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Mission Statement

Nambudripad's Allergy Research Foundation (NAR Foundation) is dedicated to allergy research in complementary and alternative medicine (which include acupuncture, allopathy, chiropractic, Oriental medicine, herbal, and nutritional medicine). We believe that research and education are essential to the progress and development of future integrative medicine. Our goal is to help healthcare professionals achieve proper education in Nambudripad's Allergy Elimination Treatments and patients receive health and freedom from pain and illness through effective holistic treatments.

JNECM

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The official language of the Journal is English. The Journal does not publish papers that have been submitted or published elsewhere. The views expressed in this publication, including the editorial, letters, and book reviews are strictly those of the author(s), and not necessarily the official policy of the publishers and Nambudripad's Allergy Research Foundation, or the institution with which the author is affiliated, unless this is clearly stated.

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EDITORIAL

Autism Today

D. S. Nambudripad, M.D., Ph.D., D.C., L.Ac.

WHAT IS AUTISM?

Autism is a syndrome of early childhood. According to NAET findings, autism is a nutritional deficiency disorder causing biological, neurological and developmental problems in children. The nutritional deficiency is not caused by failing to consume enough nutrients by mouth but due to their allergies they cannot digest, absorb or assimilate the nutrients appropriately.

The nutritional deficiency will begin to affect the child by the age of three. Usually that is the time most children with regular well-baby checkup visits and appropriate medical care are diagnosed as autistic. Even though the problems resulted from nutritional deficiencies, the developmental problem causes the child to see, feel, smell, hear and behave differently from other people. The particular autistic symptoms are characterized by abnormal social relationships, language disorders with impaired understanding, pronomial reversal (saying you for I or me for you, etc.), rituals such as wiping the face repeatedly, rubbing the nose, pulling the hair, chewing long hair constantly, etc., compulsive phenomena and uneven intellectual development, with mental retardation in most cases, if the right treatment is not provided in a timely manner.

AUTISM TODAY

Autism is the fastest-growing developmental disability in the United States. A child is diagnosed with autism every 21 minutes and it now affects one in every 166 children in the cities (Centers for Disease Control and Prevention, 2004). Numbers may be slightly lower in other areas. According to

one of the recent statistics, it is affecting more than 1.5 million Americans and costing the country over \$90 billion annually. It is a national crisis.

The overall incidence of autism is consistent around the globe, and is four times more prevalent in boys than girls. Autism knows no racial, ethnic, or social boundaries, and family income, lifestyle, and educational levels do not affect the chance of occurrence of autism.

No body really knows the causes of autism.

Usually autistic children are born normal unless they are born with some genetic defects. But one can find one common pattern among most autistic individuals: that they all suffer from lots of allergies with different intensities. Most children with autism seem to have inherited allergic tendencies from their parents and grandparents (ancestors). These children can have allergic reactions to various things around them. Allergies affect individuals differently by affecting the weakest tissue or system of the body. For some reason, the brain is the weakest tissue/organ in an autistic individual. Each and every exposure of any type of allergen affects their brain and nervous system making them not to see, hear or feel properly. Poor vision, hearing, and abnormal sensory functions make them nervous and cause abnormal behaviors like self-stimulating behaviors, ignoring others' presence near them (they cannot see or hear well so they are not aware of another person standing near them). They are living in allergy fog.

NAET theorizes that most human ailments including autism are the result of some allergies. The weakness of the brain of the autistic children may have been produced by various causes and one of them being the allergy. These children can react to food, clothes, toys, chemicals, environmental factors, toxins from bacteria, virus, parasites, drugs, childhood immunizations, heavy metals, radiation, pesticides, etc. the list can go on and on. Due to the

imbalances in the brain, the body begins to react adversely to everything the body encounters, including the items that is supposed to be beneficial to the body. The children can even become allergic to the essential nutrients preventing proper digestion, and assimilation of the nutrients from the daily food. Then they become deficient in nutrients and their bodies do not get appropriate nutrients that is needed for normal growth and development.

NAET testing procedures are very sensitive to detect allergies even in their mildest forms. Once detected, NAET can desensitize to the treated allergen permanently and help the body to recognize the good and bad items from one's surroundings. Once when the body learns to identify things appropriately, the body will stop reacting adversely. When they are treated with NAET, the allergy fog becomes thinner and thinner with each treatment. Finally when they eliminate most allergies they begin to behave normally. When the allergies are gone the allergy sufferer can resume normal life. That's how NAET can help autistic child(ren) to overcome his/her allergies as well as the autistic traits and help live a normal life.

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LETTERS TO THE EDITOR

NAET®: Great for Allergies

NAET® Gave My Son Back!

Dear Editor,

My son was absolutely normal until 18 months old. He had begun speech and other normal activities for his age. He was left alone with other family members for one night since I had to go away to attend some family emergency. He cried the whole time I was gone and got high fever from crying. He also developed an ear infection. He was given antibiotics, repeatedly a few times. When he got better from his fever, he had lost the ability to speak and interact with others normally as before. Finally he was diagnosed as having severe ADHD. I took him to many specialists all over the country. He remained nonverbal until 7 years old. Then I heard about Dr. Devi and read her book, "Say Good-bye to allergy-related Autism." My son had many allergies. Our whole family had numerous allergies. So I immediately called her office and traveled to Buena Park, CA. She began treating him right away. By the time he received 10 basic treatments, his allergic reactions were lessened. After about 25 treatments, he began speaking. As he got treated further, his communication and behavior, and other skills improved.

When he started with Dr. Devi, he had 38 prominent symptoms on the autism and allergy list. Now after treating for about 100 treatments in two year-period, he has four mild symptoms left behind. We have resolved 34 symptoms so far. I wish I had known about NAET® sooner, then my son wouldn't have to remain nonverbal until 7 years old. I am home schooling him now. Parents, if you can take your child to NAET® as soon as you can soon after you discover your child has autism or ADHD, recovery will be faster. If any

parent would like to discuss NAET® with me, please contact me at the address below. I will be glad to talk to you and give my testimonial.

"Roxie", Arizona
Phone: (480) 767-2728

Our Son's autism Cured Through NAET®!

Dear Editor,

We have a 5 year old son who was diagnosed as autistic in the month of May 2004. He is free from autism now. Thanks to NAET®.

We are Caleb Hoverson's parents, and this letter will attempt to explain where Caleb was, and where he is now, in his communication, social, and physical development. we believe that Dr. Devi, and the staff at her office, have played a major part in Caleb's growth.

We didn't want to see what was going on with our son. Anything that didn't seem normal we just overlooked. Our first glimpse that something might be wrong was when a lady at our church came to us and mentioned that she thought Caleb might have a hearing problem. She thought this because he would not respond when people talked with him. Then when Caleb was three years old and the only thing he would say is "mama," and incoherent mumbling, our eyes were beginning to open. We were visiting friends and Caleb was

playing with their son, he came to his mom and said, “Why is Caleb calling me mama?!” Our eyes were opened more to the fact that there was a real problem.

Caleb called everyone and everything “mama.” Shortly after his third birthday his aunt came to visit and explained to us that there could be something really wrong. Caleb was living in his own world, not interacting with anyone around him, staring into space or at the TV, and not moving for hours at a time. He was not talking, not potty trained, with no apparent desire to do these things. Through our local school district we had Caleb tested and he was diagnosed with autism. We were shocked, but at the same time a little relieved, because we knew something was wrong. This was in May 2004.

In July of 2004 we found out that Dr. Devi was doing a study on autism and might be able to help Caleb. We had our first visit, within hours after his first “NAET® treatment” Caleb put two words together with action. He had a cup of water, and when he had finished all of it, he turned it over and said “all gone.” It was clear and very understandable; it was our first breakthrough.

In September of 2004 Caleb was enrolled into a “special-needs” preschool with other kids who had autism and learning delays. We would get reports that he was aggressive and wouldn’t listen to his teacher. He would pinch and hit other kids and he had no interest in potty training. He didn’t qualify for speech therapy because he didn’t speak enough words, and showed no desire to speak. Everything was still “ma-ma.” After continuing visits to Dr. Devi’s office, small breakthroughs started happening. After starting his “NAET® treatments,” he showed the desire to talk and to listen. It seemed that things in his brain were beginning to connect.

In May of 2005 Caleb began putting 2 and 3 word utterances together, still difficult to understand, but showing a desire to communicate. He was now potty trained and was now looking at you in the eye while you were talking with him. He began to interact with others and show interest in the world around him. In September 2005 he started back to the same school and was retested and qualified for speech therapy because, now, he had words in his personal vocabulary.

Today, Caleb’s teacher has seen huge improvements. He now knows and calls his teacher by name as well as his classmates. He has a “best friend” at school, he counts to 15, knows his ABC’s, knows the letter sounds, and can write his name. He can act on multiple instructions and his motor skills are above “age appropriate.” In his most recent progress report, he met or exceeded all the learning goals set at the beginning of the school year.

He has improved so much, in such a short time, we know without NAET® treatments this progress may not have happened in the time that he has. We have gone from wondering if our son would ever be normal to Caleb entering

regular kindergarten next year. Dr. Devi and her staff have been a blessing to us. Caleb’s language continues to improve and move forward.... Thank you Dr. Devi.

Mike and Cindy Hoverson

Chino, CA

May 20, 2006.

Correct NAET® Testing is Crucial!

Dear Editor,

I’ve been doing NAET for five years now and in working with autistic and ADHD children, I’d forgo the usual protocol of having the surrogate lying down and just NST them sitting up. Usually I’d only have to treat a substance once or twice, and couldn’t understand why other people were having to treat something a number of times. Recently I tested a friend for egg mix. Although I had treated him for egg mix long ago, and the indication was that it had cleared, he suspected there was still something wrong - it had not cleared. I tested him sitting up. He implored me to check him lying supine, which I did. Lo and behold, he was IN FACT allergic to egg - STRONGLY sensitive - and I hadn’t uncovered it. Since that time I have been rechecking many of my people in the supine posture rather than sitting and have found a number of allergens that I THOUGHT were cleared, were in fact NOT cleared. And, I am really good at NST testing (first studied muscle testing with George Goodheart in 1969 and have been muscle testing ever since, NST is almost like MRT), so I don’t believe that is the issue. The object lesson here is: Do it EXACTLY the way it is demonstrated by Dr. Devi. She gets fabulous results with her patients, whether she treats for just simple allergies, or more chronic and complicated ones like asthma, ADD, ADHD, Autism, autoimmune disorders, arthritis, lupus, crohn’s disease, irritable bowel syndrome, migraines, or emotional disorders. She teaches us the same simple technique just the way she does on hundreds of patients on a daily basis.

Then what is the problem? Problem is within us. We just don’t like to follow anyone. We have to make it slightly different from the norm. The RESULT? Messed up NAET®...just the way I was doing it all along.

The object lesson here is: Do it EXACTLY the way it is demonstrated by Dr. Devi. You can get better results with NAET® if you can learn and practice just the way she teaches you.

Gary Erkfritz, D.C.

Thousand Oaks.

With Just Six Naet Treatments, We Can See The Difference!

Maureen is 16 years of age. She was born microcephalic. Later she was diagnosed as autistic, attention deficit and hyperactive. She also has a compulsive behavioral problem. A few weeks ago Maureen started NAET treatments with Dr. Nambudripad. She had six basic treatments so far. Her behavioral problems and temper tantrums have reduced greatly. The tantrum has been reduced from 3 or 4 times a week to about 2 times or less. Her speech is clearer and she is more focused. My wife and I are very excited about Maureen's progress. Maureen is going to continue with the NAET treatments and we are positive she is going to be functional very soon.

Stephen Tee
West Hills, CA

We Will All Be Smiling Soon!

Dear Editor,

Three weeks ago, my eight-year old-son was referred to you by his pediatrician Dr. Levine for evaluation and NAET treatment. Patrick was diagnosed as having moderate to severe autism spectrum disorder a few years ago. After your examination, you said, Patrick has severe food and chemical allergies. You began treatment on the same day. You treated him for egg mix on his first visit. Patrick was asked to return once a week for treatments.

On his first visit you noticed that he had no eye contact, was restless, ran aimlessly in and out of the building. He could not speak any legible words; sometimes he mumbled something which no one could understand. You used me as a surrogate to treat him. I was asked to hold on to his wrist while you performed acupressure treatments on my back acupuncture points. It wasn't easy to hold on to him and keep him still for that two minutes-long acupressure treatment.

Now he completed three treatments: Egg mix, Calcium mix and vitamin C mix. After just three treatments, I am feeling very optimistic about Patrick's progress.

He has become more social, with improved eye contact, and is using more legible words spontaneously. Until recently he spoke a few words only when prompted. After the last treatment (Vitamin C), he appears more restful, and tries to sit in one place or next to me for minutes at a time. He is initiating more requests and is generally more cooperative in all respects.

We did notice increased sleep disturbances following the calcium treatment for several nights but they have abated.

I also suffer from a lot of aches and pains. I attributed to exhaustion from work and caring for my disabled son. You evaluated me and said that I had lots of food allergies and Patrick could have inherited the allergic tendency from me. So I decided to take a few NAET treatments myself. After just one treatment (egg mix), I have much more energy and improved concentration. If this is indicative of how Patrick is feeling, we will all be smiling soon.

**Mary Nan
Orange, CA**

No more Allergies to Milk or Milk Products!

Dear Editor,

As a small child, our son Andrew was sickly. He had tubes surgically inserted in his ears at age 4. Soon afterward he developed problems when he ate foods containing milk or chocolate. Andrew threw up his food, then was ravenously hungry afterward. Sometimes Andrew would suffer excruciating headaches as well.

After many NAET treatments, Andrew began to improve. He was treated for the NAET group-A, chocolate, Caffeine, milk, cheese, meat mix, heat, amino acids, leather and with many combinations.

Now Andrew is a healthy thirteen-year-old teenager, suffering an occasional headache instead of several headaches per week. I am cooking with regular milk now instead of rice milk and Andrew seems to tolerate it well.

Thank you, Dr. Devi, for your unfailing enthusiasm, which is apparent in your book, Say Good-bye to Illness. I know many families such as ours will be able to eat and function normally.

Karen Hyatt
Monroe, North Carolina

XANGO...XANGO...XANGO

ADD and Depression

My 17 year old son (ADD) and I started using Mangosteen juice 2 months ago.

I have ADD that I discovered 3 years ago that has affected many aspects of my creative and productive life. I have found the clarity and focus profound that Mangosteen juice gives me.

For the past 3 years, after trying a variety of traditional ADD meds (stimulants & antidepressants) as well as many alternative medical modalities for ADD including many different Amino Acids, nutritional supplements and vitamins, etc), there is not a medication or supplement that creates more energy, focus and clarity of my mind than Mangosteen juice !

Here is a real testimonial repeated on an off Mangosteen juice.

I'm a single parent and I recently went with my son on a 9 day Caribbean cruise to celebrate all the hard work he had put in this past year. On ship I planned to share some real connection time when homework and activities would finally not interfere. I only brought a few bottles of Mangosteen juice, and when a fellow traveler was having tremendous pain in his neck following neck surgery a few weeks earlier, I offered him a bottle. Because we were in short supply, my son offered to not take any & I rationed mine.

I personally had less energy on the cruise when I was just relaxing, than my full days when I often work until 1-2 AM getting personal projects done.

My son on the other hand had a different experience. His attitude soured, he had little appreciation, & patience that had been present before. His adolescence showed and the interactions between us were less than optimal. (He had left his ADD meds at home).

Within 24 hrs of returning home my son was quite stressed considering the tests and work he had missed, even though he had done quite a bit homework on the ship. We returned to our usual home lifestyle, including taking Mangosteen juice and vitamins regularly.

Within 24 hrs, even before he went back to school, I noticed an abrupt change in his behavior as he calmed down, the stress was decreased, and his relationship with me was back to normal ! I found this interesting and put it in the back of my mind.

I had a concern how the Mangosteen juice was interacting with the homeopathic treatment for my ADD so my physician and I decided to stop it for 4-5 days and reevaluate me, but not until I returned from a six day workshop with Tony Robbins as I knew I'd need it for focus. We were in the workshop from 9 AM until MN for the next 6 days. (Thank you Mr. Mangosteen for the energy to keep up with Tony's hours) !

My son had been leaving me very loving messages while gone, so when I called the day before returning home, I suggested he STOP the mangosteen juice. When I returned home, the loving son had left, being replaced by the anxious

adolescent from the cruise ship. Over the next 4-5 days, I was a little more on edge, & I was VERY distracted & the least focused I'd been in 3 years on NO meds for my ADD. My son on the other hand was angry, argumentative, impatient, impulsive sounds like my 17 yr. old untreated son with ADD. It was an interesting 4 - 5 days, and I tried everything to create harmony. I heard about the potential VERY short time for Mangosteen juice to take affect (HOURS), so when he returned from school, I greeted him at the door and said DRINK, our test is over. I left the house for 2 hrs to run errands, and had not really told him the test was still on.

When I returned home, I went down to find my son and I tried to engage him and get in his face and all I could get was a smile and no reaction. Now the test was really over. Mangosteen juice had won!

Here's the part I haven't shared. I'm a physician, board certified in Internal Medicine and have practiced Wellness and Alternative Medicine with an emphasis on prevention for 25 yrs. I have read the science behind the Mangosteen and have not seen anything as profound in my 25 years that is as safe and can have such an impact on such a variety of health conditions from elimination of cancer, to lowering blood sugar, serum cholesterol, and blood pressure. The treatment of extreme inflammation as well as acute and chronic pain is profound as well as the treatment of autoimmune conditions, Parkinsons, Alzheimers, Hepatitis, headaches and a variety of other conditions.

