

The Human Ecology Foundation of Canada

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ALLERGIES, ECOLOGICAL ILLNESS AND MENTAL HEALTH

A TALK BY

DR. LYNN MARSHALL, M.D.

SPONSORED BY
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THE HUMAN ECOLOGY FOUNDATION OF CANADA

ALLERGIES AND ECOLOGICAL ILLNESS CAN CAUSE HYPERACTIVITY,
ANXIETY, AND DEPRESSION. CONVERSELY, IT IS IMPORTANT FOR
ALLERGIC PERSONS, AND THEIR FAMILIES AND FRIENDS, TO HAVE
A GOOD MENTAL ATTITUDE IN COPING WITH THE PROBLEM.
DR. MARSHALL WILL DISCUSS THESE SUBJECTS AT THE

ASSEMBLY HALL, MCNABB COMMUNITY CENTRE
180 PERCY ST.

8:30 PM, WEDNESDAY, APRIL 28, 1982

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NO PERFUMES:::NO SMOKING:::NO AFTER-SHAVE
MANY MEMBERS ARE HYPERSENSITIVE TO THESE PRODUCTS

TURN

DR. LYNN MARSHALL

Dr. Lynn Marshall is experienced in the fields of both physical and mental health. She received her M.D. Degree from Queen's University in Kingston in 1966. After three years as a G.P. she specialised in occupational health and preventative medicine.

Beginning in 1979, Dr. Marshall studied family therapy at the Royal Ottawa Hospital and the Children's Hospital of Eastern Ontario. She studied clinical ecology in Colorado, Florida, and Hamilton. These last two disciplines, family therapy and clinical ecology, form the basis of her current practice in Arnprior, Ontario.

WHAT IS ECOLOGICAL ILLNESS?

People who are ecologically ill are no longer able to adapt well to common exposures in their everyday environment. They may develop a variety of chronic or acute symptoms that are brought on by substances in the air, in food, or in water.

Natural inhalants such as pollens, dust and moulds, and even natural foods may begin to affect people adversely. This aspect of the condition is often referred to as allergy. But the many synthetic chemicals that are now common around us can also cause symptoms, and overexposure to these can trigger ecological illness even in those with no history of allergy or other sensitivity to the environment.

Symptoms may be mild and merely annoying, or they may become severe enough to interfere with a person's daily activities, family life and career.

WHAT IS THE HUMAN ECOLOGY FOUNDATION?

The Human Ecology Foundation of Canada is a charitable organization which helps people with ecological illness, by:

- providing information
- counselling people on changes of lifestyle that may alleviate symptoms
- finding sources of chemically less-contaminated food, water, clothing and household furnishings
- educating others
- encouraging physicians to become involved
- promoting research
- promoting a healthier, less-polluted environment

Thank you for asking me to speak to the Human Ecology Foundation. I think our organization is facing a very challenging time. In this century there has been such unprecedented change in our environment, and we humans are having to cope with so many things we have never been exposed to before. Besides the amazing social changes which have taken place in one generation, our air, our food, our water, our clothing, our households are all filled with newly synthesized chemical compounds. Everyone has to adapt to these, but some of us seem genetically better able to do so than others. We who are already having difficulty adapting can view ourselves as weaklings or as the watchdogs for society. To me it is much more positive to view ourselves as watchdogs and bark long and hard as patients who are suffering and who are looking for better solutions. We physicians are starting to have some clues, but we certainly don't have magical answers to proclaim to the world.

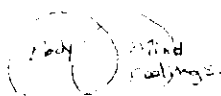
When I speak of adaptation, I mean the ability of the organism to adjust to changing circumstances of its existence.

Hans Selye noted there were three ^{evolutional} stages to adaptation depending on the dosage and intermittency of exposure to the stimulus. The three stages are preadaptive or alarm stage, the adapted or ~~the~~ resistance stage, and the post-adaptive or exhaustion stage. Allergy or altered reactivity and ecological or environmental illness occurs in this final stage when the body's resources for adapting have been depleted.

Is allergy and ecological illness psychosomatic? The answer I feel depends on the definition of psychosomatic. The dictionaries generally offer two meanings. One is psychogenic or having bodily symptoms or bodily and mental symptoms of psychic, emotional, or mental origin. The other is pertaining to the mind body relationship, relating to, involving, or resulting from the inter-action between mind or emotions & body.

