MULTIPLE CHEMICAL SENSITIVITY:
IDENTIFYING KEY RESEARCH NEEDS
Draft Report prepared by the National Industrial Chemicals Notification and Assessment Scheme (NICNAS) and the Office of Chemical Safety and Environmental Health (OCSEH). February 2010.

COMMENTS

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A much improved draft report than the original report, however it is amusing to find the psychogenic aspect is still being 'clung to' despite submissions showing the inadequacies of these studies. The question begs to be asked – 'Why the insistence on including industry- supported flawed research?' It is evident to the unbiased researcher that Multiple Chemical Sensitivity (MCS) is a physiological condition initiated by toxic chemical exposures.

The statement pg 9 of the review
…'Use of the descriptor Idiopathic Environmental Intolerance (IEI) was favoured by many, but not all, participants at an International programme on Chemical Safety (IPCS) workshop in multiple chemical sensitivities organised by the United Nations Environment Programme (UNEP), the International Labour Organisation (ILO) and the World Health Organisation (WHO).'

I question whether this statement has been misrepresented in the light of the references provided in my initial submission. Please find below and please note the statement "80% could not support the main conclusion." 20% does not equal 'many'.

http://www2.mst.dk/common/Udgivramme/Frame.asp?http://www2.mst.dk/udgiv/Publications/2005/87-7614-548-4/html/kap03_eng.htm

Under 3.4 'Activities under the UN/WHO' 'The workshop compares to the meetings in the US mentioned above. The same experts from the US participated. A final document from the workshop has never been published, because the participants could not agree on the conclusions. 80% could not support the main conclusions."

Continuing the statement
…'The term was suggested on the basis that it does not make inferences with regards to causative agents (Anonymous, 1996; Lessof, 1997)'.

I fail to understand why IEI is still being used in 2010 when the unbiased research and studies indicate the 'causative agents' in multiple chemical sensitivities are toxic chemicals.!!!

(The above comments also apply to the references to the IPCS workshop on MCS held in 1996 on page 13, and again on page 76 of the draft report.)

The statement on page 15 of the draft report

'Individual countries are free to adopt their own version of the ICD. In Germany, MCS is included in the alphabetical index of the German version of the International Statistical Classification of Diseases and Related Health Problems (ICD-10-SGB-V) first published in November 2000 by the German Institute of Medical Documentation and Information (DIMDI). At this stage, no other country has followed the German listing.'

This now needs to be revised.

Austria is now classifying MCS as a **physical disease** under the code T78.4 …(allergy, not otherwise specified) chapter 19…(Injuries, intoxications and certain other outcomes), Article T66-T78 (Other and unspecified injuries caused by external causes). of the ICD10
http://www.csn-deutschland.de/dimdi_icd-schreiben.pdf

On October 1, 2009 the Medical Information System Development Centre (MEDIS-DC), published the revised list of the ICD-10 Japanese Disease Standard Code Master in which MCS is categorized in T65.9: Toxic effect of other and unspecified substances / Toxic effect of unspecified substance. Japan also recognizes MCS as a **physical disease**, and is added to the list of illnesses used in electronic medical charts and electronic treatment claim forms.

On the international stage an Italian legislator is proposing an environmental disability law. Details can be viewed on-

http://www.csn-deutschland.de/blog/en/an-italian-law-proposal-for-environmental-illness-and-disability/)

The sections '3.1.7. Behavioural conditioning' and '3.1.8 Psychological factors' need to be omitted from any report on MCS. I'll state again **one wonders who benefits from this psychological emphasis, it is certainly not the individual suffering MCS.** Again I'll state …. psychological symptoms does not equal psychogenic illness if physiological mechanisms can explain such symptoms – as studies show with MCS.
Individuals who are dealing with an unrecognised chronic illness that negatively affects their brain and body systems, that has seriously impacts on their quality of life and earning potential, that can have adverse impacts on family and friends understandably would be under psychological distress. This is the flow-on consequence, not cause.

