Porphyria: A Cause of Chronic Illnesses

Twenty per cent of mankind may have a genetic defect that is activated after many kinds of toxic exposure, and often results in chronic degenerative diseases or allergy-like illnesses including Alzheimer's, chronic fatigue, fibromyalgia, hypoglycaemia and multiple chemical sensitivity.

by Steven Rochlitz, PhD

Post Office Box 2154
Cottonwood, AZ 86326, USA

info@wellatlast.com
http://www.wellatlast.com

Could the ultimate cause of your chronic, or environmental, illness be a "rare" disease for which 20 per cent of mankind may actually have a predisposition? Many people have a chronic illness, or an environmental illness, for which no one seems to have an answer. Modern man is plagued with chronic fatigue or wasting diseases (chronic fatigue syndrome [CFS], myalgic encephalomyelitis [ME], fibromyalgia), allergy-like disorders (to foods, chemicals, electromagnetic fields [EMF]), pain and inflammatory diseases, "mental" illnesses, and degenerative diseases in older people. Sufferers of these disorders usually first go to orthodox physicians and then to alternative practitioners. Often, no cure or relief is found.

Could the answer lie in a little-known metabolic disorder that is mistakenly said to be very rare? Could this little-known metabolic disease be the hidden cause of at least some cases of CFS, ME, fibromyalgia, Alzheimer's disease, hypoglycaemia, asthma, ulcers, autism, premenstrual syndrome (PMS), adrenal or thyroid disease, anxiety or panic disorders, depression, schizophrenia, epilepsy, and the explosion of intolerance to environmental chemicals and foods? We will see that one clue is to ask if you have a history of poor tolerance for caffeine, alcohol, medications, stress, certain foods (including citrus, tomato, spices), monosodium glutamate (MSG), sunlight, heat, even vitamin and mineral supplements?

This hidden metabolic disorder is called Porphyria (pronounced like "poor-fear-ee-uh"). Porphyria is derived from the Greek word for purple. It is actually a set of eight metabolic disorders, whereby the body does not properly make a protein called haem (or heme). Instead, excess compounds called porphyrins—some of which are purple—result. These act as internal toxins. They accumulate in, or go to and adversely affect, the cells and organs in which they build up. Now, you already know one haem protein: haemoglobin, which transports oxygen as part of our red blood cells. Haem is nearly identical to chlorophyll, with the exception that it has iron in the centre of its four porphyrin ring compounds while chlorophyll has magnesium in its centre (figure 1). Thus haemoglobin is red, while chlorophyll is green.

Porphyria was known, even to Hippocrates in ancient Greece, as a blood and liver disease. By 1871, the causal role of the purple pigments—porphyrins—in porphyria was stated. The clinical syndrome was detailed in 1889, a date which coincides with the near epidemic in Europe of porphyria induced by the drug sulphonal. Some experts claim that, between 1888 and 1890, as many as 14 per cent of those people in Europe who took this anti-insomnia, sulphur-containing drug had porphyria reactions to it[1]—thus indicating, even, over a hundred years ago, that porphyria is *not* a rare disease; rather, a significant percentage of humanity may have the genetic defect, or predisposition, to develop porphyria after a toxic exposure.

There are at least nine different haem proteins in the body. Besides

haemoglobin, a crucial set of haem proteins is the Cytochrome P450 enzymes. These enzymes either are deficient or are malfunctioning in the (hidden) porphyria sufferer. These crucial enzymes are mostly in the liver, but also occur in the gastrointestinal tract, kidneys, brain, adrenals, sex organs, blood vessels and skin. The cytochrome P450 enzymes metabolise many compounds, and act to detoxify many foreign compounds that get into the body. These compounds include caffeine, alcohol, toxic environmental chemicals, drugs and food components. But the cytochrome P450 enzymes also metabolise our own hormones, and may be the cause of some adrenal or thyroid diseases. They also metabolise some vitamins.

