



Volume 13
Issue 2
2018

Mortality Knocks

Pamela Walker

I have been thinking about mortality, reflecting on the causes of death in my family. There were tragedies: My grandfather died of a “leaky heart” at the beginning of the Great Depression when my mother was only 10, and my younger brother was killed in a car accident when he was 19. There was stupidity: My paternal grandmother died of a stroke at 70 because she refused to take blood pressure medicine. “That ol’ Stoykavitch,” she said of her doctor, “he just wants your money.” The norm for our family of hearty Midwest stock, however, is to live long and healthy lives into our late eighties while keeping our wits about us.

My father and grandfather succumbed at the Mayo Clinic during or after surgery for aortic aneurysms. My mother died of sepsis and pneumonia, though imaging had revealed arteriosclerosis in the small intestine. She could no longer digest food. In other words, we die of old age. The coronary system gives out. The pulmonary system becomes fragile. The body no longer fights off bacteria as it did. In your family, perhaps the killer

is cancer, diabetes, or Alzheimer's. What I am coming to terms with is that all of these death options share inflammation as their cause.

You know inflammation. Let's say you're walking at a good clip when you trip on an uneven sidewalk. If you fall and scrape your knee, the point of contact will become inflamed. It will grow painful and red, swollen, and perhaps hot as blood rushes to the injured site to repair tissue. It's no surprise that the word derives from the Latin *in-flammo*, "I ignite." This is inflammation at its best, intense but short term, the immune system fighting harmful stimuli, such as damaged cells and bacteria, and beginning the healing process.

Inflammation at its worst is chronic, resulting when the immune system attacks healthy tissue, mistaking it for harmful pathogens. This type of inflammation is at the heart of a wide variety of serious disorders, including health conditions that end in "itis" (arthritis, colitis, dermatitis, sinusitis) (Aronson, 2009) as well as AD/HD, migraines, thyroid issues, depression, and even autism (Khansari, Shakiba & Mahmoudi, 2009). In addition, inflammation begets inflammation. Women with inflammatory autoimmune disorders like Crohn's and celiac disease are at greater risk of giving birth to children with autism (Atladóttir, Pederson, Thorsen, Mortensen, Deleuran, Eaton & Parner, 2009).

While it's a pity that inflammation is the culprit behind visible signs of aging (Giacamoni, 2018), I accept crepe-like skin and the loss of youthful beauty. What confounds me is that my medical history has led inevitably to a health crisis I did not

recognize for years. It appears to have begun a few years after we relocated to Southern California. I was walking with my neighbor Sue around a duck pond when my body grew warm, my eyes began to smart and itchiness crept down my body from scalp to ears, neck, and arms. I am a scratcher with lifelong eczema and adult onset allergies to the usual flora, fauna, mold, and dust. Naturally, I scratched. I am a world-class scratcher. Then as now, I scratch mercilessly - angry red ridges rise on the back of my hands. My legs are pocked with scabs. I scratch because it hurts to itch.

That day I felt a mysterious prickling at my lips. Back in Sue's car, I was shocked to see that my face had transformed into a mask of welts; it was a hideous face with bulbous lips, one I had never before encountered. My internist diagnosed hives and prescribed adrenalin injection pens, in the event my throat closed shut, which it never did. As long as we lived in California, these swelling episodes occurred at the beach, the park, a hot tub in Santa Barbara, and once in the middle of a four-hour class I was teaching. I didn't cancel class; I reasoned the result was unsightly but benign, a mere inconvenience. I hid my bulging eyes behind sunglasses.

Our first year back in New York, retired in the city of our dreams, I was allergy free, enjoying a whirlwind of all the exercise I love, but had no time for when I was working - walking, swimming, lifting weights, riding my bike along the Hudson, and meeting friends for yoga. Smugly, I thought New York was the answer, as it always has been

for my husband and me. The allergens that had made me miserable in California did not exist back East, a notion I gladly subscribed to until one autumn day, following a reunion with my childhood friend Donna at a Chelsea restaurant. After lunch, we walked the High Line, where I ran my hand through tall grasses that shimmered in the hot sun.

Donna and I bid good-bye on 23rd Street and I was standing on the subway platform when my breathing grew ragged. I had not had an asthma attack in years. It had been so long, in fact, that I could not remember when I had last renewed the prescription for the inhaler I retrieved from my purse. I attempted to breathe in on the pump, but I wheezed with whistling breath to no avail. By the time I reached home, my face had exploded to alien proportions and I was heaving lunch on our apartment door as I fumbled for the keys. I thought the restaurant had served me rancid mayo, and that asthma with hives was some new intrigue in a sensitive autoimmune system ignited when I ran my hand through the High Line grasses. My internist recorded “allergy-induced asthma attack” and wrote prescriptions for a more powerful inhaler and new adrenalin injectors. I felt fortified.

Over the next six months, the attacks gained in frequency and severity. It happened in yoga, and the doctor said to stop doing yoga in an old Soho factory. It happened at the gym, and I let my membership lapse. It happened indoors and out on cold days and hot. The pulmonologist was perplexed and unhelpful until I took a picture of my bloated

eyes and crooked mouth at George Washington University Hospital, when my husband and I were on a weekend get-away. We had walked about two miles from our hotel in Georgetown and had just entered the park between the Lincoln and Vietnam Memorials when I lost my air. I am always astonished by the rapidity with which attacks arrive. On one side of the street, I was walking whole and on the other side, I was doubled over on a bench near a concession stand, clammy and suffocating.