Considering 75% of our population will unfortunately die from cancer and heart disease, EVERYONE should be on Mangosteen juice, unless they want to enjoy heart disease, cancer, Alzheimers and all the chronic diseases from oxidation that afflict our society costing far more than Mangosteen juice.

**Les Berenson MD, F.A.C.P.
Phoenix, AZ**

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Nambudripad's Allergy Elimination Techniques (NAET®) Protocols and Procedures Part - 5

Devi S. Nambudripad, M.D., Ph.D., D.C., L.Ac.

ABSTRACT

This is the fifth part of the series on NAET® protocols and procedures. This article will attempt to educate the reader about testing procedures and the rules and techniques to prevent complications during NAET desensitization treatments. Various steps of NST testing to prevent complications are given with illustrations. These steps are very important to achieve maximum results with NAET® desensitization. NAET® is a noninvasive, holistic desensitization procedure with minimal or no known side effects. NAET® holistic approach has been found to be very effective in eliminating sensitivities, allergies and allergy-based health disorders. This could be the treatment of choice to reduce sensitivities and allergic reactions in people who are found to be hypersensitive to various medications, the medications used in treating allergic reactions arising from other allergens such as epinephrine, antihistamines, cortisone, and antibiotics. NAET® can also help reduce or eliminate reactions from various allergens from one's foods, household chemicals as well as other environmental factors. To receive the best results from this process, NAET protocols and procedures should be followed diligently. It is hoped that these articles on the procedures and protocols can easily be used as a ready reference by the NAET® professionals and other readers.

INTRODUCTION

The basic premise of NAET® is that a person will be desensitized to sensitive substances (allergens), if acupressure stimulation is applied at specific spinal nerve roots and specific acupuncture points alongside the spinal column while the person's finger-pads are in direct contact with the sensitive substance. NAET® is administered to the patient in a specific order of desensitization of the allergens to be completely effective (Journal of NAET Energetics and Complementary Medicine Vol 1, No 2. pp.112). The NAET® desensitization is a non-invasive, painless procedure that utilizes the testing and diagnostic evaluation methods from standard medical practices, Oriental medical testing procedures, and applied kinesiological procedures (JNECM Vol 1, No. 2 pp.107-112). The NAET® desensitization protocols encompass procedures from chiropractic, acupuncture/acupressure, and nutritional disciplines (Nambudripad, 1999, 2002).

ACUPUNCTURE MERIDIANS

Acupuncture meridians are located throughout the body. They contain a free-flowing, colorless, noncellular liquid. There are many specific acupuncture points along these meridians. Most of them connect or inter-link with branches from other meridians. These points, which consist of small oval cells called *Bonham corpuscles*, are electromagnetic in character, surrounding the capillaries under the skin, as well as the blood vessels and organs throughout the body. The Chinese have named these meridians by the life functions with which they seem to be associated. In most cases, these names are similar to the names of organs that we are familiar with. Careful study of the course of the channels and a knowledge of the most commonly seen pathological symptoms may help the reader isolate the specific area of the specific meridian that has a blockage.

ISOLATING THE BLOCKAGES

Palpation of the channels, meridians, and points can give good indication of where the flow of energy is disturbed. One can run their fingers through the meridians along the flow of the meridians to find the energy stagnation. Energy stagnation in the meridians can be felt as tender points on palpation. Tenderness can be palpated at the various NAET® test points (similar to acupuncture alarm points or association points) related to the meridians of energy stagnation. Energy disturbance in the respective organs gives rise to specific symptoms that are unique to those meridians (Essentials of Chinese Acupuncture 1980, Nambudripad, 99, 2002).

Procedure to check energy disturbance in the test point-organ-meridian-nerve root Association points:

After checking the indicator muscle, checking the initial balance, checking the polarity, and checking the organs, the doctor places the suspected allergen in the patient's hand. The indicator muscle is then checked for strength. If the indicator muscle is strong, the patient is not likely to be allergic to the item. If the indicator muscle goes weak, the patient is possibly allergic to the substance that he/she is holding.

While testing the muscle strength in the presence of an allergen, the doctor touches each NAET® test point with his/her free hand one at a time (pads of fingers are used to make contact with the NAET® test points). A weakness of the arm while contacting an NAET® test point indicates that there is an energy blockage in that test point with its associated organ, spinal nerve root and corresponding meridian. This weakness is probably caused by the presence of the allergen in the patient's hand. The weak test point is not rubbed at this time to strengthen the area temporarily as we did while performing the initial balancing of the body (JNECM (1)(4), 2005, pp.265-270.) At this time a list is made of the weak test points in the presence of the test sample.

TESTING FOR LEVELS

After checking the indicator muscle, checking the initial balance, checking the polarity, and checking the organs, the doctor should check the indicator muscle for strength with the test sample. If the indicator muscle is strong, the patient is not likely to be allergic to the item. If the indicator muscle goes

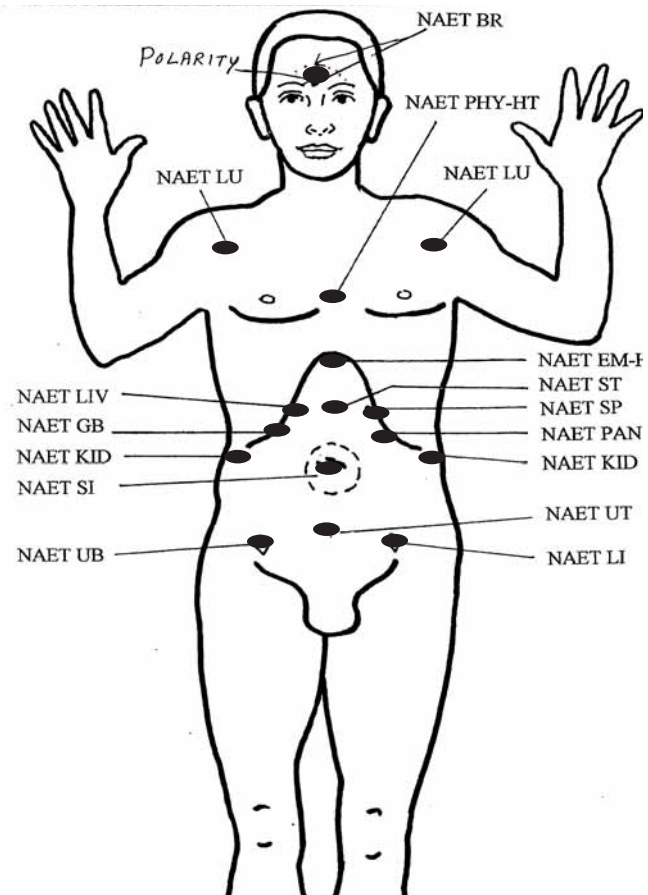


FIGURE - 1
TESTING THE ENERGY DISTURBANCES IN THE ORGAN-MERIDIAN ASSOCIATION POINTS

weak, the patient is possibly allergic to the substance that he/she is holding. The three levels are then checked for weakness.

Allergens can cause energy interference in a meridian at three different levels: Physical, Physiological and Cellular.

Level 1: Physical level—the physical level refers to anything related to the outer surface or the superficial level of the body. It could also be related to structural discomforts like pain in the joints, skin surfaces, etc. Each cell remembers any of the needs and discomforts ever experienced by the body in the past, or the present. This could have happened when the body came in contact with certain exogenous or endogenous substances. Substances produced inside the body are called endogenous factors. These include: various hormones, digestive enzymes, other enzymes produced in the body due to biochemical activities within the body, etc. Substances from outside the body are called exogenous factors. These include: foods and drinks, fabrics and other products that come in contact with the body, bites and stings that inject toxins into the body from insects and animals or injectable drugs, and weather conditions like heat and cold. The body stores the information in its memory and recalls it later whenever it comes in contact with similar substances. It then reproduces a similar pain or discomfort at the surface of the body.

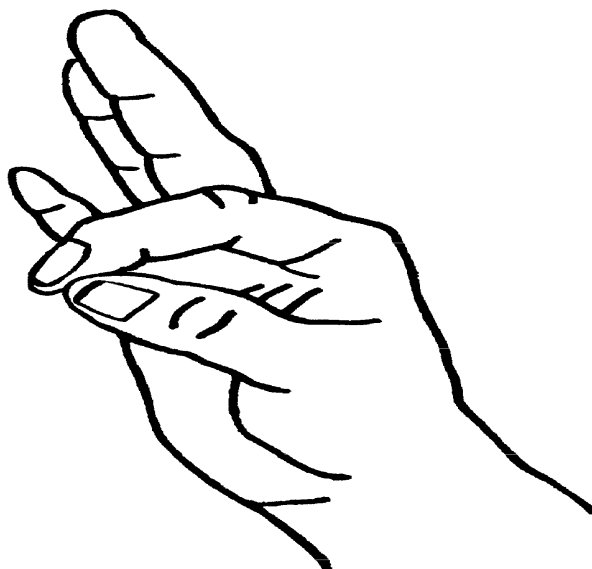


FIGURE-2
TESTING FOR PHYSICAL LEVEL

PROCEDURE TO TEST PHYSICAL LEVEL WEAKNESS

The physical level of energy disturbance is also known the yang level, superficial level or wei Chi level of energy disturbance.

On the free arm, the practitioner makes contact with his/her pads of the index finger and thumb (pad-to-pad contact) while performing NST on the raised arm of the subject as the subject is still holding the allergen. If the muscle goes weak, the subject is allergic to the substance at the physical level.

Level 2: Physiological level—Each cell remembers function or non-function at the physiological (functional) level. This is the middle energy layer, deeper than physical. Illnesses of most sick people will fall in this group. The physiological level affects the functional

status of the body. The functional conditions of the body can change any time during the day or night . This could be influenced by certain biochemical reactions happening in the body when it comes in contact with substances from endogenous or exogenous factors. As stated above, each cell remembers all of the functional difficulties or enzymatic disorders and the discomforts the body has ever experienced. This could have happened when the body came in contact with certain exogenous or endogenous substances. As in the physical level, the body (cells) stores the information in the memory and recalls it later whenever it comes in contact with similar substances. It then reproduces similar pain or discomfort at the middle level of the body. This level also can be called “the Nutritional level, the chemical level, and the biochemical level.”

PROCEDURE TO TEST PHYSIOLOGICAL LEVEL

On the free arm, the practitioner makes contact with his/her pads of the middle finger and thumb (pad-to-pad contact) while performing the NST on the raised arm of the subject while the subject is still holding the allergen. If the muscle goes weak, the subject is allergic to the substance at a physiological level.

Step 3: Cellular level: This is referred to anything that takes place at the cellular or molecular level. Refined biochemical functions take place at the deeper level of the functional unit of the body or cell. This include: various emotions, and all other psychological, mental, or spiritual activities. Each cell in the body holds all three levels of memory and functions. The cell remembers the minute details of past events. It is the deepest layer, holding all vague or strong memories of past events, substances, thoughts or incidents.

PROCEDURE TO TEST CELLULAR LEVEL ENERGY DISTURBANCE (CELLULAR MEMORY IMBALANCES OR CMI)

A cellular level energy disturbance is also known as the Emotional Level, the Psychological Level, the Spiritual Level, or the Cellular Memory Level of energy disturbance.

On the free arm, the practitioner makes contact with his/her pads of the ring finger and thumb (pad-to-pad contact) while performing the NST on the raised arm of the subject

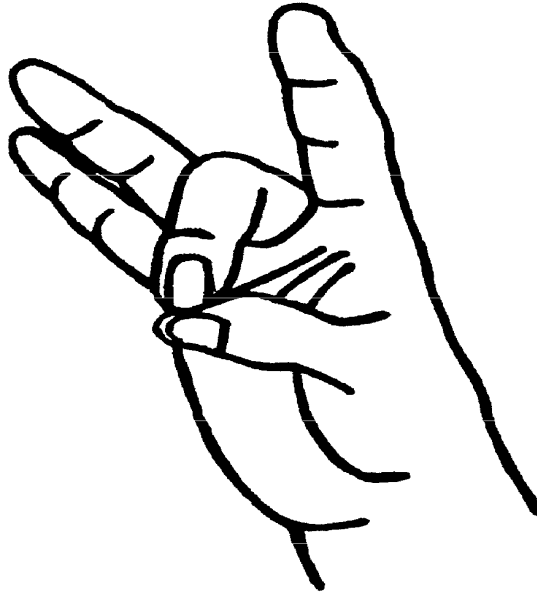


FIGURE-3
TESTING FOR PHYSIOLOGICAL LEVEL

while the subject is still holding the allergen. If the muscle goes weak, the subject is allergic to the substance at the cellular level.

We often see a mixture of these three levels. It is hard to find someone affected by just one level.

Any of these levels can be affected independently, or in one combination or two or more combinations, at the same time. For e.g., a person can be allergic to an allergen in any of the following levels:

1. Physical level alone
2. Physical and Physiological levels
3. Physical and Cellular levels
4. Physiological level alone
5. Physiological and Cellular levels
6. Cellular level alone
7. Physical, physiological and cellular levels

CONCLUSION

The NAET® protocols and procedures have been developed and tested and have been in practice for the past 23 years. The author and the proponents of this method are fully aware of the limitations and the usefulness of these modalities and protocols. Many pilot studies have been done on steps of these procedures and have shown great benefit in following the steps of procedures to achieve maximum benefit. However, more research, experiments and clinical trials are absolutely needed to further validate many of these findings on a larger number of patients. NAET is practiced throughout the world by 8000 plus NAET specialists. There are 23 books including popular versions and teaching manuals written on NAET, and all these books explain essential steps of these procedures. Each of these books has a variety of information on various aspects of NAET application. There is no ONE general source of reference document on NAET (except the training manuals, which at this time is available only to NAET trainee at the time of training). The essential information on NAET testing, treatments and application of the procedures will be presented in the correct order through several issues of this journal. Since NAET has been found very effective in eliminating allergies and allergy-based disorders, most often with long lasting results, it is hoped that NAET will be taught in medical schools in the near future so that medical professionals of all disciplines (acupuncturists, chiropractors, medical doctors, naturopathic doctors, doctors of osteopathy, doctors of veterinary medicine, dentists, etc.)

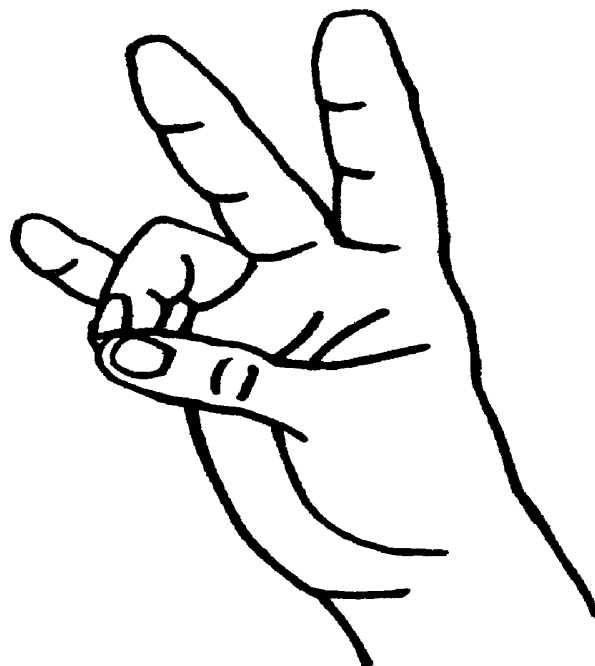


FIGURE-4
TESTING FOR CELLULAR LEVEL

will begin to use NAET along with their established treatment modalities to help the patients to achieve maximum benefit from their treatments. Perhaps, in the future, the procedures and protocols described in this series may be sought as a ready reference document by NAET® professionals and other readers.

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Alternative Therapy for Autism

Kris K. Nambudripad, BSEE, L.Ac., M.Ac ; Laurie Teitelbaum, MS.

ABSTRACT

Autism is a complex developmental disability that typically appears during the first three years of life. It is considered a brain disorder. Autism affects the way the brain uses information. The imbalance of the brain may be due to a combination of factors. Among many factors, nutritional deficiency may be the most important one. Nutritional deficiency may be caused by food allergies. Autism can be helped effectively—early diagnosis and intervention are vital to the prognosis of autism.

INTRODUCTION

WHAT IS AUTISM?

Autism is a syndrome of early childhood. It is considered a biological brain disorder that causes a child to see, feel, smell and hear differently than other children. Autism affects the way the brain uses information and prevents individuals from properly understanding what they see and hear. It is characterized by abnormal social relationships, language disorders with impaired understanding, pronomial reversal (saying you for I or me for you, etc.), rituals such as wiping the face repeatedly, rubbing the nose, pulling the hair, chewing long hair constantly, and poor intellectual development. If the right treatment is not received in a timely manner, mental retardation can occur.

WHO GETS AUTISM?

There are no geographical, social or racial boundaries to autism. It is seen throughout the world in all races,

nationalities, and social classes. Autism is on the rise. Autistic children are born more frequently in this century than ever before.

AUTISM STATISTICS

According to the 2005 statistics released from the Center for Disease Control, autism and its associated behaviors have been estimated to occur in as many as one out of 166 children in cities and one out of 500 in other areas in the United States. Male children are affected four times more than females. The incidence has risen by as much as 1000 percent in the last 15 to 20 years (Rimland, 2001) and California has documented this 1000-percent increase. If the statistics are correct about the rate of increase in autism, then the situation is in great need of attention.

A steady increase in autism can be seen when we look at the statistics over the years. News Briefs on wednesday,

November 19th, 2003, in the New York Times reported the following for 2003: according to federal education officials, nearly 20,000 out of 5 million special-education students, ages 6-to 21 were diagnosed as autistic in 1992-93. Ten years later, nearly 120,000 of 6 million special education students were diagnosed autistic. Another 19,000 children ages 3 to 5 were also receiving autism services under federal law.