Curiously, the cytochrome P450 enzymes got their name from the observation that these protein molecules react to 450-nanometre- wavelength light, which is in the blue-indigo part of the visible spectrum. Such light can pass through most glass windows, and may induce or activate the cytochrome P450 enzymes and sicken those with underlying porphyria, causing some to need to block off all light from entering their abode. Note that in the movie *Taxi Driver* (1976), the Robert De Niro character is depicted as needing to block his windows of all light during the day, and to go out and work only at night—while he is progressively becoming more mentally unbalanced.

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Another haem enzyme metabolises tryptophan, and thus some hidden porphyrics—and asthmatics—are intolerant of high-tryptophan foods (turkey, chicken, pumpkin seeds) or supplements. Nerve cells also need haem to work properly. Thus porphyria may be responsible for some cases of Alzheimer's[2] or Parkinson's disease—both of which are known to have a connection to environmental toxins. In the USA, about 50 per cent of people making it to their mid-eighties have some form of Alzheimer's.

In both multiple chemical sensitivity (MCS) and porphyria, it is known that the smallest amounts of chemicals can trigger severe illness. In classical porphyria, the worst possibility is such severe neurological disorganisation that respiratory collapse can result. This is rare, fortunately, and is most likely to result from a drug reaction. So, again, unnecessary use of drugs may need to be halted. Many skin or behavioural reactions to drugs may actually be porphyric reactions. Extreme, violent reactions (murder, suicide) to some anti-depressant drugs may be porphyria reactions, as such classes of drugs are known to be severe inducers of porphyria.

The eight different porphyria syndromes arise because there are eight metabolic steps in the body's conversion of porphyrin compounds into haem. Half of the eight porphyria disorders cause complaints that include neurological (or "mental"), gastrointestinal or muscular symptoms. The other half of the porphyrias cause skin disease. People getting skin complaints from such things as drug reactions or Sun exposure may have one of the skin porphyrias.

Famous Porphyria Sufferers—Who Didn't Know...

Some very famous people are believed by medical detectives to have suffered from porphyria.[3] You may have seen the movie *The Madness of King George* (1994), which depicted Britain's King George III suffering neurological and behavioural complaints. The movie's ending noted that it is now thought that he had porphyria. George's great-great-great-grandson, Prince William of Gloucester, was diagnosed with Variegate Porphyria in 1968 at the age of twenty-seven. Both this Prince William and George III were descendants of Mary, Queen of Scots, who is also now thought to have had porphyria. It may account for the so-called royal blue-blood claim, as blood, urine or stool may show different colours when a sufferer has a severe attack, especially if their sample is left in the Sun for a while (this is usually not the case).

I have hypothesised that Adolf Hitler may have had porphyria. If you smoked near him, it made him sick and could cost the smoker his life. He also had abdominal pain—a supposed hallmark of porphyria. Curiously, his physicians are known to have given him glucose injections, which was once the only official treatment for porphyria. I needn't comment on his mental aberrations.

Perhaps the archetypal porphyria sufferer was Vincent van Gogh. Many now believe that his complaints arose from the following scenario. Van Gogh would paint and then get very sick. His complaints included stomach and digestion problems, anxiety, hallucinations, confusion, aggression and insomnia. Family members suffered from epilepsy, depression, kidney failure and suicide. When van Gogh felt ill after painting, he sought to ameliorate his complaints by basically stupefying himself with an alcoholic beverage containing absinthe (a form of wormwood). However, it is now known that both the alcohol and absinthe themselves cause or worsen a porphyria attack. Indeed, after drinking the alcohol/absinthe, van Gogh was often deranged. He cut off part of his ear on one occasion and gave it to a prostitute. He later killed himself, as did one of his brothers. But before he committed suicide, he was

helped several times by being taken to a sanitarium. There they did not let him paint or drink his absinthe beverage. He would recover, be released, but go back to painting. Then van Gogh would breathe in those paint chemicals, drink his alcohol/absinthe beverage and become deranged again. (MCS as a diagnosis was unknown in those days.)

