
BACKGROUND AND AIMS: Coeval with the expansion of mobile phone technology and the associated obvious presence of mobile phone base stations, some people living close to these masts reported symptoms they attributed to electromagnetic fields (EMF). Public and scientific discussions arose with regard to whether these symptoms were due to EMF or were nocebo effects. The aim of this study was to find out if people who believe that they live close to base stations show psychological or psychobiological differences that would indicate more strain or stress. Furthermore, we wanted to detect the relevant connections linking self-estimated distance between home and the next mobile phone base station (DBS), daily use of mobile phone (MPU), EMF-health concerns, electromagnetic hypersensitivity, and psychological strain parameters.

DESIGN, MATERIALS AND METHODS: Fifty-seven participants completed standardized and non-standardized questionnaires that focused on the relevant parameters. In addition, saliva samples were used as an indication to determine the psychobiological strain by concentration of alpha-amylase, cortisol, immunoglobulin A (IgA), and substance P. RESULTS: Self-declared base station neighbors (DBS <100 meters) had significantly higher concentrations of alpha-amylase in their saliva, higher rates in symptom checklist subscales (SCL) somatization, obsessive-compulsive, anxiety, phobic anxiety, and global strain index PST (Positive Symptom Total). There were no differences in EMF-related health concern scales. CONCLUSIONS: We conclude that self-declared base station neighbors are more strained than others. EMF-related health concerns cannot explain these findings. Further research should identify if actual EMF exposure or other factors are responsible for these results.

OBJECTIVE: The present study aimed to test whether exposure to radiofrequency electromagnetic fields (RF-EMF) emitted by mobile phone base stations may have effects on salivary alpha-amylase, immunoglobulin A (IgA), and cortisol levels. METHODS: Fifty seven participants were randomly allocated to one of three different experimental scenarios (22 participants to scenario 1, 26 to scenario 2, and 9 to scenario 3). Each participant went through five 50-minute exposure sessions. The main RF-EMF source was a GSM-900-MHz antenna located at the outer wall of the building. In scenarios 1 and 2, the first, third, and fifth sessions were "low" (median power flux density 5.2 microW/m(2)) exposure. The second session was "high" (2126.8 microW/m(2)), and the fourth session was "medium" (153.6 microW/m(2)) in scenario 1, and vice versa in scenario 2. Scenario 3 had four "low" exposure conditions, followed by a "high" exposure condition. Biomedical parameters were collected by saliva samples three times a session. Exposure levels were created by shielding curtains. RESULTS: In scenario 3 from session 4 to session 5 (from "low" to "high" exposure), an increase of cortisol was detected, while in scenarios 1 and 2, a higher concentration of alpha-amylase related to the baseline was identified as compared to that in scenario 3. IgA concentration was not significantly related to the exposure. CONCLUSIONS: RF-EMF in considerably lower field densities than ICNIRP-guidelines may influence certain psychobiological stress markers.


OBJECTIVES: The aim of our study was to assess the health conditions and subjective symptoms of the inhabitants living in the base stations vicinity and to analyse the relationship between the complaints and level of exposure to electromagnetic fields (EMF). MATERIALS AND METHODS: Our study was performed in housing estates located in five regions of Łódź. The electric field measurements were performed in the buildings located closest to the azimuth of the antennas. Respondents were selected by trained interviewers using an uniform procedure. The number of the households to be examined was set at a minimum of 420. The questionnaire contained: demographic data, occupational and environmental exposure to EMF, health condition, subjective complaints. Results were adjusted for confounders (age, gender, EMF at the workplace and EMF emitted by household equipment) using multiple regression model. RESULTS: 181 men and 319 women from 500 households were examined. Electric field above 0.8 V/m was recorded in 12% of flats. There was no significant correlation between electric field strength and the distance of examined flats from the base stations. To make possible comparison with relevant literature, we analysed also the frequency of the reported symptoms vs. the distance. Headache was declared by 57% people, most frequently (36.4%) living 100-150 m away from the base station compared to people living at longer distances (p = 0.013). 24.4% subjects, mostly living
at a distance above 150 m, declared impaired memory. Difference was statistically significant in comparison with people living at other distances (p = 0.004). CONCLUSIONS: The explanation why we did not find any correlation between the electric field strength and frequency of subjective symptoms but found a correlation between subjective symptoms and distance from base station needs further studies. Maybe new metrics of exposure assessment should be adopted for this purpose.


