



CHEMICAL SENSITIVITY

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Multiple chemical sensitivity (MCS) has been a controversial diagnosis for the past thirty years. (See links below.) It was first observed in clinical ecology (environmental medicine) circles, but was resisted until recently in more mainstream medical arenas because it did not fit easily into the mainstream paradigm. Reasons for resisting MCS have included its complexity (it can arise from many different toxic agents, affect any organ system and produce a wide range of symptoms) and the lack of specific diagnostic tests.

Typically, a patient suffering from MCS reacts to exposure to various chemicals, e.g. volatile organics, perfumes, smoke, motor exhaust, pesticides, and suffers symptoms sometimes allergic in nature (coughing, wheezing, sneezing) sometimes not (headache, vertigo, light headedness, muscle aches and pains). Symptoms can be reproduced by exposure to inciting materials, and relieved by avoidance, but the diagnosis is generally not supported by abnormal immune or other common tests.

It seems to occur chiefly in persons whose native ability to excrete toxins has been compromised or overwhelmed; most MCS patients have abnormalities in the Glutathione Transferase enzyme system. There is evidence from Australia that increased sensitivity to specific chemicals, and the resulting reactions, are mediated through the unmyelinated nerves, bypassing immunity altogether. There is also evidence from this country that MCS is associated with abnormalities in the processing of nitrous oxide. Further research continues.

Recovery from MCS is obtained through avoidance, augmentation of liver enzyme detox capacity, sauna, and other standard detox measures (see Detoxification). It is often a reversible condition (Dr Bernhoft's personal case being one example).

Useful Links:

1. <http://www.niehs.nih.gov/external/faq/mcss.htm>
2. <http://www.multiplechemicalsensitivity.org/>

Selected References:

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