ELECTRO-HYPERSENSITIVITY (EHS) - CASE REPORTS - EHS MANAGEMENT GUIDELINES

ELECTRO-HYPERSENSITIVITY HYPER SENSITIVE PEOPLE

A US government publication on electricity use and safety states that:

"Electric and magnetic fields are found throughout nature and all living things. They hold matter together. They are necessary for the operation of the nervous system."

We may look to the cloning experiments for some indication of the sensitivity of living systems to electrical or chemical stimulus.

Cloning experiments, of necessity, require the application of electricity or a chemical in order to ‘kick start’ or initiate the life process of the reprogrammed single cell that will under suitable conditions, become a fully functioning living system. We have evidence of this fact in the outcome of the cloning of ‘Dolly the Sheep’.

Television images revealed clearly the essential requirement of a carefully calculated electrical charge for the Dolly experiment. In other cloning experiments it was revealed that a chemical stimulus was applied to achieve the same result i.e., activate the life process of the cell. In the Dolly program, as the electrical charge was applied and as the cell began to divide the TV presenter remarked that this - “was the moment life began”.

These events clearly demonstrate the exquisite sensitivity of living systems to the stimulus of electricity or chemicals, at this very basic level.

ELECTRICAL SENSITIVITY

All living organisms are ‘sensitive’ to electricity or they cannot be classed as ‘living’. The absence of electrical activity in the brain of an organism signifies death of that organism. Therefore ‘electrical sensitivity’ may be explained as an individual’s normal response to EMR which allows life to be sustained in that organism and optimal functioning to take place.

Electro-Hyper Sensitivity (EHS) may be described as an individual’s abnormal response to EMR which interferes with the system’s ability to function normally and to resist disease.

The EMR exposed individual may or may not be aware of his/her hypersensitivity. He/she may be aware of a health decline, but not the cause.

WHAT’S IN A NAME?

There are many terms used for the condition we are concerned with here; Electro Sensitivity (ES) Electromagnetic OverSensitivity (EOS) Microwave Sickness (MWS), Radiation Sickness (RS) and Electro HyperSensitivity, (EHS) and Electrostress. In the published literature on the subject, ES or EHS are the favoured terms. This writer takes the view that the term EHS is more appropriate as it is the degree of sensitivity we are most concerned
with, not ‘electrical sensitivity’ per se. It is necessary to remain mindful that all who are within the zone of influence of a range of electrical frequencies and their magnetic fields, are at risk of developing adverse health effects other than electro-hypersensitivity (EHS).

Initially, it is necessary to understand that the living systems of all species rely upon electromagnetic energy in order to sustain life. In fact, the absence of electrical ‘sensitivity’ and subsequently the absence of electrical activity in the brain, is used to determine clinical death. The book Electromagnetic Man written by Dr C Smith and Simon Best, is of immense value in revealing the many facets of life upon which electrical energy exerts influence. (37)

It is therefore perfectly normal for an individual to sense and respond to electricity of either natural or artificial origin. It is the abnormal responses to electricity that result in a hyper sensitivity - which is now recognized as EHS, a debilitating and often incapacitating affliction.

This inappropriate response to EMR reveals a lack of adaptability in those people who have become affected and whom we should acknowledge as living indicators of how others may well become similarly affected over time. (23) (29)

EMC AND ELECTRICAL HYPERSENSITIVITY
Dr Cyril Smith has written an excellent paper on EMR Compatibility (EMC) of both technical and biological systems. He describes the necessity for ensuring compatibility of EMR and bioelectricity or we may suffer the adverse biological consequences. He says “The writer has in all probability seen and tested more electrically hypersensitive persons than anyone else in the world and this work continues.” His conclusions are “Until it is generally realised that endogenous electromagnetic radiation is a natural phenomenon in all living systems and that human homeostatic control systems can develop faults which may make them react in an inappropriate manner to environmental electrical signals, it will remain impossible for any progress to be made in defining a so-called “safe level” because one is not dealing with the toxicological problems of a foreign substance. Experimental and epidemiological studies which assume a uniform sensitivity to EMF for all persons will continue to give contradictory results. If there is a pre-selection of subjects, electromagnetic hypersensitivity can be accurately reproduced under double-blind conditions and in a suitable environment. The implications of such research over the past decade are that levels of EMR which are present in the environment, whether natural or man-made, can cause stress and contribute to illness in certain hypersensitive persons. By the time that such environmental illness has progressed to the stage of meriting a formal medical diagnosis, it may also have progressed to the stage of irreversibility: early diagnosis is essential.” (38)

ELECTRO HYPERSENSITIVITY (EHS)
The phenomenon of EHS is not as yet fully recognised by health professionals, though this attitude is slowly changing. This change must be accelerated.

