

# The Invasion of the Sample Scents: An Olfactory Update



**By Mark J. Pellegrino, M.D.**

I've always had a keen sense of smell. I assumed it was hereditary, although no one else in my family could ever sniff out a Reese's peanut butter cup in the back of a sock drawer. Perhaps some of my Italian ancestors liked bloodhounds (I mean REALLY liked them) and instead of inheriting all the old factories, I got the olfactories. If anyone had spoiled milk or bad meat queries, questions regarding body odors, or needed confirmation if someone had smoked something, I (my nose) was consulted. I was the Ann Landers of Olfaction.

As I trained to become a doctor, I learned that some diseases produced a characteristic odor that nasally-astute doctors could recognize. A foul odor on the breath could mean fetor oris, common in dental or tonsillar infections. Fruity acetone breath smells are common in diabetic ketoacidosis or starvation acidosis. A curious musty odor can signal severe liver disease. Alcohol on the breath indicates the person has been imbibing, whereas garlic on the breath meant to keep at least 10 feet away from where the person was speaking.

It wasn't until I was diagnosed with fibromyalgia at the end of my Physical Medicine and Rehabilitation residency that I learned of a reason for my extranasal perception. Most individuals with fibromyalgia have a dysfunctional autonomic nervous system which can cause hypersensitivity to smells. Odor-producing molecules come into contact with the nasal membranes and generate a nerve signal that travels from the olfactory nerve to the smell center of the brain. The autonomic nerves convey sensitivity and intensity characteristics to the smells, so fibromyalgia people with hypersensitive autonomic nerves will notice odors more. In layman's terms, fibromyalgia is why I get sick if I wear cologne.

My hypersensitive smell has not interfered with my medical practice. From time to time, I would have an acute pheromone attack in the office which temporarily interfered with my clinical abilities (it is very difficult to see patients if the eyes are flowing like the Mississippi River, or to talk to them if the larynx is narrowed like the Isthmus of Panama). I can remember my most nasally (geographically) challenging patients: the two-pack a day smoking housewife who oozed Chanel Number 5 from every body cell, the beer drinking construction worker who lunched at a Mexican buffet, the owner of horse stables who didn't have time to change before her appointment, and the sweet elderly lady I saw in January who owns a wood-burning stove that she uses to heat her house in the winter.

No matter what happened in my office, odorously speaking, I knew I could always count on home being a safe haven for smells, a place where I could relax without worry of uncontrolled or unexpected nasal attacks. If some magazine advertiser wanted me to scratch and sniff, I never scratched. I decided what I would smell. That is until one day when my home was invaded by the sample scents.

I'll never forget the first time it happened. I was leafing through a magazine when suddenly, my eyes began to water, my throat felt scratchy, my nose began to itch, then became stuffy, followed by a wave of nausea. I noticed a harsh aromatic scent and immediately realized that foreign odor molecules were attacking me. I leapt into action, reconnoitering the terrain for any enemies. I checked the trash can, the garbage disposal, and the refrigerator; negative. I looked for those darn plug-in scents and found none. Then I retraced my steps back to the magazine and spotted the intruder: a sample perfume scent insert in the magazine. This pheromone-packed insert was potent enough to cause me an allergic-type reaction. No one else in my family noticed these smells. Only I suffered from the unwanted pheromone invasion of my personal space.

I removed the insert that day and have done so innumerable times since. I learned inserts usually arrived in pairs, so I routinely sought out these two in each magazine that entered my house, wrapping them up in newspaper, disposing of them, then washing my hands. Afterwards, I would read the magazine if I was still interested and wasn't too tired.

A close relationship exists between smell and sexual function in many species of animals, and all the perfume and cologne ads are ample evidence that humans are a targeted species. Undoubtedly, something other than nausea was the intended reaction of these scented pieces of paper, so I'm sure the scent manufacturers didn't have me in mind when they concocted their marketing campaigns.

So what's next, scented medical journals? Perhaps the *Annals of Pathology* should have formaldehyde-scented inserts? How about opening up an issue of *Pulmonary Medicine* and getting a whiff of cigarette smoke? Or chocolate aroma wafting from the spring issue of *Nutritional News*. Any suggestions for the *Journal of Proctology*?

If I could nominate a smell to represent fibromyalgia pain, I would vote for the smell of burnt popcorn. It's irritating and a nuisance, but not damaging to the nostrils. Sometimes you can imagine tasty popcorn odors in the midst, but an acute whiff of burnt smell makes you realize you're only pretending the popcorn doesn't have a problem. So you try to accept the smell, but it's so hard to get used to, and if you try to remove the popcorn from the room, the smell still lingers and seems to go with you wherever you go.

Humans can distinguish up to 4000 different odors, including Lysol's disinfecting Spring Waterfall scent. If fibromyalgia is amplifying them all, well...that stinks! Call me old fashioned, but I prefer the simpler times and smells. I guess I prefer old-fashioned olfaction, and so does my fibromyalgia.

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