


**May 12,
2021**

The „International Awareness Day for Multiple Chemical Sensitivity (MCS)“

is part of an umbrella campaign launched in 1992 by Tom Hennessy. The intention is to create more awareness about this disease and the life circumstances associated with it. In most cases many people, including those in the medical establishment, know little about it. Among others it is up to those affected to raise awareness of this disease ¹¹⁾.

A life offside: People with Multiple Chemical Sensitivity (MCS)

> Interview with some affected persons of a German support-group <

MCS is a developed hypersensitivity to many chemical substances¹⁾. It is an increasingly widespread and severe chronic disease that affects sufferers in their daily routine, but also threatens their survival²⁾. Due to the lack of information, MCS often remains undiagnosed³⁾. But the risks of a possible loss of tolerance⁴⁾⁵⁾, should be given more attention, after all, people come into contact with more than 8.000 chemical compounds every day⁶⁾. For example pesticides⁴⁾ are among the possible causes of MCS.



What are indications of MCS?

"Recurring symptoms such as palpitations, dizziness, irritable cough, shortness of breath or nausea, which occur, for example, in rooms exposed to emissions or when inhaling fragrances, disinfectants or cleaning products, can indicate MCS. Chemicals that may have been tolerated in the past and do not represent a problem for healthy people can cause symptoms that sometimes can last for weeks. In extreme cases, even life-threatening shock reactions are possible¹⁾. Short contacts and low concentrations are already sufficient."

Hanna, when did you develop such symptoms?

"Never before I had dealt with allergies or similar. After a few hours in a newly constructed building, I became a medical emergency and since then I have been unable to continue working. The trigger in my case was the sum of the pollutants that were detected in the new building (including formaldehyde, cement components). In the meantime, I also react to other substances such as perfumed products, which are unfortunately often used."

Is it typical for MCS that a major exposure scenario causes the disease?

"Not necessarily. Even persistent minor exposures, in other words environmental influences, can initiate this first stage of the disease process¹⁾⁵⁾. Our everyday lives are full of chemicals and environmental pollutants. Moulds can also be the cause¹⁾. It is often difficult to identify the symptom triggers. This is also because the reactions sometimes appear with a time delay."

Your MCS developed in the context of your former profession, Ferdinand. How did that happen?

"I was a chimney sweep. When working with oil-fired heating systems, I started to experience severe respiratory distress. Although I changed my job, I continued to be sick and was forced to investigate the cause. Finally I recognised the connection with soot particles. Even though I can work again: Candle smoke, many chemicals and also fragrances still trigger symptoms. Without consideration, being together is no longer possible, which many don't understand."

Georg, you are an organic farmer and work in the fresh air. What caused your MCS?

"The cause may be elsewhere. But I was finally able to identify chipboards with their formaldehyde exhalations as the trigger for the symptoms. So I changed my furniture and bought solid wood furniture at

flea markets. After that I felt better. But I am still intolerant to fragrances, among other things. So I still have to avoid places where people meet."

This hypersensitivity to fragrances is a major common feature. Does this mean that MCS sufferers have a particularly strong sense of smell?

"No. It is not a matter of aversions to certain scents or a stronger sense of smell. Even odorless substances can cause symptoms. MCS sufferers react to oral, dermal or inhalation chemical contact⁴). The problem is that after the initial exposure, sufferers regularly experience multisystem symptoms that can be triggered by everyday chemicals, medications, and even foods⁵). A chronification develops¹."

What does multisystem symptoms mean?

"Multiple organ systems are affected. The multiple symptoms frustrate physicians and patients alike. It is difficult to come to a diagnosis. Also, because the usual test procedures hardly give any information on this⁵). Answers can finally be found in the field of clinical environmental medicine⁷), which pays attention to the individual susceptibility to environmental factors. According to a report by the Robert Koch-Institute (RKI), this cross-sectional discipline is unfortunately not sufficiently taught in medical education in Germany⁸."

If the symptom triggers are known, is it enough to consistently avoid them?

"An important aspect. But difficult to realize in our modern world due to the amount of pollutants and chemical compounds used, of which there are currently over 100 million⁶). However, each exposure event worsens the situation, successively expanding the range of complaint triggers and symptoms. Even natural substances (such as strong essential essences or terpenes) can eventually lead to symptoms. A person with MCS has to avoid many - and more and more - places."

What types of treatment are available for MCS patients?

"Clinical environmental medicine has developed treatment methods⁹) to lessen symptoms. Unfortunately, only a few physicians possess this further qualification. This has led in Germany to an extreme underuse and misuse of medical care for environmental patients⁸). The sufferers are the patients, who without expert care are forced into a downward health spiral. MCS sufferers are thus offside in several ways: on the one hand, due to the social isolation into which they are forced by the manifold fragrances and pollutants. On the other hand, concerning medical care. The problem here ranges from a lack of clinical environmental medicine physicians to a lack of emergency protocols in the case of necessary hospitalization."

Kathrin, why did you look for contact with the self-help group?

