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he only thing more annoying than listening to someone complain about a bad rash is having one—and I speak from experience. About a year ago, I began to wonder if I was allergic to my life.

It happened gradually—a small eruption here, redness and irritation there—but within months, most of my body was covered with an itchy, red rash that was impossible to ignore, and a real challenge to keep quiet about. My skin was hideous to look at, and uncomfortable to live in. I'd seen a couple of doctors (diagnosis: "sensitive skin"), switched to hypoallergenic laundry products, changed shampoos and conditioners, and ended my relationship with my dry cleaner—all to no avail. It kept getting worse. So it was in extreme frustration that I presented myself to yet another physician, Stamford dermatologist Stephanie Dietz, and begged for relief.

Dr. Dietz was sympathetic, reassuring and thorough. Prescription creams soothed the rash, blood tests ruled out

Allergic to Life

It's in the water, the air, the food we eat, the products we use every day. And, increasingly it's in us, too.

all the scary or sinister potential causes, and within a month, a fairly straightforward allergy test demonstrated that I did, indeed, have sensitive skin—so sensitive, in fact, that it seemed managing the problem might become a part-time job. Antagonists included such surprising offenders as my jewelry and my diet, as well as many of the products in my bathroom cabinets. The most "relevant" reaction (the substance to which I had the strongest allergic reaction) was nickel. Given the extent of the rash on my hand and wrist, I wasn't all that surprised to hear I was going to have to ditch my favorite watch—but I hadn't expected to hear that such "healthy" staples of my diet as lettuce, whole-grain breads and salmon (all foods with a high nickel content) might have to go as well. I also proved allergic to several chemicals, including Quaternium-15, found in many shampoos, soaps and cosmetic products; p-phenylenediamine (used in hair dyes); and, to a lesser degree, formaldehyde, which is in automobile exhaust, nail polish and remover, synthetic fabrics, and numerous other things I was going to have a difficult time avoiding.

I was horrified to realize that my newly diagnosed allergies made me a part of the population that calls itself

By Nicole Wise
Illustration by Alicia Buelow

"chemically sensitive." It's one of those health problems people seem to have difficulty keeping to themselves. I feared that I was in danger of becoming one of those difficult types you dread inviting into your home—you know, they can't eat this or that; they ask you to keep the cat outside and please remove all the magazines with fragrance inserts from your coffee table; they proselytize about the evils of modern-day life in a chemical society. I'm health-conscious, but also a woman of my times—fond of dabbing on perfume, visiting the nail salon, dining at fine restaurants that sweeten their restrooms with chemical air fresheners. What, I wondered, was this going to mean to my life?

In thinking about health, it is sometimes helpful to stand back and look at our modern-day existence from a distance. Our bodies weren't designed for contemporary life. Many chronic health problems, like hypertension and obesity, stem from that fact. It's why we find ourselves running in place on a treadmill to make up for the fact that we aren't hunting for food; why we get a rush of adrenaline when we have a near-miss car accident; and why our bodies rebel when we require them to process substances they weren't designed to process. It's clear that most of the dramatic increase in asthma cases today is related to pollution. It is a simplistic explanation, to be sure, but it makes sense that our health and well-being are affected by environmental factors, like food, skin-care products and the unclean air we breathe.

The term "environmental medicine" refers to the impact that the environment has on human health and well-being. The physicians who are members of the American Academy of Environmental Medicine (AAEM), a relatively small group dealing with a problem of potentially enormous scope, subscribe to the belief that the human body copes with its ever-changing environment through a number of "inherited, built-in, complexly interacting, and usually reversible biological mechanisms and systems." (Read: Our bodies are designed to react to what we put in them.)

In short, says Warren M. Levin, M.D., of Wilton, whose Integrative Medicine of Connecticut is recognized as a major center of environmental medicine here in the state, "Just about any symptom that the human body is capable of producing can occur as a result of environmental exposure." And in truth, a bad rash is among the least of the problems one could develop. The list of disorders that the AAEM includes in its rundown of environmentally linked health problems is an impressively inclusive one. It has all the obvious culprits, for example, asthma, skin problems, gastrointestinal disorders, migraine headaches, and ear-nose-and-throat irritation and infection, but also such surprises as heart disease, Alzheimer's disease, endometriosis, schizophrenia, multiple sclerosis and chronic medical conditions.

Many might dispute some of these connections and research findings are far from definitive. But the issue of environmentally linked health problems is getting an increasing amount of attention from the medical community, and from consumers—and, as you might expect, not all of it is positive.

It is a controversial area, this business of "multiple chemical sensitivities." On one side are those (though perhaps not many) who trust the U.S. government and the chemical companies to make certain our world is safe; on the other are those (again, a relative few) who believe it's all about profit, and that corporate America doesn't care how much harm chemicals might cause to humans so long as the products move off the shelves. Plug the term "multiple chemical sensitivities" into an Internet search engine and lots of entries pop up, many from legitimate medical resources such as Medline and the Mayo Clinic. Others appear from retailers marketing chemical-free products and more than a few from individuals who have moved to (computer-equipped) log cabins in the woods and declared war on American society, the chemical industry and any and all of those who have dared to spray themselves with a fragrance-enhanced product.