Members of the medical profession are now speaking out about the EMR health factor with less fear of ridicule and disbelief than their patients, many of whom have been reluctant to seek medical advice for this very reason. (21) (17) (30) (27) (36) Most EHS sufferers are still unable to find adequate medical support. Contact Daan Spijer of the Academy of Nutritional and Environmental Medicine Tel: 03 9589 6088 Web Site www.acnem.org for the names of doctors trained to recognize EI/CI/MCS in (Australia)
Not All in The Mind

Many people believe that EHS is a psychosomatic condition, and therefore does not warrant serious medical attention. Nothing could be further from the truth.

That EMR, in many cases affects the mind is a scientific and empirical truth, therefore any person with EHS may well display a tendency toward a psychological or psychiatric disorder. That people who may have an inherited tendency toward hypochondria and other psychological disorders can become electrically hyper-sensitive is also a truth but most EHS sufferers were fit, productive people beforehand. Forgetfulness is a major problem for many EHS people, who tend to ‘forget’ they have a problem and so do not strictly adhere to avoidance tactics – to their detriment.

Despite the continuing skepticism surrounding this health issue, one which can affect every man woman and child, greater recognition of the EHS condition is now evident. Studies have now been published that validate EHS as a definite clinical entity.

Microwave News Nov/Dec 2000 reports on the work of three Swiss researchers, from the Institute for Hygiene & Applied Physiology at the Federal Institute of Technology who presented a paper at the Bielectromagnetics Society (BEMS) annual meeting in June 1999, which supports the view that electro sensitivity is a physiological not a psychological condition. They say that “A purely psychosomatic reaction or a placebo effect can be dismissed”. Test subjects were found to have the ability to detect the presence of 20-60 milliGauss fields both “consciously and unconsciously”.

In addition, a study where 86 volunteers were observed for individual reactions to EMR exposure, revealed “……….. that the electromagnetic perception of human beings correlated with their individual features, such as EEG parameters, the critical frequency of flash merging, and the electric current sensitivity. Human subjects who had a high-quality perception of electromagnetic waves showed an optimal balance of cerebral processes, an excellent functional state of the central nervous system, and a good decision criterion.” (23)

Lucinda Grant (USA) and a long term researcher of the literature on the ES/EHS condition believes more studies of this type especially by neurologists, would stimulate medical interest in EHS.

Dr William Rea, during a lecture on Man and His Environment (USA) in 1991, said that recognition of electro-hypersensitivity would assist in the treatment of the patient suffering from environmental illness. That EHS people can have reactions to the nervous system but not exclusively so. Neurological, musculo-skeletal, cardiovascular, respiratory, gastrointestinal, systems and dermal and ocular changes experienced by patients appeared to be similar to those seen in patients with food and chemical sensitivity. In the experience of the writer and others it has been found that EMR exposure can trigger other sensitivities and allergies. Dr Smith has found that exposing the patient to particular frequencies can actually neutralize the food reaction. Once again there is a paradox. (29)(31)

Electromagnetic sensitivity in humans has been clearly demonstrated in double-blind trials with 100% success by Dr. Rea at the Environmental Health Center in Dallas, Texas. Details have been published in a peer-reviewed journal (28)
Dr Gunnar Heusar (USA) has stated “As a clinician I can state that electrical sensitivity is a real medical disease. My more than twenty electrically sensitive patients and all other electrically sensitive patients are in urgent need of relief. Exposure to any radio frequency radiation should be avoided by these patients.” From an affidavit dated 11:06:1998. (17)

Dr Anne Silk an ophthalmologist in an article on Biomagnetism and Electrical Allergy state. “The interaction of fields with the electrically driven human system poses new clinical problems. It behoves all professionals to examine the interface with their own disciplines.”

A GP practicing in the U.K., Dr David Dowson notes that "Electro-magnetic sensitivity is so rare, people often dismiss it as a psychological problem, but it is certainly not." While EHS may go undetected by many practitioners it most certainly cannot be considered rare.

Simon Best, editor of the medical news journal Electromagnetic Hazard and Therapy, "A significant number of people are reporting some kind of electrode sensitivity. It affects both the working and domestic life. Sufferers can fall unconscious at any time. They are also plagued by nausea, blurred vision and migraines. It is a very serious condition."

Dr Cyril Smith, a prominent UK researcher into EHS says that “The implications of such research over the past decade are that levels of EMR are present in the environment whether man-made or natural and can cause stress and contribute to illness in certain hypersensitive persons. By the time that such environmental illness has progressed to the stage of meritng a formal medical diagnosis it may also have progressed to the stage of irreversibility - early diagnosis is essential. He also states that “It is most unusual to find those with electromagnetic hypersensitivity do not already have a long history of chemical sensitivities.”

Dr Mark Donahoe of Sydney, Australia is now convinced that EHS is a medical entity. Three of his patients, at the time not having been diagnosed with EHS, repeatedly reported reactions/symptoms that are EHS related, as they passed a certain point in his office building. Subsequent investigation revealed the existence of an electricity transformer behind the wall at the location in question.