OTHER REVELATIONS ABOUT AUTISM

In general, four out of five people with autism are male.

One in ten of those with autism show unusual abilities in art, music, calculation or memory.

The risk of developing autism is 25 times greater for those with an autistic sibling than for those without an autistic sibling.

The risk of developing autism is 375 times greater for those who have an identical twin with autism.

One doctor's clinical analysis revealed that the birth of 60 percent of his autistic patients involved the use of Pitocin (a drug to speed the uterine contractions during labor); usually only 20 percent of all births involve Pitocin.

Another News Brief from the New York Times on Wednesday, November 19th, 2003 reported that epidemiologists suspect the surge in autism is largely the result of refined diagnosis and public awareness (Orange County Register, News Briefs, 2003).

The census bureau projects that the population of autistic children under 5 years of age will increase by more than 40 percent by the year 2050.

TYPES OF AUTISM

Depending on the manifestations and underlying imbalances in the individual person, autism has been classified under different names. The diagnoses are not distinct under these classifications, but it is helpful to know what they refer to and to obtain a general understanding of the severity of each disorder.

Pervasive developmental disorder (PDD) is a general term for autism and other developmental disorders that involve severe impairment in the three areas cited as the diagnostic criteria for autism: that is, impairment in social interaction, communication impairment, and repetitive or stereotyped behaviors, interests and activities.

Autism spectrum disorder (ASD) encompasses the varieties of autism and reflects a relatively new view of this disorder; in that it manifests in varying degrees of severity along a continuum from mild to severe and in varying forms depending on which neurological

functions are most affected.

Asperger's syndrome is considered a milder form of autism than classic autism, language development is not as affected and the child may even be precociously verbal.

Atypical autism refers to a departure from the manifestations of classic autism in the three areas of dysfunction: impairment in social interaction, impairment in communication, and stereotyped behaviors, interests and activities. Children with atypical autism exhibit symptoms in only two of the three areas.

Classic Autism refers to the diagnosis of classic autism, known as Kanner's autism, early infantile autism, childhood autism, or autistic disorder. The onset of abnormalities are generally seen within the first two years of a child's life.

Regressive autism is characterized by a period of normal development before the onset of abnormalities.

CAUSES OF AUTISM

The major cause of autism is an imbalance of brain function. This may be due to various factors.

Autism due to Toxic Overload: According to Stephen B. Edelson, M.D., Director of the Edelson Center for Environmental and Preventive Medicine in Atlanta, Georgia, 90 percent of the autistic children he studied showed evidence of toxic chemical exposure, and 90 percent of their mothers had been exposed during pregnancy to higher than usual amounts of toxic household and industrial chemicals. The chemicals included formaldehyde, pesticides, toxins from paint, ceramics, ant or flea sprays, and new carpets. Dr. Edelson also reported that all of the children he studied had allergies, neurotransmitter imbalances, nutritional deficiencies, and immune system abnormalities; 40 percent of them had nutrient absorption problems (Alternative Medicine Digest, 1996).

Toxic overload may be one of the reasons for the current growing epidemic of autism. People today are exposed to an unprecedented number of chemicals. Testing of anyone on earth, no matter how remote the area in which they live, would reveal that they are carrying at least 250 chemicals contaminants in their body fat (Richard Leviton, 2001:2). The real problem which begins in the womb and continues with breast feeding is the transmission of toxins from the toxic mother to the fetus.

One report pointed out that an infant in the United States or Europe imbibes "the maximum recommended lifetime dose of dioxin" in only six months of nursing. Dioxin, a pesticide by-product, is one of the most toxic substances on earth (Richard Leviton, 2001:3).

Two recent reports, one by the Greater Boston Physicians for Social Responsibility and the other published in U.S. News and World Report, independently arrived at the same conclusion that chemicals in our environment may play a profound role in the increased incidence of birth and developmental defects, particularly the increase in attention deficits, autism, and learning disabilities (Lynne Cannon, LDA News Briefs, August 2000).

Drug-induced Autism: Experts on autism and parents of autistic children blame the increase in autism on the rise in the number and nature of vaccines given to children. The number of vaccines that children receive in the first two years of life has increased from 8 in 1980 to 22 in the year 2001.

Chemical Toxin-induced Autism: Multiple studies have proposed and have found new carpets in the prenatal period to be a significant risk factor for autism states Lawrence Levine, D.O. (2001), who has been successfully working with autistic children for over 20 years. According to Levine, from conception onwards children are exposed to a multitude of toxins. Even the new carpet in your home can poison your baby in utero or after birth. Outgassing from new carpets is a well-known phenomenon; carpet glue and foam carpet pads are particularly toxic.

Other Toxin-related Causes: These include from heavy metal, mercury, and silicone; chemically introduced toxins such as vaccination, immunization, exposures of the expectant mother to X-ray radiation, nuclear radiation, excessive consumption of caffeine, alcohol, and recreational drugs, toxins from allergic foods (Nambudripad, 1999, 2002), and environmental substances; and toxins from parasitic, bacterial and viral infections. Often an allergic child seems to become autistic after he/she is treated with antibiotics for a viral like infection soon after childhood immunizations (due to an allergic reaction to the immunization drug).

In our modern life, many parents leave their infants in front of a color television set permitting the infant to bathe in a continuous flow of radiation for hours. This excess assimilation of television radiation can cause energy blockages and cell mutations in the growing infant.

A study published in 2003 that followed about 2,600 children from birth to age seven found that serious attention problems can result from children watching TV. In addition, the study found that brain abnormalities increase in children, the younger the child and the more serious the problems. The American Academy of Pediatrics recommends no TV, no videos, and no computer games before age two.

Genetic Causes: These may occur after the parents may have suffered from certain serious diseases or conditions before conception. For example, the parents had rheumatic fever, malaria, before the child was born, which caused an alteration in the genetic codes.

Emotional Causes: These include sudden emotional shocks. The witnessing frightful events in childhood can cause autistic-like behavior.

Growths and Injuries: Physical Injuries to the brain and parts of the brain due to fall, accidents, growth, tumors, surgeries, etc. can cause autistic-like behaviors.

Nutritional Deficiencies and Allergies: When a child does not receive adequate nutrients in infancy and early childhood, poor growth and development of the brain and body are seen. Inadequate absorption or utilization of nutrients may be due to malnutrition, allergies and a malfunction of the gastrointestinal tracts due to surgeries, congenital malformation, etc.

A combination of factors is likely to be responsible for most cases of autism. Autism can be helped effectively—early diagnosis and intervention are vital to the prognosis of autism.

NAET THEORY ON ALLERGY-RELATED AUTISM

According to NAET theory, hypersensitivities, intolerances and allergies, play a huge part in children who are born normal and become autistic after the age of two. Autism is a nutritional deficiency disorder (Nambudripad, 1999, 2005) causing biological, neurological and developmental problems in children. The nutritional deficiency seen in an autistic individual is not caused by consuming inadequate amount of nutritious food or supplements but is due to food sensitivities and allergies. These children are unable to properly digest the foods they are eating causing poor absorption, assimilation and utilization of the nutrients. Therefore, the autistic children fail to get adequate nutrients from the food or supplements they take on a daily basis.

Normal body functions cannot take place when there is an insufficient amount of nutrients available to the body. Adequate amounts of nutrients are necessary for normal growth and development as well as for various enzymatic functions. Body functions will take place regularly with or without a proper supply of nutrients. In an allergic person when the appropriate nutrients are not assimilated or utilized

adequately, the body will begin to substitute other available substances to run the regular functions. The substituted substances will produce various health disorders and abnormal body functions as seen in autistic children. Eventually, the nutritional deficiency will begin to affect the child's normal growth and development. Abnormal patterns of behaviors will be seen in such people. These abnormal patterns of behaviors are known as autistic traits.

When autistic children are successfully desensitized to the nutrients they are allergic to, when they begin to consume the foods and supplements in this desensitized state, when normal digestive functions restore in the body, the children will begin their normal growth patterns (Nambudripad, 2005). When the body and brain get adequate nutrients, the usual normal body function "repairing the wear and tear of the tissues" will reinstate. Eventually, the damaged tissues will be repaired. Normal blood, lymph and nerve energy circulation will be restored in the body and the brain, the result of this will be that the autistic traits will be reduced or eliminated permanently. These children will become completely normal and lead normal lives like other normal children.

While allergies are still being debated as a possible cause for autism, many medical researchers and professionals have been slow to recognize the association between allergies and autism. However, Devi S. Nambudripad, M.D., D.C., L.Ac., Ph.D. has definitely established her arena in allergies as the major cause for most autism (Nambudripad, 1999, 2002, 2005). She has demonstrated in many cases that symptoms of autism can be reversed or reduced by eliminating allergies and normal functions can be reestablished. In 1983, Dr. Nambudripad developed a method of eliminating allergies—NAET (Nambudripad's Allergy Elimination techniques—which is now practiced worldwide by specially trained medical professionals.

In her book, "Say Good-bye to Allergy-Related Autism," Dr. Nambudripad points out the significant overlap between the symptoms of allergies and those of autism. Although she recognizes the existence of autism as a distinct disorder, she believes that many children who receive the diagnosis are actually only suffering from allergies. Her clinical experience has proven this. In many of the cases she has treated, the autism diagnosis was based on the symptoms which disappeared after the allergies were eliminated using her allergy elimination technique. The children were no longer labeled as autistic.

Each and every exposure of any type of allergen affects the autistic child's brain and nervous system making them not see, hear or feel properly. Poor vision, hearing, and abnormal sensory functions make them nervous and cause abnormal behaviors such as self-stimulating behaviors and ignoring others' presence near them (they cannot see or hear well so they are not aware of another person standing near

them). They also suffer from restless leg syndrome, tingling and numbness in their hands, their back, and other areas of their body. According to NAET, these symptoms are due to allergies. These symptoms result in abnormal body movements, pulling the hair, chewing materials, and hand-flapping, etc. commonly seen in autism. Subconsciously their brain are trying to make their body move to improve the circulation in the impaired areas. One of our older autistic patients (a 29-year old male who was nonverbal and noncommunicable before NAET), after he got well through a series of NAET treatments, described the reasons for his abnormal body movements and other behaviors. What he said made a lot of sense. For example, he told us that hand flapping and other body movements were because he felt his circulation was being cut off at his elbow and wrist joints. According to acupuncture theory this is due to energy blockages in the spleen and large intestine meridians, and the hand flapping movements helped him release the stagnant circulation. This patient also told that he stared at or looked past people talking to him or standing directly in front of him because he could not see anything except a white shadow standing before him. The voices, he said sounded very unclear and seemed to be coming from miles away. So what could the poor child do? He stared at the figure in front of him, looked past it ignoring it, or he would run or jump in circles to entertain him-self ignoring surroundings completely. If someone came closer to him and screamed at the top of their voices, he was able to hear such commanding voices. Occasionally, he was able to hear or see things or differentiate different sounds of people more likely a normal child would, but that did not happen very frequently. Probably those occasions were the few times he had not eaten much allergic foods or had not spent time near allergic objects.

Most autistic children act the way this patient did and live in allergy clouds. When they are treated with NAET, the allergy clouds becomes thinner and thinner with each treatment. Finally when the patients have eliminated most of their allergies, they begin to behave normally.

NAET testing procedures are very sensitive to detect allergies even in their mildest forms. Once detected, NAET is also able to eliminate them permanently in most cases without any future appearances of adverse reactions from the treated allergens. When the allergies are gone the allergy sufferer can resume a normal life. The NAET method identifies and eliminates allergies. It uses neuromuscular sensitivity testing based on muscle response testing from kinesiology, and an ancient method of testing based on the 6000 years old *Oriental Medicine's I Ching theory*. Chiropractic and acupuncture techniques are then used to remove the energy blockages in the body that underlie allergies. These treatment also help to reprogram the brain and nervous system to respond appropriately to the allergic items in the future and not to view so many items as allergy triggers. As a noninvasive, and

painless testing and therapeutic method, NAET works well with autistic children.

Autism can occur by itself or in association with other developmental disorders such as learning disabilities, mental retardation, Tourette's syndrome and epilepsy. The exact cause of autism is still unknown. Genetic factors may be involved, as well as an imbalance of certain chemicals which can be either in excess or deficiency in the brain. Another possibility may involve some of the messenger neurons that turn dormant due to the effect of toxins from various sources. These neurons fail to conduct messages appropriately through the energy pathways. Autism can be the result of a combination of these factors. People with autism also exhibit extreme hyperactivity or unusual passivity in their relations with family members and other people. Behavior problems may exist, which range from mild to severe, aggressive to self-injurious.

Usually autistic children are born normal unless they are born with certain genetic defects. All children are born with enough nutrients to provide what the child needs for a while. By the time these storages run out, the child is supposed to absorb and assimilate more nutrients from breast milk and other foods they consume on a daily basis. However, if the child is allergic to the food he/she eats, he/she doesn't get the required nutrients from these foods. Eventually, the nutrient storage becomes empty and substitution of nutrients begins to conduct the routine body functions. Soon after the child begins to develop functional abnormalities and usually before the age of three their symptoms become noticeable.

The brain grows at an amazing rate during development. At times during brain development, approximately 250,000 neurons are added every minute. At birth, almost all the neurons that the brain will ever have are present, even though, all of them have not become functional. However, the brain continues to grow for a few years after birth. By the age of two, the brain is about 80% of the adult size. Brain cells or Glia cells continue to divide and multiply (gamelli, 1996). Glia cells carry out many important functions for normal brain function including insulating nerve cells with myelin. The neurons in the brain also make many new connections after birth.

According to various studies, it has been found that the growth and development of the brain takes place before the age of five. The growth and development of the brain need appropriate nutrients. When the allergic children lack nutrients, their brains do not develop properly. When they do not digest, absorb or assimilate fats, the insulation of nerve cells with myelin does not take place properly. This makes the children abnormally sensitive to different stimuli causing them to have abnormal body movements (like twisting, hand flapping, hair pulling, etc.), disturbances in the rate of appearance of physical, social and language skills and severe impairment in communication and social

interactions. Toxins from the allergens cause accumulation of water in the body and brain. This makes the person not to hear properly, not to see properly and not to comprehend or recognize sounds properly due to poor differentiation of voices or sounds. Imagine that you are sitting on the floor of a swimming pool trying to listen to someone talking from outside. You may hear some sounds but probably you may not hear them clearly. We can understand the autistic condition a little better when we get an attack of the common cold. In some instances with a cold, we experience severe congestion above the neck making our heads feel heavy and numb. While going through the initial stages of a common cold, we may suffer from a cerebral allergy and we may feel that our brains are swollen making our hearing function diminished. An allergy is the major cause of the common cold. When the allergy affects different tissues of the brain we experience the symptoms of the energy blockages of that particular tissue. In the autistic individual, each and every allergen he/she comes in contact with directly targets the brain causing him/her to have the feeling of a "cold" all the time. So, their vision is impaired, their hearing is impaired and their speech is impaired. All of this continues until he/she avoids all the allergens or get treated through NAET. The protective function of the blood-brain barrier may not be functional either. When the autistic people get exposed to strong allergens (for example, mercury, lead, cadmium, other heavy metal poisoning, antibiotics and immunization drugs to which they are allergic, carbon monoxide, pesticides, yeast overgrowth and strong chemicals like carpet cleaning liquids), their brains get affected immediately leading to various brain-related symptoms such as autistic symptoms, ADD, ADHD, learning disabilities, dyslexia, depression, anger and behavioral disturbances. Any of these allergens can act as triggers to the child who has a strong inheritance for allergies (having parents or grandparents with food or environmental sensitivities and suffering from asthma, eczema, migraines, arthritis, etc.). We have also noticed that most mothers of autistic children suffered from gestational diabetes and/or yeast infections during pregnancy. The autistic child probably have been already suffering from various allergies since birth (colicky pains, constipation, abdominal distention, asthma, eczema, insomnia, frequent crying). This child may also have the brain as the weakest organ in his/her body causing the brain to become the target organ for any allergic reaction. In such children any of these allergens can act as triggers that bring autism-like reactions to the surface.

The brain and the network of the nervous system do not function normally in autistic people. It seems that the cranial nerves become swollen causing an inability to see, smell, hear, think and talk normally. Their vision becomes foggy, and images get scrambled causing unclear pictures to float in front of them. All this is because of blockages in the nerves supplying the vision center. This is the reason autistic

children do not look at you or look into your eyes when you talk to them. They cannot smell, because the cranial nerve that is responsible for smell is not getting an adequate supply of nerve energy. They cannot hear normally due to poor nerve energy supply to the acoustic nerves. Their thinking, creativity, and imagination are minimal or muddled, because the nerves and brain tissue that are responsible for such functioning are not able to do their jobs due to the poor energy supply to those areas. Autistic people cannot speak because their speech center is not receiving messages from other areas to initiate speech or voice. Their sense of fine touch is also impaired. A swelling of the tissue, especially in the brain and cranial nerves disturbs the energy supply to the different parts of the brain that are responsible for the functioning of the five senses.

DIAGNOSIS OF AUTISM

After long being regarded as a mental illness, autism is now recognized as a biological disorder. That means autism is viewed as arising from an organic cause rather than a psychological cause.

However, the American Psychiatric Association's criteria remain the standard for the diagnosis of autism, and autism is still classified as a mental disorder in the Diagnostic and Statistical Manual of Mental disorders-Fourth Edition (DSM-IV).