Some famous people who may have suffered from porphyria—as a result of deliberate or accidental poisoning with heavy metals—include Mozart and Beethoven. The hair mineral analysis test has proven that King George III and Beethoven had been poisoned—George with arsenic, and Beethoven with lead. Chronic porphyria may often result from heavy metal poisoning. Beethoven's doctor was the same one who treated Napoleon Bonaparte, who is known to have been poisoned with arsenic.[4]

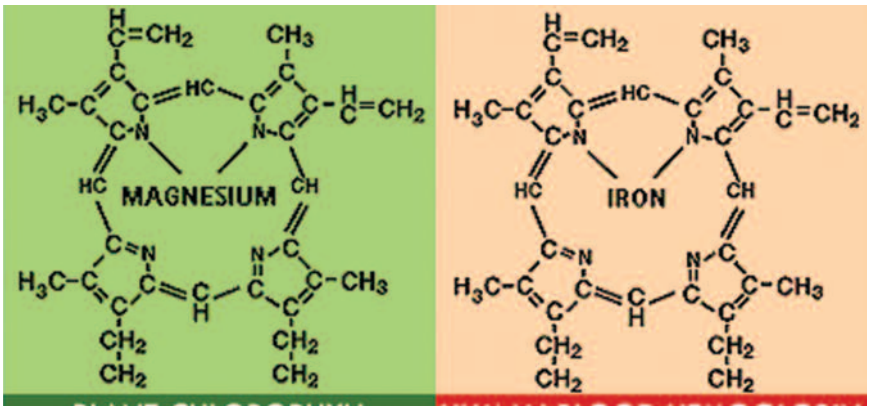

Figure 1: Plant chlorophyll molecule (left) with magnesium at the centre; haem molecule (right) with iron at the centre.

Environmental Illnesses and Food Intolerances

It is important to remember that heavy metals or other toxins can cause much illness without inducing porphyria. But the hidden porphyric often does not ever completely recover after some exposures—including to heavy metals, pesticides, moulds and other toxins. He or she may become chronically ill and/or "allergic". Mercury—such as is found in dental fillings, vaccines, fish, air and other sources—is likely the worst inducer of chronic porphyria. While mercury toxicity is well known to alternative practitioners, the fact that chronic porphyria is often induced in such patients unfortunately is not.

Van Gogh's case is also the epitome of what I call "two sides of the same coin". On one side are the environmental illnesses; on the other side is porphyria, and possibly subsequent illnesses that occur once someone's system breaks down with porphyria. The environmental illnesses include MCS, electromagnetic field sensitivity (EMFS) and near-universal food reactivity. Porphyria may also be involved in Gulf War syndrome and illnesses resulting from breast implants, 9/11 World Trade Center destruction and Agent Orange exposure.

The first to propose that MCS is linked to porphyria was the American dentist David C. Downey, DMD, whose report was published in 1992.[5] He found that some of his patients became chronically ill and "allergic" after metal-containing dental prostheses were implanted in them and they couldn't seem to get well.

By the mid-1990s, a few medical physicians conducted studies that showed that 70 to 90 per cent of MCS sufferers had porphyrin metabolic disorders.[6] In 1996, Dr Downey hypothesised that up to 20 per cent of mankind may have a genetic predisposition to develop some form of chronic porphyria after a toxic exposure—which would then cause the sufferer to have some permanent, chronic and/or environmental illness.[7]

More recently, other physicians have written journal articles linking hidden porphyria to fibromyalgia[8] and to Alzheimer's disease. Still other physicians have found that chronic infections cause some people to suffer from either a worsening genetic—or an acquired—porphyria. Could many of the people who become very ill and/or allergic after infection with Candida, viruses, Lyme disease or protozoan parasites also be suffering from porphyria? While porphyria is a genetic disorder, it can be greatly exacerbated by exposure to toxins and/or infectious agents. This may be, at least in part, because the extra toxins overload the cytochrome P450 enzymes' detoxification capacity.