“This is not asthma!” the doctor exclaimed, referring me to an allergist who took one look at my data collected over seven episodes and congratulated himself on diagnosing my problem in a split second: exercise-induced anaphylaxis, a rare disorder with no cure. Symptoms usually follow vigorous activity, though mild exertion can trigger attacks in cascading levels of severity: warmth, itching, and nausea precede angioedema, what my doctors mistook for hives. Although hives are also a symptom of an allergic reactions, they appear on the surface of the skin. Angioedema is swelling of mucous membranes below the skin. Anaphylactic shock occurs if soft tissue in the throat and larynx swells, narrowing airways and producing shortness of breath similar to acute asthma. Within minutes, blood pressure falls, heart rate accelerates, and cardiovascular collapse will occur without urgent medical treatment that includes adrenalin (Lewis, Lieberman, Treadwell & Erffmeyer, 1981).

“You have to slow down,” the allergist said.

I am nine years old, on the exam table in Dr. Gibbs's office overlooking the Mississippi River and the bridge to Illinois. I have come with my mother for a checkup because I am recovering from rheumatic fever, a rare but potentially deadly disease that typically develops after untreated group A streptococcal infections, such as tonsillitis and scarlet fever. Dr. Gibbs surmised that I had contracted scarlet fever but my parents mistook the rash for eczema. Rheumatic fever would rob me of three consecutive winters. I could only watch as my younger brother learned to ice skate, etching figure eights frontwards and back, gliding around the rink at great speeds, right boot lithely crossing left, hands clasped behind his back like drawings in our Hans Christian Andersen book.

Rheumatic fever is an autoimmune disorder. The body produces antibodies to fight strep, but for unknown reasons, they attack the body's own tissues instead, inflaming the heart, blood vessels, and joints. Complications of rheumatic fever killed Bobby Darin in 1973. Like me, he suffered three bouts, beginning at the age of eight, but he was 12 years older, way sicker, and not as well cared for as I. The fact that rheumatic fever develops in only a few cases with an identical precipitating infection suggests differences in genetic susceptibility (Acheson, 1965).

One summer my mother fell ill with rheumatic fever and was hospitalized. My brothers and I, ages four, five, and six, were cared for by a stranger in the Manor, a development of dull yellow cinder-block rentals erected during the War to

house an influx of workers at the Army Ammunition Plant. Because the duplexes were identical, it was easy to get lost, escaping the park, where the local ruffians fought us for the swings. The babysitter served canned peas, while our mother served the bright green frozen variety, only recently available.

Summer had just begun when my nine-year-old self was looking at the river and thinking how I would learn to slalom with my brothers. We'd jump the wake with knees to chest like Wisconsin Dell performers. I felt cured; my joints weren't sore. Still, the doctor said I was not so well. I could not ski or ride my bike. I had to walk, not run, even when my brothers peeled off a block ahead, and I had to nap. I hated naps; I hated sleep altogether. I would never learn to slalom. The doctor prescribed a pill to slow me down. In the car, tears streaked my sweaty face. "I don't want tranquilizers!"

"They're not tranquilizers, just sedatives," Mom offered. I knew I could not believe her.

Despite childhood illness, I have lived an incredibly healthy life. I rarely have a cold or flu. I rank in the bottom 20 percent of women my age for the likelihood of developing arteriosclerosis. I do have a mitral valve murmur, which indicates scarring on the left side of the heart, but it requires no treatment. I still ride a racer bike, sleek and light, designed for quick handling and optimal power with

drop handlebars that put you in a more aerodynamic position and clipless pedals, which anchor your feet so that you are literally one with your cycle. Recently, monthly shots of an antibody that decreases incidences of hives and severe asthma have been successful in ameliorating my angioedema and anaphylaxia. I have ridden my bike for the first time in 18 months. I cannot ride far, just far enough to feel free of illness and fear. I still have attacks, but for nine months, they haven't affected my breathing.

This inflammatory crisis did not begin in California. Inflammation has been my constant companion, active at times and in remission at others, a distant whisper easily ignored. I sought to outrun it as long as I could through the practice of perpetual motion, but you cannot outrun yourself.

References

- Acheson, R.M. (1965). Epidemiology of acute rheumatic fever 1950-64. *Journal of Chronic Disease*, 18(8), 723-734. doi: 10.1016/0021-9681(65)90016-0
- Aronson, J. (2009). Coda. *Quarterly Journal of Medicine*, 102, 895-896. doi: 10:1093/qjmed/hcp039
- Atladóttir, H.O., Pederson, M.G., Thorsen, P., Mortensen, P.B., Deleuran, B., Eaton, W.W., & Parner, E.T. (2009). Association of family history of autoimmune diseases and autism spectrum disorders. *Pediatrics* 124(2), 687-694. doi: 10.1542/peds.2008-2445
- Giacomini, P.U. (2018). Aging of human skin. In J. Ram & P.M. Conn (Eds.), *Handbook of models of aging* (2nd ed.). New York: Academic Press, 993-998. doi: 10.1016/B978-01269391-4/50083-7
- Khansari, N., Yadollah, S. & Mahdi, M. (2009). Chronic inflammation and oxidative stress as a major cause of age-related diseases and cancer. *Recent Patents on Inflammation & Allergy Drugs Discover*, 3(1), 73-80. doi: 10.2174/187221309787158371

- Lewis, J., Lieberman, P., Treadwell, G. & Erffmeyer, J. (1981). Exercise-induced urticaria, angioedema, and anaphylactoid episodes. *Journal of Allergy and Clinical Immunology*, 68(6), 432–437.
- Theoharides, T.C., Asadi, S. & Patel, A.B. (2013). Focal brain inflammation and autism. *Journal of Neuroinflammation*, 10, 815. doi: 10.1186/1742-2094-10-46

Pamela Walker has published in multiple genres, including the novel (*Twyla*) and short fiction. Her essays have been anthologized and her poetry has appeared in *Tiferet*.
Email: pamelawalker8@me.com