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We take sense of smell for granted — until it's gone

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Market researchers have known for years that fragrance can be a decisive factor in the success or failure of a product.

If cleaning agents have the right smell (say, fresh lemon or ammonia) people think they work better.

Or given two otherwise identical shampoos, consumers will choose the one with the green-apple scent.

What makes something smell good or bad to us?

"We don't know," says Susan Knasko, Ph.D., an environmental psychologist at Philadelphia's Monell Chemical Senses Center, the world's oldest and largest center for the study of taste and smell.

"There are many components involved. It may have to do with genetics, experience, memories or chemicals in the body."

It's only been over the last five years that researchers have discovered some of the basic steps through which odors are received, processed and recognized in the brain.

Findings suggest smell is one

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of our most primitive and powerful senses — evoking uncontrolled emotions far keener, more immediate and lasting than from hearing or sight.

While other senses move through indirect pathways to the brain, the nose is directly connected to the automatic nervous system. Consequently, smelling affects the whole body: respiration, digestion, circulation, reproduction and mental functions.

What does the nose know? Our noses are most accurate between the ages of 30 and 60, and women's noses tend to be sharper than men's.

But sniffing skills vary greatly. While the average person can identify 15 to 20 general odor types, professional fragrance masters can discriminate and re-

member 2,000 to 3,000.

If you feel like you are missing out, experts say you can enhance your nasal powers much the way you can fine-tune your taste for appreciating a range of wines.

Through systematic exposure to different odors you can train your nose to be more sensitive.

About 3 million Americans reportedly suffer from loss of or an impaired sense of smell — a condition called anosmia; hyposmia is the partial loss of smell.

The loss can stem from upper respiratory infections, nasal polyps, thyroid problems, head injuries, cigarette smoking, diabetes, medications or, in rare instances, brain tumors.

Chemical toxins, dental conditions and hormonal irregulari-

ties may also be responsible.

In other cases, the problem is an early sign of either Alzheimer's disease or Parkinson's disease.

Sometimes, people may simply lack a receptor in their noses for a particular fragrance, giving them "odor blindspots."

According to a study by the National Geographic Society, 35 percent of Americans cannot detect the smell of a key component in human sweat and 29 percent cannot smell musk.

After the age of 60, we all tend to lose some of our smelling ability.

"I see two to three patients a week who can't smell," says Dr. Harvey Silberman, vice chairman of otolaryngology (specialty in the ear, nose and throat) at Albert Einstein Medical Center in Philadelphia.

Allergies are the most common cause, he says, followed by smoking, which can bring about irreversible damage to the mucous membrane.

Dr. Frank Marlowe, professor and chief of the division of otolaryngology and head and neck surgery at the Medical College of Pennsylvania, adds that

not being able to smell is a "seriously underrated problem."

Both doctors say they hear regular testimony from patients complaining their quality of life is affected — not being able to enjoy perfume, the smell of the seashore, garden blossoms or a gourmet meal, for example.

Smell actually accounts for about 80 percent of what we call taste.

If you hold your nose while eating chocolate, for instance, you'll probably have trouble recognizing flavor, though you might distinguish the chocolate's sweetness or bitterness.

There's also considerable evidence that smell is an important part of sexuality.

People who lose their sense of smell often complain of a decreased sex drive. The reason has to do with a tiny gland at the base of the hair follicles that secretes chemicals with a distinctive scent shown to affect sexual behavior.

"Don't ignore it," Marlowe advises those who can't smell. "A poor sense of smell can be a hazard. If you can't smell you won't be able to detect a natural gas leak or dangerous solvents in the workplace."

Silberman tells of a patient who was cooking dinner and had no idea that something was burning until her husband arrived home and became alarmed.

Both otolaryngologists stress there are ways to restore smell, so no one should feel silly seeking medical attention for this.

If the culprit is nasal polyps, then steroid treatment or surgical removal may be advised. For allergy sufferers, sometimes a strong decongestant is all that is needed.

In any case, it is important to rule out that the problem isn't a symptom of a far more serious condition, the physicians advise.

In the future an artificial nose for the smelling impaired may be available. Researchers at Sandia National Laboratory in California already have developed a device with the potential to alert the elderly and other weak sniffers to leaking gas stoves, spoiled meat or burning food.

Also, in the next five to 10 years Silberman predicts doctors will have equipment enabling them to assign a percentile rating to a nose's performance for diagnostic purposes — much like tests we have to evaluate hearing and sight.

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