

The State of MCS 30 Years Later

After more than 30 years of living with MCS I was evicted on my 70th birthday in September 2021. Today a friend sent me a link to the article below published recently in the Defender...

25% of U.S. Population Susceptible to Multiple Chemical Sensitivity, Dr. Bernhoft Says

In an interview with The Defender, Dr. Robin Bernhoft said, “Our current medical system, including much of our purportedly scientific research, is captured by the interests of pharmaceutical companies who put profits ahead of patients.”

By David Charbonneau, Ph.D.



Dr. Robin Bernhoft has Multiple Chemical Sensitivity (MCS), an illness he describes as “misunderstood and controversial” that affects up to 25% of the U.S. population.

Bernhoft also is the parent of a vaccine-injured child and the author of research papers on the link between autism and vaccines.

In an interview with The Defender, Bernhoft, an allergy and immune specialist with more than 46 years in the medical field, discussed MCS, vaccines, autism, COVID, and how profit and politics have warped medical care in America.

Bernhoft is director of the Bernhoft Center for Advanced Medicine in Ojai, California, and past president of the American Academy of Environmental Medicine.

He also is the author of more than 28 publications, including three books, and has testified at more than 60 trials as an expert witness in the field of environmental medicine and the treatment of MCS.

MCS-Aware, an advocacy organization, defines MCS as “a chronic, physical illness affecting people of all ages and backgrounds.”

MCS-Aware states:

“[MCS] causes sufferers to have allergic-type reactions to very low levels of chemicals in everyday products. Put simply the immune and detoxification systems stop working properly and the body cannot process toxins efficiently.”

“That’s a pretty good working definition,” Bernhoft said. He added:

“MCS is found in people who react with exposure to any chemical — car exhaust, perfume, paints, household chemicals, even new plastics in household items and chemicals in new clothing — with a variety of symptoms, including headache, respiratory distress, extreme fatigue and neurological symptoms, such as brain fog, dizziness and vertigo.”

Bernhoft described MCS as a disease in which the detoxification pathways of the human body become compromised due to genetics or environment, or a combination of the two.

“The body is like a rain barrel — you fill it up with toxic stuff and eventually it overflows with symptoms,” he said.

According to the National Resources Defense Council, more than 80,000 chemicals have been introduced into our environment since 1945. Very few of these were adequately tested for their impact on human health.

In individuals with MCS, Bernhoft said, the body’s detoxification pathways are less than genetically ideal, so they are more susceptible to having difficulty detoxifying chemicals commonly — and increasingly — found in our environment.

The most common triggers for MCS are petroleum-based solvents, volatile organic compounds, pesticides and synthetic fragrances.

One fragrance alone can contain up to 600 petroleum-based chemicals, and because ingredients are considered a trade secret, manufacturers don’t have to divulge what those chemicals are.

Laboratory analysis of common fragrances shows they contain extremely toxic chemicals, including chemicals on the U.S. Environmental Protection Agency’s Hazardous Waste list.

People with MCS are anywhere from 100 to 1,000 times more sensitive to synthetic fragrances than are healthy people, Bernhoft said.

“I consider MCS patients to be the ‘canary in the coal mine’ for our toxic environment,” said Bernhoft.

MCS ‘ended my career as a surgeon’

Bernhoft, who said he has had MCS since 2000, described how the condition changed his life and career.

In the 1990s, he said, he was a successful liver and pancreatic surgeon in Seattle, having done his fellowship in London at the Royal Postgraduate Medical School, Hammersmith Hospital — a “member of the elite club in medicine of practicing/teaching surgeons.”

But then he developed allergies to all the approved soaps for pre-op disinfection.

“I would get a red rash or hives or open sores,” Bernhoft said. “It ended my career as a surgeon and set me on the path of environmental medicine.”

Eventually, the allergy to the soaps developed into MCS. Bernhoft began to have debilitating headaches in response to perfumes, car exhaust and other chemicals in the environment.

His experiences led him to retrain in allergy and environmental medicine and to question many of the assumptions of conventional Western medicine in terms of both theory and practice.

As Bernhoft wrote on his website:

“Increasingly, evidence suggests that human illness is both more complicated than we thought, yet also simpler. It turns out that our genes are not destiny, merely suggestions. ‘The genes cock the gun, but the environment pulls the trigger.’

“The expression of genetic information is influenced by lifestyle, diet and various environmental factors. Many toxic environmental factors can be successfully removed. Many defective genes can work better with the proper cofactors or with upgrading of backup enzymes. When these things happen, diseases can be improved, sometimes eliminated altogether.

“While it is not possible to cure everyone, it is possible to improve or eliminate many ‘untreatable’ chronic conditions. Seventy-five percent of America’s health care bill is consumed [by] throwing pills at the symptoms of chronic disease — but money is better spent going after causes, as they do in Europe and Japan.”

In his recovery and in his practice, Bernhoft said he relies on a combination of treatments for MCS to relieve the immune system’s toxic burden and improve its functioning.

These include infrared sauna, chelation, high-quality nutritional supplementation and dietary changes to detoxify the body.

He also uses an immunological treatment called “low-dose antigen therapy” that is highly effective and safe in treating a wide variety of allergic reactions, including reactions to chemicals.

“Low-dose antigen (LDA) treatment is the standard of care for all allergies in the UK and has had some impact in Europe,” Bernhoft said. “But it is not recognized by the American Academy of Allergy, Asthma, and Immunology (AAAAI).”

“American allergy doctors use an approach to allergies developed during the first World War,” said Bernhoft, adding that in contrast, LDA treatment was introduced in the 1970s.

He said:

“It’s a more recent and far safer technology. The typical allergy shots that most American allergists give can lead to serious side effects, including two dozen deaths in an average year. The LDA shots have few side effects and no recorded fatalities since 1973.”

Bernhoft said the issue for American allergists with the LDA approach is not one of efficacy or safety, but one of profit.

“The LDA shot is one shot every seven to eight weeks, whereas the typical course given by an American allergist is one or two shots per week,” Bernhoft said.

“It’s easy enough to do the math on the greater profits to be had with the latter approach.”

In fact, Bernhoft said the AAAAI successfully lobbied insurance companies to cover the standard regimen of weekly allergy shots but not to cover the far-less-expensive LDA shots.

That means MCS patients, for whom the standard allergy treatment offers no help, must pay out of pocket for the LDA treatment, while standard allergy patients (including those with dust and pollen allergies) must submit to the more expensive, more dangerous approach to receive medical treatment covered by their insurance, Bernhoft said.

As someone afflicted with MCS, this reporter can personally attest to the efficacy of the LDA treatment.

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