Different people have different food intolerances. Some people need to rigorously avoid foods containing any of the following: MSG, sulphur compounds (onion, garlic, broccoli, cabbage and other vegetables), salicylates (many fruits), oxalates, sialic acid (meat or dairy), histamine-forming foods, spices, gluten, lectins, nightshades (tomato, potato, peppers) or fats/oils. One reason for reacting to different substances in foods is because there are different cytochrome P450 enzymes that detoxify each of these substances. So you see that some well-known problems may really be a subset of porphyria. Take hyperactivity, for example: a recommendation of the Feingold diet for hyperactive children is to avoid salicylate-containing fruits, but a separate cytochrome P450 enzyme processes salicylates.

One class of chemicals is deliberately manufactured to destroy the cytochrome P450 enzymes: pesticides. Yes, plants have cytochrome P450 enzymes that enable them to detoxify or metabolise compounds, too.

And many, perhaps most, pesticides overwhelm or destroy the plants' cytochrome P450 enzymes. But our cytochrome P450 enzymes are nearly identical to those of plants—telling you what a monstrous thing it is to have people eating food containing *any* level of pesticides.

Porphyria Triggers, Symptoms and Treatments

Official symptoms of a classical acute porphyria attack can include abdominal pain or other pain, anxiety/panic, nausea, constipation, rapid heart rate, hypertension, confusion and breathing difficulty. Unfortunately, some physicians use the alleged frequency of abdominal pain as a deciding factor. This is both very wrong and immensely dangerous. I will explain why.

The most common form of the neurological porphyrias is called Acute Intermittent Porphyria (AIP). A well-known medical expert on this more common form of porphyria noted that "when the previously misdiagnosed hysteric is found dead of respiratory collapse, the correct diagnosis of Acute Intermittent Porphyria is confirmed".[9] Translation: there are many with seeming "high anxiety" or other "mental" illnesses that are not being properly diagnosed—perhaps because, in part, many of them are *not* suffering from abdominal pain when they have porphyria attacks. The porphyria attack often seems like an anxiety attack to all too many medical personnel.

It is said that the best treatment for porphyria is *prevention*. A high-carbohydrate diet—up to 70 per cent—is recommended, with frequent meals. Complex carbs should be eaten, with glucose tablets or powder on hand in case of an attack—something that hypoglycaemics do. Having a five- or six-hour glucose tolerance test is a good idea. So-called reactive hypoglycaemia may be hidden porphyria, at least in some people. Having your blood sugar go down rapidly, often to a level below the fasting level at the two-to-four–hour point, is a possible sign of porphyria and not (just) reactive hypoglycaemia.

Prevention entails avoiding triggering factors. Each person has different triggers. These can include stress, environmental chemicals (smoke, fragrance, paint, gasoline, diesel, cleaning chemicals or other chemicals), EMF, food factors (as noted above), infections, medications and anaesthetics.

Use all the clues here to decide if you should be tested for porphyria. Do you have poor tolerance for caffeine, alcohol, certain foods (including citrus, tomato, spices), MSG, stress, medications, vitamin or mineral supplements, sunlight, heat, environmental chemicals or EMF? Is there so-called mental illness in your family? Do you need to eat every two to three hours or so to avoid a "hypoglycaemia" attack? Is your urine darker when you feel ill? These are *possible* clues. Intolerance for an anti-Candida diet or an Atkins-type diet may indicate underlying porphyria, as the hidden porphyric must eat a lot of carbohydrates to avoid or ameliorate attacks. Sometimes this results in severe obesity, as the hidden porphyric learns to treat his/her complaints with massive amounts of carbs.

Do you have poor tolerance for caffeine, alcohol, certain foods (including citrus, tomato, spices), MSG, stress, medications, vitamin or mineral supplements, sunlight, heat, environmental chemicals or EMF?

Stress is often one of the great triggers of (hidden) porphyria attacks. The reason may be the following. Stress leads to elevated levels of adrenal hormones. These are processed by the cytochrome P450 enzymes; in other words, the adrenal hormones up-regulate the enzymes. In the porphyric, excess porphyrins are then produced and the sufferer feels very sick and very anxious. He or she may be desperate to do anything to avoid any stress whatsoever.