OBJECTIVES: The aim of the present double-blind, sham-controlled, balanced randomized cross-over study was to disentangle effects of electromagnetic fields (EMF) and non-EMF effects of mobile phone base stations on objective and subjective sleep quality. METHODS: In total 397 residents aged 18-81 years (50.9% female) from 10 German sites, where no mobile phone service was available, were exposed to sham and GSM (Global System for Mobile Communications, 900 MHz and 1,800 MHz) base station signals by an experimental base station while their sleep was monitored at their homes during 12 nights. Participants were randomly exposed to real (GSM) or sham exposure for five nights each. Individual measurement of EMF exposure, questionnaires on sleep disorders, overall sleep quality, attitude towards mobile communication, and on subjective sleep quality (morning and evening protocols) as well as objective sleep data (frontal EEG and EOG recordings) were gathered. RESULTS: Analysis of the subjective and objective sleep data did not reveal any significant differences between the real and sham condition. During sham exposure nights, objective and subjective sleep efficiency, wake after sleep onset, and subjective sleep latency were significantly worse in participants with concerns about possible health risks resulting from base stations than in participants who were not concerned. CONCLUSIONS: The study did not provide any evidence for short-term physiological effects of EMF emitted by mobile phone base stations on objective and subjective sleep quality. However, the results indicate that mobile phone base stations as such (not the electromagnetic fields) may have a significant negative impact on sleep quality.


Pollution caused by the electromagnetic fields (EMFs) of radio frequencies (RF) generated by the telecommunication system is one of the greatest environmental problems of the twentieth
century. The purpose of this research was to verify the existence of a spatial correlation between base station (BS) clusters and cases of deaths by neoplasia in the Belo Horizonte municipality, Minas Gerais state, Brazil, from 1996 to 2006 and to measure the human exposure levels to EMF where there is a major concentration of cellular telephone transmitter antennas. A descriptive spatial analysis of the BSs and the cases of death by neoplasia identified in the municipality was performed through an ecological-epidemiological approach, using georeferencing. The database employed in the survey was composed of three data banks: 1. death by neoplasia documented by the Health Municipal Department; 2. BSs documented in ANATEL ("Agência Nacional de Telecomunicações": 'Telecommunications National Agency'); and 3. census and demographic city population data obtained from official archives provided by IBGE ("Instituto Brasileiro de Geografia e Estatística": 'Brazilian Institute of Geography and Statistics').

The results show that approximately 856 BSs were installed through December 2006. Most (39.60%) of the BSs were located in the "Centro-Sul" ('Central-Southern') region of the municipality. Between 1996 and 2006, 7191 deaths by neoplasia occurred and within an area of 500 m from the BS, the mortality rate was 34.76 per 10,000 inhabitants. Outside of this area, a decrease in the number of deaths by neoplasia occurred. The greatest accumulated incidence was 5.83 per 1000 in the Central-Southern region and the lowest incidence was 2.05 per 1000 in the Barreiro region. During the environmental monitoring, the largest accumulated electric field measured was 12.4 V/m and the smallest was 0.4 V/m. The largest density power was 40.78 µW/cm(2), and the smallest was 0.04 µW/cm(2).


