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Multiple Chemical Sensitivity...From Treatments to Cure

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Multiple chemical sensitivity or environmental illness is by far one of the fastest growing commodities on the riddle list of the American disease care industry. According to the National Academy of Sciences published in 1987, up to 15% of the population met the definition of suffering from chemical sensitivity by exhibiting heightened response to chemicals that was followed by symptoms of various degrees of discomfort. By 1993 the same organization expected that figure to double and reach 30% while continuing its steady rise. [1] The socioeconomic toll is gigantic as it is estimated that indoor air pollution from "sick buildings" alone results in between 15 and 100 billion annual contribution to national health care costs. [2]

If we add a slew of outdoor pollutants, pesticides, herbicides, industrial toxins, contaminated drinking water, food supplies and dental metals, the health care costs in my conservative view, would reach at least half trillion dollars per year. Yet, in spite of this rapidly growing epidemic, along with its socioeconomic burden, very little in the way of awareness or progress on the part of organized medicine has been made. Furthermore, in addition to enduring the myriads of physical sufferings, chemically sensitive persons are often subjected to painful emotional and social difficulties by their friends.

The unfortunate paradox of this complex situation is that the friends and relatives, as a rule, are just as sick without knowing it since the same toxicological, biological and other factors that reside in the body of the environmentally ill reside in lesser or even greater degree in their bodies too. The difference lies in constitutional -- genetic differences that make the environmentally ill manifest chemical sensitivities first and then succumb to malignancies, neurological, vascular and other diseases, while the "healthy" friends and relatives are getting ready to succumb to the same diseases just as speedily in spite of "normal" doctor's check-ups, but without manifesting any chemical sensitivities per se. This situation is even more pitiful than the one with the friends and relatives. It contains a chain of unfortunate, but well established facts with one common denominator at their root -- ignorance. The latter stems from medical training which, as is unfortunately the case with many other vital disciplines, is totally void of proper toxicological education. [3,4] Short of acute poisoning cases, i.e., swallowed mercury thermometers, smoke inhalation or attempted suicide victims, medical doctors on a whole totally lack awareness of the pathogenesis and true incidence of environmental illness. This is not surprising considering that 35% of American medical schools offer zero hours on toxicological and environmental medicine and the rest of the medical schools offer as many as four hours total! The residency training with only a few weeks rotation through the emergency room with sporadic exposure to acute poisoning cases that are usually due to a drug overdose, cannot address this academic gap. Only a handful of physicians, less than one percent, pursue toxicological education or environmental medicine, and even then they are seriously hampered by the current diagnostic limitations. To add another burden to this state of affairs the American Academy of Medicine and other medical associations whose members undoubtedly inherited the same deficient training, have condemned other physicians who try to address the environmentally ill. [5] It is not surprising that in such a "professional" climate millions of environmentally sick people from diverse demographics are looked upon as a suspicious group of hypochondriacs who imagine this problem for no other reason but to frustrate their "knowledgeable" doctors or to obtain Prozac in order to cope with some hidden psychological agendas. I have seen many cases where these victims were socially ostracized and emotionally humiliated for having "unreasonable" demands concerning their environment or health limitations. Leaving these "Prozac seekers" aside, the tragic plight of the Gulf War Syndrome victims treated by conventional medical specialists is the best evidence of this neglected and grossly undeveloped medical specialty. This is particularly troublesome considering the continuous increase in environmental pollutants, and also the fact that in the current political climate the issue of biological and toxicological terrorism on the soil of American cities has already evolved from "if" to "when." [8] It is obvious that the importance of toxicological medicine has grown beyond just another academic discipline.

