

Safe As Houses

Helping You Create Your Healthy Personal Environment

By Gillian McCarthy

Please note that this document is an unfinished work in progress. Gillian has done her very best -under impossible health and environmental conditions -to get this work finished by dictating substantial sections of it, and making numerous corrections and updates to it, over the phone to me (when we were both well enough for it). Unfortunately, circumstances have conspired to make further work on it at this time impossible. The document is therefore offered here "as-is" in its present, unfinished state because there is still very much of value here for MCS sufferers and their carers. To this end both Gillian and myself hope that it will find its way into the hands of all who may benefit from reading it -despite its omissions. 30th April 2007

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Gillian's MCS International "mini-bio" web page as our representative for Somerset, UK: http://www.mcs-international.org/meet_team_gillian.html

Gillian's MCS International News page: <http://www.mcs-international.org/news.html>

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GARDENING WITH MCS & ALLERGIES

Preface:

These notes are intended for MCS and allergy sufferers, their families and helpers those involved in horticultural therapy, gardening for the disabled and the design and maintenance of School and Hospital Gardens, horticultural, design & occupational therapy students and interested health practitioners and Landscape and Garden Designers, and Maintenance Contractors. The information provided will not be harmful to, and may well benefit, non-sufferers. The less badly affected sufferer may not need to take the most stringent measures, but should consider

whether their aim is to 'just cope' with a garden, or take it further and 'Lower Their Total Load' in the hope of arresting or preventing deterioration and better still, facilitating recovery. The more seriously affected patient may not have this choice to make.

I apologise if some sections appear to be stating the obvious to some readers, but as all sufferers know, attention to detail can mean the difference between disaster and a manageable situation. Cognitive dysfunction may also mean that sufferers may have trouble grasping & retaining information when they are unwell in repetition can prove helpful. I also apologise for any muddles in the lay out; I am a sufferer myself writing this in the middle of the silaging season in a field being cut -as I write; (pollens, moulds, diesel, hydraulic lubricants, phenols (coumarin, probiotic & other additives including aldehydes etc. etc.!) so understandably added! Doing the best I can folks!).

You are welcome to copy this introduction and pass it on to others, though a small donation to SAH for each copy would help us to continue our work & be much appreciated. Please send your own MCS gardening hints & tips and useful product sources to uk.somerset@mcs-international.org for dissemination to other sufferers!

GARDENING WITH MULTIPLE CHEMICAL SENSITIVITY DISORDER (MCS) & ALLERGIES

-incorporating ME, Gulf War Syndrome & other related conditions. Including an open letter to sufferers of Multiple Chemical Sensitivity (MCS) and Chemical Toxicity, Allergies(including asthma, eczema, IBS. rhinitis, sinusitis, hay fever), ME, Fibromyalgia, Agrochemical/OCI/OP poisoning ,Gulf War Syndrome, Industrial Solvent Poisoning, MS, Raynaud's Disease, Sick Building Syndrome. Rheumatism, Arthritis. Autism, Toxic Porphyria, Motor Neurone Disease. Parkinson's Disease and related conditions.

Written & collated on behalf of MCS-International.Org and Safe As Houses (SAH). By Gillian McCarthy B.Sc., MBIAC - MCS sufferer, Biochemist & former Agricultural Consultant, compulsive gardener & plantaholic! - with thanks to friends and fellow for their input and advice and especially the late Jenny Tuckwell, without whose 'computer wrangling' and garden tips this document could never have been produced, Roger Jeffcoate, Neil Sleight and Remap for the computer and faraday screening which I could not write at all.

Gillian McCarthy is the author and co-author of books and numerous articles on nutrition and pasture management.
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Chapter One:

WHAT IS MCS? - how it affects patients & implications for helpers. This section was originally conceived as part of an article for the Horticultural therapy charity Thrive's magazine 'Growing Point' (Oct 02) so was aimed at the professionals involved in horticulture for the disabled. Sufferers and their helpers may find much here to help them however.

Multiple Chemical Sensitivity Disorder is a condition arising from damage to and deficiencies of the immune system and biochemical detoxification pathways, which results in heightened sensitivity due to bio chemical inability to adequately metabolise/excrete toxins, to all manner of man-made (xenobiotic) and naturally occurring materials-whether they be in foods, liquids, solids or gas/air and even electromagnetic fields (E.M.F's). Sufferers may be sensitive to minute amounts -in the parts per billion (ppb) range, and especially in the early stages, may be principally affected by a restricted range of materials – e.g. petrochemicals, or solvents etc. but, especially if the condition goes untreated, (i.e. the majority of cases) as the detoxification pathways become progressively overloaded, blocked or exhausted, sufferers increasingly find they are reacting to a wider & wider range of materials and chemical groups from all sources. In the earlier stages they may have a heightened sense of smell, but often as the illness progresses, if they become depleted in Zinc, specific metabolic pathways may become blocked and the sense of smell is selectively or entirely lost -thus removing a useful 'early warning system' for many volatile chemicals (VOC's-Volatile Organic Compounds). The sufferer will still be made ill by the material, whether he or she can identify a smell or not - and must rely on the vigilance of others to identify problem materials. Matters are further compounded by 'masking'-as the patient becomes more ill, they may be so swamped by symptoms they can no longer differentiate & identify specific causes. This is why a colicky baby may 'mask up' -and then as the immune and detox system is further overwhelmed, may manifest as hyperactivity, or