For a diagnosis of autism, according to the DSM-IV criteria, a person must have at least six items from the three areas described below, with at least two from the first area and one each from the other two.

1. Impairment in social interaction

- a Impairment in nonverbal behaviors related to social interaction, such as eye contact and facial expression
- b Failure to develop peer relationships (Autistic aloneness)
- c Lack of spontaneous sharing of enjoyment or interests, as evidenced by showing or pointing out objects
- d Lack of social or emotional reciprocity

2. Impairment in communication

- a Delay in language development
- b Impairment of conversational abilities (with impaired understanding, pronominal reversal (saying you for I or me for you, etc.), even if language is present
- c Stereotypic, repetitive language, and compulsive phenomena (desire for sameness) and uneven intellectual development

- d Lack of make-believe or social imitative play

3. Repetitive and stereotyped behavior, interests, and activities

- a Abnormally intense preoccupation with one or more interests
- b Seemingly inflexible adherence to routines or rituals
- c Stereotyped and repetitive mannerisms, such as hand or finger flapping, or twisting, wiping the face repeatedly, rubbing the nose, pulling hair, chewing long hair constantly, whole body movement, etc.
- d Preoccupation with objects, body parts, etc.

DSM-IV description is a good beginning point to understand autism but from a practical aspect, autistic children suffer from many symptoms of other health disorders. This is especially true when autism is considered from a biological rather than a behavioral point of view.

Many parents report that their child was fine until the age of 15 to 18 months. Autism experts and parents of autistic children—blame the increase in autism on the rise in the number and nature of vaccines given to the children. Most children are not diagnosed until they are at least three years old, however, because developmental delays are more obvious by that time.

COMBINING PAST AND PRESENT MEDICAL PRACTICES

Allergic manifestations can be seen as the following in sensitive people: itching, rashes, hives, ear infections, edema, asthma, joint pains, muscle aches, headaches, restlessness, insomnia, addictions, cravings, indigestion, vomiting, anger, depression, disturbed vision, incontinence, repeated infections, panic attacks, brain fatigue, learning disability, dyslexia, and brain fog. Most children seem to have inherited allergic tendencies from their ancestors. They may have allergic reactions to foods, chemicals, environmental factors and even to the people they come in contact with in everyday life. In an autistic person allergies affect the different parts of the brain and cause delayed language development, delayed social interactions, variations in intellectual ability, compulsive behaviors, and inconsistent sensory responses.

Our ancestors were not exposed to the new technologies, chemicals and pollutants we are exposed to because this explosion happened unexpectedly with the scientific advancement at the dawn of the 21st Century.

Our genes were thrown rather suddenly into the midst of newly created chemicals and environmental pollutants.

They did not have enough time to prepare themselves to evolve gradually and to add the new information into their memory banks, in order to live appropriately in our present environment. We call ourselves healthy when our genes are able to recognize the things around us and respond appropriately, without causing a dysfunction in the body. In a healthy state, we are able to tolerate the substances we eat, the environment we live in, and the chemicals we are exposed to. But, when we inherit genes that are not prepared appropriately to face the present world, they do not recognize the new changes around them. Due to this sudden transition, some of these genes remain hypo-active (dormant) towards the surroundings and others become hyperactive not knowing the right thing to do. In either case, both do not function normally.

When genes do not recognize certain substances in their environment appropriately, they panic and begin generating adverse reactions in the body of the bearer, which we call "allergies." For our purpose, an allergy is defined as an adverse reaction of one individual to a substance from his/her environment that may be harmless or beneficial to another individual. From this definition of allergy came the familiar phrase, "one man's meat is another man's poison." An allergic reaction may be manifested in varying degrees as mild to severe. Irritability (hypo or hyper reaction) of the brain and nervous system leads to inappropriate functioning of the body, mind and spirit. When the reactions are hypo, the interaction between the person and the substance from the environment produces little to no response at all. When the person produces a hyper reaction towards certain things, the body perceives these foreign substances as a threat to its safety and survival, the immune system is activated and the defenses against the invaders are brought in. When the body engages in the battle against foreign invaders, the body becomes very sensitive, the immune system, defense center, repair center, and maintenance systems divert themselves to combating the invaders. This means that they defer repair until the immediate perceived assault of foreign exposure is over.

Presently we have limited understanding of the human brain and its functions when evaluated through Western perspectives. Medical science is looking for ways to understand the functions of the brain and prove theories through scientific means. We might wait a long time to find all the answers to our questions, since we only have knowledge of about 10 percent of human brain function. Until the other 90 percent is explored, we may not have the answers we are looking for. While waiting for solid answers, many of us may miss the boat.

On the other hand, 5,000 years ago, Oriental medicine explored the functions of the human body and brain and understood them enough to solve many health disorders in

order to help make living easier. Oriental medical pioneers did this without cutting cadavers, but by studying living persons. It may not sound totally scientific, but for centuries Oriental medicine has helped millions upon millions of people understand their problems in order to assist them to live better lives. If we take Oriental medical principles into consideration, which deal with cause and solution, we can live our lives more normally (Nambudripad 1999, 2002). If we find the cause, elimination can be relatively easy with the help of NAET.

NAET is a non-invasive method that identifies, treats and eliminates the adverse reactions of the genes to any allergens, including the new, unfamiliar substances. This treatment will gently introduce these new substances from one's surroundings to the misinformed genes. When the genes get formally introduced through NAET treatments to all substances from one's surroundings, they do not get confused on future contacts with the formally introduced substances. This prevents the body from having allergies and allergy-related disorders, including allergy-related autism.

THE IMMUNE SYSTEM, ALLERGY, AND AUTISM

Even though the immune system is only a part of a larger hormonal and neurochemical control system, it plays a huge role in supervising and maintaining the body and its various body functions in an appropriate manner. It demands proper fuel for its function from daily intake of nutrients. If the body (along with the immune system) is heavily engaged in combating invaders, and if the function of acceptance and assimilation of nutrients is ignored, the immune system will be left without the fuel for further function. This weakens the immune system further, leaving the person fatigued. In this weakened state, we are also more vulnerable to bacterial or viral infections because our finite immune defenses are preoccupied with combating or neutralizing the foreign substances; they are too tired to carry out the protective function.

An allergic predisposition or tendency is inherited, but the allergy itself may not manifest until some later date. Researchers have found that when both parents were or are allergy-sensitive, 75 to 100 percent of their offspring react to those same allergens. When neither of the parents is (was) sensitive to allergens, the probability of producing allergic offspring drops dramatically to less than 10 percent. Most of us suffer from allergic manifestations in varying degrees, because of the different levels of our parental inheritance.

The parents may have suffered severe malnutrition, by not getting enough food or not assimilating food due to poor absorption caused by allergies. This can possibly cause the growing embryo to undergo cell mutations during its development in the womb. The altered cells do not carry over

the original genetic codes or do not go through normal development. The organs and tissues that are supposed to develop from the affected cells may have impaired functions.

WHAT IS NAET?

As we stated earlier, NAET (Nambudripad's Allergy Elimination Techniques) was discovered in 1983. NAET is a blend of medical knowledge and procedures compiled from several existing medical disciplines. NAET is able to eliminate allergies permanently without any future adverse reactions from the treated allergens. When the allergies are gone, allergy sufferers can resume normal lives.

We study, read and see many health disorders around us every day. We recognize or diagnose them from their history, presenting symptoms and the laboratory tests supporting the symptoms. We prescribe, give and take various herbs, prescription and nonprescription medications to get the symptoms under control. When the pain and/or discomfort gets better we are happy and we don't bother to look into the cause that initiated the symptoms. Then the next episode occurs and the same routine is repeated. When the symptoms are gone, few people have the time or interest to look into the cause.

The above scenario does not occur with NAET. Whatever the symptoms may be, we look for the cause. If we can trace the cause, NAET works faster. If the patient doesn't have a clue about the cause of the problem, NAET has a way to jog the memory of the person and trace the cause of the presenting symptoms. All certified NAET practitioners know how to find causes.

NAET treatments for autism are more effective when patients are very young. The older patients get, the longer it takes to treat them successfully. When children are small, someone can hold them and control them from physical violence to themselves or others; but when autistic children grow up without treatments, it may not be easy to manage them in a regular clinic. If they have violent and aggressive behaviors, they should be treated with NAET in special clinics or in a hospital, where more help is available. Calming medication or herbs should be given, but only after checking and clearing the allergy for the drug or herb. It is better to give a non-allergic drug or herb to keep these patients calm, than let them become violent and agitated during the NAET treatment, and the 25-hours waiting period after the treatment. The physical strength of an unmanaged autistic adults is usually very high and more people may be needed to help with the treatment. These treatments may be exhausting for the patient, doctor, and assistants. The treatments may not proceed smoothly if the patient's nerves remain agitated.

There are many special schools and clinics in the U.S today where autistic children are taught various behavior

modifications. Specially trained people are available in these places to help bring an autistic child to the wide world as a normal human being. If NAET is provided along with behavior modification, your child can be freed from autism and grow to be a healthy, happy normal adult.

Nambudripad's Allergy Elimination Techniques, or NAET, is an integrative medical approach. NAET was developed from Oriental medicine, chiropractic techniques and nutritional discipline. Nambudripad's Testing Procedure uses Oriental medical principles to evaluate a patient's health condition. Standard medical diagnostic procedures are used to support Oriental medical diagnostic findings. Devi Nambudripad originated NAET to eliminate food and environmental allergic reactions, to balance the unbalanced energies, to remove the adverse reaction of foreign energies and make them compatible with the body. This technique successfully restores normal body functions, by applying simple chiropractic and acupuncture principles and manipulating the 31 pairs of spinal nerve roots and associated sympathetic and parasympathetic nerve fibers.

The symptoms, diagnosis and treatment of sensitivities, hypersensitivities, intolerances, and allergies often overlap. Both intolerances and allergies, in varying degrees, can be tested by Neuromuscular Sensitivity Testing (NST) by producing a weak NST, (a weakness of the indicator muscle in the case of an allergy), or a strong NST, (a strong resistance by the indicator muscle), in the case of no allergy. All of these allergic reactions are capable of producing autism, and can successfully be treated by NAET.

NAET can remove the energy interferences in the energy pathways and restart normal energy circulation through the brain and nervous system.

Over eight thousand medical professionals world-wide have been trained to treat their patients with NAET (www.naet.com).

SUMMARY

Autism is now an epidemic in the United States; according to one of the recent reports from federal education officials, over 500,000 people have autism in the United States. While the exact numbers may differ, researchers know that there has been an enormous increase in the incidence of autism. The percentage may be more than other countries simply because the United State keeps excellent records. The United States has what may be the world's best data base on autism and other developmental disorders. There are no geographical, social or racial boundaries to autism. It occurs throughout the world in all races, nationalities, and social classes. Autistic children have been born more frequently in this century than ever before.

According to many researchers and health-care practitioners, there are various effective nontraditional treatments available for autism today. Some of the natural medicine treatments are not yet approved by the traditional medicine community because they may lack scientific data. These therapies, however, can still be very effective in autistic children and helping them lead normal lives. Allergy-related autism can be successfully treated, and eliminated through a series of NAET treatments, but early diagnosis, intervention and appropriate therapies are vital to the prognosis of autism.

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Reducing Autistic Behaviors, Improving Language and Communication Skills in a Group of Allergy-based Autistic Children Through NAET® Treatments

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ABSTRACT

Background: Autism is the fastest-growing developmental disability in the United States today. Most children with autism seem to have inherited allergic tendencies and suffer from many allergies (food, environmental and chemical) with different intensities. NAET has been found to be very effective in eliminating food, environmental and chemical allergies and helping to reduce the autistic behaviors in people with allergy based autism spectrum disorders.

Objectives: The study proposed to test the efficacy of NAET® (Nambudripad's Allergy Elimination Techniques) protocols for the treatment of allergy-related autism spectrum disorders in children between the ages of 3-28 years, in reducing autistic behaviors, improving language and communication skills.

Hypothesis: It was hypothesized that the children in the experimental group will show a significant improvement over the control group in the area of improving verbal and nonverbal communication skills, and reduction of autistic traits as the allergy to most essential food groups get desensitized using the NAET® methodology within the specified period of the study.

Methodology: After observing inclusion and exclusion criteria, 32 children with the diagnosis of autism spectrum disorders were selected for the study and 28 actually remained in the study and completed as planned. The subjects were recruited as a result of placing ads in NAET® Newsletter, NAET® Web page, local newspapers, local schools, and word of mouth. The selected twenty-eight subjects were divided into two groups: (1). Treating group/experimental; (2). Non-treating/control group. All initial evaluations were done on both groups. After completing the initial evaluations, the control group was advised to return after four months for another evaluation. The treating group was given 25 NAET treatments from the NAET basic list of allergens during the next four months. At the end of the study, both groups were evaluated again using the previously used diagnostic modalities and the results recorded. The diagnostic modalities used in this study: (1). Allergy Symptom-Rating Scale questionnaire - (ASRS) - completed by the parents before beginning the treatments and after 25 treatments; (2). Neuromuscular Sensitivity Testing ; (3). Autism evaluation using DSM-IV Rules; (4). Videotaping of the children before beginning the study and at the end of the study.

RESULTS: Data was collected on these tests: ASRS; NSTRS, DSM IV Evaluations and the videotaping of the children's behaviors before and at the end of the treatments. Statistical analysis was performed on the collected data using SAS 9.1.3., and Microsoft Excel statistical programs. Graphs were produced using Microsoft Excel program.

The difference between the measurements of three diagnostic evaluations compared with the video tape of each patient from the experimental group “before and after the treatment” has been taken as the measure of the effect of the treatment on that patient.

ASRS - Exp. Sub. Group Scores: Arithmetic Mean of the treatment effect (AM) $ud=12.03225806$; $SD= 8.002015875$; $SE=1.437204478$; $t\text{-stat}= 8.371987597$; $P\text{-value}=1.07739E-10$; $[t]=2.04227245$.

ASRS - Control Sub. Group Scores: (AM) $ud= -0.065$; $SD=3.635$; $SE=0.653$; $t\text{-stat}=-0.099$; $P\text{-value}=0.461$; $[t]=2.042$.

NSTRS - EXP. Sub. Scores: (AM) $ud=1.9714$; $SD=0.2507$; $SE= 0.067$; $t\text{-stat}= 29.418$; $P\text{-value}=1E-13$; $[t]=2.1604$.

NSTRS - Control Sub. Scores: (AM) $ud=-0.0257$; $SD= 0.0557$; $SE=0.0149$; $t\text{-stat}=-1.7271$; $P\text{-value}= 0.0539$; $[t]=2.1604$.

DSM IV Evaluation: Eye Contact: 85% of the subjects from the “E” group established normal eye contact after 25 NAET® treatments while the subjects from the “C” group did not have any change.

Speech & Communication: 92% of the subjects from the “E” group were able to talk after 25 NAET® treatments while the subjects from the “C” group did not have any change.

Imitation: 92% of the subjects from the “E” group were able to initiate imitation after 25 NAET® treatments while the subjects from the “C” group did not have any change.

Reduction of autistic traits: 85.7% of the subjects from the “E” group were able to reduce their autistic behaviors like hand flapping, abnormal body movements and restlessness after 25 NAET® treatments while the subjects from the “C” group did not have any change.

CONCLUSIONS

After completing 25 NAET® treatments, the experimental subjects demonstrated significant improvements in the area of speech and communication skills and reduction of autistic behaviors when compared with the control group who did not receive any NAET® treatment. In the experimental group the p-value of the treatment effect (the difference between before and after treatments) was $<.0001$ in all three categories of diagnostic evaluations while the p-value remained $>.05$ in the control group in all three diagnostic evaluations. Significant improvements were noticed on the subjects when compared the videotape from prior to beginning the NAET® treatments with the videotape from after the completion of 25 treatments. There was no change observed in the video of the control group when compared from before entering the study to one taken after four months. This study supports the use of NAET® treatments as beneficial therapy to help allerg-based autistic children to improve language, communication skills and to reduce the autistic traits.

INTRODUCTION

Background: Autism is a syndrome of early childhood. It is considered a biological brain disorder that causes a child to see, feel, smell, hear and behave differently than other children. Autism is one of the fastest-growing developmental disabilities in the United States. A child is being diagnosed with autism every 21 minutes and it now affects one in every 166 children in the cities (Centers for Disease Control and Prevention, 2004). Numbers may be slightly lower in rural areas. According to one of the recent statistics, it is affecting more than 1.5 million Americans and costing the country over

\$90 billion annually. It is a national crisis. Most children with autism seem to have inherited allergic tendencies and suffer from many allergies with different intensities. Allergies affect individuals differently by attacking the weakest tissue of the body. The brain is the weakest tissue/organ in an autistic individual. Each and every exposure of any type of allergen affects his/her brain and nervous system leading to autistic behaviors.

Objectives: The study proposed to test the efficacy of NAET® (Nambudripad’s Allergy Elimination Techniques)

protocols for the treatment of allergy-related autism spectrum disorder in children between the ages of 3-28 years, especially in the areas of improving language and communication skills and reduction of autistic traits.

Hypothesis: It is hypothesized that children in the experimental group will show significant improvements over the control group in the area of improving verbal and nonverbal communication skills, and reduction of autistic traits as most food allergen groups and some other allergenic substances are desensitized in a systematic way using the NAET® methodology within the specified period of study.

Relevance of the NAET® Approach for Treating Autism Spectrum Disorder:

While conventional medical researchers are conducting long-term applied and basic research to identify and treat the menace of autism, thousands of children, their parents and teachers are suffering on a day-to-day basis in dealing with this dreadful disorder. We strongly believe that the NAET® approach could substantially reduce many of the adverse symptoms/complications, growth deficiencies, and behavioral problems that are prevalent in autistic children when the children could consume normal foods and be able to digest, absorb, assimilate and utilize essential nutrients once the allergy to the nutrients are eliminated through NAET® treatments.