The disturbing facts are that, with over 70,000 chemicals being in common use today and another 1,600 new ones submitted for approval every year, it is only logical that according to the EPA traces of toxic chemicals can now be found in nearly every American. [9] This is not to be construed as a bad surprise but a commonplace reality since over 500 of these chemicals have been found in our drinking water, 3,000 in food supplies, over 500 found in commercial household products stored in every house, nearly 900 smeared into the skin and inhaled concurrently through cosmetics and fragrances. [10-12]

If we add to this data another sinister fact -- that some of the most deadly compounds -- silver-amalgam fillings or copper-amalgam fillings along with other "checked out safe" metals, have been placed over the years into the mouth of just about every American, then the skyrocketing statistics of not only chemical sensitivities, but cancer, neurological and cognitive disorders, chronic fatigue and all the other degenerative diseases becomes a mathematical expectancy. The incidence of cancer alone has almost doubled in the last 40 years as our medical care has "advanced," and approximately 80 million Americans can expect to develop malignancy during their lifetime while 98% of all cancers may be linked to chemical exposures. [13,14] It is important to realize that the plight of the chemically sensitive is a plight of many and that the true difference between them and the rest of us is not so much in the disease itself but only in the symptoms. In view of the enormous complexity of this clinical problem, this article will have to be limited to a few selective concepts as they relate to the subject of chemical illness.

Pathogenesis

So what happens when people are exposed to these noxious agents and how do they make them sick? Without going into a detailed analysis of the multitude of various chemical groups and compounds involved, some of them are capable of invading extra-cellular and intracellular structures down to the DNA level of many organs and systems. Metals and heavy metals are known to penetrate deeper and cause, as a consequence, the most severe damage. These organs and systems include our immune, vascular, excretory, metabolic, endocrine, neurological, musculoskeletal and others.

This is the reason why many people, and not only the chemically sensitive, are afflicted with the multitudes of fixed name diseases or complaints that in spite of their seeming diversity stem often paradoxically, from the same causes. They continue their endless (and fruitless) journeys from specialist to specialist and after some of them get fed up with these rounds and travel to famous university clinics, they only wind up seeing more specialists who dispense more sophisticated fixed disease name labels along with an extra load of "better" pills. These internal toxic loads keep many specialists busy in alternative medicine as well. [15]

The question arises -- if the majority of people have identical toxic loads, what specific mechanisms then make the chemically sensitive, chemically sensitive? The answer is that amongst many organs and systems affected, the epicenter of pathology in the chemically sensitive lies within the reticuloendothelial system or better known as immune and lymphatic branches. As it is the case with all of the chronic diseases, the environmentally ill person has been sick long before the first symptoms of chemical sensitivity came to surface. His or her reticuloendothelial system has been for years and decades already presensitized by formaldehyde, PCBs, paints and solvents exposed to as early as perhaps infancy, when the baby room was freshly painted and newly furnished for the happy occasion. As time went on, toxic new toys, mercury-containing vaccines, commercial household chemicals, room and bathroom deodorants, cleaning and polishing fluids and washing detergents continued to affect one's immune responses. In year s to come, lymphatic burden grows with repeated vaccinations; suppressions of colds or allergies, skin rashes or loose bowels by antibiotics; decongestants, steroids and binding agents all blocking desperate body attempts to alleviate toxic residues. The symptoms get erased while the underlying causes are pushed down deeper. Along the way, with the further "aid" of a junk food diet containing chemicals and sweeteners, dental cavities invariably follow as mercury fillings and fluoride treatments join in. Later on in life more toxic fillings, crowns, bridges, adhesives or just ordinary cleanings with the latter leading to mercury release, follow. The toxic wheel keeps spinning as direct toxic damage inflicted by the accumulated chemicals to cellular proteins occur to the point where they are no longer recognizable by the body immunity as their own via a formation of haptens. This results in more heightened immune responses as the body is forced to attack these "foreign" invaders which trigger chains of immune reactions. Immune organs themselves cannot protect their own cells against these toxic assaults as they become damaged too, and begin losing sight of antigenic codes distinguishing the body's own organs and tissues from that of foreign agents.

Such a disoriented immunity begins generating hypersensitive responses via four commonly recognized types of immune reactions, and often culminating in vicious autoimmune diseases, destroying many organs and tissues. [16] The end result of these reactions is more damage, further production of proinflammatory substances released into the lymphatic system, further hyperexcitability of the immune system as the cycle goes on. In these stages a person afflicted may already manifest numerous symptoms which may again vary, depending upon the underlying constitutional weaknesses. These symptoms may include headaches, hives, eczema, hay fever, mucus discharges, palpitations, anxiety or panic attacks, heat waves, abdominal cramps, tingling, pins and needles and many others. These too are often addressed with synthetic or natural suppressive pharmaceuticals, raising the level of toxins.

