TESTS FOR CHEMICAL INJURY

People injured by synthetic chemicals often develop sensitivities to multiple chemicals and may qualify for a diagnosis of MCS (Multiple Chemical Sensitivity) if a documented injury from chemicals can be established. Firstly, the exposure must be documented with excessive levels of chemicals in the environment and accepted by the EPA, OSHA, or employer. Secondly, there must be good evidence for significant exposure to that chemical by the patient. Thirdly, it must be established medically immediately after the exposure that there was an injury from that exposure, documented with objective tests and attested by a physician.

Suggested by CIIN (Chemical Injury Information Network):

The technology to prove chemically induced injuries is just beginning to catch up with the technology that created them. No single test has been developed that has yet proven 100% effective in diagnosing all victims, though brain scans are most promising in this area. Therefore, CIIN endorses Dr. Gunnar Heuser's proposal that persons having 4 of 7 areas of damage (central nervous system, peripheral nervous system, T-cell subsets, pulmonary, nasal/sinuses, chemical antibodies, and autoimmune antibodies) are, more probably than not, disabled by MCS.

Chemicals, their metabolites, or heavy metals in the body:

1. Blood tests.
2. Urine tests.
3. Fat biopsies.

Immune system testing:

1. ELISA/ACT Biotechnologies testing for chemical antibody formation.
2. Activated Lymphocyte Profiles.
3. Autoimmune Disease Profiles.
4. Autoimmune Profiles for nervous system disorders.
5. Allergy testing for foods, molds, pollens, and chemicals.

Neuropsychological testing:

1. Complete neurological examination.
2. Positron Emission Tomography (PET) scans.
3. Magnetic Resonance Imaging (MRI) scans.
4. Quantified Electroencephalogram (qEEG) with evoked potentials.
5. Single Photon Emission Computed Tomography (SPECT) scans.
6. Neurobehavioral testing
    a. Halstead-Reitan.
    b. Wide Range Achievement Test-Revised.
    c. Pittsburgh Occupational Exposure Tests.
    d. Tests for concentration such as Digit Span and/or Digit Symbol.
    e. California Verbal Learning Test.

Note: MCS victims as a group do not score well on psychosocial adjustment tests such as the MMPI, MMPI-2, PAIS, and the SAS-SR. This is the primary reason why many doctors believe MCS is a psychogenic illness. However, new research is explaining why these tests are inappropriate diagnostic tools for MCS.

Other testing considerations:

1. Enzyme testing for cholinesterases, antioxidants, liver, etc.
2. Amino acids profiles: Standard Panel and Neuropsychiatric Panel.
3. Rhinolaryngoscopic examination to check for damage in the nasal passages.
4. Conditions and disorders associated with specific chemical exposures such as aplastic anemia, pulmonary function tests, heart monitoring, detailed and sensitive testing for various organ and/or system damage, etc.
5. Individuals suffering from MCS may need to challenge-test chemicals in an environmental unit or by provocation because sensitivities may develop before otherwise detectable damage has occurred. However, CIIN does not encourage these tests unless other, less invasive, testing methods have failed to provide adequate documentation.