

Scientific Study Opinion:

Diagnosing EMF Sensitivity

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Bruce Hocking, a specialist in occupational medicine, presented a seminar entitled *EMF Hypersensitivity* for the World Health Organization. In his presentation, he defines and discusses diagnosing electromagnetic field (EMF) sensitivity. He then discusses four case studies, two of whom he completes challenge tests and confirms a diagnosis of EMF sensitivity and two of whom he did not complete a challenge test on, as he decided those two patients did not have EMF sensitivity, but rather a psychiatric disorder based on their prior case histories of such.

The last two patients may have been grossly mistreated. Both received a psychiatric diagnosis without a provocation test to rule out contributing physical causation of EMF sensitivity. It is possible that they both had had a co-occurring psychiatric disorder as well as EMF sensitivity, but the EMF sensitivity was not tested for in favor of a psychiatric diagnoses based on perceived psychiatric problems, which may indeed have been EMF related.

A psychiatric diagnosis should not be given unless all other causes are ruled out and no physiological cause can be found. It is well known that exposures, such as EMF, can cause neurotransmitters to misfire, which can cause mental symptoms that may fully resolve when the exposures are eliminated. It is therefore

conceivable that the two patients that Hocking did not perform a challenge test on were grossly mistreated and potentially misdiagnosed. Hocking acted to continue this possible misdiagnosis by not issuing an appropriate challenge test. This is discriminatory treatment between patients with no history of psychiatric disturbance and patients with psychiatric disturbance.

Hocking only tested via provocation when the patient reported strictly physical symptoms. This serves as a lesson to patients to stick with reporting physical symptoms, such as pain, numbness, tingling as opposed to visual problems or other potentially "mental" problems. In this way, the patient can assure proper testing to rule out misdiagnoses and return to health more quickly. It is unfortunate that practitioners and researchers, such as Hocking, often rule out an additional diagnosis and leave the patient to navigate on their own in order to obtain appropriate tests.



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It is quite plausible that patient three did not have a mere fear of EMF. This is the unfortunate aspect of how insurance and cost limits testing at the expense of proper diagnosis. Patient 3 was unwilling to accept the psychiatric diagnosis according to Hocking. Most patients who fear something know they fear it. In such cases, a psychiatric diagnosis would resonate with them. How many conditions did we previously believe were psychiatric in origin that eventually were proven physical? History would show nearly all conditions were originally thought to be psychiatric and later found to have a biological or physical causation, such as asthma for example.

If a patient is reluctant to accept a diagnosis, perhaps the diagnosis is wrong and a provocation challenge is in order. If the provocation proves no sensitivity, then EMF would be ruled out on a scientific basis. Ruling it out by the mere presence of a pre-existing mental disorder is "junk science". It is quite plausible for a patient to be diabetic, EMF sensitive, suffer cancer, and also have a mental disorder. Having one condition does not preclude another disorder from occurring.

Patients should not have proper tests ruled out on the basis of a co-occurring mental disorder. To do so it to disserve the patient and avoid proper diagnosis of other conditions that can be treated so the patient improves. Psychotherapy in such cases may only help the person digress because it is not addressing



the true cause of symptoms. The patient is likely to become depressed and anxious as the symptoms continue despite psychotherapy. Tricking a patient into believing they are not having the symptoms and should think positive to avoid them may also trick them into further harm of their health. When symptoms do arise, the EMF condition is likely to be far more advanced and may not be as treatable as it once was if tested for in the beginning. Practical EMF avoidance, not denial, is essential.

Because patient 3 and 4 had psychiatric symptoms, all their health conditions were believed to be mental. This may be a gross disservice to patients and society. It is highly encouraged that practitioners rule out all other causes with scientific based clinical tests before reaching a psychiatric diagnosis.

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Reference

Hocking, B. A physicians approach to EMF sensitive patients. World Health Organization Seminar on EMF Hypersensitivity, Prague. Retrieved on August 11, 2007 from:

<http://www.who.int/peh-emf/meetings/archive/en/hocking.pdf>