Martin Andersson - an environmental consultant in Sweden. "Studies have shown that the nervous system can be affected by being exposed to low levels of high-frequency EMF. (my emphasis) Our study shows that people who are hypersensitive to electricity experience symptoms when they are exposed to such equipment. Older electrical environments, consisting mainly of EMF in the 50 Hz range are not felt to give the same degree of irritation. It stands to reason that low level harmonics and electrical noise frequencies should be taken into account in epidemiological and in vitro/in vivo studies."

One researcher claims that “EMR is a complex mix of frequencies, modulations and polarizations which are not addressed in studies and that “controlled lab studies may not mimic the real world.”

**Electro Hypersensitivity Awareness Increases EHS Perception:** In recent times it has been revealed that certain individuals are able to perceive the physiological / neurological changes taking place in their systems during exposure to EMR of various frequencies. These
individuals have become aware of unusually disturbing symptoms which repeatedly occur in certain revisisted zones of EMR.

Sufferers of EMR effects have been prompted to ask these questions found in a public affairs document on EMR (USA), “I can perceive electric and magnetic fields, what can I do? Where is it coming from? Are there other people like me? My doctor can’t help. Where else can I go? Where do I find information? Can you do something to make it stop? I know it is coming from.....”

Few answers are forthcoming from authorities, where the policy for dealing with the public is to downplay any EMR association with adverse health outcome. Some authorities, however, do offer suggestions as to how to reduce EMR in keeping with their policy of prudent avoidance.

It has yet to be discovered why some people and not others are adversely affected by EMR and how the interaction of electrical energy, of both natural and artificial origin, exert both beneficial and detrimental influence on living organisms. In addition, not all cases respond favourably to treatment with EMR.

MENTAL HEALTH AND EMR

This information is for consideration and discussion – not to be misconstrued as a diagnosis or a substitute for professional diagnosis or treatment

Involuntary exposure to environmental contaminants such as EMR and volatile organic compounds (VOCs) can trigger neuropsychiatric conditions. It may be speculated that they also provoke neurological reactions that mimic neuropsychiatric disorders.

Unfortunately there are disturbing reports that people are being misdiagnosed with mental illness when EMR or chemical contamination is implicated. Due to the nature of the symptoms, these people are often hospitalized against their will and treated with mind altering drugs that may have the effect of worsening their condition, where allergies and sensitivities are present, though undetected.

There is a whole range of neuropsychiatric disorders, known to be influenced by environmental factors. Changes in intensity of various environmental cues such as light, temperature and magnetic fields act as triggers for the expressions of these disorders. Dr Sandyk’s paper lists 13 references and the following list of environmentally triggered disorders: mania, depression, panic attacks, bulimia, anorexia nervosa, obsessive-compulsive disorder, suicide, cocaine addiction, Tourette’s syndrome, schizophrenia, epilepsy. Paradoxically, bright light therapy has been found effective in treating depression and is being considered as a treatment for some of the other listed disorders. An example of the EMR paradox at work!

Schizophrenia and the EHS Connection

This report does not attempt to second guess qualified professional diagnoses of patients’ mental illnesses. It does though comment on actual case reports where great personal
distress might have been averted had the medical profession possessed greater knowledge of the biological effects exerted on human systems as a result of exposure to microwave/radiofrequency radiation.

In a number of recorded cases people have become electro hypersensitive (EHS) and while unwell have described to their doctors how ‘electricity’ is affecting them in some manner. These people have subsequently been referred for psychiatric assessment, with a diagnosis of paranoid schizophrenia to follow and thus treated accordingly with mind altering drugs. These people have then suffered the stigma of mental instability which has adversely affected their lives. At no time was it considered by professionals that there could possibly be an external source of EMR involved in the cause of the patient’s complaint nor were there attempts made to investigate the patient’s EMR environment. In one case, when EMR investigation this was suggested the relative of the patient was told that this would only serve to reinforce the patient’s paranoia.

It had not been considered that a mentally ill person might have developed EHS or that her paranoia might just be reduced in severity by reducing EMR exposure.

There are a number of reports of people who have refused their doctor’s referral for psychiatric assessment, knowing full well the outcome, and who have found relief from their health problems by seeking and taking advice on avoiding EMR after having tracked from doctor to doctor looking for effective medical validation and assistance.

**Symptoms Difficult to Describe**

Sufferers may describe sensations that sound a little strange, or they may have difficulty finding suitable words to describe their symptoms. Some examples; “my brain is frying/burning” or “it’s cooking my brain” or my blood is fizzing like lemonade “ or is “boiling”. (See Apherisis Blood Donor) While these symptoms are not obviously visible, they are usually dismissed by the doctor as “all in the mind” and believed by many doctors as delusional.

This most certainly is not the case. Many people are in actual fact being affected by the biologically active frequencies of electromagnetic field radiation and are decidedly not imagining these effects. Removal of the offending EMR source has often afforded relief from the symptoms and drug therapy on any kind was not required.