OBJECTIVE: To investigate the risk of early childhood cancers associated with the mother's exposure to radiofrequency from and proximity to macrocell mobile phone base stations (masts) during pregnancy. DESIGN: Case-control study. SETTING: Cancer registry and national birth register data in Great Britain. PARTICIPANTS: 1397 cases of cancer in children aged 0-4 from national cancer registry 1999-2001 and 5588 birth controls from national birth register, individually matched by sex and date of birth (four controls per case). MAIN OUTCOME MEASURES: Incidence of cancers of the brain and central nervous system, leukaemia, and non-Hodgkin's lymphomas, and all cancers combined, adjusted for small area measures of education level, socioeconomic deprivation, population density, and population mixing. RESULTS: Mean distance of registered address at birth from a macrocell base station, based on a national database of 76,890 base station antennas in 1996-2001, was similar for cases and controls (1107 (SD 1131) m v 1073 (SD 1130) m, P=0.31), as was total power output of base stations within 700 m of the address (2.89 (SD 5.9) kW v 3.00 (SD 6.0) kW, P=0.54) and modelled power density (-30.3 (SD 21.7) dBm v -29.7 (SD 21.5) dBm, P=0.41). For modelled power density at the address at birth, compared with the lowest exposure category the adjusted odds ratios were 1.01 (95% confidence interval 0.87 to 1.18) in the intermediate and 1.02 (0.88 to 1.20) in the highest
exposure category for all cancers (P=0.79 for trend), 0.97 (0.69 to 1.37) and 0.76 (0.51 to 1.12), respectively, for brain and central nervous system cancers (P=0.33 for trend), and 1.16 (0.90 to 1.48) and 1.03 (0.79 to 1.34) for leukaemia and non-Hodgkin's lymphoma (P=0.51 for trend). CONCLUSIONS: There is no association between risk of early childhood cancers and estimates of the mother's exposure to mobile phone base stations during pregnancy.


We examined and monitored a dairy farm in which a large number of calves were born with nuclear cataracts after a mobile phone base station had been erected in the vicinity of the barn. Calves showed a 3.5 times higher risk for heavy cataract if born there compared to Swiss average. All usual causes such as infection or poisoning, common in Switzerland, could be excluded. The real cause of the increased incidence of cataracts remains unknown.


An increasing number of people worldwide complain that they have become electromagnetic hypersensitive (EHS). We conducted a questionnaire survey of EHS persons in Japan. The aim was to identify electromagnetic fields (EMF) and plausible EMF sources that caused their symptoms. Postal questionnaires were distributed via a self-help group, and 75 participants (95% women) responded. Reported major complaints were "fatigue/tiredness" (85%), "headache", "concentration, memory, and thinking" difficulty (81%, respectively). Seventy-two per cent used some form of complementary/alternative therapy. The most plausible trigger of EHS onset was a mobile phone base station or personal handy-phone system (37%). Sixty-five percent experienced health problems to be due to the radiation from other passengers' mobile phones in trains or buses, and 12% reported that they could not use public transportation at all. Fifty-three percent had a job before the onset, but most had lost their work and/or experienced a decrease in income. Moreover, 85.3% had to take measures to protect themselves from EMF, such as moving to low EMF areas, or buying low EMF electric appliances. EHS persons were suffering not only from their symptoms, but also from economical and social problems.


Human populations are increasingly exposed to microwave/radiofrequency (RF) emissions from wireless communication technology, including mobile phones and their base stations. By searching PubMed, we identified a total of 10 epidemiological studies that assessed for putative health effects of mobile phone base stations. Seven of these studies explored the association
between base station proximity and neurobehavioral effects and three investigated cancer. We found that eight of the 10 studies reported increased prevalence of adverse neurobehavioral symptoms or cancer in populations living at distances < 500 meters from base stations. None of the studies reported exposure above accepted international guidelines, suggesting that current guidelines may be inadequate in protecting the health of human populations. We believe that comprehensive epidemiological studies of long-term mobile phone base station exposure are urgently required to more definitively understand its health impact.


OBJECTIVE: to review and evaluate the recent literature on the health effects of exposure to mobile phone base station (MPBS) radiation. METHODS: we performed a systematic review of randomized human trials conducted in laboratory settings and of epidemiological studies that investigated the health effects of MPBS radiation in the everyday environment. FINDINGS: we included in the analysis 17 articles that met our basic quality criteria: 5 randomized human laboratory trials and 12 epidemiological studies. The majority of the papers (14) examined self-reported non-specific symptoms of ill-health. Most of the randomized trials did not detect any association between MPBS radiation and the development of acute symptoms during or shortly after exposure. The sporadically observed associations did not show a consistent pattern with regard to symptoms or types of exposure. We also found that the more sophisticated the exposure assessment, the less likely it was that an effect would be reported. Studies on health effects other than non-specific symptoms and studies on MPBS exposure in children were scarce. CONCLUSION: the evidence for a missing relationship between MPBS exposure up to 10 volts per metre and acute symptom development can be considered strong because it is based on randomized, blinded human laboratory trials. At present, there is insufficient data to draw firm conclusions about health effects from long-term low-level exposure typically occurring in the everyday environment.


