

16/09/2009

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Clinic: SRBK3. RLHH Allergy Environmental Medicine (b). 02.09.09

Dear Dr Mo

Margaret O'Leary      dob 16/03/1960  
Flat F 15 St Annes Court London W1F 0BEDiagnosis

1. Perennial allergic rhinitis
2. Possible grade 3 allergic reaction to unidentified food
3. Probable stress related muscular spasms and dysfunctional breathing pattern

Management

1. Flixonase Aqueous two puffs to each nostril once daily
2. To take up regular exercise as a form of stress management
3. Consider practice of muscular relaxation and breathing technique (e.g. yoga, relaxation training)

Thank you for referring this 49-year old lady who has suffered with symptoms of sneezing, itchy nose and eyes, and nasal discharge and congestion since age eighteen. She has also suffered with eczema in the past which was treated at this hospital.

For the last year she has complained of intermittent tightness in her chest at night and a change in her breathing pattern where she gets a spasm in her chest and "stops breathing" for a short time. This is most likely to happen when she is under stress in the daytime. This is unfortunately a chronic problem for her, being engaged in a long legal battle over her business.

She has also had two episodes of widespread acute urticaria, one also associated with facial angioedema. Both caused her to attend UCLH accident and emergency department where she was given intravenous antihistamine on one occasion and oral antihistamine on another occasion, both with rapid improvement. On one occasion her blood pressure was apparently low. She attributes both episodes to eating large amounts of spicy food, on one occasion a curry and on another a burrito with extra chilli. Both reactions occurred again when she was under chronic stress. However she has eaten moderate amounts of chilli since with no apparent reaction.

She has no other food allergies apart from oral allergy syndrome associated with kiwi fruit. She has intolerance to chocolate in that it causes her sneezing, diarrhoea and headaches but these are delayed by some hours.

She has been given an Epipen following these acute allergic reactions although she has not used it. I was pleased to see that she carried it today and knows how to use it, although neither of the previous reactions would warrant the use of an Epipen.