When we enroll autistic children into NAET® program, most of them are nonverbal and non-communicable. By the time they complete 10 to 15 NAET® basic treatments (basic treatments consists of essential nutrients from daily food), most of them begin verbal and non-verbal communications, social interactions, initiate imitation, playing with other children, improve sleep, reduce restlessness, reduce irritability, reduce abnormal body movements like flapping hands, pulling the hair, etc., and begin to behave like normal children. When they finish the complete NAET® program most of them become normal.

The complete NAET® program usually takes about 75-100 office visits over a span of a couple of years. We have treated over 175 autistic children so far at the NAET® clinic and 90 percent of them are leading normal lives now. Some of them are in colleges, high schools, getting good grades, attending professional schools, etc. The reason some did not get better was because the children did not suffer from allergy-based autism or they could not follow through with the treatments. Their parents could not bring them for treatments for various reasons and they had to drop out.

Ever since the discovery of NAET®, the inventor, Dr. Devi S. Nambudripad, has trained over 8,000 practitioners worldwide in the use of this alternative and complementary

treatment. This noninvasive treatment has been widely utilized in all parts of the USA, in addition Australia, Canada, Europe, Japan, India, Indonesia, China, Taiwan, Korea and other parts of Asia. The non-invasive NAET® does not generally have limitations such as side effects and has been demonstrated to be effective clinically in eliminating allergies and diseases arising from allergies in thousands of cases.

Materials And Methods

Method: The NAET® method has been highlighted in literature (Nambudripad Devi S: *Say Goodbye to Illness*, 1st edition, Delta Publishing 1993, 2nd edition 1999, Third Edition, 2002, pp. 136-137; Nambudripad Devi S: *Say Good-bye to Allergy-related Autism*, 1st edition, Delta Publishing 1999; 2nd. edition 2006, *The NAET® protocols and procedures*, The Journal of NAET® Energetics and Complementary Medicine (1) (1) 76-79, 2005, The Journal of NAET® Energetics and Complementary Medicine (1) (2) 107-113, 2005, The Journal of NAET® Energetics and Complementary Medicine (1) (3) 179-184, 2005, The Journal of NAET® Energetics and Complementary Medicine (1) (4) 265-270, 2005, and Teuber and Porch-Curren: *Curr Opin Allergy Clin Immunol* 3:217-221, 2003.

SAMPLE CHARACTERISTICS

Information about this research/treatment opportunity of the clinical trial was published in NAET® Newsletter, NAET® Web page, local newspapers, local schools, and word of mouth. The study was limited to subjects presenting to the Pain Clinic Research Center in response to the ad with a history of autism spectrum disorders. No restrictions were placed on the patient's race, sex, income bracket, residential area, or occupation. The base line measurements of age, history, symptom summary, and autism survey were comparable among the sample and control groups. Attempts were made to have a diverse set of children with all possible ethnic backgrounds.

SETTING

The study was conducted at the Pain Clinic Research Center, Buena Park, California.

CLASSIFICATION

A repeated Measure Performance Study using two groups of subjects (Experimental and control subjects) using NAET® treatments.

SELECTION OF SUBJECTS

Thirty-two subjects were selected from a group of thirty-six volunteers responding to the invitation for the study. Four subjects out of 36 were rejected from the study initially since they did not meet the inclusion and exclusion criteria of allergy-based autism. After the initial evaluation, four more subjects decided to drop out of the study since they were commuting from one hundred and fifty miles distance and they had transportation problem. Twenty-eight subjects remained in the study until the conclusion. The subjects had a diagnosis of autism spectrum disorder from a conventional physician prior to enrolling in the study. Initially, the parents and caretakers of the subjects were asked to complete an allergy symptom-rating questionnaire form upon arrival at the research center. The Allergy Symptom-Rating questionnaire completed by the guardians confirmed that these subjects in fact suffered from various allergies. The subjects were screened for admissibility into the study according to their history of allergy-related autism.

SUBJECTS' AGES

3 years to 28 years

DISTRIBUTION

They included 24 males (86%) and 4 females (14%), ranging in age from 3 to 28. The mean age for the group was 7.557. The mean age for males was 7.558 and for females it was 7.55.

INCLUSION CRITERIA

Volunteers were selected based on the inclusion criteria such as all control and sample children showed typical autistic symptoms before NAET® treatment: made no eye contact, unable to talk and communicate and they also had other autistic traits such as hand flapping, pulling the hair, chewing the sleeves of their shirts, playing with body parts and ignoring others talking to them or stading nearby the subjects. All subjects (both control and sample) should be within the age limit of 3 to 28 years and should have established and demonstrated autism spectrum disorder by a conventional physician prior to enrolling in the study.

EXCLUSION CRITERIA

Any child that had a history of various complications of illnesses other than autism spectrum disorder were disqualified to enroll in the study. Subjects with the following histories were also disqualified.

1. Previous surgeries, congenital deformities of heart, lung, liver, brain, kidney, etc.
2. Any type of cancer
3. Aids
4. Any physically debilitating disorders and diagnosed mental retardation, Down's syndrome, etc.
5. Children with the history of severe allergies or anaphylactic reactions were also rejected.

EXPERIMENTAL GROUP

The experimental group was selected on a random basis. All 28 names were written down individually on separate pieces of papers, folded into four and placed in a jar. A normal five year old child was asked to pick fourteen pieces of folded papers from the jar one at a time. The first fourteen were selected as the Experimental/treatment group. The other fourteen were assigned in the control group. The project was a pilot study on a non-verbalizing group of children with autism spectrum disorder. The total number of subjects selected for the experimental group was 14.

CONTROL GROUP

The Fourteen folded papers left in the jar after pulling the first fourteen were assigned as the control group. The control group provided the base line data to compare with the results of the experimental group. In this study, the control group included the non-experimental group of children who suffered from Autism Spectrum Disorder, but did not undergo treatment along with the experimental group. This group typically served as the basis for comparison with the subjects who were of primary interest in the research. To meet the strict ethical standard of the NAET® organization, this group will undergo NAET® treatment as soon as the experimental group completes the 25 treatments.

INFORMED CONSENT

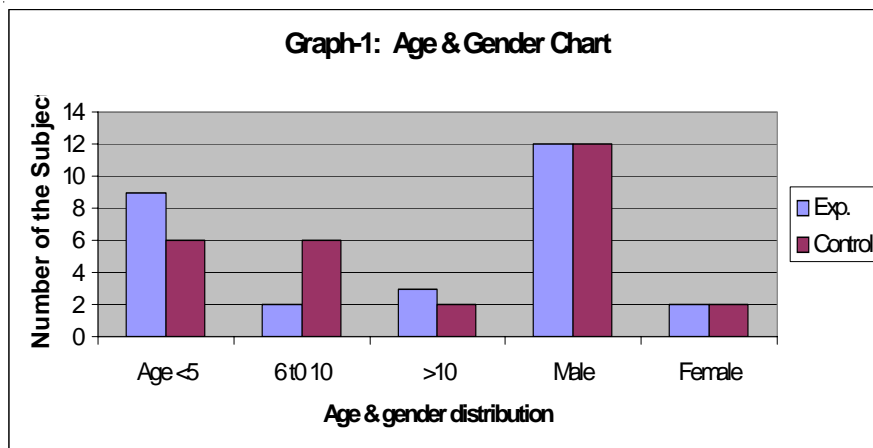
All parents were given an opportunity to understand the scope of this research project and fully understand what to expect and were given all opportunities for asking questions about all aspects of this study. NAET® treatments were demonstrated to the parents in order to remove any hesitation, fear or concern about the procedures involved in the study before enrolling the children into the study. All parents were provided with informed consent forms, a copy of bill of rights, and were asked to sign them before the beginning of the project.

GENERAL TREATMENT PROCEDURE

The treatments were provided at the NAET® office in Buena park. Two NAET® clinicians provided treatments to

TABLE -1: AGE & GENDER DISTRIBUTION

	Experimental	Control
AGE<5 YRS	9	8
6 TO 10 YRS	2	3
>10 YRS	3	3
MALE	12	12
FEMALE	2	2



14 subjects. A total of 25 NAET® treatments were given to the experimental group. The treatment frequency was two sessions per week. The list of NAET® Basic allergens used in this study is given below. The treatments were given according to the order of listed allergens.

After completing treatment for each group of allergens, individual components of each group were tested again to insure the completeness of the treatment before permitting the subject to use or eat the item. The subjects were also treated for individual components of the childhood immunizations (DPT & MMR).

DIAGNOSTIC MODALITIES

The following list of diagnostic modalities were used on the subjects before beginning the study, and after completion of 25 treatments.

1. Allergy Symptom-Rating Scale questionnaire (ASRS) (before beginning the TX and at the end of the 25 sessions.)
2. NST or Neuromuscular sensitivity testing Rating Scale (NSRS) for 25 groups of allergens from the NAET® Basic list as per NAET® Autism treatment protocol.
3. Evaluation by DSM - IV criteria
4. Five minutes interactive Videotaping of the subjects before beginning and after completion of the study.

TREATMENT PROCEDURE

The treatment group received an evaluation of their sensitivities to various foods and other substances initially and then they were treated twice a week to eliminate these sensitivities. The presence of sensitivity was tested upon each visit by neuromuscular sensitivity test, (NST) (JNECM 1(1) 19-28, 2005; (JNECM 1(1) 53-68, 2005; (JNECM 1(2) 107-112, 2005.

Desensitization treatment for NAET® Basic-25 continued until the subjects were tested strong for all 25 items via NST. All experimental subjects were instructed to observe NAET® post-treatment instructions as identified in the patient instruction handbook (The NAET® Guidebook, Nambudripad, 2004). Qualitative improvements in speaking and general communication abilities were recorded by video

Table -2
List of Allergens

1. Egg Mix
2. Calcium mix
3. Vitamin C
4. B complex mix
5. Sugar Mix
6. Iron Mix
7. Vitamin A
8. Mineral Mix
9. Magnesium
10. Salt Mix
11. Corn Mix/grain mix
12. Artificial Sweeteners
13. Yeast Mix
14. Acids
15. Base
16. Neurotransmitters
17. Immunizations/Vaccinations
18. Pesticides
19. Alcohol
20. Coffee Mix
21. Nut Mix 1
22. Nut Mix 2
23. Fat mix- Animal fat/
vegetable fat/essential fatty
acids
24. Food additives & colors
25. Chem mix

recording of each experimental subject before beginning the study and after 25 treatments. The entire desensitization process for 25 allergens was completed within 4 months.

Outcome Measures: All the diagnostic evaluations were repeated after completion of 25 treatments on experimental group and the same diagnostic evaluations were repeated on control groups at the end of the study as well. The results of the “before and after” treatments were compared on the exp. group. Then the results were compared with the control group.

(Continued on Page 371)

TABLE-3: ALLERGY SYMPTOM RATING ON A "0-3" SCALE - EXPERIMENTAL GROUP

Exp. Subjects - Pre Symptoms Before TX	Scores	Exp. Subjects - Post Symptoms After 25 Tx	Scores
Abdominal Bloating	37	Abdominal Bloating	14
Achy feet	4	Achy feet	2
Acne	8	Acne	2
ADHD	38	ADHD	12
Anger	32	Anger	11
Asthma	6	Asthma	5
Autism	42	Autism	12
Bodyaches	20	Bodyaches	11
Cankersores	21	Cankersores	8
Constipation	28	Constipation	14
Cough	9	Cough	1
Dermatitis	20	Dermatitis	11
Depression	9	Depression	0
Diarrhea	23	Diarrhea	3
Drowsy>meals	19	Drowsy>meals	11
Eczema	18	Eczema	12
Fatigue	30	Fatigue	14
Fever	13	Fever	6
Flatulence	26	Flatulence	16
Headache	10	Headache	5
Hives	11	Hives	6
Indigestion	24	Indigestion	12
Insomnia	20	Insomnia	3
Itchy eyes	19	Itchy eyes	4
Itchy throat	20	Itchy throat	7
Joint pains	11	Joint pains	8
Moodswing	22	Moodswing	15
Nervousness	32	Nervousness	14
Seizures	2	Seizures	6
Sinusitis	28	Sinusitis	7
Thirst	23	Thirst	0
	625		252

TABLE - 4: ALLERGY SYMPTOM RATING ON A "0-3" SCALE - CONTROL GROUP

Control Subjects - Pre Symptoms Control Initial	Scores	Control Subjects - Post Symptoms Control Post	Scores
Abdominal Bloating	42	Abdominal Bloating	39
Achy feet	4	Achy feet	2
Acne	4	Acne	3
ADHD	34	ADHD	34
Anger	35	Anger	35
Asthma	6	Asthma	5
Autism	42	Autism	42
Bodyaches	10	Bodyaches	15
Cankersores	12	Cankersores	14
Constipation	23	Constipation	22
Cough	14	Cough	17
Dermatitis	16	Dermatitis	12
Depression	9	Depression	8
Diarrhea	20	Diarrhea	12
Drowsy>meals	18	Drowsy>meals	17
Eczema	17	Eczema	18
Fatigue	24	Fatigue	27
Fever	20	Fever	19
Flatulence	24	Flatulence	31
Headache	20	Headache	18
Hives	11	Hives	10
Indigestion	37	Indigestion	29
Insomnia	21	Insomnia	27
Itchy eyes	22	Itchy eyes	16
Itchy throat	19	Itchy throat	19
Joint pains	21	Joint pains	21
Moodswing	20	Moodswing	22
Nervousness	28	Nervousness	34
Seizures	3	Seizures	3
Sinusitis	26	Sinusitis	28
Thirst	19	Thirst	24
	621		623

TABLE - 5: NUMBER OF SUBJECTS PRESENTING WITH SIMILAR SYMPTOMS

Symptoms	No. of Subs with Symptoms
Abdominal Bloating	28
Achy feet	6
Acne	6
ADHD	17
Anger	24
Asthma	17
Autism	28
Bodyaches	21
Cankersores	14
Constipation	27
Cough	19
Dermatitis	24
Depression	8
Diarrhea	24
Drowsy>meals	20
Eczema	24
Fatigue	28
Fever	18
Flatulence	28
Headache	16
Hives	16
Indigestion	28
Insomnia	26
Itchy eyes	28
Itchy throat	28
Joint pains	21
Moodswing	28
Nervousness	28
Seizures	5
Sinusitis	28
Thirst-excessive	26

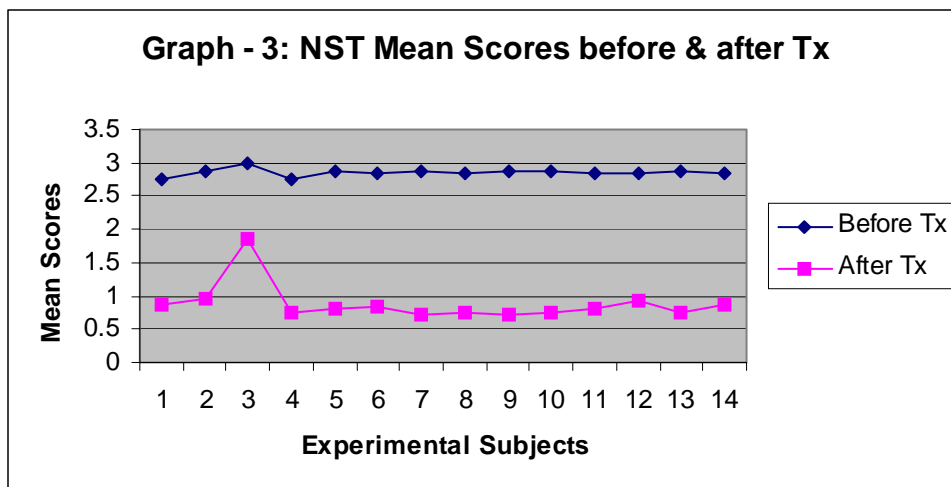
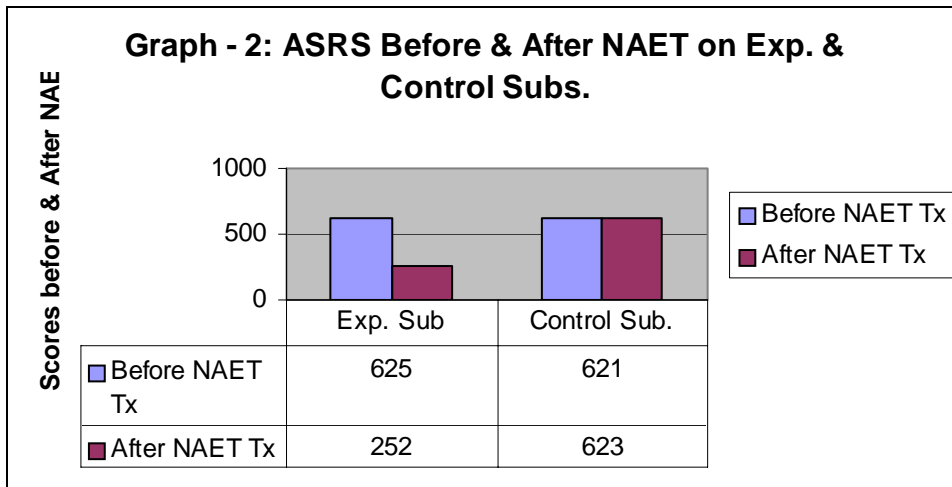


TABLE -6: NST MEAN SCORES - EXP. & CONTROL GROUPS

EXPMNTL Subs	Mean Before Tx	Mean After Tx	Control Subs	Mean Before Tx	Mean After Tx
1	2.76	0.88	101	2.84	2.8
2	2.88	0.96	102	2.72	2.8
3	3	1.84	103	2.84	2.88
4	2.76	0.76	104	2.84	2.76
5	2.88	0.8	105	2.76	2.84
6	2.84	0.84	106	2.76	2.8
7	2.88	0.72	107	2.8	2.76
8	2.84	0.76	108	2.8	2.84
9	2.88	0.72	109	2.8	2.84
10	2.88	0.76	110	2.84	2.84
11	2.84	0.8	111	2.76	2.84
12	2.84	0.92	112	2.76	2.88
13	2.88	0.76	113	2.84	2.84
14	2.84	0.88	114	2.8	2.8
Sum	40	12.4		39.16	39.52

Graph- 4: NST Mean Scores before & after Tx

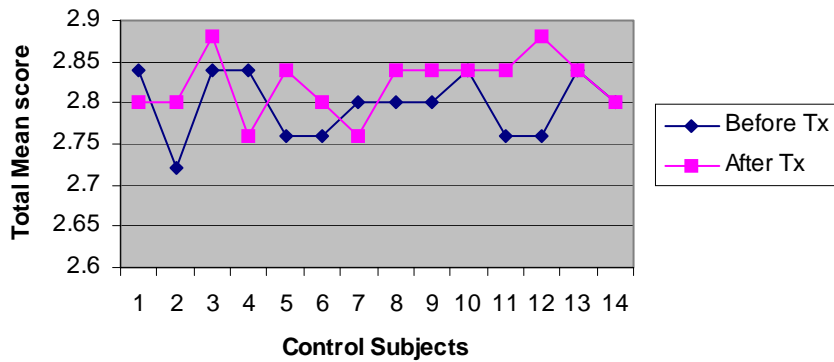


TABLE - 7: SUMMARY OF DSM-IV EVALUATION

The improvement in language and communications were also studied from the “before and after” treatment video record.

