DISCLOSURE AND DISCLAIMER

1) The information that follows from Donnay Detoxicology LLC contains links to collections of peer-reviewed articles about carbon monoxide that open webpages of the US National Library of Medicine at www.pubmed.ncbi.nlm.nih.gov. From the PubMed site--over which Donnay Detoxicology LLC has no control--you can save or export the articles in the collections.

2) The articles in each collection were selected by Albert Donnay, a consulting toxicologist who has specialized in CO poisoning since 1999. He selected the articles for their relevance to the topics and not for their accuracy, integrity, clinical utility, or any other reason.

3) The collections are not regularly updated and so only should be considered illustrative, not exhaustive. To find more recent articles on any topic "X", you can search at www.pubmed.gov for ("carbon monoxide" and "X")

4) *By clicking on the links provided below to any of Donnay's collections, you acknowledge this disclosure and agree not to hold Albert Donnay or Donnay Detoxicology LLC responsible for any false, misleading, or outdated information that the selected articles may contain.*

For more information on Donnay Detoxicology's library of over 1,500 PubMed collections on CO-related topics, see www.tinyurl.com/COpapers

Donnay Detoxicology LLC

www.DonnayDetox.com

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CARBON MONOXIDE CONDITIONS:
ALTERED BODY TEMPERATURE

Body temperature may be higher or lower than normal from inhaled and/or internal carbon monoxide poisoning, which can result in profuse sweating. Body temperature is typically higher than normal when the total level of inhaled and internal CO in someone is rising, but lower than normal when the total of inhaled and internal CO is falling.

CO poisoning survivors who still have more CO than normal stored in their tissues and organs (where CO lowers body temperature by blocking oxygen metabolism) commonly have waking temperatures below 97.5F. In people without CO poisoning, waking temps are typically over 97.5F.

[Note most internal CO is produced endogenously 24/7 from the normal breakdown of heme proteins by heme oxygenase-1 and -2. When combined with 3 oxygen molecules and catalyzed by an enzyme called NADPH, HO-1 and -2 convert heme into equal parts of CO, bilirubin, and ferritin, along with hydrogen from the NADPH. If the heme protein is bound to CO when it is broken down, that CO also is released, which doubles the total. While acute exposure to high levels of CO causes symptoms of CO toxicity, and chronic exposure to low levels causes symptoms of CO deficiency, there is a range of CO exposure in between that endogenous CO research shows is more beneficial than harmful.]

For a collection of peer-reviewed articles on PubMed curated by Albert Donnay about the effect on body temperature of
INTERNAL (ENDOGENOUS) CO, see
https://www.ncbi.nlm.nih.gov/sites/myncbi/DonnayDetoxicologyLLC/collections/61788214/public/

INHALED (EXOGENOUS) CO
causing high body temperature (hyperthermia), see:
https://www.ncbi.nlm.nih.gov/sites/myncbi/DonnayDetoxicologyLLC/collections/60135312/public/

causing sweating (hyperhidrosis), see:
https://www.ncbi.nlm.nih.gov/sites/myncbi/albert.donnay.1/collections/61788371/public/
causing low body temperature (hypothermia), see:
https://www.ncbi.nlm.nih.gov/sites/myncbi/DonnayDetoxicologyLLC/collections/59583785/public/

Note hypothermia also is studied as a treatment for CO poisoning, see:
https://www.ncbi.nlm.nih.gov/sites/myncbi/DonnayDetoxicologyLLC/collections/50448003/public/

OUTDOOR BACKGROUND CO, see
https://www.ncbi.nlm.nih.gov/sites/myncbi/albert.donnay.1/collections/61788371/public/