In answer to the question with the first definition I would have to say a qualified no. All ecological illness definitely does not have a purely psychological origin. However, in the second definition I would say yes. But I would say yes to any disease, any altered state of health.

We are whole human beings, with body and minds including feelings and emotions which are integrated.



For example, if an influenza virus invades your body, you will experience physical symptoms of fever, chills, aching muscles, perhaps nausea and vomiting. At the same time, you will find it hard to concentrate on studying for an exam or doing any original detailed thinking. You will not be feeling joyful, but rather down or despondent.

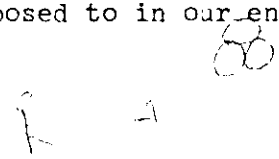
What if you then failed your exam, and became very despondent, that might make it harder for your body defence system to rout the virus because then it is not only contending with the virus, but also with depression.

These two facets of us humans are inseparable. They always affect each other. If life is going along quite smoothly and pleasurably for someone, they will be less likely to succumb to a virus or other illness. If someone does have an accident or succumb to an infection or be exposed to an overdose of a toxic chemical, it will be much more difficult for them to think about their work and that will undoubtedly be very distressing to them emotionally.

Therefore I think trying to discover if an illness is purely physical or "functional" ~~or~~ emotional in origin is silly. True one or the other may have been the initial trigger, but because they are bound up so closely, removing the trigger will probably not in itself be enough to cure the illness.

I would see illness as multifactorial and the search for relief becomes a search for factors which are most prominent and factors which are most readily dealt with

It is as if we humans live on a teeter totter trying to hold up our end with all the things we are exposed to in our environment. (Draw diagram).



The body has an intricate immune defence system which recognizes what substances it can adapt to and make use of and in what amounts. There are many different mechanisms, both anatomical and chemical, which constitute the human adaptational response. We are ^{beginning to identify the nature of help from} ~~only~~ ^{beginning} beginning to identify, much less understand them.

When the body's defence mechanisms are exhausted, and maladaptation begins, the signs and symptoms can appear in any body system, and often more than one body system will be affected. Whenever ~~particular~~ particular body systems are affected, symptoms will

generally be similar no matter what the cause, although there seem to be certain patterns of symptoms which enable Drs. to determine the most important factors.

In maladaptation there tends to be either stimulatory ⁺ or withdrawal ⁻ type responses with corresponding symptoms. (Show the poster & read.)

It is most desirable for us to keep behaviour on an even keel. However, while adapting, one tends to remain stimulated although relatively symptom free. People influence adaptation to things in their environment by scheduling frequency and the amount of exposures. Eventually, the person's defence or adaptational system can no longer adapt and there is a transition from a predominantly adapted to a mainly maladapted response and this is the apparent onset of the illness. Also, if there is a sudden increase in the total load of specific substances to which the person is attempting to adapt, maladaptation may be precipitated.

Then the impact ^{of} regularly scheduled exposures is increased, and the person becomes hyperactive, irritable, hungry, and thirsty. ⁽⁺⁺⁾ This stimulatory phase then tends to become shorter and to be replaced by a withdrawal phase. The person then consciously or unconsciously tries to relieve the withdrawal phase by increasing the frequency of exposure and the amount per dose. The most common example for this are dying for a cup of coffee or cigarette, craving for common foods or alcoholic beverages (which carry the active principles of the foods from which they are derived).

There may then be alternation of predominantly stimulatory and withdrawal symptoms back and forth like a yoyo.

As you can see in this chart, many different symptoms can be produced, affecting both the psyche and the soma.

Then another whole chain of circumstances can be set off. I am in an unique position in my practice to be able to see these chains of circumstances and to study them. I feel I am only just beginning to learn. I would like to share with you some of my preliminary observations.

(I lived in Australia where girls are called 'sheilas')

Let's start with a person called Sheila who has been unable to tolerate milk over the last two months, and is unconsciously trying to feel better (by relieving the withdrawal symptoms,) by drinking more milk.