Thus while the ‘electrical’ effect is known to be involved in some cases of schizophrenia it should not be presumed that all who mention ‘electrical effects’ in regard to their health are suffering a schizophrenia disorder. Some symptoms described by a schizophrenic patient can parallel those reported by the EHS person.

John Mc Murtrey has written a paper on the Congruence of Microwave Bio-effects with Schizophrenia. He has found sufficient evidence from laboratory and whole
animal studies (232 papers) to convince any thinking person, that there is a case for serious consideration to be given to a possible link between reported increases in both neuro-psychiatric disorders and microwave radiation exposures. Mc Murtey has found plausible evidence that microwave bio-effects can be involved in the ‘voice complaint’ of some patients. This complaint is at present considered to be a delusional disorder by the established opinion of the medical profession. This opinion may in future be challenged, considering that ‘voice complaint’ may be a microwave bio-effect, in some cases.

McMurtey notes that microwave technology is capable of internal voice transmission and concludes that methods should be developed that rule out microwave bio-effects involved in delusional psychosis. He also suggests that it is ‘unethical’ to continue to ignore and disrespect these patients, as microwaves have high congruence with lines of schizophrenia investigation. (64)

There is speculation also that the increase in microwave/radiofrequency radiation (MW/RFR) associated with telecommunications has coincided with the increase in violence in the community. Increasing also are incidents of road rage, computer rage, office rage, terms that are new to our vocabulary as well as domestic violence and child abuse and cases of autistic Spectrum Disorder (ASD). Once thought to be age related, Alzheimer’s disease is now occurring unexpectedly in younger people and is thought also to be related to EMR/RFR exposure.

“ANNE’S” Case of EMR and EHS

The writer has witnessed serious reactions to EMR resulting in unconsciousness in a lady who is both chemically and EMR sensitive. On two separate occasions, close proximity to an electric portable air purifier and a tape recorder resulted in “Anne” falling unconscious without warning. She has also reacted with bizarre effect to a brief exposure to perfumed soap and cleaning products including disinfectants, detergents, and laundry powders which include a fragrance. Cosmetics, deodorants, talcs and hair products containing fragrances also cause serious reactions. “Anne’s” reaction to the soap was observed by several people, she folded her arms and turned in circles with her eyes closed until she dropped unconscious to the floor. She was revived with an antidote in the form of sublingual drops provided by her physician, which she carried with at all times.

Prior to the cause of these reactions, being determined by a doctor specializing in environmental medicine, “Anne” had been admitted to public hospital psychiatric wards and treated with drugs to which she had low tolerance, causing her further serious problems. As some of her reactions were indicative of the symptoms of mental illness she had been treated accordingly by the medical profession until she found the cause of these ‘episodes’ and now takes appropriate avoidance action. In addition, long term treatment with a particular amino acid that affects another brain chemical, serotonin, keeps her system in a stable condition.

“Anne” is an intelligent, cheerful lady who has worked hard to achieve her stabilised condition and does not allow her disability to dampen her enthusiasm for life. She has retrained and now works as a volunteer in a teaching capacity.
WHO MAY DEVELOP ELECTRO-HYPERSENSITIVITY?

Prone to developing EHS are those people who have endured:

- acute or chronic toxic chemical exposure, (pesticides, herbicides, petrochemicals either by physical contact topically or by inhalation of Volatile Organic Compounds (VOCs).
- electro-therapy,
- an electric shock
- electro-stimulation or sedation,
- prolonged exposure to fluorescent lighting
- other sources of electromagnetic energy associated with machinery or electronic apparatus,
- severe trauma
- severe or prolonged stress,
- chronic toxic chemical exposure.
- some medical diagnostic procedures
- near death experience

Not all EHS people can trace the source.

Are We All At Risk?

While claiming that everyone is likely to be susceptible to the harmful effects of EMR sounds like scaremongering. But this but this is exactly what Dr William Rea has stated. Professor Olle Johannson of Sweden, found people in a study of TV radiation exposure which he conducted, that the changes in skin cells of healthy people reacted similarly to that of the skin cells of EHS people. This revealed that – all those exposed to certain frequencies of EMR may be similarly affected – but only the hypersensitive person will be aware of the fact at the time, due to the acute level of awareness of that person. \(^{(29)}\) \(^{(54)}\)

EHS DEVELOPMENTAL STAGES

Empirical evidence gives a strong indication that the EHS condition can be a reliable indicator of impending ill health if EMR avoidance action is not taken. Studying the literature on EMR biological effects, which covers a considerable range of human disorders and illnesses, there appears to be three stages of EHS development which precedes possible end-organ disease including cancer.

