

Physician heal thyself? Not on your nelly



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We continue our series in which Consultant Interventionist Dr Michael Norell takes a sideways look at life in the cath lab...and beyond. In this column, he considers diets.

It all began on Boxing Day last year. Full of yuletide spirit we had descended upon my brother's home and, in addition to indulging in a general familial 'catch up', we were also appraised about the progress of his wife's diet. Now the paragraphs ahead are not intended to provide a forum in which to debate the need – or otherwise – of such restraint on her part. I was more struck by the results.

Apparently, her simple avoidance of potatoes, rice, pasta and bread was sufficient to produce an impressive loss of poundage. It sounded to me like a slightly modified Atkins diet (reference available upon request), which switches the metabolism of carbohydrate to fat. The effectiveness of such tweaking of one's cellular biochemistry can be monitored by testing the urine for ketones, but at this juncture the recollection of my first year at medical school – and, particularly, the Krebs cycle – begins to fade, so don't quote me.

In any event, given the time of year, and the excessive degree of engorgement that invariably occurs, I was quite taken with the idea. Also, I had seen a recent TV programme about the dangers of visceral or so called *hidden fat*, as opposed to the more obvious external and wobbly variety. Hence, I was already contemplating a modification of my gustatory input, and this conceivably painless approach did seem to present an 'easy win'. So, then; very much my sort of strategy.

Adverse reaction

Now, I know what might well be your immediate reaction to this plan of mine. Indeed most (but oddly, not all) of my acquaintances have reacted with a similar degree of incredulity (well, almost) when I inform them that I am reducing my carbohydrate intake.

"You don't need to diet!" they exclaim, aghast.

(Author's note: I just added that 'aghast' bit to leave readers in no doubt as to the incongruity – if not utter bewilderment – experienced). I do my best to be reassuring and suggest that a kilo or two fewer would not be such a bad thing. Anyway, I would not plan to restrict myself from *all* carbohydrates; 'fluids', as it

were, would certainly be retained. In addition, such stringency would stand me in good stead were I to consider preparing for the London Marathon in 2019.

And so it began; poached eggs instead of toast for breakfast, even more salad and green vegetables instead of spuds, rice or spaghetti for dinner, and any daytime pangs of hunger assuaged by dates, fruit and a variety of nuts. I confess that I did not go the whole hog in terms of checking the finer details of my own metabolism with specific testing strips. I was fairly happy that if less was going in, and my usual physical activities (walking the dog and the occasional jog) were unchanged, then at least one of the Laws of Thermodynamics would suggest that I could expect a result.

Unpleasant taste

A month or so into my new programme I noticed an odd symptom that I had never experienced before, namely a peculiar but unmistakable bitter taste. Anything I ate or drank (sadly), was followed by the feeling that I had just chewed on a paracetamol/codeine tablet and that microscopic bits of it were still hanging around my gums, the inside of my cheeks and all over my tongue. Nothing would shift it; mouthwash and toothpaste had no effect, and I certainly had no intention of gargling with Dettol to see if that might improve matters.

Now, in younger age groups, such a new sensation might be received with interest and bemusement; yet another addition to life's rich tapestry which one is expected to acquire over the years ahead. But as age advances, and more time lies behind than in front, such phenomena are rightly regarded more with caution and suspicion. (To put this into context, and while on the subject of age, I like to describe myself as approaching 50, but from the wrong direction.)

After 24 hours or so, I consulted my wife. Her response comprised an expected lack of sympathy or concern, a disinterested observation regarding alcohol and a throwaway comment about oesophageal reflux.

Day two. It is a truism that you 'know your own body', and this allowed me to dismiss promptly both her, no doubt well meant, suggestions. Over the years I have become familiar with the odd aches

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and pains, and so feel justified in recognising rapidly any new developments that might be alien. And, while I would not regard my body as a temple, I think it can, nevertheless, be described as a reliable – if slightly run down and draughty – church hall, with a leaky roof and no central heating.

Day three. Being medical is not helpful; attempts at self-diagnosis are unwise as all objectivity is lost, but at least I was fairly sure that my dysgeusia was unlikely to have a cardiac aetiology. An ancient copy of Harrison's Principles of Internal Medicine was of little help, and so I sought an answer in what nowadays provides an almost instantaneous and inexhaustible font of knowledge: the internet.

Information overload

Far from a reassuring solution, my e-searches around this symptom complex only filled me further with apprehension and foreboding. Indeed, I would have preferred my spouse's original diagnostic efforts rather than Google's list of often unpleasant – if not terminal –

conditions that popped up as “The ten most likely causes of a bitter taste”.

Day five and back at work after the weekend. Frustrated and miserable I had shared my new found sensation with anyone who would listen. Eating and drinking (anything) had become frankly unpleasant and, while my original intention had been to reduce my food intake, this had not been the method I had envisaged. A more than casually interested colleague quizzed me further about my symptom and then turned purposefully to his laptop.

I was peering out from a second floor window into a cold, grey and dank morning, the weather perfectly matching my sombre mood, when his computer enquiries, which had presumably found an answer, prompted him to look up from his screen. “Pine nuts?”

Bong.

Problem solved

Day eight (supplementary). I had consumed a variety of nuts since my diet had begun and, while these were mostly almonds, walnuts and Brazil nuts, I had also chanced upon (and

admittedly ravaged) a small bag of pine nuts that my wife had picked up in a supermarket. It turns out that certain species of said nut have been associated with a bitter aftertaste and there are many supportive accounts and other publications to be found electronically that testify to this discovery. Full recovery, albeit after some days, was well documented.

Day eleven and the epilogue. The solution to my mystery had been greeted less than enthusiastically by some. So with my taste now back to normal and acknowledging a smattering of scientific training, I, therefore, contemplated re-challenging myself with the offending item in order to confirm their causal role. Happily, such a sacrifice was unnecessary. My wife, who had been less than keen to swallow my theory, had nevertheless been more happy to consume some of the pine nuts themselves and was now complaining of ... guess what?

And my diet? Well, physics is not my strong point. As I write this we are talking two months and three pounds, and I haven't even had breakfast yet ●

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Professor Julian Halcox, University Hospital of Wales