	Total No.	Percentage
No. of children in the “E” group completed the study:	14	
No. of NAET treatments received:	25	
No. of children established normal eye contact after 25 Tx:	12	85.7%
No. of children began verbal communication:	13	92.9%
No. of children reduced restless behaviors:	12	85.7%
No. of children did not gain the speech function:	1	7%

Two subjects were able to establish verbal and nonverbal communication, but could not establish appropriate eye contact.

Two subjects were able to speak and communicate, but did not demonstrate appropriateness in conversation and nonverbal communication and continued to have a few autistic traits.

One subject (24 year old) was unable to initiate speech, but his nonverbal communication was very appropriate. He was referred to sign language education.

Control subjects did not establish eye contact, verbal or nonverbal communication or reduce autistic traits.

Summary of Statistics

The data from Allergy Symptom Rating Scale(ASRS), Neuromuscular sensitivity Rating Scale (NSTRS) and the results of evaluations by DSM-IV (EDSM-IV) criteria were collected from the study. The improvement in language and communications were also studied from the “before and after” treatment videograph.

Number of Subjects in the study: 28

Exp. group 14

Male 12; Female 2

Control 14

Male 12; Female 2

1. Hypothesis for ASRS

$$H_0: U_d = 0$$

$$H_a: U_d > 0$$

2. Hypothesis for NSTRS

$$H_0: U_d = 0$$

$$H_a: U_d > 0$$

3. Hypothesis for DSM - IV

$$H_0: U_d = 0$$

$$H_a: U_d > 0$$

COLLECTION OF DATA

The spread of the collected data is as follows: The data included three “before and after” measurements from two groups of subjects: the group who received “NAET®” treatment and the other group who did not receive any “NAET®” treatment. The first group is called “Experimental” or “E” group and the second group is called the “Control” or “C” group. There were 14 subjects in the “E” group and 14 subjects in the “C” group. Three diagnostic measurements were performed on each subject from the “E” group “before” undergoing the treatment and again “after” undergoing the

treatment. The same diagnostic measurements were performed on the “C” group two times along with the “E” group. The “before and after” videograph was taken on both groups and used as another evaluation modality as well as to support the data collected from other evaluations. The “NAET®” treatment can be considered to be effective if there is significant changes observed in the four diagnostic measurements (including the videograph) in the “E” group compared to those in the “C” group.

ABOUT THE TABLES & GRAPHS

The tables 3 & 4 recorded the allergy symptom rating forms completed by the parents of both, experimental and control groups about their children’s allergic history. Table-5 also recorded the number of subjects suffering from similar health problems. Table-6 shows the NST mean data from both “E” and “C” groups. Table-7 provides a summary of data on DSM-IV evaluations. Graph-1 gives the age and gender distribution of the subjects. Graph-2 shows the comparison data from both groups on ASRS. Graphs 3 & 4 demonstrate the NST mean scores of before and after data from both groups.

DETAILS OF THE TWO SETS OF DATA

1. Two sets of ASRS (Allergy Symptom rating scale) from “E” and “C” groups: (1). from prior to beginning the study (2). after completion of the study (table 3 & 4).

2. There were two sets of NSTRS evaluations from “E” and “C” groups: (1). from prior to beginning the study (2). after completion of the study.

3. Evaluations using DSM-IV criteria. Two sets of evaluations from “E” and “C” groups: (1). from prior to beginning the study (2). after completion of the study.

4. Five minutes videotaping of each subject from both groups before beginning and after completion of the study.

STATISTICAL ANALYSIS

RESULTS:

Statistical analysis (Zar, 1999; Dawson & Trapp, 2001; Practical Statistics for Medical research by Douglas Altman, 1999) of the data was analyzed by NAR Foundation Statistical team. The statistical software SAS 9.1.3 and Excel were used for the analysis of the data and Microsoft Excel were used to generate graphs, tables etc. This was a repeated measure experimental design. The study consisted of 28 subjects. Each test was performed twice, 1st test: prior to beginning the study, the 2nd test: at the end of the study after the successful completion of 25 NAET® Basic allergens.

The analysis on the data was done using the paired-sample *t*-test (one sample t-test on the differences of the paired data). The paired-sample t-test does not have the normality and equality of variances assumption (Zar, 1999) but assumes the differences “dj” come from a normally distributed population of differences. Pairwise correlation of data from two samples will be more powerful than the two-sample t-test. Only a small correlation is needed to make the paired-sample test advantageous.

About the Data: Data was received from three diagnostic measures and recorded videograph. The distribution of data includes: a total of three sets of data received from a repeated measure performance study that was done on 28 subjects on three different diagnostic modalities (ASRS; NSTRS; and DSM-IV Eval.). The measurements were taken prior to beginning the study and at the end of the study on both the experimental and control groups using these screening instruments.

The difference between the measurements of three diagnostic evaluations of each patient from the experimental group “before and after the treatment” has been taken as the measure of the effect of the treatment on that patient.

The objective of the study was to test the efficacy of NAET® (Nambudripad’s Allergy Elimination Techniques) protocols for the treatment of allergy-related autism spectrum disorder in children between the ages of 3-28 years, especially in the areas of improving language and communication skills and reduction of autistic behaviors.

A paired t-test was performed on the data. The mean difference of different tests were noted as below:

ASRS - Exp. Sub. Group Scores: Arithmetic Mean of the treatment effect (AM) $ud=12.03225806$; $SD=8.002015875$; $SE=1.437204478$; $t\text{-stat}=8.371987597$; $P\text{-value}=1.07739E-10$; $[t]=2.04227245$.

ASRS - Control Sub. Group Scores: (AM) $ud=-0.065$; $SD=3.635$; $SE=0.653$; $t\text{-stat}=-0.099$; $P\text{-value}=0.461$; $[t]=2.042$.

NSTRS - EXP. Sub. Scores: (AM) $ud=1.9714$; $SD=0.2507$; $SE=0.067$; $t\text{-stat}=29.418$; $P\text{-value}=1E-13$; $[t]=2.1604$.

NSTRS - Control Sub. Scores: (AM) $ud=-0.0257$; $SD=0.0557$; $SE=0.0149$; $t\text{-stat}=-1.7271$; $P\text{-value}=0.0539$; $[t]=2.1604$.

DSM IV Evaluation: Eye Contact: 85% of the subjects from the “E” group established normal eye contact after 25 NAET® treatments while the subjects from the “C” group did not have any change.

Speech & Communication: 92% of the subjects from the “E” group were able to talk after 25 NAET® treatments while the subjects from the “C” group did not have any change.

Imitation: 92% of the subjects from the “E” group were able to initiate imitation after 25 NAET® treatments while the subjects from the “C” group did not have any change.

Reduction of autistic traits: 85.7% of the subjects from the “E” group were able to reduce their autistic behaviors like hand flapping, abnormal body movements and restlessness after 25 NAET® treatments while the subjects from the “C” group did not have any change.

CONCLUSION

After completing 25 NAET® treatments, the experimental subjects demonstrated significant improvements in the area of speech and communication skills and reduction of autistic behaviors when compared with the control group who did not receive any NAET® treatment. In the experimental group the p-value of the treatment effect (the difference between before and after treatments) was $<.0001$ in all three categories of diagnostic evaluations while the p-value remained $>.05$ in the control group in all three diagnostic evaluations. Significant improvements were noticed on the experimental subjects when compared the videographs from prior to beginning the NAET® treatments to the videotape taken after completion of 25 treatments. There was no change observed in the video of the control group when compared from before entering the study to one taken after four months.

The conclusion drawn from the four diagnostic evaluations (including the videograph) is that the “NAET®” treatment significantly reduced the autistic behaviors and improved the speech and communication of the subjects in the “E” group (p-value $<.0001$) when compared to the subjects from the “C” group (p-value $>.05$), indicating that “NAET®” is a preferred choice of treatment for children suffering from allergy-based autism spectrum disorder.

It is recommended that similar studies be done on larger populations to determine if the NAET® treatment is as effective as this study indicates on a different population at other locations, and compared with other types of treatment modalities.

ACKNOWLEDGEMENTS

We sincerely want to express our profound gratitude to NAR Foundation research associates and the statistical team for designing the study, and the NAET® practitioners for conducting the study by supervising, monitoring, and coordinating the entire study from the beginning to completion. Our sincere appreciation is expressed here to our dedicated volunteers (examiners, monitors, research assistants, volunteer-assistants, and subjects) who participated in this study.

The study was conducted by the NAR Foundation Research associates at the Pain Clinic Research center, Buena Park, California. The study was funded by the Family Foundation of Jacob and Laurie Teitelbaum, Annapolis, MD., and NAR foundation, Buena Park, CA.

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BOOK REVIEW

Say Good-bye To Allergy-Related Autism

by

(Devi S. Nambudripad, MD., DC., L.Ac., PhD. (acu.)

Book Review by

Laurie Teitelbaum, MS

The book *Say Good-bye to Allergy-Related Autism*, by Devi Nambudripad M.D., couldn't have come out at a better time. Now more than ever the people of the world are concerned about the future of their children. Autism is spreading like a wildfire moving through cities, states, and countries at the fastest speed possible, attacking the brains of thousands of young ones worldwide.

Autism is on the rise. According to one of the recent statistical reports, one out of 166 children are being diagnosed as autistic in this country. Medical researchers everywhere are still searching for causes leading to autism, but so far, no one has been able to find a definite cause. Also, no one has determined precise diagnostic procedures to pin point autism or a specific treatments using traditional methods or pharmacopeia to cure autism. The one conclusion the researchers have made is that this strange disorder is rapidly engulfing the young brains of our tiny tots.

Say Good-bye to Allergy-Related Autism opens up a new world of hope to parents who are desperately searching for a breakthrough treatment for their children who are suffering from allergy-related autism. Most parents of autistic children claim that their child was born normally

and continued to grow and develop normally until the age of two or three. Then, to their dismay, these parents found abnormalities creeping into their child's brain which eventually led to a diagnosis of autism.

What could have happened around the age of two or three that turned these children autistic? According to Dr. Nambudripad most cases of autism she had seen are allergy-based or initiated by a huge allergic reaction. These children are likely born with inherited allergic tendencies. After birth, allergies begin to affect these children gradually as they become exposed to different allergens from their foods and surroundings. A child's brain is still growing and developing before the age of three. The toxins from the allergens affect the brains of these children because their growing brains are the weakest tissues of their bodies (and the most susceptible). Various activities occur during the growing period of the brain. For instance, blood and lymph circulate to carry an adequate amount of nutrients to the brain, and nerve energy circulates supervising the growth stages of the brain. However, when certain toxins (from various allergic reactions and overexposures of chemicals) find their way into the body they can also easily find their way to the brain, which is a highly active area of the body during this period of growth. Because of this, we say that allergies affect the weakest tissue

of the body. The weakest tissue of the body is also the most active area of the body because the body is supporting this area with increased circulation to help it grow and become strong. Usually a child gets exposed to a number of allergens at one time (immunization drugs, virus attacks, allergic foods, environmental allergens, etc.). This creates a cumulative reaction and creates a massive confusion in the child's brain and nervous system, throwing the body into a panic stage.

In her book, Dr. Nambudripad describes the NAET® method of diagnosing and treating allergy-related autism and other associated disorders. Anyone who suffers from autism or other allergy related diseases or conditions should read and utilize the methods described in this book. NAET® treatment can eliminate autism that was triggered by vaccines, drugs, foods, environmental factors, chemical toxins (including carpet cleaning chemicals, pesticides, and toxins from heavy metal), and toxins from bacterial, viral, and parasitic infestations. This book can be a guide to those who are desperate to understand the abnormalities they see in their children, and it can assist them in finding the help that they need. This book reveals the secrets of a remarkable breakthrough in medical history. This new treatment, NAET® (Nambudripad's Allergy Elimination Techniques), approaches health care from a new intelligent viewpoint, a viewpoint that can finally help.

Say Good-bye to Allergy-Related Autism is filled with so much common sense, that it simply cannot be ignored by parents who want to reclaim their child from the clutches of autism. In an allergic person the brain and central nervous system react to foods (egg white, milk casein, milk albumin, wheat products, gluten, candida, refined starches, fatty acids, minerals, amino acids, chocolate, turkey and serotonin), heavy metals, chemicals, immunizations and other substances as if they were poisons, when, in most cases these substances are neutral, or even beneficial to the body. With the help of this book we can now reprogram our brains or our children's brains for perfect health. This is done by eliminating and/or neutralizing the adverse effects and side effects of allergens, and subsequently improving and restoring brain function.

This book also gives the reader a good overview of NAET®, how it works and how it can be used to treat many different conditions. Excellent case studies and testimonials are included throughout the book which can help the reader gain a greater understanding of autism, the NAET® process and the help NAET® has to offer.

NAET® has a relationship with Oriental Medicine, and these origins are explained in this book. The meridians and the nutrients that strengthen the meridians are described as

well. Special home-help instructions with diagrams are given along with detailed acupuncture massage points that can also be done at home. Points for resuscitation are given that are not only helpful in unexpected emergencies but also to calm a child when he/she is experiencing restlessness, irritability or a temper tantrum.

While the whole world is still struggling to find a way to diagnose autism, this author has come up with a very simple method that can be learned and mastered by anyone and practiced anywhere. Allergy-related autism has the possibility of hundreds of different triggers. Identifying these triggers is essential to treatment and many of these triggers are identified and explained in this book. Categories of allergens are thoroughly discussed and include inhalants, ingestant, contactants, injectants, infectants, physical agents, genetic factors, mold and fungi, and emotional stressors. This book describes these classes of allergens then explains how to test and find out what their child's own personal triggers may be.

Chapter six in this book describes Neuromuscular Sensitivity Testing (NST) with clear illustrations and photographs for thorough understanding by the reader. NST is one of the diagnostic procedures that helps the NAET® practitioner to pinpoint the trigger rapidly and effectively. Descriptions of self-testing as well as surrogate testing are included.

Chapter 9 is devoted to the order of the NAET® treatments. It also is filled with suggestions of what to eat and what to avoid while going through the treatments in order to draw maximum benefits. It educates the reader about hidden food additives and chemicals in everyday foods that may be harming the children without our knowledge. The detailed glossary section in this book is an excellent resource for parents as well as for practitioners.

It is highly recommended that anyone who has an autistic member in their family or who knows someone with this disorder read this book. Its contents offer hope and an effective solution for the sufferer. Reading this book is also a must for all NAET® practitioners and specialists.

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CASE REPORT

The Successful Management of a Case of Autism-PDD Through NAET® Treatments.

Devi s. Nambudripad, MD, DC, LAc., PhD.; Mala Moosad, L.Ac., RN., ND

INTRODUCTION

Autism is a complex Neuro-developmental disability that typically presents during the first three years of life. According to one of the recent reports from Center for Disease Control, autism affects one out of 166 children in the cities of the United States. This figure may be slightly lower in the rural areas. The disease is four times more prevalent in boys than girls and has been associated with no specific social class or demographic population. Social, language, and behavioral impairments which often define the physical appearance of autism may be the result of abnormally developed structures of different parts of the brain: the prefrontal lobe, the forebrain, the association cortex, the brain-stem, the midbrain, the cerebellum, the basal ganglia, the amygdala, the limbic system, the hippocampus, the cingulate gyrus, etc. Various hormones, neurotransmitters, neuropeptides and digestive enzymes are produced in abnormal levels in autistic children; in certain cases, they are overproduced

in other cases, they are under-produced in either cases, physical and physiological abnormalities are the result. It is unknown why autistic vary so much in their hormone production; there is no detectable uniform pattern in the autistic population. Because of this unreliability and due to lack of supporting evidence, there is little documentation regarding the development of their clinical features.