Terrestrial Trunked Radio (TETRA) technology ("Airwave") has led to public concern because of its potential interference with electrical activity in the brain. The present study is the first to examine whether acute exposure to a TETRA base station signal has an impact on cognitive
functioning and physiological responses. Participants were exposed to a 420 MHz TETRA signal at a power flux density of 10 mW/m(2) as well as sham (no signal) under double-blind conditions. Fifty-one people who reported a perceived sensitivity to electromagnetic fields as well as 132 controls participated in a double-blind provocation study. Forty-eight sensitive and 132 control participants completed all three sessions. Measures of short-term memory, working memory, and attention were administered while physiological responses (blood volume pulse, heart rate, skin conductance) were monitored. After applying exclusion criteria based on task performance for each aforementioned cognitive measure, data were analyzed for 36, 43, and 48 sensitive participants for these respective tasks and, likewise, 107, 125, and 129 controls. We observed no differences in cognitive performance between sham and TETRA exposure in either group; physiological response also did not differ between the exposure conditions. These findings are similar to previous double-blind studies with other mobile phone signals (900-2100 MHz), which could not establish any clear evidence that mobile phone signals affect health or cognitive function.


In this review we discuss alarming epidemiological and experimental data on possible carcinogenic effects of long term exposure to low intensity microwave (MW) radiation. Recently, a number of reports revealed that under certain conditions the irradiation by low intensity MW can substantially induce cancer progression in humans and in animal models. The carcinogenic effect of MW irradiation is typically manifested after long term (up to 10 years and more) exposure. Nevertheless, even a year of operation of a powerful base transmitting station for mobile communication reportedly resulted in a dramatic increase of cancer incidence among population living nearby. In addition, model studies in rodents unveiled a significant increase in carcinogenesis after 17-24 months of MW exposure both in tumor-prone and intact animals. To that, such metabolic changes, as overproduction of reactive oxygen species, 8-hydroxi-2-deoxyguanosine formation, or ornithine decarboxylase activation under exposure to low intensity MW confirm a stress impact of this factor on living cells. We also address the issue of standards for assessment of biological effects of irradiation. It is now becoming increasingly evident that assessment of biological effects of non-ionizing radiation based on physical (thermal) approach used in recommendations of current regulatory bodies, including the International Commission on Non-Ionizing Radiation Protection (ICNIRP) Guidelines, requires urgent reevaluation. We conclude that recent data strongly point to the need for re-elaboration of the current safety limits for non-ionizing radiation using recently obtained knowledge. We also emphasize that the everyday exposure of both occupational and general public to MW radiation should be regulated based on a precautionary principles which imply maximum restriction of excessive exposure.

The use of mobile telephones has rapidly increased worldwide as well as the number of mobile phone base stations that lead to rise low level radiofrequency emissions which may in turn have possible harm for human health. The national radiation protection board has published the known effects of radio waves exposure on humans living close to mobile phone base stations. However, several studies have claimed that the base station has detrimental effects on different tissues. In this study, we aimed to evaluate the effects of mobile phone base stations on the micronucleus (MN) frequency and chromosomal aberrations on blood in people who were living around mobile phone base stations and healthy controls. Frequency of MN and chromosomal aberrations in study and control groups was 8.96 +/- 3.51 and 6.97 +/- 1.52 (p: 0.16); 0.36 +/- 0.31 and 0.75 +/- 0.61 (p: 0.07), respectively. Our results show that there was not a significant difference of MN frequency and chromosomal aberrations between the two study groups. The results claim that cellular phones and their base stations do not produce important carcinogenic changes.