TABLE 12-1
 PRINCIPLE CLINICAL FEATURES OF VARIOUS STIMULATORY
 AND WITHDRAWAL LEVELS OF ECOLOGIC
 DISTURBANCES

Directions:		Start at zero (0)
		Read up for predominantly Stimulatory Levels
		Read down for predominantly Withdrawal Levels
++++	MANIC WITH OR WITHOUT CONVULSIONS	Distraught, excited, agitated, enraged and panicky. Circuitous or one-track thought, muscle twitching and jerking of extremities, convulsive seizures, and altered consciousness may develop.
+++	HYPOMANIC, TOXIC, ANXIOUS, AND EGOCENTRIC	Aggressive, loquacious, clumsy (ataxic), anxious, fearful and apprehensive; alternating chills and flushing, ravenous hunger, excessive thirst. Giggling or pathological laughter may occur.
++	HYPERACTIVE, IRRITABLE, HUNGRY, AND THIRSTY	Tense, jittery, hopped up, talkative argumentative, sensitive, overly responsive, self-centered, hungry and thirsty, flushing, sweating and chilling may occur as well as insomnia, alcoholism, and obesity.
+	STIMULATED BUT RELATIVELY SYMPTOM FREE	Active, alert, lively, responsive and enthusiastic with unimpaired ambition, energy, initiative and wit. Considerate of the views and actions of others. This usually comes to be regarded as "normal" behavior.
0	BEHAVIOR ON AN EVEN KEEL, AS IN HOMEO- STASIS	Children expect this from their parents and teachers. Parents expect this from their children. We all expect this from our associates.
—	LOCALIZED ALLERGIC MANIFESTATIONS	Running or stuffy nose, clearing throat, coughing, wheezing, (asthma), itching, eczema and hives), gas, diarrhea, constipation (colitis), urgency and frequency of urination, and various eye and ear syndromes.
— —	SYSTEMIC ALLERGIC REACTIONS	Tired, dopey, somnolent, mildly depressed, edematous with painful syndromes (headache, neckache, backache, neuralgia, myalgia, myositis, arthralgia, arthritis, arteritis, chest pain), and cardiovascular effects.*
— — —	DEPRESSIONS AND DISTURBED MENTATION	Confused, indecisive, moody, sad, sullen, withdrawn, or apathetic. Emotional instability and impaired attention, concentration, comprehension, and thought processes (aphasia, mental lapse, and blackouts).
— — — —	SEVERE DEPRESSION WITH OR WITHOUT ALTERED CONSCIOUSNESS	Nonresponsive, lethargic, stuporous, disoriented, melancholic, incontinent, regressive thinking, paranoid orientations, delusions, hallucinations, sometimes amnesia, and finally comatose.

*Marked pulse changes or skipped beats may occur at any level.

This particular morning Sheila can hardly drag herself out of bed. She has a headache, her head feels like it is full of cotton wool, her joints are stiff and sore and before she can go and grab a glass of milk so that she will feel a little better, John, her husband, says, "Sheila, where are my blue socks?"

She thinks, "I just can't cope with one more thing (she's right). Can't he see that? He mustn't care very much for me if he can't see that". So she snaps back at John, "Why can't you ever find anything? I have to do everything around here."

John says, "What do you mean I don't do anything? Who puts the bread on the table? Who fixes the car? (How can she say that? I think I do my share)!"

Sheila says, "You so and so. You never help me with the vacuuming, the laundry."

John, "You think I should have to do everything! You're nuts!" He then stomps off to work thinking she sure doesn't care about me much if she can insult me like that.

Sheila, who's feeling rotten and who has just been to her family doctor yesterday who said, "I can find nothing wrong with you," starts thinking maybe I am nuts. At the very least I'm useless. I can't do my usual work. The doctor says there is nothing wrong. It must be all in my head. John doesn't want to help me - he doesn't care. Maybe it's his fault - no wonder I'm sick if I have to live with such a rotten guy.

In other words, the difficulty with Sheila's feeling ill has spread to her husband. He's gone to work with a queasy feeling in his stomach which is more than a lack of breakfast. It is not hard to see that Sheila is not going to be so effective in mothering her children or performing her job nor is John. Since there is now a distance between them, they are not going to be able to do effective parenting. The children recognize something is wrong and may think it is their fault. They then may develop symptoms of their own. You can see how easily it can escalate.