Please note the paper 'Multiple Chemical Sensitivity: Toxicological and Sensitivity Mechanisms" by Martin Pall

Pall ML (2009)' Multiple Chemical Sensitivity: Toxicological Questions and Mechanisms'. General and Applied Toxicology, Bryan Ballantyne, Timothy C. Marrs, Tore Syversen, Eds., John *Wiley and Sons, London, pp 2303-2352.*

(for your convenience found at http://www.thetenthparadigm.org/mcs09.htm)
Please note the section indicating the deeply flawed arguments made by psychogenic advocates for MCS. (Much of this information has already been presented in submissions to the original draft!!!! The question starts to be asked: 'Why is the author/s of the report down-playing/ignoring this information?)

It goes beyond saying that a major reference for the MCS report should be the above

Pall's paper basically indicates:

-the prevalence of MCS, with its huge implications in terms of public health.

-that MCS is caused by toxic chemicals resulting in excessive activity of the NMDA receptor.

-how genetic studies confirm the role of chemicals acting as toxicants in MCS, identifying the role of genes in determining susceptibility to MCS and their role in determining the rate of metabolising MCS related chemicals.

-a well supported mechanism for MCS – the NO/ONOO cycle, which interacts with other mechanisms implicated in MCS i.e. neural sensitisation and neurogenic inflammation. It further explains how MCS individuals differ in their sensitivity symptoms.

- evidence presented in his paper to reject claims of a psychogenic nature of MCS.

The author/s of the MCS report need to note and access ALL the references used in this document.

I thoroughly agree with and support the sentiments stated in Martin Pall's critique of this draft report. It **is** of great concern the way the draft report dealt with the 'genetics of genes that determine rates of metabolism of xenobiotics' as explained by Martin Pall. It is of great concern the errors that occurred regarding the interpreting of information, as pointed out in Martin Palls' critique. This leaves one with not much confidence in the ability of the draft reports' author/s to understand and interpret the research presented and to correctly reflect research data as it exists.

CHILDREN AND MCS

One area of study that is particularly lacking in research and not mentioned at all in the review, is the child suffering from MCS. The needs of the child, with MCS are different to that of an adult – as indicated for most medical conditions. Twenty years experience, as a mother with 2 out of 5 of my children with MCS, the contact made with numerous families in the same situation, has constantly shown that if correctly diagnosed and treated, and the child being provided with as chemically free environment as possible – avoidance - whilst they are growing and developing, their tolerances greatly improve and in many cases, resolve. This enables the child to become the most productive adult member of society they can be. **Acknowledgement needs to be made of the fact that children suffer from MCS and research needs to be undertaken to determine such needs and ways of addressing them.**

Swedish researchers, Andersson and colleagues, conducted a survey which found the prevalence of MCS in teenagers to be 15.6%, roughly the same as the general population. Of those surveyed, 3.7% were severely affected, with affective and behavourial changes. There is nothing to suggest the prevalence in Australia is any different.

Reference

Andersson L, Johansson A, Millqvist E, Nordin S, Bende M. Prevalence and risk factors for chemical sensitivity and sensory hyperreactivity in teenagers. Int J Hyg Environ Health. 2008 Apr 8.

I feel NICNAS/ OCS have failed the MCS community with this draft report. I have personally been following research into MCS over the last 20 years in dealing with children and adults with mild to severe MCS. This includes practical experience in deriving ways of living with the condition as well as talking with a myriad of different people all around Australia. The consistencies in their condition are obvious to anyone that would take the time carry out an unbiased study. Unfortunately our government authorities have been consistently neglecting such and appear to favour the industry-backed clinicians, papers and findings. This report is a prime example of this and unfortunately doesn't help the people, but shows bias toward industry opinion. It also conflict with countries that are now actually recognizing this condition as a physical disease. Please show an unbiased approach and re-write this report accordingly.