Stage:

1. symptoms that are mild and transient- diminished by avoidance (electro hyper sensitivity)
2. symptoms that are more severe and which remain for a time after exposure ceases
3. symptoms which have become chronic and irreversible
4. End organ disease develops – investigations often reveal chronic or acute high level EMR exposure

**Symptoms of EHS**

Depending upon the bio-chemical individuality of the person some reported symptoms are (23)

*extreme glandular pain and speech problems when passing beneath high voltage power lines

*Migraine and fatigue when using kitchen appliances during humid weather and during the approach of storms (during high positive ion count)

*Severe headaches near video terminals and breathing problems and fainting near high power transmitters.

*Hyperactivity in the presence of electric light bulbs, fluorescent tubes, computer games and televisions.

Dr Alan Frey reported in 1971 that the Soviet research indicated that the nervous system was most sensitive to radiofrequency (RF) energy.

Central nervous system (CNS) systems symptoms as reported by Soviet researchers studying microwave exposure effects are:

*Loss of memory, migraine headaches, insomnia, dizziness, irritability, dermographism (skin condition) loss of appetite.

Autonomic nervous system disorders reported were cardiac, hepatic, and gastrointestinal malfunction.

**Additional Symptoms**

EHS symptoms may include but are not limited to:

- Headache,
- eye irritation,
- nausea,
- skin rash
- facial swelling,
- weakness, fatigue, pain in joints and/or muscles,
- buzzing/ringing in ears, (tinnitus)
- stabbing pains in head
- prickling sensation in head
- sense of swelling in eardrums
- internal sense of shaking especially of extremities
- feeling nervous system ‘turned on’ sensation of blood racing through veins.
- skin numbness,
- abdominal pressure and pain,
- breathing difficulty
• irregular heartbeat
• paralysis
• balance problems
• body and/or muscle spasms,
• convulsions
• confusion
• depression

**DIMINISHING EHS LEVELS AND SYMPTOMS**

With a basic knowledge of the EMR health factor, it is recommended that medical practitioners could offer patients, when indicated by medical history and based on a suitable patient questionnaire, a list of resources for avoiding EMR exposure. Patients could be encouraged to keep a diary of EMR exposure events and their reactions and then note changes after taking simple avoidance measures. Practitioners could log the progress of the patient to determine to what extent more serious EMR avoidance should be taken. This action would also authenticate the benefit of EMR avoidance and give the patient added encouragement for a satisfactory recovery.

Expensive and complicated EMR avoidance practices may not be needed in many cases. Simple strategies such as keeping a diary to note reactions and location of obvious EMR zones, taking avoidance action and restricting use of mobile phones or moving a bed a few inches, more if possible, from a wall may suffice. Where space is a problem – the patient can sleep with his/her head at the foot of the bed, a wise strategy to avoid exposure to the head as the surface area of the head attracts a greater percentage of EMR than the extremities. All the above listed strategies are known to have made a significant difference in many cases.

**Test your EMR Environment**

An inexpensive means of determining zones of EMR can be achieved with an electric field tester, as used by electricians and available from electrical wholesalers. One brand recommended is the MEET® which has both an audio and visual signal. Remember though, that any tester/instrument has a limit of detection, perhaps only five to 20 centimeters, where by comparison the human body can detect EMR up to one metre or more from the source. So ideally, observe a distance of at least a metre from any source where EMR is detected by the tester, though if space is a problem, observing a distance of even a few inches can still make a difference.

The electric field tester will reveal the presence of electric current either at rest or when the current is flowing and the magnetic field is active. In either event, the location is to be avoided as both components of electricity – the electric field and the magnetic field - are biologically active agents and has the potential to adversely affect the human organism.

**DENTAL WORK AND EHS**
There is evidence that mercury, a toxic heavy metal, and a component of amalgam dental fillings can leach out from the fillings, causing adverse health effects and that RFR/EMR exposure can accelerate that leaching process.

Swedish researchers found some years ago, that some computers and certain frequencies and a little known aspect of EMR called ‘time derivatives’ (a measure of the rate of change in field strengths per second) were implicated in the mercury vapour and particle release. This gained negligible attention at the time and further research in this area was not encouraged. Gunni Nordstrom, in her excellent, recently published book ‘The Invisible Diseases’ dealing with chemical pollution recognizing the EMR connection, relates the facts surrounding the omission of the time derivatives equation from the computer safety standards of Sweden. Most countries adhere to the Swedish TCO standard which would appear to be compromised by the omission of both the chemical exposure issue and the time derivative factor.

So dental fillings, as can metal bridgework, pose a problem for EHS people. A specialized protocol for removal of amalgam fillings is essential for the procedure to be successful. Not all dentists follow this protocol, therefore it is important to ensure your dentist of choice is familiar with this specialised procedure. For more information contact the Australasian Society of Oral Medicine and Toxicology (ASOMAT) on (02) 9264 5199. and In USA DR Hal Huggins http://drhuggins.com/default.asp?PageNa >

Regarding dental fillings, over a period of one month, four individuals, unknown to each other, and living at four different locations, reported to the author that they were having dental problems i.e., fillings falling out. Leading to speculation that there was a possible EMR connection with these four events, were the two of:

1. a mobile base station (MBS) had been installed in the district in the recent past and each home was within the range of influence of the station

2. each person was electro-hypersensitive and had reported other EHS symptoms since the MBS installation.

