about 20 minutes. Add grated carrots and cook for a further 5 minutes. Finally, add grated cheese and a bit of olive oil to make polenta more malleable. While still warm, spoon the polenta over a greased baking pan of 20 × 20 × 10 cm. Alternatively, cover the pan with baking paper to ease the transfer later.

Cook polenta with zucchini next and spoon it over the carrot polenta while still hot. Grate the zucchini, salt them and squeeze out all the liquid. Use liquid in pla-



namesto vode in na njej skuhamo zeleno polento po enakem postopku. Solimo po okusu.

Na koncu ponovno skuhamo korenčkovo polento. Med plasti lahko naribamo malo mozzarelle, da se plasti bolj zlepijo.

Če imamo koruzni instant zдроб, skuhamo po navodilu proizvajalca in čas kuhanja prilagodimo navodilom. Ohlajeno polento narežemo na pravokotnike in ovijemo v tanke rezine blanširanih bučk. Na vrhu okrasimo s polovico kroglice mozzarelle in paradižnika.

Odlična priloga je skleda motovilca ali mešane solate.

ce of water when cooking the green polenta, following the same procedure as above. Salt to taste.

Finally, prepare carrot polenta again. You can grate some mozzarella between the layers to make them stick together more.

When using instant cornmeal, follow the manufacturer's instructions and adjust the cooking time accordingly. Cut cooled polenta into slices and wrap them in thin slices of blanched zucchini. Decorate with half a mozzarella ball and tomato.

A bowl of corn salad or mixed greens is a perfect side dish.

KVINOJIN KRUH

Sestavine:

300 g kvinojine moke
3 žlice soka limone
8 g sladkorja
5 g soli
8 g kvasa
300 ml vode
120 g semen (sončnice, lan)

Moko, semena, sok limone, sladkor in vodo dobro premešamo, posodo pokrijemo in pustimo na toplem (25 °C) vsaj 2 uri. Masi dodamo v dveh žlicah vode razmočen kvas in sol in s kuhalnico dobro premešamo. Namaščene modele velikosti 21 × 11 × 7 cm napolnimo 1 cm pod robom, z mokro žlico pogladimo površino in vzhajamo pri sobni temperaturi 2–3 ure, da je model poln. Model damo v mrzlo pečico, pečemo 60 minut pri 180 °C. Po peki kruh zavijemo v vlažno krpo, režemo ga, ko se dobro ohladi.

QUINOA BREAD

Ingredients:

300 g quinoa flour
3 tablespoons lemon juice
8 g sugar
5 g salt
8 g yeast
300 ml water
120 g seeds (sunflower, linseed)

Thoroughly mix flour, seeds, lemon juice, sugar and water, cover the bowl and leave to rest in a warm place (25 °C) for 2 hours. Mix yeast with two tablespoons of water, add it to the flour mixture along with salt and stir well with a wooden spoon. Spoon the dough into greased dish of 21 × 11 × 7 cm, filling them to 1 cm below the top. Smooth the surface with a wet spoon and set aside to rise for 2–3 hours at room temperature, until the dish is full. Place the dish into a cold oven and bake at 180 °C for 60 minutes. When baked, wrap the bread with a wet cloth and only cut it when it cools completely.