If stress also appears to trigger severe hunger, this may be another sign of underlying porphyria, or of ulcer. Indeed, there is a connection to ulcers and the stomach's acid production. Recently it was found that the cessation of eating causes a protein, PGC-1*alpha*, to be produced by the stomach. It triggers haem production, which leads to excess porphyrins in the (hidden) porphyric. The ulcer drug cimetidine was found to stop acute porphyria attacks in some porphyrics, who tolerated it by countering the PGC-1*alpha* protein.[10]

So some, or many, chronic and/or environmental illnesses may have porphyria on "the other side of the coin". There will continue to be much suffering until each side of the coin recognises the existence of the other side.

Some people with difficult-to-treat adrenal or thyroid disorders may have underlying porphyria, again due to the processing of these glands' hormones by the cytochrome P450 enzymes. Similarly, women who report getting permanently sick or "allergic" after taking birth control pills, or who otherwise suffer from severe PMS, may have underlying porphyria.

Holistic treatments that may help with porphyria include: ascertaining and eliminating triggering factors including hidden heavy metal exposure as well as overgrowths of intestinal micro-organisms; safe supplements; stress reduction; and energy balancing. Helpful supplements can include the calming amino acid/neurotransmitter GABA, liposomal glutathione and magnesium. Correcting other deficiencies, if present,

might also help. Of course, I have always recommended first testing, via kinesiology, the safety of any supplements. Sometimes the sufferer also has the possibly related haemoglobin disorder pyroluria, which may be aided by supplementing with zinc, vitamin B6, biotin and evening primrose oil. The mainstay for people with these problems is that the amounts of supplements and the frequency of taking them may have to be very different from the norm. Supplements—like foods—may have to be rotated, with lesser amounts taken. In the worst cases, avoidance of all or most supplements may be necessary.

Food rotation can be a key here. There is often severe food addiction. Eating the same food(s) every day, or taking the same supplement(s) every day, causes activation or up-regulation of the relevant cytochrome P450 enzymes. This can result in excess porphyrins being released. Remember, van Gogh was likely addicted to his absinthe, and it drove him insane. But this could be happening to hidden porphyrics from any food. Often the sickest people are those who eat only three to five foods every day. I have seen severe addiction to beef, wheat, potatoes, beetroot, carrots, coffee, cola, sugar, dairy and other foods. A five-day rotation diet helps break the addiction cycle and alleviates reactions to foods.

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Attacks may also be mitigated by going to a cool, dark, quiet room devoid of EMF as well. Stimulation needs to be greatly reduced because *kindling* may exist. Kindling occurs when parts of the brain are hyper-excited. It often coincides with hyper-sensitisation of the senses: vision, hearing, smell, touch, taste. Sensory input needs to be cut way down when kindling occurs. Oxygen therapy may help as well. If there is flushing, it helps to place a cold gel pack on the head or face. Learning to control breathing so as to stop hidden hyperventilation can be a big help. I have found that some porphyrics have very low blood levels of carbon dioxide. So, do either the Buteyko breathing methods of shallow breathing and breath-holding if possible, or the alternative of pursed-lip, slow, long exhalations. But I may have found a deeper level regarding Buteyko breathing and hypocapnia (low carbon dioxide levels). A deficiency of a glutathione-dependent enzyme (2,3-diphosphoglycerate) can actually *cause* hypocapnia. Porphyrin metabolites use up the body's glutathione. So porphyria or other metabolic disease, if present, may be causative of the need for Buteyko breathing—something also important for asthmatics to know. Other helpful methods here include trigger-point manipulation, kinesiological balancing and vagus nerve balancing.

Until a gene therapy cure is achieved, avoidance of triggering factors—certain foods, environmental chemicals, EMF, stress, unnecessary drugs, heavy metals, pesticides, moulds and infections—is crucial.

Helpful in combatting porphyria tendency are an organic diet, eating less meat and fat, and the use of this author's unique, new kinesiological tests and energy-balancing techniques (related to the imbalance that porphyria creates in the body). My methods can also be used to detect foods or supplements that the person might react to porphyrically.