Questions regarding dental health in any EMR related health survey could prove interesting.

EMPIRICAL EVIDENCE OF EMR HEALTH EFFECTS

While EHS may be mild, moderate or severe in severity, examples of extreme EHS are given here to highlight the debilitating degree of sensitivity that can develop in some people.

While these people may look physically well, they lead very restricted and often socially isolated lives.

CASE # 1 (New Zealand) of a 49 year old man who became electro sensitive in late 1989, unemployable since that time. His condition was medically diagnosed as sick building syndrome. His physician’s medical report (1990) includes electro
sensitivity as well as chemical sensitivity as components of the symptoms comprising sick building syndrome.

An Occupational Medicine Specialist report, dated October 3rd 1995, confirms the diagnosis of sick building syndrome and concurs with the previous diagnosis which included EHS and MCS.

The effects that Mr B experiences, the types of pain, fatigue and the symptoms described above, makes it possible for him to distinguish between types of EMR exposure such as electricity current draw when a hot water cylinder heats up, the high speed electrical switching that occurs with a cell phone or computer, or a motor vehicle engine management system and even a digital watch. He cannot tolerate other people’s battery operated watches in his immediate environment. He likens his ability to determine the presence of these fields as that of comparing sweet from sour, heat from cold or the pressure of a slight breeze to a gale or a touch as opposed to an assault.

Mr B. needs to control his environment and all levels of pollution to a degree that his system will tolerate. His capacity for employment and for social and personal contact is severely restricted. To ignore his body’s tolerance level in regard to EMR and chemical pollution is to invite physical pain and illness. When staying with friends on three separate occasions and though his special needs were respected, validity was not established until it was found that the VCR had been programmed to record without his knowledge, resulted in Mr B experiencing severe pain on each occasion.

Following is a list of situations Mr B must avoid to maintain some quality of life. Extended exposure to these EMR sources will result in kidney, back and joint pain, he then is unable to stand straight and his tongue goes a dark brown colour.

EMR stress from TV viewing on a daily basis of over minutes duration, cumulates, causing heat and redness on the face and is always worse if the VCR is recording. Painful flu like headache develops in the vicinity of TV and computer screens. Using an electronic camera caused an intolerable burning in the head. He can only use a manual model without LCD display, auto focusing or auto ISO measuring. It took years to work out why a camera caused him pain even when switched off. Any device that has a battery operated memory system causes pain. Headache, slurred speech and bad memory result from the use of a modern phone with inbuilt memory features. The silicon chip used in these phones emit a field on the radiofrequency range. A long conversation on the early model phone can also cause a hot headache and humming in ears.

He experiences on a regular basis ‘flu like symptoms from short time exposure, bones in the face ache (like neuralgia) ears hiss & ring and brain feels hot and raw. Skin can become blotchy and itchy.

- long term exposure causes muscle pain all over, marrow in bones feels on fire The pain can last for a week which is severely debilitating.
- sleeps with the mains power switched off at night after finding that the power company’s automatic ripple control system of water heating, via radiofrequency signals on the house cabling, was seriously affecting him. He
now manually switches on & off the heating apparatus of the household hot water system.

- Computerised automatic washing machine could not be tolerated. Nausea, head pain and aching muscles result.
- Dryer causes nauseous headache.
- Radio: cannot tolerate digitally tuned or mains operated radios.
- CD player, after 20 minutes listening pain develops.
- Digital system of the car alarm caused severe headache and swollen wrists.

MCS symptoms: include skin becomes blotchy on contact with some products. Headaches, stinging eyes, strange taste that lasts for days from inhaling odours of some products Mr B needs to avoid having foams, detergent aisles of supermarkets, perfumes laundry detergents, (AMWAY not offensive) air fresheners, newspapers.

*Full report and name and address supplied.*

**CASE #2** (Australia) A lady of 50+ years with MCS, CFS and EHS

Exposed to EMR from railway line, Mobile phone and domestic appliances. While using mobile phone for 2 minutes develops burning - headaches – tingling sensation through head. The phone itself gets hot - The more frequent the use of phone the sooner the effects occur and intensity increases. The phone feels hot to touch. When this lady is reacting to chemicals, the microwave oven ‘automatically’ switches ON when she enters the kitchen and EMR reaction generally becomes more severe

**CASE # 3** New Zealand - Penny Hargreaves

RF hearing comes under pages 37 and 88. of document on Ouruhia website . My body reacts adversely to FM and microwave beams and I can tell you where they are 20 plus kilometers from the source and in many cases they do not lose their strength. I can tell you where a power line is by the buzzing noise but I do not feel ill under those lines. I believe the reason why is because that frequency has not been responsible for my illness. However I do now react to computers, TV, burglar alarms, lights in some shopping centres etc. I understand the condition I suffer from is called electromagnetic sensitivity and it makes life very difficult. Most people cannot understand how ill the reaction from EMR exposure can make sufferers from this illness feel.