Due to limited understanding of the autistic disease process, there have been no definite diagnostic procedures developed so far to diagnose autism, as we see in other health disorders. Our present day diagnosis of autism and classification of the severity of a particular case are based on observation of behavioral patterns only. Autism is characterized by abnormal social relationships; language disorders with impaired understanding; poor communication skills; pronomial reversal; rituals and compulsive behaviors such as wiping the face repeatedly, pulling the ears, etc.: repeated motions by the body such as rocking, and hand flapping; impaired intellectual development; and potentially aggressive or self-injurious behavior (which are hallmark features of autism). It is not

uncommon for autistic patients to be viewed as socially withdrawn or unable/unwilling to appropriately interact with people, or take part in events surrounding them. Behaviors vary greatly in different autistic individuals. Just by observing the status of the individual, it is hard to provide an accurate diagnosis or foresee the intensity of the condition. Parents and caretakers have often reported that on certain days even the most severely affected autistic person may behave at his/her best. Conversely, the mild case may act wild and strange putting the caretakers or parents in total surprise. No body has been able to pin-point the exact reason for such unpredictable behaviors.

Looking through a 5000-year-old Oriental medical perspective, we have been studying some of our autistic children very closely for years now and have found certain patterns. No two subjects are alike. Each individual is demonstrated differently in their behaviors. As one understands the pattern of energy flow and blockages in certain meridians in the human body, the mystery of our health problem(s) begin to unfold. It is from this perspective that we plan our NAET treatment approach tailored to fit each individual. When the NAET treatments are complete, the health problems are often relieved.

We would like to present a case of an autistic patient who was successfully treated with NAET® (Nambudripad's Allergy Elimination Techniques). NAET® is a non-invasive, drug free, natural solution to eliminate allergies of all types and intensities. It uses a blend of selective energy balancing, testing and treatment procedures from Oriental medicine, acupuncture/acupressure, allopathy, chiropractic, nutritional, and kinesiology.

CASE REPORT

An 8-year-old male with a negative family history of autism or similar associated disorders was diagnosed with autism at age four. He was born normal and had normal growth and development until the age of two. After his second birthday, his parents began noticing occasional strange behavior such as hyperactivity, tearing up books and papers, climbing up on the sofa and bed then trying to jump off. A couple of times he hurt himself from jumping from high places. His parents thought he was going through the "Terrible Twos" stage and they expected him to stop after turning the age of three. When the behavior didn't stop, they consulted their pediatrician. A diagnosis of Pervasive developmental disorder (PDD) was proposed at the age of three. PDD is a general term for autism that involves severe impairment in the three areas cited as diagnostic criteria for autism in DSM IV: that is abnormality in social interaction, impaired verbal and nonverbal communication, and stereotypic behaviors, interests and activities. There are no definite causes for autism.

The parents of this child were told that the child's PDD could have been caused by any number of reasons: heavy metal toxicity, toxins from other sources like pollution from living in heavily populated Los Angeles, toxic sprays from malathion (pesticides), toxins from bacteria and virus infections (the child had numerous infections in infancy including ear infections, frequent colds and flu's and sinus infections), toxins from childhood immunization (Thimerosal poisoning), and chemical toxins from carpet cleaning liquids. There was no treatment recommended for this child's autism except for avoiding all possible causes.

Soon after the initial diagnosis, the child's frightened parents took utmost precaution to keep him away from all known pollutions and toxic environments. They sold their urban house and moved to a country environment to avoid Los Angeles pollution, and soon made the clean countryside house their permanent home. The mother gave up her teaching career to home-school her only son. The whole family changed their eating habits, living habits and work habits to make their precious child's journey facile and hustle-free. After restricting his diet to gluten-free, yeast-free, sugar-free, pesticide-free, and chemical-free foods for four years; completing two courses of chelation therapy; and avoiding all known toxic exposures, living in a carpet-free, drape-free, clean house with wooden-floors and natural gas heating, these parents could not find any progress in their son's condition. These frustrated parents started losing hope in the current therapies and therapists. As a last attempt, they began searching the internet for any clue that could give them a ray of hope to improve their son's condition. They spent hours and days chatting with different support groups and searching through any and all leads. Finally someone in one of the chat rooms suggested they try NAET® and this family didn't waste any time in contacting us. When they read the book, "Say Good-bye to Allergy-related autism" they suspected that their child's autism could have started after the child was administered a booster dose of immunization, since he appeared completely normal before that dose. They decided to try NAET® as a treatment option for the child.

The child was evaluated with our usual autism evaluation procedures: (1). Allergy Symptom Rating Scale (table-1 and 2), (2). Autism Treatment Evaluation Checklist from the San Diego Autism Research Institute (ATEC) (table-3), (3). Childhood Autism Rating Scale (CARS) (table-4) and an interactive video. Upon initial evaluation by the Autism Research Institute, the patient was observed to have marked impairment in the use of multiple social nonverbal behaviors, such as eye contact, facial expression, and communication. He lacked social interaction, comprehension and emotional reciprocity. He appeared to be in a shell and unable to be reached by anyone including his parents. At times, the patient did not seem to know or respond to his own name. He did not follow simple commands. According

to his parents, on rare occasions, he responded appropriately to certain questions, but that happened only once a month or so. The child's parents had no clue what made him appear normal at times and totally "tuned out of the world" at other times. He had no friends or companions and when he was left alone for a few moments without his mother he acted very fearful and nervous. Sometimes he became very aggressive, violent and showed temper tantrums if he did not get his way on certain things. This eight year old rolled on the ground and cried and screamed often hitting other family members or biting them. Other health and physical behaviors that posed a problem prior to treatment included incontinence of urine and feces, bed-wetting, and an extremely limited diet consisting of mainly baked potato chips, and carrots. He craved sugar and starches of any kind and since there was no real sugary food at home he settled for carrots. He ate many of them daily and refused to eat other foods. His parents had a hard time feeding him, so he looked very frail and malnourished. He suffered from severe mood swings and sometimes agitated and depressed. His parents reported that at times he's been found sitting near the window staring at the hills with tears rolling down his cheeks. As usual, he could not tell them what was bothering him.

Treatment consisted of 50 NAET® sessions over the course of one year. The patient presented to the clinic with his mother, father and younger sister two times a week initially, then once a week in order to receive treatments. They drove three hours to the clinic. Neuromuscular sensitivity testing (NST) was performed on the patient on each visit in order to determine the status of the previous treatment and to prepare the house for next treatment. NST is one of the NAET® techniques used in determining the status of the allergen prior to treatment. In NST, the tester compares the strength and weakness of an indicator muscle in the presence and absence of a substance. In this case, two surrogates were used to perform NST and NAET. One surrogate (the child's father) was made to hold the boy by the wrist firmly with one hand and touch the ankle of the surrogate on the table with his other hand. The surrogate on the table (the child's mother) was made to lie on the treatment table while the doctor tested the surrogate's arm strength in order to test the

weakness or strength of the patient. The mother (surrogate) was tested for NST for a specific allergen on each visit, and received the acupressure therapy on her body in order to balance the energy of the child for the specific allergen. Throughout the testing and treatment procedure, two surrogates and the child maintained uninterrupted skin-to-skin contact.

NST testing revealed that this child had an allergy to all the 50 basics, some treatments needed to and also be done with different combinations of substances. He was severely allergic to BBF, vitamin C mix, B complex mix, sugar mix, grain mix, starch mix, mineral mix, yeast mix, chocolate mix, and fat mix. All of these allergens needed multiple sessions to complete the treatments. After approximately six treatments, he began showing great improvements. The improvements included: improved eye contact, appropriate nonverbal responses like hugging the mother, kissing the mother, expressing happiness, etc. Soon after mineral mix was treated, he began verbal communication. His words were clear and appropriate. Gradually his aggressive behavior slowed down, he began focussing better, he was able to sit and draw and color in his books. When he completed a task successfully, he laughed and hugged his mother again.

About 30 treatments into the treatment plan, the child began making more sense in his actions. Friday was a family pizza night for them. The boy took over the job of placing order for the pizza on Friday.

Other treatments provided significant improvements in his condition were: all immunizations samples, especially MMR vaccine, heavy metals (mercury), norepinephrine, dopamine, serotonin, neuropeptides, cingulate gyrus, mid-brain, hippocampus, food colorings, food additives, virus mix, and Pesticides.

Significant improvements were noted upon reevaluation (after 50 NAET® treatments) with the ASRS, CAR, Autism Treatment Evaluation Checklist from ARI. Interactive video was taken. He appeared as a very calm, intelligent, knowledgeable, pleasant, normal to his age, answering to all the questions appropriately with confidence.

TABLE-1. ASRS BEFORE NAET TREATMENT

Rate of Symptoms on a Zero to 10 scale, where zero=normal, 1-3=Mild; 3-6=Moderate; 6-10= Severe & 10=maximum discomfort

Symptoms	0	1	2	3	4	5	6	7	8	9	10	Items	Rating at 0-10
Abdominal Bloating									X			Almond	10
Achy feet							X					Apple	6
Acne												Banana	6
ADHD											X	Beef	3
Anger										X		Carrot	0
Asthma												Celery	0
Autism											X	Chocolate	8
Backache												Cowmilk	9
Bodyaches												Corn	9
Cankersores									X			Crab	9
Constipation										X		Eggwhite	3
Cough									X			Lobster	10
Dermatitis									X			Orange	6
Depression									X			Oyster	9
Diarrhea												Peanut	8
Drowsy >meals										X		Salmon	9
Eczema										X		Shrimp	9
Fatigue											X	Soybean	5
Fever							X					St.bean	4
Flatulence												Tomato	6
Headache									X			Wheat	9
High bloodpressure												MMR	6
Hives										X		DPT	9
Indigestion											X		
Insomnia									X				
Itchy eyes									X				
Itchy throat							X						
Joint pains								X					
Moodswing											X		
Nervousness											X		
Poor wt gain											X		
Sinusitis								X					
Skinrashes										X			
Thirst										X			
Throat swelling													
Throat close													
Weight gain													
27/37							3	2	8	7	7		19/21

TABLE-2. ASRS AFTER (50 TREATMENTS) ONE YEAR OF NAET TREATMENT

Rate of Symptoms on a Zero to 10 scale, where zero=normal, 1-3=Mild; 3-6=Moderate; 6-10= Severe & 10=maximum discomfort

Symptoms	0	1	2	3	4	5	6	7	8	9	10	Items	Rating at 0-10
Abdominal Bloating			X									Almond	3
Achy feet				X								Apple	0
Acne												Banana	0
ADHD			X									Beef	0
Anger				X								Carrot	0
Asthma												Celery	0
Autism			X									Chocolate	3
Backache												Cowmlk	0
Bodyaches												Corn	1
Canker Sores	0											Crab	1
Constipation				X								Eggwhite	1
Cough	0											Lobster	1
Dermatitis	0											Orange	0
Depression	0											Oyster	1
Diarrhea												Peanut	4
Drowsy >meals		X										Salmon	2
Eczema	0											Shrimp	2
Fatigue		X										Soybean	0
Fever	0											St.bean	0
Flatulence												Tomato	0
Headache	0											Wheat	2
High blood Pressure													
Hives	0												
Indigestion			X										
Insomnia	0												
Itchy eyes		X											
Itchy throat	0												
Joint pains	0												
Moodswing		X											
Nervousness			X										
Poor wt gain	0												
Sinusitis		X											
Skinrashes	0												
Thirst	0												
Throat swelling													
Throat close													
Weight gain													
		5	5	3									17

TABLE- 3: IMPROVEMENTS ASSESSED VIA AUTISM EVALUATION CHECKLIST (ATEC)
PRIOR TO TREATMENT AND AFTER ONE YEAR (50 TREATMENT SESSIONS)

NAET® Treatment Measure	Before	After
Speech/Language/Communication		
Knows Own Name	N/S*	V
Can Follow Some Commands	S	V
Can Use One Word at a Time	N	V
Knows 10 or More Words	N	V
Sociability		
Seems To Be In a Shell	S/V	N
Uncooperative and Resistant	V	N
No Eye Contact	V	N
Lacks Friends/Companions	V	N
Temper Tantrums	V	N
Sensory/Cognitive Awareness		
Responds to Own Name	N/S	V
Appropriate Facial Expression	N	V
Dresses Self	N	V
Looks at People/Animals	S	V
Health/Physical/Behavior		
Extremely Limited Diet	Serious Problem	Not a Problem
Hyperactive	Serious Problem	Mild Problem
Hits or Injures Others	Serious Problem	Not a Problem
Destructive	Serious Problem	Not a Problem
Rigid Routines	Moderate Problem	Not a Problem
Repetitive Movements	Moderate Problem	Not a Problem
N=Not Descriptive/ True	S=Somewhat Descriptive/True	V=Very Descriptive/True

TABLE-4. CHILDHOOD AUTISM RATING SCALE BEFORE NAET

TABLE-4. CHILDHOOD AUTISM RATING SCALE BEFORE NAET								
Sub: #21. Before NAET TX 9-21-04								
Childhood Autism Rating Scale	None		Mild		Moderate		Severe	
	1	1.5	2	2.5	3	3.5	4	
Relating to people							X	
Imitation							X	
Emotional response						X		
Body use						X		
Object use							X	
Adaptation to change						X		
Visual response						X		
Listening response							X	
Taste-Smell-Touch response							X	
Fear or nervousness						X		
Verbal communication							X	
Nonverbal communication						X		
Activity level						X		
Level & consistency of Inte.response							X	
General Impression						X		
						8	7	

TABLE-5. CHILDHOOD AUTISM RATING SCALE AFTER (50 TX) 1 YEAR OF NAET

TABLE-5. CHILDHOOD AUTISM RATING SCALE AFTER (50 TX) 1 YEAR OF NAET								
Sub: #21. After NAET TX 10-30-05	After 1 Year of NAET TX 10 30 5							
Childhood Autism Rating Scale	None		Mild		Moderate		Severe	
	1	1.5	2	2.5	3	3.5	4	
Relating to people	X							
Imitation	X							
Emotional response		X						
Body use	X							
Object use		X						
Adaptation to change	X							
Visual response	X							
Listening response	X							
Taste-Smell-Touch response	X							
Fear or nervousness		X						
Verbal communication	X							
Nonverbal communication	X							
Activity level	X							
Level & consistency of Inte.response	X							
General Impression	X							
		12	3					

ORDER OF BASIC NAET TREATMENTS

BBF (brain, sympathetic and parasympathetic nervous system balance). Treated 2 times in two sessions.

Egg mix (Egg white, egg yolk, tetracycline, chicken, feathers).

Calcium mix (breast milk, cow's milk, goat's milk, casein, albumin, and calcium).

Casein

Albumin

Vitamin C mix (fruits, vegetables, vinegar, citrus fruits, bioflavonoid, rutin, berries, vitamin C supplements, ascorbic acid, oxalic acid, citric acid).

Vitamin C+Acid

Vitamin C+ Cold

B complex (B1, 2, 3, 4, 5, 6, 9, 12, 13, 15, 17, biotin, paba, inositol, choline).

B6

B12

B Complex + acid

Sugar mix (cane sugar, corn sugar, maple sugar, grape sugar, rice sugar, brown sugar, beet sugar, fructose, molasses, honey, dextrose, glucose, and maltose).

Sugar mix

Sugar mix

Iron mix (animal and vegetable sources: beef, pork, lamb, raisin, date, seeds, nuts, and broccoli).

Vitamin A mix (animal and vegetable source, beta carotene, fish and shell fish).

Minerals, water, drinking water, city water (magnesium, manganese, phosphorus, selenium, zinc, copper, cobalt, chromium, trace minerals, gold, and fluoride).

Mineral mix

mineral mix+Heat

Magnesium

Salt Mix (sodium and sodium chloride, table salt, sea salt, rock salt, iodized salt, water softener salts, and chemicals).

Grains (blue corn, yellow corn, cornstarch, corn silk, corn syrup; wheat, gluten, corn, oats, millet, barley, kamut, cous cous, farina, and brown rice).

Grain+Acid

Grain+Base

Wheat

Gluten

Artificial sweeteners

Yeast mix, yogurt and whey (brewer's yeast, torula yeast, bakers yeast, candida, yogurt, whey).

Grain mix+yeast

Stomach acid (Hydrochloric acid).

Digestive enzymes

Secretin

Neurotransmitters:(Acetylcholine,Dopamine, Norepinephrine, Serotonin)

Immunizations- (MMR, DPT, etc.)

Pesticides

Alcohol

Chocolate mix

Nut mix-1

Nut mix-2

Bacteria mix

Virus mix

Spice mix-1

Spice mix-2

Vegetable Fat mix

Animal Fat mix

Essential Fatty Acids

Dried bean mix

Hormones and Histamine

Food coloring

Food additives

Formaldehyde

Chemical mix (Soap, Detergent, etc.)

Fish mix and shell fish

Amino acids 1 & 2

Alcohol

Starch mix (Carbohydrates)

Parasites

Brain parts

When he completed 30 treatments, he was able to communicate, focus and play with other children nicely. At that time, his parents enrolled him to take music lessons. By the time he completed 50 treatments, he was able to sing songs melodiously, calmly, without getting nervous or aggressive or agitated. He was also able to tell stories without wandering or losing connections of ideas. The

family arranged a good Christmas party this past year (2005) where the family members spent an exciting, happy celebration amidst lots of cheers and laughters. Even though, they had to drive three hours each way for the treatments, the results of the hard work and toil of one year of treatment with NAET® have proven to be very rewarding to this family as they were able to reclaim their son whom they once thought was lost to the autistic world.