Testing for Porphyria

Laboratory testing for porphyria has been documented to be sometimes either inaccurate or non-correlative with the intensity of symptoms, especially in AIP, which may be linked to chronic or environmental illness. As its name implies, this potentially severe form of porphyria may only show itself via testing when the sufferer is in a severe state of attack, such as from a drug reaction. Even then, articles have revealed that tests sometimes were still normal. Difficulties arise because (1) porphyrin compounds react with light; (2) "normal" values may include many porphyrics; (3) complete blood, urine and stool testing is rarely done; and (4) complete testing of both enzymes and porphyrin compounds is also rarely done. Newer genetic testing is now available.[11]

Likewise, testing the cytochrome P450 enzymes for defects or deficiency is also now available; but in the USA some of this testing was recently halted by the Food and Drug Administration: apparently it doesn't want people to know. If you want blood or urine testing for porphyrins, find a lab that does *not* come with an interpretation from Big Brother claiming that above-normal levels are okay unless they are several times beyond the upper limit of normal. If your fasting blood sugar were "only" 50 per cent beyond the upper limit of normal, do you think your physician would say, "Forget about it"? Use a lab that will allow your own physician to interpret the results, and, indeed, find a physician who will take the time to learn something about porphyria, hopefully from unbiased sources.

I have proposed one possible answer to the testing conundrum. This is the issue of blood-brain barrier (BBB) permeability. If there is blood-brain barrier permeability, even small amounts of porphyrins may get into the brain and cause severe symptoms. Whereas if the BBB is as impermeable as possible at the moment, larger amounts of circulating porphyrins may *not* get into the brain.[12]

Recent research indicates that many things can cause BBB permeability: hidden heart defects, stress, heat, allergies, nutritional deficiencies, toxins and other factors. I have hypothesised that *if* the common heart defect called patent foramen ovale (PFO)—which as many as one out of every three people may have—is present, it may lead to BBB permeability and thus a susceptibility or an intolerance to even *small* amounts of excess porphyrins. The PFO is an atrial septal defect. It is a hole or tunnel between the two upper chambers of the heart that did not close properly in one-third of humanity. The PFO has been linked to causing migraines (especially if aura is present) and strokes.

Genetics, Toxic Exposure and the Powers That Be

Why is it that only some people become chronically ill and/or allergic after mercury, mould, pesticide or other toxic exposure, or from Candida or other overgrowth or infection? The matter of porphyria seems to explain this well. If the person has the underlying genetic defect, any additional toxin in the system can put them over their limit, and thus they are in an elevated porphyria state whereby they are both more sick and more reactive ("allergic") to other things. Two physicians have demonstrated the micro-organism overgrowth connection to chronic porphyria in their arthritic patients. Many were found to harbour the *Chlamydia pneumoniae* bacterium chronically, and many also showed that this then caused them to acquire a form of porphyria.[13] Heavy metals, moulds, pesticides or chemicals may also permanently damage DNA, leaving people in a permanently elevated state of porphyria—and/or suffering from MCS, EMFS, food reactivity and some "new" chronic illness.

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As the wise reader might surmise, there is a separate political sphere regarding the matter of just how many people really acquire a chronic form of porphyria after a toxic exposure. When porphyria expert William Morton, MD, PhD, saw many patients suffering from MCS *and* porphyria and then helped hundreds of them to get on disability benefits, his licence was revoked. (He chose not to fight his medical review board in Oregon, and retired from seeing patients.)