Prior to my RF exposure I did not have a problem in the vicinity of anything electronic. I did not feel ill immediately after exposure at my farm but over a period of time my health deteriorated dramatically as did my animals. Later, I discovered neighbours had similar problems. When we left the area health improved, when we returned health deteriorated again. (See Ouruhia website.

**CASE # 4** In UK Mrs Stock's allergy has been diagnosed as a reaction to the EMR generated by microchips, whose signals interfere with the electrical pulses in her own brain. She suffers blinding headaches when near a computer or other high-tech electronic equipment
is unable to shop in supermarkets, watch a colour TV travel on public transport or in a modern car, or even cross a road at a pelican crossing.

Her GP Dr David Dowson, said: "Electro-magnetic sensitivity is so rare, people often dismiss it as a psychological problem, but it is certainly not." Her symptoms are described as classic by Simon Best: "A significant number of people are reporting some kind of electrode sensitivity. The allergy is very restrictive. It affects both the working and domestic life. "Sufferers can fall unconscious at any time. They are also plagued by nausea, blurred vision and migraines. It is a very serious condition."

**CASE # 5** (Australia) Two children 8 years and 4 years remarked on the ‘smell’ in a large store where the four year with a history of hyperactivity, behaved in an extraordinary manner, adopting an awkward, splayed-leg walk, then overbalancing and laughing uncontrollably. This all took place within minutes of entering a store where a strong chemical odour was present. She repeatedly displays similar uncontrollable behaviour in supermarkets and shopping malls until taken from that environment. A combination of fluorescent lights and chemical outgassing from synthetic materials and packaging in stores are suspected as the cause.

**Electronic Pest Control**

On record are reports from women who cannot remain in the home while an electronic pest control device is operating. The radiofrequency pulses that are imposed on the house wiring cause them considerable distress. The manufacturers of the product caution the consumer that pet mice may not safely tolerate this device. We have found that humans also cannot tolerate this device.

**Electronic Air Freshener**

Most people with EHS and MCS cannot tolerate these devices and their use is not encouraged in the interest of the individual if not the entire family. Good housekeeping and

Adequate ventilation will assist in controlling both household pests and indoor air freshness. There are also other remedies for pest control. See: Recommended reading list for alternate remedies.

For further authentic case reports of EHS please see (EHS CASES) that section of this website

**EHS and Homeopathy**

Please note

TO PREVENT DEGRADATION OF HOMEOPATHIC REMEDIES CARE SHOULD BE TAKEN TO SHIELD THE REMEDY FROM STATIC ELECTRICITY AND OTHER SOURCES OF ELECTRICAL ENERGY BY WRAPPING THEM IN ALUMINIUM FOIL.
Homeopathy: Dr Schuessler's Tissue Cell Salts (Combination 12), and particularly Mag Phos (Magnesium Phosphate) have relieved symptoms of EMR exposure. Follow dosage on packet. (4 tablets hourly or while symptoms persist) Dr Bach Rescue Remedy; four drops under tongue or used topically every 30 minutes until symptoms abate. Both Cell Salts and Bach Remedy have been used simultaneously with good results.

Westlake Radiation Remedy

A remedy recommended by Dr Aubry Westlake: (From "Radiation, What is it, What can we do about it?" 1986) The combination of Dr Bach flower remedies including, Cherry Plum, Gentian, Star of Bethlehem, Rock Rose, Vine, Walnut, Wild Oat. To make up; In a 25ml bottle add 4/5 spring water, and 1/4 teaspoon sea salt then add four drops each of the remedies and succuss 30 times. Use externally on inside of wrists as required.

Skin Moisturizers and Fabrics Softeners

Using an organic based, non-perfumed skin moisturiser to reduce the build-up of static electricity on the body mass is also helpful as is wearing natural fibre clothing. Synthetic fabrics generate and hold electrostatic charges. Replace use of fragranced fabric softeners by adding one tablespoon of Epsom Salts to washing machine rinse cycle.

EHS, CFS and HOT SHOWERS

Chronic fatigue syndrome (CFS) is a common component of EHS. We should therefore heed the advice given to CFS patients regarding avoidance of hot baths and showers which have been found to so enervate the CFS/EHS person, that often rest is needed after showering or bathing. Overheating the body causes an excess of natural chemicals called cytokines to be released - chemicals that can contribute to chronic fatigue syndrome (CFS). It is therefore advisable to start with warm water then cool it down before completing showering to avoid excessive weakness.