The medical journal *American Family Physician* defines the term "multiple chemical sensitivity" (or MCS) as a "syndrome in which multiple symptoms reportedly occur with low-level chemical exposure." Interestingly, the admittedly angry Web site ourlittleplace.com offers a definition that is only slightly stronger: "basically a subset of environmental illness which is caused by living in a toxic world."

MCS is a problem the medical world treats gingerly. It is neither an accepted diagnosis (the AMA, the EPA and the American College of Occupational and Environmental Medicine have issued statements to the effect that "we don't think it exists") nor total hogwash. Physicians acknowledge that the patients they see are suffering greatly from symptoms that seem to cluster around exposure to specific chemicals, but they disagree widely on whether there is an actual syndrome at work, and on how to treat it. Some believe the exposures are toxic, some approach the problem as one of "neurobiologic sensitization" (meaning that certain individuals develop increasing neurologic sensitivity to chemicals over time), and an increasing number see the problem as one that is related to allergy.

The idea of MCS as an allergic reaction to foreign substances makes sense. In simple terms, the body rejects something to which it has been exposed by reacting in a number of different ways, ways that in turn are affected by an individual's genetic makeup. Some people react to substances that others are able to tolerate comfortably, while some develop a sudden reaction to things that they have previously tolerated.

"Humans tolerate risk all the time, and different people have different reactions," says Kalman Watsky, M.D., section chief of dermatology at the Hospital of St. Raphael in New Haven and a clinical professor

It's one of the touchy health problems that people often have trouble keeping to themselves.



of dermatology at the Yale University School of Medicine. "We have always lived with allergens; they are part of life." People can be allergic to naturally occurring substances—pollen, for instance—or to man-made ones, like Quaternium-15. "We think of the skin as a protective organ," notes Watsky, "but it is also an immunologically active one. Many people with multiple chemical sensitivities have an immune system that is, basically, in an active state of alert."

Adds Dr. Levin, "There is a total load our immune system is capable of handling without developing any symptoms. When you exceed that total load [either due to outside stressors or because a certain level of exposure to an allergen is exceeded], the spillover becomes the allergic manifestation. The problem is, there is a tendency to look at the last thing you were exposed to and say, 'This is what I am allergic to.' But you need to also look at the other things that have been filling up the reservoir.

"Environmental medicine is really an alternative approach to allergy," he continues. "As environmental specialists, we are very sensitive to the fact that there are chemicals in our environment that produce an allergic reaction in some people. The problem is, it is not always the case. There are also other causes for most of these symptoms, and as a physician I have to think about all the usual considerations in addition to allergy. Someone comes in with, say, arthritis. Does he have Lyme disease, or might this be an allergic problem?"

"The principles of environmental medicine represent some of the most important foundations of my practice. With every patient that I see, I constantly remind myself that the picture may well be colored by environmental factors."

Unfortunately, the picture is often clouded by other issues too. Approximately half of those individuals who believe that they have MCS also have symptoms of anxiety or depression, which begs a "chicken-or-egg" sort of question. Are they anxious and depressed because they are overwhelmed by their symptoms, or are anxious and depressed individuals more likely for some reason (like having a depressed immune system) to be chemically sensitive?

Additionally, an estimated 85 to 90 percent of MCS sufferers are women, whose complaints have traditionally been taken less seriously by the medical world, although there is evidence that this is

improving. Still, these factors may lead some physicians to take less seriously the sorts of complaints that should raise a red flag.

I was fortunate that my complaint was taken seriously. I was, of course, grateful to learn what was causing my symptoms and willing to make the necessary alterations to my life. I loved that watch, but not enough to suffer for it. The dietary changes proved a challenge, but part of me was thrilled to have an excuse to go back to buying products made with white flour. I packed my reading glasses and spent a solid hour at the supermarket, carefully perusing the fine print on the labels in the health and beauty-aids department, looking for products that wouldn't irritate my skin. The lifestyle changes proved easy enough to make, my symptoms subsided fairly quickly—and to my surprise, I began to feel better overall, more upbeat and energetic, less prone to headaches.

In the end, I'm happy to report, I did not have to change much about the way I was living. I've been told that my experience is fairly typical; likely triggered by an overloaded immune system, my body suddenly began to react to substances I'd previously tolerated well. To get back to normal, I had to avoid exposure to my personal toxins as completely as possible for about six months and now have to be merely careful. I can "cheat" by occasionally ordering a salad or indulging in a few slices of whole-grain breads (really living it up, aren't I?), but I generally try to steer clear of products likely to cause problems.

In this I am not unusual, but I am lucky. Others who don't find relief so readily or have chronic problems that are even more difficult to cope with may feel that they have no choice but to fight the hard and public battles against what they perceive as the overuse of chemicals in our society. It's tempting to dismiss them as wild-eyed extremists, but that would be a mistake. The truth is, we ought to think long and hard about what harm we might be doing to our bodies—as well as to our environment—when we eat and drink, work and play in a world that we keep altering for our own pleasure and convenience.

"Not only is it about common sense, but there is a great spiritual issue involved here," says Levin. "We should stand in awe of nature and realize that what we have done to this world in the last half century has changed our environment more than anything in the previous 500,000 years!

"We are foolish if we think that we can do that without paying a price." ■

