

FOOD ALLERGY – FACT OR FANTASY?

Monica M. Placzek, Consultant Paediatrician
Royal Lancaster Infirmary, Lancaster LA1 4RP

“Monica’s rumbly tummy” had been a long-standing source of amusement amongst friends and family. It was guaranteed to break the silence during school assemblies, church services and after dinner speeches. On the rare occasions when symptoms were more severe and left me with less than my usual energy or even prevented me from having “seconds” of chocolate pudding, it was referred to as “Monica’s gut-rot”. For myself it was nothing more than an inconvenience or embarrassment. I do, however, recollect two episodes of severe gastro-intestinal pain, both of which occurred during my twenties and while out fell walking. The first was on the top of Great Gable, having stopped for a rest after completing Scafell and Scafell Pike. I experienced such severe heart-burn that I was not even able to eat a chocolate biscuit. The descent was made very gingerly as each movement exacerbated the pain. On reaching the valley I suddenly gave the most unladylike belch imaginable, the echoes of which reverberated around the mountainside, but from that instant the pain was gone and I was able to have my fill of chocolate biscuits. A similar incident occurred a few years later on the descent of the Snowdon Horseshoe, but on this occasion was accompanied by pain down the left arm and tingling in the fingers. Being a newly qualified House Physician I was convinced that I was suffering a coronary, but again all was relieved in an instant.

With the next decade came more frequent episodes of “gut-rot” which I put down to irregular, rapidly eaten hospital meals, exacerbated by the food, drink and altitude of holidays in India and Nepal. My steady fall in weight I attributed to the pressures of work and the long hours. By this time my colleagues were commenting on the “vocal insides” and the bouts of abdominal distension. Symptoms were certainly becoming worse and I frequently thumbed through the adult texts looking for causes of wind, distension, pain and irregular bowel habit. It was, however, only when symptoms began to interfere seriously with my two favourite activities – fell-walking (particularly at altitude) and eating, that I decided to seek medical advice. To my great relief the bloods, biopsies and bariums were all negative – I did not have Crohn’s disease after all. The label of “irritable bowel syndrome” with its connotations of stress and psychiatric symptoms in middle-aged spinsters was not easy to accept, but I stocked the kitchen cupboard with a variety of remedies and life continued.

There were bad times and not-so-bad times. The abdominal pain became a feature occurring after all but the smallest of meals. Things reached an all-time low during a trip to the Alps, when any major hill-walking event was accompanied by the most severe discomfort in the epigastrium, and the subsequent nausea prevented me from eating a well-earned dinner. I felt exhausted in spite of my relaxing holiday.

Once more I resolved to seek medical advice. However, events overtook me and some six weeks later I was admitted to Casualty at 5.30 one morning with angioneurotic oedema. It is perhaps worthy of comment that when I woke up at 5.00

a.m. “feeling like death” I did not appreciate the potential severity of the situation, and it was only at my husband’s insistence that I sought medical help.

There followed a few days which were a blur of pain, brief euphoria (on winning a £50 premium bond on my birthday) and trepidation, interspersed with I.V. lines, pethidine, steroids and adrenalin; and relieved by visitors, cards and flowers. I then developed an extensive erythema-multiforme rash, and still regret not having had my camera with me.

A few events remain clear in my mind – the night when my I.V. line tissued and was replaced within minutes by an extremely apologetic junior doctor – “I’m sorry, I’m the only doctor who’s free at the moment”. I was so grateful for the immediate relief given by the injection and I hope that I thanked him for coming so quickly. Relief from pain is one of the most valuable things which can be done for a patient. Other than pain I remember complaining of lack of sleep. I was therefore not very impressed the following night when I was woken from my Temazepam-induced slumbers to be informed that my pulse rate was only 48/minute and that I was to be monitored via a machine through to Coronary Care. I had visions of leads, beeps and flashing lights, but all my protests were in vain. However, I need not have worried for I was not disturbed by the monitor, and even when “the team” came rushing in at 3.30 a.m. because my heart rate had fallen to 37/minute I continued sleeping.

Being a patient was not all bad – there were happy times, amusing times, and I developed a great affinity for my roommate and carers. There was a visitor who mistook me for the cleaner – times are hard for the N.H.S. There was the Staff Nurse who asked me what dose of medication I should be taking and if I had my own supply – my friend in the next bed could not contain her laughter – “Physician heal thyself!”

The diagnosis for my long-standing G.I. problems, the angioneurotic oedema and the immunological rash was of long-standing food allergy. Again I found this diagnosis difficult to accept – this was a label given to film stars and actresses; it wasn’t a “proper” illness which could occur in a down-to-earth person who loved food, enjoyed life and did not have the time to examine labels on supermarket packaging.

Two months have elapsed since that time and I am now certain that the diagnosis is correct. At the start of my convalescence I was shocked at my total exhaustion, my dizziness and my inability to think. I tried to believe that it was all due to the drugs which I was taking, but I now know that it was because I had been more poorly than I was prepared to admit.

Things are now much improved and, in spite of being on only 25 items of food I feel stronger and healthier than for a very long time. I have learnt a lot from my experience and there is no doubt at all that the next patient who comes to me complaining of food allergy will have a more sympathetic ear than they might have had two months ago.