

Rachel's Environment & Health News

#165 - Multiple Chemical Sensitivity

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Everyone knows someone who is sensitive to particular household products. We all have a friend who must wear rubber gloves because dishwashing detergent makes his or her hands break out or swell up. We all know (or have heard about) babies who cannot tolerate cow's milk. We all recognize that people vary widely in their response to a room full of cigarette smoke--some people can ignore it easily while others react with stuffy nose, teary eyes, coughing, sneezing, shortness of breath.

It should be no surprise, therefore, to learn that medical doctors and scientists are now confirming that different people react differently to modern compounds such as dry cleaning solvents, perfumes, detergents, glues, waxes, pesticides, and other common household and industrial chemicals.

Some people react violently to chemicals, to the point of being made extremely sick by very low doses of common substances. Typical symptoms include fatigue, severe migraine-like headaches, nausea, that "run down" feeling, rashes, itching, swelling, pain, stuffiness, disorientation, and dizziness. This group of symptoms goes by various names: ecological illness, total allergy syndrome, environmental illness, and multiple chemical sensitivity (MCS).

We have discovered an excellent, short (151 pgs.) book called **WORKERS WITH MULTIPLE CHEMICAL SENSITIVITIES** that can help doctors, patients, and the general public understand this mysterious condition. Here is a long quotation from the opening chapter, by the editor of the book, Mark Cullen, MD:

"The idea for this volume evolved from a stark and disconcerting clinical experience. Little more than a few months after the occupational medicine clinic began at Yale, in 1979, the staff was confronted with a problem none of us had ever seen before nor heard about. A middle-aged man was referred [to us] because of delayed recovery from an episode of pneumonia that had resulted from a chemical spill on the job. As his [chest] x-ray cleared, he had become not better, but worse. Particularly striking was the [fact] that exposure to chemical odors would markedly exacerbate [worsen] baseline dyspnea [shortness of breath] and chest pain. Upon return to work, he 'passed out' on several occasions after a whiff of fume. Disability leave, however, did not resolve the situation. Increasingly, even common household products and environmental contaminants induced [caused] debilitating respiratory and constitutional symptoms, reducing his formerly vigorous life to a pitiful existence at home....

"One day a strident former machine operator came to the clinic wearing, much to everyone's amazement, a respirator. Suddenly, the image of the 'gas mask' precipitated [caused] recognition of an identifiable [pattern], characterized by severe, recurrent and toxicologically inexplicable symptomatic reactions to quite low levels of common airborne substances. We discovered shortly that we were not alone. Many of our colleagues practicing occupational medicine around the country began reporting similar cases; they too were stymied by them. Thus we became aware of how widespread the problem is and how incredibly expensive the costs are for medical care and disability in each case."

You will need to keep a medical dictionary close by as you read this book because it's written by doctors for doctors. The book consists of 13 essays, each looking at some aspect of this difficult medical problem. Each essay ends with a lengthy bibliography, for those who want to dig further in a medical library. The book contains four sections: 1) overviews of the problem; 2) attempts to define the problem scientifically; 3) ways to diagnose the condition medically; 4) therapy for workers suffering from multiple chemical sensitivity.

The book presents a broad range of views on the problem--including the view that the problem is so non-specific that it cannot be scientifically defined or treated. This view is presented forcefully by a doctor from Stanford University, but the remainder of the book shows that this view is out of date. Real progress has been made in

defining the condition and understanding some of its origins. The key problem is that there are many symptoms and probably several causes that interact with each other. Physicians are most at ease when one kind of germ causes one kind of disease. Multiple chemical sensitivity lies at the other end of the spectrum--many unknowns, many causes, many symptoms. The majority of physicians simply will not try to treat people with multiple chemical sensitivity--they say they don't know anything about it and can't help. When this happens, insurance companies won't provide compensation for medical expenses or lost time; sometimes families of the patients (and society in general) fail to understand that the symptoms are real. The victim feels betrayed, alienated, desperately alone, and helpless. The victim is feeling real symptoms--they are not psychological or imagined, yet has no one to turn to. Somewhere between 2% and 10% of the general population suffers from multiple chemical sensitivity, and the number appears to be growing.

Now there is a small but expanding group of physicians who are willing to treat patients with multiple chemical sensitivity. When physicians agree to try to help a person suffering from the condition, the results are mixed--some therapies work, others do not, and in both cases no one is sure why. Unfortunately, those medical groups that do not try to help victims of MCS react far more strongly against physicians who do try than they would against nonphysicians trying alternative health care approaches. There is a strong split in the medical community over this condition. Both groups of doctors have gone through the same medical schools and often they have gone through the same specialty training programs. They have reached different conclusions on this issue and the rift is deeply felt.

Many physicians studying MCS conclude that it has something to do with a person's immune system--in some cases, a person inherits an immune system that is not fully functional, or a healthy immune system is harmed by chemical exposure and thereafter reacts strongly to additional chemical exposures. It is interesting to note that the National Toxicology Program of the U.S. Department of Health and Human Services in 1984 observed that chemical damage to the immune system could result in "hypersensitivity or allergy" to specific chemicals or to chemicals in general. Damage to the immune system, of course, can have far-reaching consequences for an individual, leaving him or her vulnerable to attack by bacteria and viruses, at heightened risk of cancer, and even predisposed to develop AIDS, according to the National Toxicology Program.[1]

The best treatment for environmental illness is avoiding the offensive agent(s). For people with strong reactions to many chemicals, this may mean severe restrictions on their personal freedom. We know people who are entirely confined to their homes because so many common chemicals make them sick.

Anyone who reads this book will quickly become convinced that people with MCS are genuinely made ill by noxious agents in their environment. It is not yet clear whether such people are just different in that they are more vulnerable, or whether they are reacting in a more acute way to agents that may also, in the majority of the population, be responsible for otherwise-unexplained chronic disease.

Society's recent reaction to tobacco smoke points the way to a general solution: increasingly, by law, smokers must smoke in places and ways that do not impact anyone beyond themselves. The same principal, applied to the users of all chemicals, would protect the rights of those with MCS, and would be consistent with the principle of "no dumping" or zero discharge. (See RHWN #106 and #155.)

Get: Mark R. Cullen, editor, **WORKERS WITH MULTIPLE CHEMICAL SENSITIVITIES** (Philadelphia, PA: Hanley and Belfus [201 South 13th St., Philadelphia, PA 19107; phone (215) 546-4995], 1987). This is Volume 2, No. 4 of the ongoing series

called OCCUPATIONAL MEDICINE, STATE OF THE ART
REVIEWS. An annual subscription to the series costs \$68; single
issues cost \$32.00.

--Peter Montague

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[1] U.S. Department of Health and Human Services, Public Health
Service, National Toxicology Program, FISCAL YEAR 1984
ANNUAL PLAN (Research Triangle, Nc: National Toxicology
Program [P.O. Box 12233, Research Triangle Park, NC 27709;
phone 919/541-3991], 1984), pg. 157."

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