"Sharing experiences is particularly important because of our difficult situation. Even my doctors have read the self-help group's information material with interest."

Note: Statements in the above text without direct addressing are from the leader of the support-group

A supplementary interview with Dr. med. Udo Böhm

www.boehm-udo.eu



Until 2009, the German doctor treated patients with a focus on general-, sports- and environmental-medicine, naturopathic treatment and orthomolecular medicine. For many years he also treated patients with environment-associated diseases, such as MCS. Today, he is sharing his professional knowledge in lectures, publications and training courses. He is also involved as a university lecturer for general medicine (LMU Munich), as a leader of advanced medical training courses on orthomolecular medicine (Germany and Austria/ÖÄK diploma) and as a leader of the blended learning advanced training course in practical environmental medicine certified by the German Medical Association.

Dr. Böhm confirmed during the interview that in Germany MCS is clearly listed as a physical disease in the official classification of the "German Institute of Medicine, Documentation and Information (DIMDI)" in chapter 19 of the disease register ICD-10 under "injuries, poisonings".

How many patients are affected by MCS?

"The data situation for Germany is not clear on this. It can be supposed that the number of unreported cases is quite high, because MCS is not yet widely recognized in medicine. Hausteiner's (2005) frequency data for Germany range from 0.5% documented by physicians to self-reported 9 %. According to Steinemann (2019)¹² in the USA, Australia, Sweden, and the UK, 19,9% of the population report chemical sensitivity and as many as 32,2% report fragrance sensitivity, with 7,4% actually diagnosed with MCS."

How can MCS develop in the ongoing disease process?

"In the case of MCS, as with many other organic diseases, a distinction should be made between direct and reproducible symptoms and the often not exactly assignable long-term consequences. Direct and prompt symptoms (stage 1) include, for example, headache, fatigue, sleep disturbances, eye and respiratory irritation, gastrointestinal problems, joint pain, tachycardia, depression and nervousness. Regarding long-term effects, we can refer to the results of numerous studies on consequential damage from low-level chronic chemical exposure and to some recent MCS studies (e.g., Rossi 2018). We initially assume general disturbances of metabolism and barriers with chronic inflammation and stress of different organ systems as well as secondary intolerances in an earlier subsequent stage (stage 2). Depending on the exposure time, this can lead to dermatitis, vasculitis, immune and metabolic disorders, allergies, arthritis, colitis or circulatory disorders. In case of long-lasting and especially persistent exposure (stage 3), as known from other chronic pollutant exposures, the complaints may worsen and often only after a delay of many years further diseases may be caused or at least triggered, such as neurodegenerative diseases, cardio-vascular diseases, diabetes, cancer, psychiatric syndromes or diseases in the area of lungs, kidneys or liver."

How can MCS patients be helped?

"Those affected can and should be helped in many ways. First of all, they need expertise, acceptance, understanding, consideration and positive motivation on the part of the caring health professions, health insurance companies and politicians for changes in their lifestyle and their entire private and professional environment. This of course includes immediate and complete research and avoidance of the triggering chemicals and reduction of other organic and psychological stress factors. In connection with this, an optimization of the body's own resources such as detoxification system, barriers (respiratory tract, intestine, skin), immune and inflammatory system or mitochondrial activity must be aimed for with appropriate measures. And finally, in addition to the essential activities mentioned above, the secondary diseases of MCS must be treated professionally in the context of the various stress and trigger factors, and recurrences must be prevented. To this end, we need, on the one hand, a nationwide supply of appropriately qualified therapists, who should preferably have completed training in environmental medicine, and, on the other hand, a better level of recognition by health insurance funds and social systems with regard to the care of affected patients."

Quellenverzeichnis:

¹ [Ärztinformationsblatt](#)

² [Vadalà et al. "A Proposal for Clinical Biomarkers in Multiple Chemical Sensitivity"](#)

³ [Maschewsky-Interview TU Berlin "MCS – eine Gesundheitsstörung im Spannungsfeld von Arbeitsplatz und Umwelt"](#)

⁴ [Pall „MCS: Toxicological and Sensitivity Mechanisms“](#)

⁵ ["BREESE: Three questions for identifying chemically intolerant individuals"](#)

⁶ [Dr. Ionescu: „Die Folgen der Umweltbelastung“](#)

⁷ [EUROPAEM „Clinical Environmental Medicine“](#)

⁸ [RKI: Umweltmedizinische Versorgungssituation von Patient\(inn\)en in Deutschland](#)

⁹ [Fachbuch: MCS-Ein Krankheitsbild der chronischen Multisystemerkrankungen, Drs. Hill/Huber/Müller](#)

¹⁰ [kosten-/lizenzfrem Bildquelle: Pixabay.com](#)

¹¹ <https://www.checkiday.com/52849270b6c08cde39602d1432989357/international-awareness-day>

¹² [Steinemann \(2019\): https://link.springer.com/article/10.1007/s11869-019-00672-1](https://link.springer.com/article/10.1007/s11869-019-00672-1)