DISCUSSION

We presented a patient who was born normal, continued to grow and develop normally until his normal development was disturbed and then disrupted due to allergies. This patient was diagnosed with autism at age three and he had all classic symptoms of autism prior to the NAET treatments. He had various therapies before he found NAET. Chelation therapy and gluten-free diet were not effective in this case. Various drugs, enzymes, vitamins, biofeedback, speech therapy, ABA therapy, sensory and auditory integration training, and various dietary changes didn't help this child until the allergies were eliminated. According to his parents, his autism started after receiving an immunization booster dose. If there would have been easy way to test for a possible allergy to the immunization drug prior to injecting, this unfortunate event could have been prevented. Using traditional allergy testing, it is not practical to test each and every child for an allergy to the drug. NAET testing procedures are known to give instant quick accurate results if learned and practiced properly (JNECM (1) (2), 2005). If NAET testing procedures were taught to all medical professionals, we would be able to stop many unfortunate occurrences.

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NEWS AND VIEWS

“The Grand Godfather” of the Biomedical Treatment of Autism

Compiled by Chris Sails, ND



**Dr. Bernard Rimland
& His Son
Mark Rimland**

Background: Dr. Bernard Rimland, a research psychologist, is Director of the Autism Research Institute, which he founded in 1967. He is also the founder of the Autism Society of America (1965), and the editor of the *Autism Research Review International*. His prize winning book, *Infantile Autism: the Syndrome and Its Implications for a Neural Theory of Behavior* (1964) changed the field of psychiatry from claiming that autism is an emotional illness caused by destructive mothers to its current recognition that autism is a biological disorder.

Dr. Rimland is the cofounder of the Defeat Autism Now! (DAN!) project, which proposes to reorient mainstream medicine from its current overreliance on marginally effective drugs toward a new emphasis on identifying and treating the basic biological causes of autism. He has lectured on autism and related problems throughout the world, and is the author of numerous publications. Dr. Rimland has received many awards for his work on autism. He served as primary technical advisor on autism for the 1988 film **Rain Man**. Mark Rimland, his son, who had high functional autism, was interviewed by Dustin Hoffman, serving as a model for the character portrayed by the movie star. The movie helped establish worldwide awareness of autism, just when the epidemic was first becoming apparent.

Dr. Rimland began his investigation of the potential roles of mercury and of vaccines in autism in the 1960s. He was the first to call national attention to “The autism epidemic” in 1995.

Biographical Information

Bernard Rimland, Ph.D.
Director, Autism Research Institute - 4182
Adams Ave., San Diego, CA 92116
E-mail: br@autismresearchinstitute.com
Website: Autismresearchinstitute.com
Phone: (619) 281-7165
Fax: (619) 563-6840

Biographical Information Continued

Born: November 15, 1928. Cleveland, OH
Resident of San Diego, California since 1940
Married, has three children

Education

San Diego State University, Major: Experimental Psychology, B.A. - 1950
San Diego State University, Major: Experimental Psychology, M.A - 1951
Penn State University, Major: Experimental Psychology, Ph.D. - 1954

Positions

Research Fellow, Instruct Film, research Program. Penn State University - 1951-1953.

Project Director to Department director, Naval Personnel Research and Development Center, San Diego. - 1953-1985.

Adjunct Professor, San Diego State University - 1955-present.

Founder and Director, Autism Research Institute, San Diego - 1967- present.

Executive Secretary, Stallone Fund for Autism Research, Scientific Advisory Board - 1967 - present.

Editor, Autism Research Review International - 1967 - present.

Publications/Books

Infantile Autism: The Syndrome and Its Implication for a Neural Theory of Behavior, New York: Appleton-Century-Crofts - 1964.

Modern Therapies (Coeditor). New Jersey: Prentice Hall-1976.

Treating Autism: Parent Stories of Hope and Success (Co-editor), San Diego: Autism Research Institute - 2003.

Publications/ Papers

Over 400 published articles, reports and book chapters
Four encyclopedia articles
Over 50 book forwards.

Films and Videotapes: Technical Consultant:

Infantile Autism-The Invisible Wall (U. of OK, Psychiatry Dept., Film) -1968

Promise to Keep (TRW Corp. film on autism) - 1983.

With Eyes Wide Open (Creative Learning Environments Film) - 1984.

Nutrition and Behavior (San Diego State University, 8 part video series) - 1984.

Rain Man (Chief Technical Advisor) - 1988.

House of Cards - 1988-1991

Vitamin B6 and Magnesium in the Treatment of Autism - 1990.

Honors and Awards

Award for Distinguished Contribution to Psychology (for *Infantile Autism*) - 1962.

Fellow, Center for Advanced Study in the Behavioral Sciences, Stanford - 1964-1965.

Founder and Honorary Board Member, Autism Society of America - 1967 - present.

Creative Scientist of the Year (San Diego Institute for Creativity) - 1967.

Major Armstrong Award got Best FM Radio Public Service Broadcast (Awarded to WOR FM, NYC Served as interviewee and consultant) - 1969.

American Medical Association Medical Journalism Award (for above radio show) - 1969.

Navy department Nominee for Rockefeller Foundation Public Service Award - 1971.

Air Force/ Navy Technology. Symposium Award (Best Paper: Human Factors Area) - 1978.

Achievement Award of International Academy of Applied Nutrition - 1979.

Huxley Institute: Dixie Annette Award for Scientific Contribution - 1981.

"Citation Classic" status awarded to Book *Infantile Autism* by the Institute for Scientific Information - 1981.

Navy Department Distinguished Civilian Service Medal - 1985.

Bronze Medal, British Medical Society, for film With Eyes Wide Open - 1985.

Community Service Silver Bowl Award, United Way - 1985.

Rolex Award of Achievement - 1987.

Pioneering Service Award, Canadian Schizophrenia Foundation - 1987.

Burgener Foundation Award for Humanitarian Achievement - 1989.

California Autism Foundation Award for Achievement - 1994.

California State Senate Award for Achievement in Autism Research - 1995.

Princeton-Eden Institute Award for Excellence in Autism Treatment - 1995.

Presidential Citation, Autism Society of America - 2001.
Living Treasure Award Mothering Magazine - 2002.
Courage in Science Award, National Vaccine Information Center - 2002.
Rick Rollens Award, Orthomolecular Medical Society - 2003.
Lifetime Achievement Award, Center for Autism Spectrum Disorder - 2003.
Lighthouse Award, Safe Harbor Foundation - 2003.
Lifetime Achievement Award, Princeton-Eden Institute - 2004.

Schools Named for:

Rimland Services for the Autistic, Evanston, Illinois
Centro de Educacion Especial Down-Rimland, A.C., Uruapan, Mexico
Escuela Taller para Autistas "Bernard Rimland", Orsono, Chile
Centro Bernard Rimland del Autista, Caracas, Venezuela,

Lectures

Visiting Professor or guest lecturer at well over 100 universities and medical schools; invited speaker at well over 1000 conferences.

Guest appearances at well over 100 TV broadcasts, including NBC, CBS, PBS, and ABC.

Board Memberships (Past and Present - partial list)

Editorial Partial List:
Journal of Autism and Developmental Disorders
Journal of Orthomolecular Medicine
Journal of Learning Disabilities
Focus on Autism

Schools Partial List:

Rimland School, Evanston, Illinois
Walden School, Nashville, Tennessee
Family Tree, Corte Madera, California
The Finding Place, Lauderdale Lakes, Florida
Bittersweet Farms, Whitehouse, Ohio
Plus Group Homes, New York City.
Willaway Ranch for Handicapped, Eagle Point, Oregon
Rusty's Morningstar Ranch, Flagstaff, Arizona
Talented and Handicapped Artists Workshop, West Islip, New York
Linwood Children's Center, Ellicott City, Maryland

Canadian Institute for Neuro-Integrative Development, Westmont, Quebec, Canada
Kaplan Foundation, Orangevale, California
Spark Foundation, Los Gatos, California
Sean Ashley House, Houston, Texas
Foundation for Educating Children with Autism, Carmel, New York
The Pathway School, Norristown, Pennsylvania
Possibility Ranch, Lake Arrowhead, Colorado
Geneva Center for Autism, Toronto, Ontario, Canada
New York Families for Autistic Children, New York, NY

Scientific Advisory: (Past & Present-partial list)

Autism Society of America (Maryland)
Huxley Institute for Biosocial research (Florida)
Nutrition Education Research Organization (California)
Adele Davis Nutrition Foundation (California)
Wacker Foundation (Texas).
Price Pottinger Foundation (California)
Fragile X Foundation (Colorado)
Institute for Improvement of Human Functioning (Kansas)
Nutrition for Optimal Health (Illinois)
Cancer Federation (California)
Institute for Bio-Ecologic Medicine, (Florida)
Libby Institute for Orthomolecular Research (California)
Help Autistic Persons, Please (New York)
Biosocial Medical Center (Oregon)
Parents for Better Nutrition (Oregon)
Autism Services Center (West Virginia)
Rio Hondo Drug Abuse Coalition (California)
California Programs for Autistic (California)
Stallone Fund for Autism Research (California)
National Academy for Child Development (Pennsylvania)
New Hope Parents Association (California)
Holistic Health Enrichment Center (New Jersey)
Southern California Neuropsychiatric Institute, La Jolla, California
American Institute for Neuro-integrative Development, Fairfield, Connecticut
Southwest College of Naturopathic Medicine & Health Sciences, Scottsdale, Arizona
Action against Autism, Glasgow, Scotland
Northwest Clinic for Children, Portland, Oregon
Pediatric and Adolescent Ability Center, Richmond, Virginia
Personnel Preparation National Significance Project, Kansas City, KS
Kalamar Productions, New York City

Professional Organizations (Past and Present-partial list)

Academy of Orthomolecular Psychiatry (Vice President)
Orthomolecular Medical Society (Vice President)

Fellow Member

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American Association for Educational Research
National Council Measurement Education
Association for the Advancement of Behavior Therapy
Classification Society
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ABSTRACTS

Research Findings: Abstracts from Recent Research

A Case Control Study on Autism Spectrum Disorders

Mohan K. Moosad, DBA, M.Ac., ND.

STUDY

A Randomized, Case Control Study - an investigation into the benefit of NAET® treatments on allergy-related autism spectrum disorders.

OBJECTIVE

To assess the effects of NAET® on children with allergy-related autism spectrum disorders.

MATERIALS AND METHOD

60 children, ranging from 3 years to nine years, both sexes with established diagnosis of autism spectrum disorders were selected for the study from the 66, who responded for the advertisements in various newspapers, newsmedia and websites to take part in the study. Out of sixty children, thirty were randomly assigned as treatment group to receive 50 NAET® treatments within one year period. The other 30 children were assigned as controls. Once the study is over, the control group also will be given 50 NAET® treatments within the next one year. The treatment group began treatments in October, 2004. The study ended in October, 2005.

NATURE OF DATA COLLECTION

All the children were asked to bring in previous reports of their established diagnosis of autism from their pediatricians, the school psychologists and teachers.

TYPES OF EVALUATION

(Prior to the study, during the study and at the end of the study)

1. AETC (E2) form to be completed by the guardians for the children, prior to the study, half-way through the study and at the end of the study and to be evaluated by Autism Research institute, San Diego.
2. Allergy Symptom Rating Scale prior to the study, half-way through the study and at the end of the study.
3. Childhood Autism Rating Scale: prior to the study, half-way through the study and at the end of the study.
4. NAET® Autism Rating Scale prior to the study, half-way through the study and at the end of the study.

5. Evaluation by an independent psychiatrist
They were evaluated by an independent psychiatrist: prior to the study, half-way through the study and at the end of the study to be evaluated.

6. Five minutes-video taping of each child:
prior to the study, half-way through the study and at the end of the study to be evaluated.

7. Computer Evaluation to detect food sensitivities: prior to the study, half-way through the study and at the end of the study to be evaluated.

8. NAET®-NST evaluation for food, chemical and environmental sensitivities: prior to the study, half-way through the study and at the end of the study to be evaluated.

RESULTS

23 out of 26 experimental subjects (88%) established normal eye contact, appropriate verbal and nonverbal communication, and achieved significant reduction of autistic behaviors after completion of 50 NAET® treatments within the span of one year while the subjects from the “Control” group did not have any change.

Location of the study:

NAET Research Center
6714 Beach Blvd.
Buena Park, CA 90621
e-mail: naet@earthlink.net
e-mail: narfoundation@yahoo.com

Project Funded by:

Family Foundation of
Laurie & Jacob Teitelbaum,
Annapolis, MD

And

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CALENDAR OF EVENTS

NAET® BASIC AND ADVANCED SEMINARS FOR 2005

NAET® BASIC SEMINAR: TIME: 8:00 – 5:00 PM

LOCATION IN CALIFORNIA:

Contact: NAET® Main Office
6714-36 Beach Blvd.
Buena Park, CA 90621
(714) 523-8900; Fax: (714) 523-3068
email: naet@earthlink.net
website: www.naet.com

For Accommodation Call:
Holiday Inn, 7000 Beach Blvd.,
Buena Park, CA 90622
(714) 522-7000

Basic Seminars in CA: February 4-5, 2006
March 4-5, 2006
May 6-7, 2006
August 19-20, 2006
November 11-12, 2006
December 2-3, 2006

NAET Advanced Seminars IN CA
(Mandatory to complete the Basic
NAET® class before attending
this class. Includes NST
class on the 2nd day).

Contact: NAET® Main Office

Location in CA: April 8-9, 2006
June 10-11, 2006
December 9-10, 2006

NAET® Basic Seminar in Georgia: Time: 8:00 am–6:00 pm
Contact: Kelly King, Logistics Officer.
Location in GA: Life University,
Date: September -2-3, 2006 Postgraduate Education
1269 Barclay Circle
Marietta, GA 30060
Ph: 770-426-2753/800-543-3406

Fx: 770-426-2716
Email: kking@life.edu
Website: www.life.edu

For Accommodation in GA: Crown Plaza Hotel
6345 Power Ferry Road
Marietta, GA 30339
(770) 790-1007

NAET® Advanced level –2: Buena Park, CA
Date & Topics for Advanced-2 Seminar

February 11-12, 2006

2E) - Asthma and Lung Disorders
Allergy-based Headache
Allergy-based Backache
Allergy-based Ear Nose Throat problems

2F) - Importance of Nutrition in NAET and managing:
Addictions to alcohol
Addictions to caffiene
Addictions to starch, prescription drugs,
Addiction to smoking & Illicit Drugs
Substance Abuse

April 22-23, 2006

2C) - Meridian Detoxification
Allergy to Electric radiation
Allergy to Electro-magnetic Radiation
Exercise Induced Abnormalities
Energy Enhancement Techniques

2D) - Allergy-based Male & Female Disorders
Allergy based Infertility
Allergy-based Thyroid Imbalances
Allergy-based metabolic disorders Infertility, Female
Disorders, Thyroid Imbalances, Melt Your Fat

May 27-28, 2006
 2G) - Pain Management, Helping with Acute pain with NAET®

Managing chronic pain through NAET®
 Arthritis, Vulvodynia

2H) - Cellular Memory imbalances, Interpersonal Energetic Imbalances

September 23-24, 2006

2I) - Chemical, Environmental, seasonal Allergies, Physical agents

2J) - Overcoming Osteoporosis, Insomnia, searching for the Fountain of Youth, Anti-aging Secrets

November 18-19, 2006

2B) - Allergy-based Diabetes
 Allergy-based Hypertension
 Allergy-based Cardiovascular disorders
 Allergy-based Immune system Disorders

2K) - Balancing Organs, Balancing Meridians, Trauma Release

12TH ANNUAL SYMPOSIUM

NAET Annual Symposium: July 28-29, 2006

Location: Holiday Inn, Buena Park, CA.

Time: 8:00 5:00 pm.

July 27: NST Instructors Class

July 30, 2006 Advanced Level Level 2A:

Allergy-related ADD & ADHD
 Allergy-based Children's Allergies
 Allergy-related GI Disorders
 Allergy-based Chronic Fatigue syndrome
 Allergy-related Fibromyalgia Syndrome

Basic Seminar for Europe For all Locations:

Contact: NAET for Europe
 Jean Michel Belin

24, rue Carnot 74000 Annecy, NA France Phone:
 33(0)-450-5131-50
 eurnaet@aol.com

Europe-NAET - Basic

Munich, Germany Feb. 3,4 & 5, 2006

Amsterdam, Netherlands Feb. 15, 16 & 17, 2006

Juan-les Pins, France May 12, 13 & 14, 2006

Frankfurt, Germany
 Juan-les Pins, France

June 23, 24 & 25, 2006
 Nov. 10, 11 & 12, 2006

Europe - Advanced -I

Juan-les Pins, France March 10, 11 & 12, 2006

Frankfurt, Germany Nov.24, 25 & 26, 2006

Europe Advanced -II

Europe Advanced -II Oct.27, 28 & 29, 2006

BASIC SEMINAR FOR JAPAN FOR ALL

LOCATION:

Contact: Hiroshi Masuda, D.C., DACNB
 GS Building, 1 Floor,
 553 Ikeda Shizuoka City,
 422-8005 JAPAN
 Phone: 011-81-54-267-7166
 Fax: 011-81-54-267-7167
 dr.masuda@tokai.or.jp
 website: www.naet.com

JAPAN - Basic

Tokyo-Basic May 6 & 7, 2006

Advanced-1-Tokyo

Advanced -I -Tokyo May 20-21, 2006

Advanced -II -Tokyo

Advanced -II -Tokyo Oct. 7,8,9 -2006

INDIA - Basic & Advanced-1 Seminars

Contact: Sr. Naina, SND
 Sophia Opportunity School,
 Bangalore, India

Email: sr_naina@hotmail.com

INDIA - Basic

Bangalore -Basic Oct. 14, 15, 2006

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