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15/04/2010  
11:37 PM

To <MCS@nicnas.gov.au>

cc

bcc

Subject draft report [No Protective Marking]

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Dear Michael, I have read (most of) the report. There are several comments I would like to make. The discussion of MCS focuses on the importance of reactions to multiple chemicals. I believe the emphasis should be on sensitivity to low chemical concentrations, even if only to one, or just a few chemicals, rather than insist that multiple chemicals must be involved. I am often referred patients who report problems with a single type of chemical, for example essential oils, with seasonal symptoms only. Referral patterns can influence how MCS is perceived: difficult cases may be off-loaded to clinicians with few resources to evaluate them. Emotional issues often complicate assessment of such patients. I am often referred patients with ENT symptoms who have no preconceived ideas as to the possible adverse effects of chemical exposure. Such patients may be free of any "emotional overload", and easier to assess, but have received little attention. I suspect this situation has affected the MCS literature. Some of the best studies – in my opinion – do not appear to be mentioned. In particular, there are studies demonstrating a heightened response to capsaicin in chemically sensitive patients using a double blind protocol. I am referring to the work of Eva Millqvist's group in Sweden and studies by Elberling in Denmark. Their studies also report that stimulation of sensory nerve fibres of the respiratory tract is associated with many of the "cerebral" symptoms of MCS such as inability to concentrate and fatigue. This suggests that attention directed to the role of neurogenic inflammation may be instructive.

Immune processes may be implicated in causing neurogenic inflammation and may be easier to study than brain function, which has proven to be a minefield. There is no discussion of how immune processes can affect the nervous system yet numerous studies have documented changes which may be relevant to understanding MCS. For example immune activation of peripheral nerves is known to cause glutamate release in the CNS by glia with changes in NMDA receptors. This may be pertinent to the theories and observations of Martin Pall.

I believe there should be more focus on these issues.

Colin Little

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