IS MULTIPLE SCLEROSIS A MANIFESTATION OF IDIOBLAPTIC ALLERGY?

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INTRODUCTION

The phenomenon of allergic tachycardia was first recognized as such in 1935; and the systematic use of that diagnostic criterion in the succeeding five years led to recognition of an hereditary, fifth category of allergic disease, which later was given the name idioblapsis.

Idioblapsis is characterized as follows:

1. It is familial. If it affects both parents, all the offspring will be affected; if both parents lack it none of the offspring shows it.
2. At least 80 per cent, probably more than 90 per cent, of the white population are affected.
3. The disease consists first of a "constitutional" specific sensitivity to individually various foods, inhaled substances, etc., which does not depend on humoral, specific antibodies but is intimately bound to the autonomic nervous system; and second, of a great number of variously localized effects, which may involve practically any part of the body.
4. The specific excitants nearly always cause acceleration of the pulse, usually within 60 minutes, often within 15 minutes after exposure to them.
5. The cutaneous allergy tests are regularly negative, or, when positive, unreliable.

The preventive "treatment" of the various symptoms of idioblaptic disease consists primarily in avoidance of the pulse-accelerating excitants. When this measure is successful, the previously irregular pulse-rate becomes "stable"; that is the daily range (lowest to highest count) does not exceed 16 beats—usually 10 to 14—the maximum never exceeds 84 beats per minute, and this maximum is reached at least once each day.

The pulse-dietary survey is commonly made by having the patient count the pulse just before each meal and three times at 30-minute intervals thereafter; also before retiring and before getting out of bed in the morning. Since more than half the general
population are allergic to tobacco, smoking is forbidden during the food-testing.

In many cases the various common foods must be tested singly. Single foods (milk, egg, orange, potato, etc.) are eaten at intervals of one or of one and one-half hours, throughout the day, and the pulse is counted at 30-minute intervals. If the patient is found to be sensitive to many important foods (which happens in about 20 per cent of the ordinary cases), a limited lumbar sympathectomy abolishes most of the idioblaptic food sensitivities completely. Reaginic and inhalant sensitivities have not been influenced by the operation.

The writers have taken, as a reasonable working hypothesis, one which probably will long defy complete, direct, anatomical verification, that idioblaptic allergy may cause various central nervous system symptomatology according to the varied localizations of the shock-area in the central nervous system.

There is long-standing difference of concept concerning cerebral localization. This has been critically set forth in "A History of the Doctrine of Cerebral Localization" by Riese and Hoff. In the present discussion it may suffice to mention that while there are relatively few adherents to the doctrine of localization of certain cerebral functions, the assumption of a localization of cerebral symptoms is strongly supported. It seems evident that, since idioblaptic disease is characterized by its various localizations, the demonstration of the idioblaptic etiology of different cerebral symptoms will mark their different localizations.

Fifty-three consecutive cases of recurrent headache, including migraine, have been permanently relieved through mere avoidance of pulse-accelerating allergens (some requiring the Irwin operation). Recurrent headache is thus identified as an idioblaptic symptom, and the variety in clinical occurrence and the constant accompaniments of this symptom may serve as a pattern with which to compare other cerebral symptoms.

1. The condition of idioblaptic allergy may be nearly constant, with exacerbations ("attacks") of varying duration and more or less extreme severity, or there may be intervals of complete freedom from the condition punctuated with severe attacks.

2. There may be extended remission followed by recurrence.