

What is Multiple Chemical Sensitivity (MCS)?

MCS (also known as TILT (Toxic-Induced Loss of Tolerance), Sick Building Syndrome, Chemical Allergy, and Environmental Illness) involves severe, chronic reactions to everyday products and by-products (fragrances, detergents, fabric softeners, air fresheners, new carpeting, newsprint, machine lubricants, auto exhaust, smoke, and 100's more) that most people seemingly tolerate. Hundreds of MCS studies (and an increasing number of asthma studies) conclude that many patients become ill after long-term, low-level exposure to common environmental chemicals. For example, many people are now allergic to latex, a petrochemical that was formerly well-tolerated.

MCS symptoms may include, among others, shortness of breath, sinus infections, headaches, mood swings, allergies, food allergies, mental confusion, memory loss, dermatitis, exhaustion, depression, swollen glands, earaches, toothaches, burning eyes, sinus infection, and stiffening of the jaw, neck, and shoulders. In many ways, sufferers feel like they have the flu. However, unlike flu symptoms, MCS reactions reoccur (and worsen) every time one is exposed to the triggering agents (even for just a few minutes), and the after-effects can be significant and long lasting (feeling much like a hangover).

Because of its widespread use, one of the worst chemical offenders is fabric softener, either in liquid form or dryer sheets. These fragrance-filled petro-chemical products contain adhesives to make them stick to your clothes; however, they also stick to, and are readily absorbed by, your skin—the largest organ in your body. Patients with MCS typically react so profoundly to fabric softeners that some doctors have begun to challenge their patients with them during diagnostic examinations.

The incidence of MCS appears to be increasing around the world, and is following virtually the same rising morbidity patterns as asthma, autism, and cancer. Scientists, physicians, and government agencies increasingly recognize MCS as a disability and public-health threat. That is why the Centers for Disease Control, as well as many businesses, hospitals, cities, and other institutions, have instituted fragrance-free policies in their facilities. Meanwhile, the European Union and Canada have already banned many of the chemicals that we use daily, and an increasing number of hospitals worldwide are implementing clean rooms and patient-care protocols to help safeguard MCS patients.

Meanwhile, growing evidence indicates connections between MCS and Chronic Fatigue Syndrome, Fibromyalgia, Gulf War Syndrome, asthma, and a growing list of diseases that involve tissue and organ inflammation. In fact, many of the 9/11 responders and site workers have now been diagnosed with MCS, while folks in the Gulf Region are already suffering aftereffects from the BP oil spill.

Because product ingredients included under the umbrella term *fragrance* are not required to be listed on the product label, manufacturers are able to include hazardous chemicals in their products with no scrutiny from the public or government. Furthermore, [two comprehensive 2010 laboratory analyses](#) of common fragrances revealed that 95% are derived from petroleum, and many of their ingredients are known neurotoxins, sensitizers, hormone disruptors, and carcinogens—some of which are found on the Environmental Protection Agency's hazardous waste list. Tellingly, Canada and some European nations have forced manufacturers to list these hidden ingredients, which has led to subsequent bans on many of them.

Please be aware that the term *unscented* in many cases means very little because it indicates, at best, that no fragrances have been added to enhance the product's scent. However, equally harmful *masking fragrances* are often used in unscented products to cover up chemical smells. The term *fragrance-free* is thought to be a better indicator of safe products, but it is not a guaranty.

Fragrance sensitivity is becoming increasingly common. Two combined 2009 surveys found that 30.5% of the general population reported that scented products on others are irritating, 19% reported adverse health effects from air fresheners, and 10.9% reported irritation by scented laundry products delivered to the outdoors through dryer vents (a problem that has become widespread in dense neighborhoods).

In 1999, thirty-four medical practitioners agreed upon a now widely accepted list of six criteria to be used when diagnosing MCS. The criteria are as follows:

1. The symptoms are reproducible with repeated [chemical] exposure.
2. The condition is chronic.
3. Low levels of exposure [lower than previously or commonly tolerated] result in manifestations of the syndrome.
4. The symptoms improve or resolve when the incitants are removed.
5. Responses occur to multiple chemically unrelated substances.
6. Symptoms involve multiple organ systems.

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