As the destruction of excretory, endocrine and metabolic organs takes place, the toxic loads continue to accumulate while their excretion and detoxification becomes severely impaired. Endocrine, immune exhaustion sets in while the numerous infectious diseases develop. Amongst them Epstein Barr, Herpes and Cytomegalovirus as well as intestinal protozoa, helminthosis, intestinal fungi with the latter group leading to chronic inflammations of the intestinal mucosa culminating in a "leaky gut." Toxic burden rises as more antigenic loads enter into the lymphatics and bloodstream, triggering further chains of environmental sensitivities including molds, dust, pollens and more chemicals, as well as numerous food allergies. The symptoms grow by days, more complaints, doctors, pills and treatments, while a safe world of existence is becoming rapidly smaller. Chronic fatigue, migraine headaches, impotence, hormonal dysregulations in both sexes, thyroid problems, hypertension, cardiac arrhythmias, erratic blood sugar and body temperature swings, phobias and all together, psychiatric states follow. More conventional and alternative specialists are sought, and many tests performed.

Diagnosis

Before we consider some of the diagnostic methods and treatments currently in use it is necessary to address several myths that prevail at present among the public and medical profession as well.

Myth #1. "Because all these chemicals are in our environment, households and even drinking water and food, someone really checked them out good and they gotta be safe for people."

Fact: Out of 70,000 chemical compounds in commercial use more than half, 39,000, lack any toxicity data. [17,18]

Myth #2: "If these things were causing cancer and other bad diseases, the researcher -- scientists would've known this and warned us."

Fact: Most of the research has been zeroed in on only short-term carcinogenic or acute intoxication effects of chemicals in fairly high exposures in laboratory settings. Long term effects of low level chemical exposures for potential carcinogenicity and other diseases remains virtually unknown and research data suggests that it could be more detrimental than a short-term high exposure. [19,20]

Myth #3: "My doctor ordered a blood test and it didn't show anything" or "they found that chemical or metal but they said it was OK because it was in normal range."

Fact: Most of the chemical toxins causing human illnesses cannot be found in blood, or body fluids short of acute poisoning, as they reside deep within cellular structures of the internal organs. In addition "normal levels" are simply derived from health department statistics which are now based on the fact that the average person is polluted and expected to carry a certain amount of environmental toxins, while he appears to be without signs of disease and is still considered "healthy." As the population becomes more polluted these numbers are periodically raised so that both the doctors and public remain calm and "reassured." Furthermore, according to the laws of toxicology, a combined interaction and health impact of only two or more pollutants cannot be scientifically ascertained. Therefore, the only "normal levels" that are truly normal for these substances and not only in the blood, the least sensitive of all tests, but anywhere in the body, is zero. [16] The futility of conventional and most of the alternative diagnostic pursuits of body fluids, hair and tissues (fat biopsies) is summarized best in the most authoritative on the subject written by 120 world leading toxicologists: "The choice of sample type and quantity is most often limited by accessibility in the living. Often the choice is limited to blood and its components, gastric contents, feces, urine, hair, and other accessible but nonvital tissues and fluids. Often the accessible tissues may not be those that most accurately reflect the exposure to the metal. Likewise, the accessible tissue may not be collected at a time when it could be of greatest diagnostic significance." [21] The conclusion is "a great variety of tissues are only available through post-mortem examination."

