

Multiple Chemical Sensitivities Update

May 09, 2007

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In August, 2006 I attended a "Case Definition Workshop" for Multiple Chemical Sensitivities in San Francisco hosted by the Chemical Injury Information Network (CIIN.org)

The purpose of this important international conference was to bring together experts from many different scientific disciplines worldwide to share their insights and understanding of the diagnostic and treatment recommendations for sufferers of Multiple Chemical Sensitivities, and also to establish a case definition for MCS that would be accepted by the medical community.

The goals of this important conference were met and we accomplished much. We are still awaiting the final draft of the recommendations.

Physicians typically diagnose MCS by taking a health history, performing a physical examination and investigating whether symptoms come and go in response to chemical and other environmental exposures. To determine if an individual's symptoms are the result of chemical exposures in the work, school, or home environment, an environmental/occupational exposure questionnaire is utilized to determine if symptoms increase or decrease in different indoor and outdoor environments. Generally, physicians who practice Occupational/Environmental Medicine are in the best position to diagnose and treat individuals with MCS.

The Multiple Chemical Sensitivity Syndrome raises many questions for the medical and scientific community. And it alerts us to the need to explore and become more aware of the tremendous role and impact that environmental chemicals have on human health in the 21st century.

The MCS case definition workshop in San Francisco in August, 2006 was attended by scientists and physicians from the U.S., Canada, Great Britain, Italy, Spain, Japan, and Australia. Allergists and

Immunologists, Neurologists and Psychologists, Molecular Biologists, Social Scientists, Occupational and Environmental Physicians, Toxicologists, Attorneys and many chemically sensitive and chemically injured patients attended.

I have updated my viewpoint on MCS because it has become a serious but poorly recognized silent epidemic. Both the Yale Occupational Medicine Clinic in New Haven, Connecticut and the Mount Sinai Occupational Medicine Clinic in New York City increasingly diagnose and recognize this serious environmental illness. Over 20 states have proclamations signed by their Governors making May, 2007 MCS Awareness Month throughout the U.S.A.

It is my opinion that with the serious threat of chemical, biological and nuclear warfare, proper recognition and better understanding of chemically induced illnesses and chemical sensitivity disorders should be of the highest national priority.

I personally believe that we are currently in the midst of an epidemic of chemical induced MASKED illnesses. We are seeing more and more chronic illnesses that are either caused or aggravated by modern environmental chemical exposures. Many chronic illnesses respond to an environmental medical approach with an understanding of MCS as part of that masked illness. We may be at the cusp of a paradigm shift in the recognition of "modern Environmental illnesses." Yet most physicians are failing to recognize and diagnose MCS (and its significance) for various controversial reasons.

The medical and scientific community may be under significant pressure to minimize recognition of MCS and its impact due to political and economic pressures from the chemical industry and insurance companies. This serious major medical controversy places the Occupational/ Environmental physician and the suffering environmentally ill patient in quite a difficult position. The physician is placed on the defensive when forced to justify his diagnosis of MCS and treatment recommendations to the medical community. The patient must defend him/herself against accusations that he/she is suffering from an "imaginary" nonexistent illness. This controversy must be resolved, since various medical

societies have issued "evidence based position statements" that advise physicians to negate the recognition and treatment of MCS at this time.

Based on my clinical experience, I suspect that large numbers of adults and children in our population are chemically sensitized and completely unaware of the seriousness of this problem and its implications. Without proper diagnosis of MCS, many chemically sensitized patients are treated with symptom relieving medications that may make them worse. Failure to make the proper diagnosis leads to improper treatment and progression of the disease.

In the modern world increased exposures to a wide variety of chemical agents have found their way into our air, food, personal care products, indoor and outdoor environments and our water supplies. The widespread use of many thousands of modern chemical agents carries the health risk of making a certain segment of our population more susceptible to chemical sensitization and the potential adverse health effects of becoming "sensitized" . The scientific community has the ethical responsibility to inform the population about what we know and what we don't know and to appropriately warn our population.

There were three major areas of agreement at the 2006 "MCS Case Definition Workshop" in San Francisco:

- 1) Physicians require a "Case Definition" for proper recognition of Multiple Chemical Sensitivities.
- 2)Once the illness is diagnosed and recognized by the physician, the patient must be taught how to avoid incriminating environmental exposures and how to "UNMASK" the illness.
- 3)More research is necessary to determine the various causes and treatments for those with MCS.

It is extremely important for physicians to diagnose the MCS problem in its earliest stages in order to prevent the progression of illness and the development of serious impairment and disability. If allowed to progress unknowingly, Multiple Chemical Sensitivities can devastate an individual's quality of life.