Sheila meanwhile begins to feel worse - she may even be dying, but on return visits to her doctor he thinks her symptoms may be due to "her nerves". She isn't really surprised to hear this because she has been thinking it already, but when she takes the pills he's prescribed, she feels even more tired. She stops these and decides she's imagined it all and tries to carry on as if she feels fine.

Eventually, a friend tells her about a doctor who does testing for environmental susceptibilities and there she discovers she is hypersensitive to milk, corn, sugar, ..5

tobacco smoke, cat, dust, and mold.

The doctor suggests the avoidance measures necessary for Sheila's health to improve are removing the cat (it's a family pet, a favorite with the kids), extra cleaning of the house and removal of house plants to get lower dust and mold (she's already so tired that the thought of doing extra vacuuming or arranging to get rid of the plants overwhelms her completely), not having any smoke in the house (it's the dead of winter and John would have to quit or go outside to smoke), and following a rotary diet (that she doesn't know how she is going to organize it, or afford it on a limited food budget, and John and the kids aren't keen on this "dumb diet" with all these new foods).

In other words, adjusting to the treatment regimen with it's attendant lifestyle changes can add another major load to the end of the teeter totter. "How does husband John respond to this?" He may say to himself, "Is she really that sick? What if she dies? Is it my fault? What are we going to do? I don't think I can manage ~~on~~ all these restrictions. Why can't life be like it used to be? She can't be that sick." He may say to Sheila, "I think that doctor is a quack."

What a depressing picture. What can we do about this mess?

Ecologists have found that supporting the body's defences with nutritional supplements, and lowering the load of substances to which we have to adapt, does permit gradual recovery of the adaptational system with a regaining of health.

However, in order to avoid adding to the load with terribly difficult treatment regimens, there has to be a working out between patients, family, and physician what seem to be the most important factors in the illness and the most easily altered. There certainly ^{needs} ~~seems~~ to be gradual exploration and experimentation to learn the most appropriate lifestyle.

Unfortunately, there are very few physicians trained in this branch of medicine as of yet, but it may be possible to manage quite well with a flexible family physician and a consultant ecologist.

Most people, their family and their friends, when initially faced with chronic illness will use Denial of the illness and possible outcome of it out of fear and guilt. They may also try to place the blame onto someone near to them. These defences of course, .6

prevent the search for constructive solutions. If however, there is open acknowledgement of the illness and recognition and verbal expression of justified feelings of sadness, frustration and fear by patient and family alike, it opens the way for support of each other which may offer considerable relief. If these feelings are kept being kepted bottled up inside they are another load. In our example, if John says, "Where are my blue socks?" Sheila says, " You know, I just feel so rotten I don't even think I can get up and help you look." John says, "You really feel that bad? It must be so hard to do anything." Sheila, "It is. I can't think straight. I haven't got any pep at all." ~~XXXXXXXXXXXX~~ John, "That's awful. Anything I can do?" Sheila, "Could you have a look in the third drawer under the shirts, I might have stuck the socks in there by mistake."

Notice the frequent use of I. I feel, I think. There are no "you nevers" or "you shoulds". It should be noted that in a ^{testing} testing to cope with ecological illness, dysfunctional patterns may arise or be worsened in a family.

For example, with John and Sheila, perhaps they ~~had~~ not developed a pattern of clear communication of feelings to each other and of problem solving. They have managed at times of lesser stress, but not now.

It seems to be very important to look at what's not working ~~xx~~ in interpersonal relationships and find new methods which work better. This may be done with self help books or with the assistance of a counsellor.

If there is sharing of feelings with friends, minister, and extended family, they can give similar support and may have helpful suggestions ~~from~~ management.

Another example of this opening up process is if John said to Sheila, "I get scared when I think of you having this illness because I don't even understand it or what is going to happen," and she can say "Yes, me too." "What if we ask Dr. So and So for something to read about it. He did say we could join the Human Ecology Foundation and we'd meet other people with ~~the~~ similar problems.

Having an organization like this can be ~~a~~ tremendously supportive and the sharing of observations and information by other families ~~xxxxxxxxxxxx~~ on how they manage can help to discover new methods of dealing with the various problems encountered. Meeting other

people who are getting better can be a tremendous boost. Of course, the organization can also campaign for a cleaner environment and better services.

That's the barking I was talking about.