Another vitally important factor to be emphasized in expanding diagnostic efforts, is that it is not so much to be aimed at the identification of all and any residing chemical compounds, but toward only the key toxins. i.e., not only inflicting the most damage but also precluding the body from releasing of other pollutants. [16] This observation of Professor Rea is very correct and from this perspective most of the tests performed with environmental substance testing conducted by the majority of clinical ecology allergists and environmental specialists, I find highly nonspecific. These tests, in my opinion, are incapable of determining the key toxins even in the presence of a patient's demonstrating more intense reactions to some agents versus others. Also conducting lengthy and expensive nutritional assessments is usually unwarranted for several reasons. Even though the chemically sensitive do indeed suffer from multiple nutritional deficiencies, extreme caution must be exercised in assessing their nutritional status as these assessments suffer from the identical drawbacks as the toxicological lab data. Due to their toxic blocks at the cellular level and enzymatic pathways, normal nutrient blood levels do not guarantee the absence of intracellular deficiencies. Also nutritional profiles are prone to rapid swings due to volatility in homeostasis in the chemically ill. In addition, volatility and overburdened immune state will often cause allergic reactions to any fixed regimen.

The most effective and surest way to conduct a proper diagnostic workup with the chemically sensitive (or any other pathology for that matter) is leaving all the lab hardware aside and conduct skillful and deep Bio-resonance testing. This is due to multiplicity of the physiologic breakdowns of diverse functions and systems. This is the result of a spreading phenomena whereby the key toxins, which as a rule remain undetected, cause the multitude of secondary sensitivities and allergies as well as weaken many organs. It is imperative also to ascertain only the key organs and systems afflicted. Notwithstanding, every toxic layer that accumulated over the years will reveal its own key toxins and their "victimized" organs.

Treatment All of the treatment modalities in use today can be broken down into four major categories:

I. Aimed at increasing adaptation

II. Aimed at suppression of symptoms

III. Aimed at reducing toxic loads

IV. Aimed at elimination of toxic loads and restoration of normal or optimal homeostasis.

I. Aimed at increasing adaptation

1. Avoidance and isolation from the assaulting agents in the workplace, home or therapeutic environmental units. Dietary restrictions also fall into this category.

2. Desensitizing therapies: a) administered via injectable, sublingual or nasal spray route; b) Homeopathically prepared allergens and phenolic compounds

3. Classical and complex homeopathy. The former works deeper, the latter far more superficial and prone to cause aggravations.

4. Nutritional supplements, antioxidants, vitamins oral or injectable, herbs.

5. Hormonal or prohormonal substances: thyroid, DHEA, growth hormone -- pharmaceutical or homeopathic, cortisone.

6. Chinese medicine, herbs and acupuncture.

7. Antiparasitic, antifungal, antiviral preparations, supplements to "treat" leaky gut.

All of these may help to reduce symptoms and improve a sense of well-being temporarily while the underlying pathology continues.

II. Aimed at suppression of symptoms

1. Antihistamines, synthetic or natural, pharmacological doses of cortisone.

2. Megadoses of vitamins, oral or injectable.

These may turn off symptoms for short periods of time and cause hidden side effects in addition.

III. Aimed at reducing toxic loads

1. Sauna

2. Mercury and other metal chelators -- oral or intravenous, complex homeopathic remedies.

3. Detoxifying herbal or nutritional preparations.

These are not capable of eliminating toxic loads and with the exception of #3 (very superficial action) are prone to cause aggravations and worsening of states.

IV. Aimed at elimination of toxic loads and restoration of normal or optimal homeostasis

This can be accomplished only with the aid of skillful Bio-resonance testing capable of identifying key toxins and key impaired organs involved. I personally use a very simple non-force Applied Kinesiology testing as my guide.

The key toxins are addressed exclusively with homeopathic single nosodes in potencies corresponding to the degree and depth of invasion. The efficacy of homeopathic nosodes prepared of toxic chemicals, in removing the same substances from living tissues, or their protection even from carcinogenicity, has been well documented in scientific literature.

Examples: intoxications with arsenic, cadmium, copper, mercury, mustard gas and others. [22] The same principle operates with other toxic and biological agents. Also among other physiologic functions particular importance is given to support the key weak organs with a special emphasis on lymphatic system and excretory organs, Special attention is also given to the detection of intestinal infections most of which are impossible to diagnose through stool testing. Proper environmental advice, selective nutritional support and dietary guidance as deemed by the testing, is provided concurrently in order to prevent further draining of one's energy pool but divert it instead toward the healing. The testing algorithm also allows us to discern highly unstable and fragile states as is evidenced by the overall low vitality, poor energetic readings off the excretory, metabolic, endocrine and reticulo-endothelial systems. These cases would require the utmost precision, skill and caution exercised in their care, including proper excretory and lymphatic support. Unless this is done, severe aggravations will follow.

