

Idiopathic environmental intolerance

Back in 1996, a World Health Organization workshop called Multiple Chemical Sensitivities was held in Berlin. Experts exchanged ideas and made recommendations to the World Health Organization and the International Programme on Chemical Safety. One recommendation was that the term "Multiple Chemical Sensitivity" should be discontinued because it makes a judgment on causation. A more appropriate descriptor is Idiopathic Environmental Intolerance (IEI). This term incorporates a number of disorders sharing similar symptomatology, including what is described as Multiple Chemical Sensitivity (MCS).

A working definition of IEI is: An acquired disorder with multiple recurrent symptoms, associated with diverse environmental factors, tolerated by the majority of people, and not explained by any known medical or psychiatric/psychological disorder.

I agree that MCS should be referred to as IEI. First, I believe that if one only focuses on the chemicals around them as the actual cause, we may be missing another important part of the picture, namely, food allergies and intolerances. Is there a relation between food and systemic immune system activation in patients with food intolerance? This is quite important to understand. If foods can initiate systemic immune system activation, wouldn't that in turn make us more sensitive to our environment? This would shed new light on this incredibly complex condition. It turns into the chicken or the egg euphemism. You are exposed to chemicals and are consuming foods that initiate a systemic activation of your immune system. The fact that your immune system is overactivated can make you more sensitive to your environment, just as being bombarded with chemicals may make you more

sensitive to them due to a systemic activation of your immune system. Can you see the vicious cycle that can be created? The key is to address both components to successfully manage and treat IEI.

Which brings me back to my original question: Is there a relation between food and systemic immune system activation in patients with food intolerance? According to research in the journal *The Lancet* Vol. 356, July 29, 2000 page 400 to 401, researchers Jacobsen, Aukrust, Kittang and others discovered that food provocation in food intolerant patients was characterized by a general and systemic immune system activation, accompanied by an increase in systemic symptoms. An immune system component called TNFa (tumor necrosis factor alpha) can mediate general symptoms such as joint and muscular pain, and headache. These symptoms sound similar to many cases of IEI. In this study, TNFa increased in food intolerant patients. It is my contention that overexposure to environmental chemicals causes the same release of TNFa.

What are the underlying dietary and environmental causes of, and contributing factors to, patients from a physical and mental record of symptomatology with regard to IEI?

Hereditary/genetic factors: The American Academy of Environmental Medicine recognizes that a genetic predisposition to the development of allergies can be passed down successive generations of a person's bloodline.

Poor nutrition: A major cause of chemical sensitivity is poor or inadequate nutrition. Refined and processed foods need to be avoided.

Infection: Sensitivities can develop after severe infection (viral, bacterial, parasite, fungal), especially candida, resulting in leaky gut.

Chemical exposure: Exposure to pesticides, herbicides, petrochemicals, extensive use of medications OTC/prescription.

Example: frequent use of antibiotics, steroids and other medications.

Stress: Increased emotional or physical stress can set the stage for IEI. Physiological stressors such as excessive exercise, heat exposure, fasting, emotional stress and illness can trigger a release of some toxins stored in adipose (fat) tissue.

Lifestyle: Especially if you are not able to “clean up” your current environment. (Meaning you are stuck with a job and lifestyle that bombards you with chemicals.)

Glandular disorders: Particularly hypothyroidism and adrenal insufficiency. Because low thyroid function is associated with IEI, we can't ignore the possible connection between Hashimoto's thyroiditis, caused by an overactive immune system, and IEI.

Other factors: Physical trauma, accidents, surgery, intense medical treatment (cancer). Having dental amalgams also may be a contributing factor.

Just focusing on the aforementioned will leave a gapping hole in one's wellness program. To this list, we now need to add dietary allergies and sensitivities.

The immune system, either overstimulated or underactive, can result in IEI. Many researchers are aware of immune suppression and IEI, but lack of awareness of overstimulation and activation of the immune system due to food provocation can mean the difference between wellness and chronic illness.

Today, people are exposed to chemical concentrations far greater than were previous generations. Ecological changes in the environment are occurring faster than the human body's capacity to adapt to them. There are currently 55,000 chemical compounds in production. 3000 are added to food supplies. 700 are added to drinking water. 10,000 are used in the processing

and storage of food. Add to this the sensitivity and direct allergies that many of us have developed to natural foods, and we can see how our immune systems are being pushed and pulled in both directions: suppression and overstimulation.

Each case of IEI should be treated differently. Breaking the sensitivity to one's diet, by identification and elimination or, in some cases, desensitization while practicing a period of chemical avoidance, cleaning up the home and work environment, and supporting the immune system can greatly enhance our body's health and break the cycle of IEI.