eczema, and progress through hay fever, and allergic rhinitis -with various ups and downs to asthma, or adult onset asthma, irritable bowel syndrome and so forth, and eventually arthritis and rheumatism. They do not 'grow out of' these conditions-merely move on to a new phase of manifestation of their underlying allergies & sensitivities, if these are not dealt with. Some unfortunate sufferers wind up with all of these and more end-organ sign & symptom pictures. You do not, as is commonly held, 'grow out' of allergies -you may control them by removing the allergens and supporting the immune and detox systems by diet, and possibly supplementation, or suppress them temporarily with drugs, which further compromise your detoxification systems, but the above mentioned end-organ symptoms are the signs of the immune system attempting to cope with allergens and being overwhelmed. Though symptoms may subside at various stages, if you have the constitution to have these problems (often inherited) they are always there, waiting for the right trigger or set of triggers, whether external or internal (puberty, pregnancy, menopause, various illnesses and even stress which lowers your B-vitamin status (B-vitamins are essential for metabolising toxins), or an acute formaldehyde foam, even some metals & paint finishes. For example, it has taken me 8 years to source formaldehyde-free leather, and a willing glove-maker, to copy the design of wrist braces (worn by many sufferers), which most people can obtain from the local chemist or physiotherapy dept. in allergenic materials. As with most MCS aids this was all at my own expense. I have yet to get round the need for rubber tyres on my wheelchair-but have replaced the foam handles and plastic arm-rests (and walking-stick handles) with formaldehyde-free leather, and covered the cushions. I have also arranged faraday shielding for friends who are EMF sensitive to enable them to continue to use their electric wheelchairs (stairlifts are MUCH harder to shield effectively). Practical changes like this can really change your life and remove restrictions to more 'normal' activities. Sufferers (and carers) need to take a lateral-thinking approach to getting things done & **finding equipment -though they are often too ill to do this, and need an understanding** handy helper, e.g. a wood-turner to replace rubber or plastic handles etc!! Most have problems with grip, and painful hands & wrists, so fat, comfortable but non-irritant handles, levers etc are a must. Tools must be sharp as the patient may be weak, but safe as they will almost certainly be clumsy. Old, (non -oil or woodworm treated) tools are often the best bet.

Alternatively-for some tools with hard plastic handles I cover them with viscose medical tape (leucosilk)-which lasts about a season in most cases but is quite expensive and looks grubby very quickly. Try advertising in local shops or free-ads for such help or colleges with evening etc.. The organisation REMAP will make disabled aids not readily available on the market (address below). Fat, shaped, turned wooden handles on buckets, blade sharpeners, keys, various garden tools, bag carriers, hooks, door-handles, even a long shoe horn, all turned by an octogenarian friend Jack Fisher, have revolutionised what I can do around the garden! My brother, Terry McCarthy, even devised a turned wooden "palm-mallet." Try an ad in a local shop window or free-ad paper or specialist magazine for a keen wood-turner near you! -It seems it is an addictive hobby & they are often on the look out for new projects! Use hardwood and if necessary seal it with pure melted beeswax. Let the newly exposed wood terpenes air off outdoors before you use it.

Perhaps the most difficult group of MCS/allergy sufferers to garden with & for are the blind **& partially-sighted -because of their reliance on touch (contact allergens) and scent.** I am sure a low allergen touchy-feely garden is quite possible – Stachys (Lamb's Lugs) with its lovely tactile furry leaves, blackgrass (lily turf), cordylines and so on -but many blind gardeners may find weeding by feel a problem with allergies, and this may be compounded by the peripheral neuropathy which is common with untreated MCS -especially if it has been triggered by Organo-Phosphate (OP) poisoning. This often ironically often painful loss of normal sensation may make gardening harder & and also remove a source of tactile enjoyment for the sight impaired gardener.

I am not sure what could be done about scent, which is so important both for identification, and pleasure, especially for the sight-impaired gardener, other than prioritising neutralisation treatment & raising mineral-status (especially magnesium, zinc and selenium -as all patients need) in an effort to establish some tolerance of fragrances, and facilitate both their use for information & identification, and their enjoyment. Careful selection of tolerable plant families will also be important in this context. Obviously known contact allergens and irritants such as Rue, Euphorbia and primulae spp & ranunculus spp should be avoided and related weeds removed by a helper. Feedback from sight-impaired gardeners would be appreciated! (note: insert link to RNIB)

However -if New Zealand dog breeders can develop a hypo-allergenic ' Labradoodle' (insert web link if possible) guide-dog for blind people allergic to dog dander -I am sure there are many strategies to enable all MCS sufferers to garden at some level. Understanding the over-all implications of the condition helps you to 'cover all the bases' when doing so! Well, that is a lot about the condition & not much about gardening yet -but with a sick patient there is little lee-way for unnecessary errors, and with so little knowledgeable back-up you need to know the Why's & Wherefore's before you start on the How's! (See also SAH Open Letter to Sufferers).

Patients also vary considerably in their degree of disability and this may also fluctuate violently between being bedridden, through wheelchair bound, one or two sticks, to little specific mechanical disability apart from pain & weakness, from hour to hour or month to month -depending on treatment and allergen/chemical exposure (including via food).

Patients may fluctuate wildly during the day, depending on whether they have treatment and what they have eaten, breathed in, touched or inhaled. You will get most from the garden and **best reduction in Total Load/Body Burden if it is designed to accommodate the worst-case scenario.**