A few examples: A 50-year-old lady with multiple chemical sensitivities was advised to postpone the removal of mercury fillings based on the testing data. However, in spite of my cautioning her, she went ahead with the plan for removal, being confident in the aggressive oral and intravenous mercury chelation measures offered at the clinic. Yet, only minutes into the procedure and while on the "protective" intravenous drips, she began sustaining symptoms of anaphylactic shock. The drilling of mercury filling and all the chelators had to be immediately discontinued, and she had to be given steroids to handle the crisis. Her friend, to the contrary, tolerated the procedure very well, even though she returned with substantial mercury and other toxic readings that had to be subsequently removed homeopathically.

A 28-year-old young woman with multiple chemical sensitivities, shortly after starting her treatment in my office, was persuaded by an impressive detox package consisting of sauna and massive supplementations, and promoted by an environmental medicine specialist. Based on her Applied Kinesiology reading, I anticipated complications since she would not be able to excrete and would "drown" in the stirred up toxins in the process of such a poorly individualized procedure. The patient, nevertheless, opted for the package and returned in such a much worsened state that she had to file for disability.

A 30-year-old man who suffered from psoriasis, insomnia and herpes virus, decided to remove all of his silver-amalgam fillings. Since then he developed chronic fatigue, multiple chemical sensitivities, muscular twitching, and in addition, poor libido and the worsening of insomnia. He saw several alternative physicians, underwent many tests along with oral and intravenous vitamin drips, including widely-used mercury chelator. All symptoms became much worse after the mercury chelators. He also tried an egg detox regimen without success and became allergic to eggs.

A 35-year-old practitioner seemingly in good health and very experienced in Bio-resonance testing with the aid of computerized EAV (Electroacupuncture According to Voll), requested that I test her at one of my seminars. She had tested and treated herself over the years by "removing" and "desensitizing" herself against toxins with the popular energetic balancing and body "reprogramming." Her blood and stool tests were "normal." She was quite surprised when I found, among other problems, a number of serious dental

residues and also, worms in one of her organs. When she inquired why my testing did not reveal worms in her intestine instead, I suggested that she must have treated them prior with pharmaceuticals and made them go elsewhere as is often the case. She confirmed this, as well as most of my findings, as she detected these in the past and thought they were cleared.

A teenager, universal reactor. Reacted to all and any chemicals and foods, being forced to live in a bare cage-like room and being able to eat only millet, rice and distilled water. Treated prior with various alternative therapies without response. Completely cured on the program, but unfortunately eats junk food daily after years of deprivation.

A 35-year-old electrician who participated in the rescue efforts right after the terrorist bombing of the World Trade Center in New York City in 1994. Suffered numerous serious symptoms including breathing difficulties after inhaling toxic fumes. Yet, refused the ambulance and barely made it to my office. Cured promptly, while many of his colleagues had suffered protracted medical problems.

In conclusion, in spite of the fact that multiple chemical sensitivity indeed presents a very challenging clinical problem, given the proper tools and a strictly individualized approach combined with patience on the part of both physician and the ill, the riddle of multiple chemical sensitivities can be overcome.

Bio

Savely Yurkovsky, MD is a cardiologist by training who practices alternative medicine in the New York area with emphasis on Bio-energetic regulation and diagnosis. He is the founder of "SYY Integrated Health Systems, LTD." dedicated to the dissemination of scientifically prudent knowledge concerning various alternative and conventional modalities and the creation of their integrated therapeutic system under the concept and model of Field Control Therapy. This system is based on the thorough analysis and understanding of the various physiologic regulating domains within this model, with the primary emphasis on the fundamental role of energetic cellular fields. This leads to precise understanding of the benefits and limitations of given therapeutic and diagnostic modalities. At the present time, he teaches this curriculum to licensed health professionals.

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