The matter of chronic porphyria with concomitant chronic and/or environmental illness resulting from a toxic exposure is being vigorously and viciously fought by the Powers That Be (PTB). Recall that it took over 70 years for asbestos to be recognised universally as carcinogenic. During that interval, numerous scientists and physicians, in the pockets of industry, swore that it wasn't. As many different types of toxins may result in chronic porphyria *and* chronic and/or environmental illness, you can see how the PTB may all come together to fight at this last frontier. Indeed, the PTB still do not even want to recognise MCS as a legitimate illness. Some still claim that very small levels of xenobiotics can't possibly make anyone sick, that the illness is merely psychological, and that, whatever it is, it isn't a form of porphyria. This is despite the recent scientific finding that *parts per trillion*[14] have caused illness in other mammals, and that chronic toxic exposure has been proven to cause chronic porphyria.[15]

When Drs Downey and Morton and numerous other physicians and *bona fide* scientists published articles in the 1990s, demonstrating that 70 to 90 per cent of those with MCS have some form of porphyria, the PTB countered by creating claims that not just abnormally high levels of porphyrins denote the disease, but that some arbitrarily declared, much higher abnormal level of porphyrins must be found before someone can either receive a porphyria diagnosis or be allowed to use it as a basis for a disability benefit. This is despite such factors as I have detailed above—namely, that if BBB permeability exists, then a larger percentage of porphyrins may get into the brain.

Due to the fact that people are likely to have other underlying medical conditions, I created a terminology that takes this into account. In analogy with diabetes type II, I have called this Porphyria Type II, with numerous sub-classifications that correlate with the other medical conditions which the person is found to have. These other factors can interact and cause any abnormally high level of porphyrins to be more causative of symptoms than otherwise might be the case. These other conditions include more than one type of porphyria (among the eight), pyroluria, mast cell disease,[16] BBB permeability, lung disease (asthma, chronic obstructive pulmonary disease, reactive airway disease) and heart disease (PFO,[17] mitral valve prolapse and other conditions).

If you can, get tested for porphyria and all the other relevant conditions that are cited in this article, if you haven't already. Many people also have hidden asthma, food reactions, sleep apnoea, hiatal hernia/vagus nerve disorder, defective or deficient cytochrome P450 enzymes[18] and other problems that can be helped.

This is an age when, if the least-elevated level of cholesterol is found, the PTB will swoop down on a patient and try to dictate a lifetime of drug-taking (often causing problems far worse than what the drug is

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supposed to change)—but when a severe or chronic disease is found via elevated porphyrin levels in blood or urine, all sorts of excuses are desperately looked for to say, "It's really okay; forget about it". The difference appears to be that toxic exposures cause the chronic porphyria, and someone doesn't want the people to know what may result in up to 20 per cent of mankind! It's up to you to fight this if you have a chronic and/or environmental illness. Fight both the poisoning of the environment and thus of mankind; and, if you are found to have abnormal levels of porphyrins, fight the claims that this doesn't mean anything.

For many people with chronic and/or environmental illness, porphyria may be a sort of "last piece of the puzzle". It also accounts for many food reactions when a patient is told by his/her physician, "I've done all these allergy tests and didn't find any evidence of allergic reaction". Food allergy tests are negative because the reaction is *not* an allergic (antibody) reaction but a metabolic porphyric reaction involving the cytochrome P450 enzymes. The porphyria piece of the puzzle should be tested for in people suffering from MCS, EMFS, "universal" food reactivity, chronic fatigue, fibromyalgia, ME, Alzheimer's, hypoglycaemia, autism, Gulf War syndrome, 9/11 responder illness, asthma, ulcers, "mental" illness (anxiety, panic, depression, schizophrenia), and other illnesses as links develop in the future.

With knowledge of this possible "last piece of the puzzle"—porphyria, the *non-rare* disease—for chronic or environmental illness, the life you save, improve or lengthen may be your own. ∞

About the Author:

Steven Rochlitz, PhD, was originally a physics professor, but health problems led him to change careers. He has written nine books, six on alternative medicine. For the past 30 years, he has concentrated on finding the underlying causes of chronic and environmental illnesses. Since 1984, he has taught his seminars across the world, including in Australia, New Zealand, Europe and the Americas. He came out of retirement to write his latest book, *Porphyria: The Ultimate Cause of Common, Chronic, & Environmental Illnesses* (see review in our next edition). Further research is at http://www.wellatlast.com. Dr Rochlitz can be emailed at info@wellatlast.com.

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