The major classes of exposures that appear to initiate the MCS phenomenon include exposures to pesticides, working in sick buildings, living in toxic communities, occupying mold or moisture contaminated homes, working in the chemical industry, being exposed to formaldehyde products, new furniture products, new building materials and exposures to latex.

Multiple drug exposures and multiple drug allergy or medication intolerance may also initiate the phenomenon of MCS. Smokers may also be at high risk.

Psychosocial stress, heavy metal poisoning and hidden infections may also play a role in initiating MCS. Genetic, immunologic, and nutritional factors may play a role in making one more susceptible to developing MCS (Zenz, Occupational Medicine).

There appears to be a "Spectrum of Chemical Sensitivity Disorders" according to Ashford and Miller who authored the book recommended by the AMA: "Chemical Exposures, Low Levels and High Stakes." This is comparable to the spectrum of infectious diseases; they are all similar, but each case of MCS may require a different individualized treatment.

The mechanisms of injury in MCS may involve the brain and nervous system with neuronal damage. Evidence is accumulating according to Martin Pall, PhD, that the nitric acid-peroxynitrite biochemical cycle is affected. Neuronal or brain inflammation may be a major factor in symptom production.

Neurogenic inflammation appears to be the fundamental problem in both upper and lower respiratory hyperreactivity associated with MCS according to William Meggs, M.D. author of "The Inflammation Cure." Asthma patients may be chemically sensitive.

Immunologic hyperreactivity may play a role in many cases of MCS. It is currently recognized that allergic reactions are not confined to type I-IgE mediated reactions. All four types of Gel-Coombs allergic reactions are capable of triggering hypersensitivity reactions throughout the body explaining multisystem symptoms. Formaldehyde sensitivity

occurs by way of hapten formation. The human body is very complex. The immune system plays a major role in many diseases of dysregulation including autoimmune diseases and autonomic nervous system dysfunction.

Damage to the body's biological defense systems from toxic or allergenic chemical exposures can occur at the cellular level damaging cell receptor sites on cell membranes; genetic damage may also occur. Pesticide exposures are capable of damaging enzyme systems responsible for muscular, neurological, and behavioral controls. Once the body's defense systems are damaged, minimal environmental exposures once previously tolerated may result in major symptoms.

A new protocol for an antioxidant nutritional treatment of chemically injured MCS victims has been developed by Martin Pall, PhD. AllergyResearchGroup.com has developed these nutrients for the chemically sensitized.

"The Inflammation Cure" by William Meggs, M.D. is an important book for all those who suspect they may have MCS. This book explains what is currently known and is very important for educational and treatment purposes.

There are many treatments that environmental physicians (members of the American Academy of Environmental Medicine) utilize to treat those with MCS.

People with MCS report that avoiding exposures to environments, chemicals, foods and drugs that trigger exposures is an important first step.

The following are a list of "some" available treatments for various aspects of MCS that I have utilized with some success in some patients:

- 1)Optimal Dose Allergy (neutralization) Immunotherapy or Maximal Tolerated Intradermal Dose (MTID)-treating all hidden allergies
- 2)Low Dose Allergy Treatment-or enzyme potentiated desensitization
- 3)Individualized Nutritional prescriptions-based on nutrient testing
- 4)Various Antihistamines including imipramine, doxepin, and astelin

- 5)Heparin drops and intravenous
- 6)Histamine drops and injections
- 7)Leukotriene inhibitors-Singulair
- 8)Neurontin-an antiseizure medication
- 9)Antidepressants like prozac and lexapro
- 10)Clonazepam wafers for reactions
- 11)Trisalts and alka seltzer gold
- 12)Glutathione injections
- 13)Intravenous Nutritional Support including vitamin C and magnesium
- 14)Vitamin B injections
- 15)Individualized Exercise prescriptions
- 16)Environmental controls for the home, office and personal care products
- 17)Chemical free(no pesticides or artificial sweeteners or sulfites) foods and water
- 18)Antifungal therapy where indicated-treating hidden mold allergy and fungal infection
- 19)Correcting any hormonal and thyroid imbalances
- 20)Eliminating any hidden infection
- 21)Evaluating and treating for toxic poisoning or injury
- 22)Osteopathic Manipulation
- 23)Appropriate comprehensive evaluation to rule out other serious illnesses like cancer, autoimmune diseases, diabetes, heart disease, mental illness,genetic diseases, Gilbert's disease
- 24)Gamma Globulin
- 25)Lifestyle Education and counseling

For further information or to make an appointment please call
Allergycenter.com at 954-421-1929 or 561-395-3282 in Deerfield
Beach, Florida