Epsom Salts Footbath

Epsom Salts foot bath, 2 ozs Epsom salts (Sulphate of Magnesium) in 3 litres comfortably hot water, soak feet for 20 - 30 minutes.

OR combine 2 ozs Epson salts, 2 ozs bicarbonate of soda, 4 ozs Sea salt, 4 Ozs Borax, shake well and store in an airtight container. Use two tablespoons of mixture in 3 litres water for a foot bath or add 4 tablespoons to a warm bath. Recommended by a Biochemist for arthritic conditions, found to alleviate reactions to both EMR and chemical exposure.

Relaxation

All gentle relaxation methods are recommended, walking, Yoga, Feldenkrais, meditation Tai Chi, and gentle massage. Use a rocking chair. Relaxation and subtle massage of many areas of the body give excellent results.

RESEARCH

SIMPLE BLOOD TEST FOR RADIATION DAMAGE TO CELLS
A simple blood test has been devised called the Transferrin Receptor Red Cell Assay, or E-Tr assay, measures the amount of radiation that has been absorbed by the body. Using a specific biomarker, it reveals the extent of stem-cell mutations due to exposure to X-ray, or to anything potentially carcinogenic that mimics X-ray damage, such as many chemicals used in the microchip industry.

**EMR Application as a Therapeutic Tool**

Certain frequencies of EMR, applied as a therapeutic procedure, under controlled and specific circumstances, with patient consent, have been successful in treating depression, migraine. Parkinson’s tremours and epilepsy also have responded favourably to such treatment. While EMR has been found to reduce side effects of withdrawal from drug addiction, exposure may be a factor in accelerating alcohol and drug addiction. Empirical evidence shows that *avoidance* of EMR can eliminate migraine episodes, depression and petit mal episodes.

**IMPORTANT**

AS EMR/CFS/MCS/ AND EHS HEALTH EFFECTS ARE INTERLINKED ALL ASPECTS OF AVOIDANCE AND REMEDIAL ACTION NEED TO BE ADDRESSED.

PLEASE SEE USEFUL INFORMATION ON WEBPAGE {WHAT IS EMR } - UNDER {REMEDIAL ACTION}

**References**;

See relative references on reference list on Electromagnetic Radiation and Chemical Exposure Health Effects - Case Reports - EMR Avoidance Guidelines page.

**EHS SELF-HELP GROUPS**

**IERVN**
Irish Electromagnetic Radiation Victims Network,
Imelda O'Connor: Hon. Secretary
PO Box 231, Sorting Office,
CORK, IRELAND

**Danish Association for the Electrically HyperSensitive**
C/- Aase Thomasson Lunden 1,
Alum, DK-8900,
RANDERS, DENMARK
Tel: (+45) 86 46 61 14

**Swedish Association for the Electrically Injured FEB**
Lief Erikson,
Box 6023 SE - 102 31,
STOCKHOLM, SWEDEN

**Electrosensitive Association, Finland**
Erja Tamminen,
Uudenmaantie,
30A 4, FIN-04, 400
JARVENPAA, FINLAND

Suomen Sahkoyliherkkien Tukiry
Association SSYHT ry,
FIN-00670 HELSINKI
Contact Person: Vice-President in charge of correspondence: Per Erik Lindstrom.
Email: pelind@nettifi

AVICEM
C/- Martine Charpanet,
1 Rue Pommard,
75 012 PARIS, FRANCE

Burgerinitiative Elektrosmog
Walter Ruck,
Robert-Schumann - Weg 4,
D-23556, LUBECK

Mrs E Walker,
Calderstones Court,
102 Beech Lane,
LIVERPOOL, L18 3ES,
Tel: 0151-724-6277

The Environmental Medicine Foundation
Registered Charity No. 326777,
PO BRIDPORT,
DORSET D26  UK

Andrea Ruck
1F2 11 Ferry Road
EDINBURGH EH6  4 AD,
SCOTLAND, UK

Anti-electrosmog Group
Hans-U-Jakob,
Fluehli 17, CH 1350,
SCHWARZENBURG, GERMANY
Tel: 0041 31 731 04 31,
Fax: 0041 031 731 2854,
E-mail: prevocet@bluewin.ch

Leopoldine Gaigg,
Fliederweg 300,   CH-4814,
BOTTENWIL, GERMANY
Tel/Fax: 0041 62 721 41 87,
Email: evi.cat@smile.ch

COMPLEMENTERY GROUPS - AUSTRALIA
Soma Health
www.soma-health.com.au,
E-mail: help@soma-health.com.au

Allergy and Environmental Sensitivity Support and Research Assoc. Inc. (AESSRA),
PO Box 298,
RINGWOOD, VICTORIA 3134,
AUSTRALIA,
http://www.vicnet.au/~aessra

Australian Chemical Trauma Alliance Inc. (ACTA)
309 East Bonville Road,
NSW, 2441
Email: acespade@northenet.com.au/~actall

HOME